

**43<sup>rd</sup> Meeting of the Council of Governors**  
**Applegarth Suite, Bexleyheath Marriott**  
**8<sup>th</sup> December 2016, 2.00 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.
<b>1</b>	2.00pm (5mins)	Apologies  Welcome	To note	Jo Mant, Head of Stakeholder Engagement Andy Trotter, Chairman	-
<b>2</b>	2.05pm (5mins)	Minutes of the Council of Governors meeting 15 <sup>th</sup> September 2016	To agree	Andy Trotter, Chairman	<b>1</b>
<b>3</b>	2.10pm (5mins)	Matters arising <ul style="list-style-type: none"> <li>Update on recruitment campaign – Simon Hart</li> </ul>	To note	Andy Trotter, Chairman	-
<b>4</b>	2.15pm (30mins)	Board Inquiry findings <ul style="list-style-type: none"> <li>Board of Directors Inquiry</li> <li>Bracton incident</li> </ul>	To note	Steve James, NED Simon Hart, Director of HR & Organisational Development	<b>2a&amp;b</b>
<b>5</b>	2.45pm (60mins)	Quality improvement programme <ul style="list-style-type: none"> <li>Adult Mental Health quality improvement programme responding to Green Parks House incidents</li> <li>Bracton quality improvement programme responding to incident and Health and Safety Executive (HSE) concerns</li> <li>CQC action plan developments</li> </ul>	To note	Ben Travis, Chief Executive	<b>3a-c</b>
	3.45 (15mins)	BREAK			
<b>6</b>	4.00 (30mins)	Board of Directors Meeting – holding NEDs to account <ul style="list-style-type: none"> <li>Appointment of Non-Executive Director – for approval</li> <li>Chair’s update on Board developments</li> </ul>	To approve	Raymond Sheehy, Lead Governor Andy Trotter, Chairman	<b>4</b>

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Item	Time		Purpose	Presented by	Enc.
		<ul style="list-style-type: none"> <li>Governor Board report</li> <li>Updates from Seyi Clement and Andy Trotter, NEDs</li> </ul>	To note	Richard Diment, Governor Seyi Clement, NED Andy Trotter, Chair	
<b>7</b>	4.30 (10mins)	Membership Committee update	To note	Stephen Brooks, Chair, Membership Committee	<b>5</b>
<b>8</b>	4.40 (15mins)	Governors activity update	To note	Jo Mant Head of Stakeholder Engagement	<b>6a&amp;b</b>
<b>9</b>	4.55 (15mins)	Chief Executive Update Strategic Project update <ul style="list-style-type: none"> <li>Sustainability and Transformation Plans (STPs)</li> <li>South London Mental Health Partnership</li> <li>South London Forensic Partnership</li> <li>Bexley Care</li> </ul>	To note	Ben Travis, Chief Executive	-
<b>10</b>	5.10 (5mins)	Any other business		Andy Trotter, Chair	
<b>11</b>		<b>Advance questions</b>			-
<b>Date and Time of the next meeting</b> Thursday, 16 March 2017, 2.30-5pm, Council Chamber, London Borough of Bexley Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT					

**43<sup>rd</sup> Council of Governors**  
**8<sup>th</sup> December 2016**

**Item 2**  
**Enclosure 1**

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<b>Agenda item</b>	Minutes of the last meeting of the Council of Governors 15 <sup>th</sup> September 2016
<b>Item from</b>	Andy Trotter, Chair
<b>Attachments</b>	Minutes of 15 <sup>th</sup> September 2016

<b>Summary and Highlights</b>

**Key Benefits:**

**Recommendation:**

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

**42<sup>nd</sup> Meeting of the Council of Governors**  
**15 September 2016**  
**2.30-5pm, 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)**

<b>Public Governors</b>	<b>Service User/Carer Governors</b>	<b>Appointed/Partnership Governors</b>
Stephen Brooks (SB)	Renuka Abeysinghe (RA)	Steve Davies (SD)
Richard Diment (RD)	Jacqueline Ashby-Thompson (JA-T)	David Gardner (DG)
Eimear Mallen (EM)	Irene Badejo (IB)	Carl Krauhaus (CK)
Phoebe Nwobiri (PN)	Fola Balogun (FB)	Cafer Munur (CM)
Frazer Rendell (FR)	Hannah Chamberlain (HC)	Raymond Sheehy (RS)
Ben Spencer (BS)	Katherine Copley (KC)	Brian Sladen (BS)
Carole Wilson (CW)	Jenny Kay (JK)	Andrew Waite (AW)
	Baeti Mothobi (BM)	
<b>Staff Governors</b>	<b>Raja Rajendran (RR)</b>	<b>Governors elect</b>
Barbara Cawdron (BC)	Lesley Smith (LS)	Anna Dube (AD)
Steve Francis (SF)	Mary Stirling (MS)	Sonia Hylton-Mars (SH-M)
Sue Read (SR)		Arthur Mars (AM)
		Stuart Dixon (SD)

**In attendance**

<b>Non Executive Directors</b>	<b>Executive Directors</b>	<b>Service Directors</b>
Archie Herron (AH)	Ben Travis, Chief Executive (BT)	Iain Dimond, Service Director Adult Mental Health and Learning Disability Services (ID)
Steve James (SJ)	Helen Smith, Deputy Chief Executive/ Director of Service Delivery (HS)	Lorraine Regan, Clinical Director/Associate Director Adult Mental Health and Learning Disability Services (LR)
Jo Stimpson (JS)	Dr Ify Okocha, Medical Director (IO)	Estelle Frost, Service Director Older People's Mental Health (EF)
	Jane Wells, Director of Nursing (JW)	
<b>Guests</b>		
Julie Gaze, Assistant Chief Executive, Laurence Vine Chatterton, NED and governors from Surrey and Borders Partnership NHS Foundation Trust		

<b>Item</b>		<b>Action</b>
1.	<p><b>Apologies</b> John Crowley, Maureen Falloon, Amanda Finlay, Joe Nhemachena, Jacqui Pointon, Chris Purnell, Ken Thomas, Mary Titchener and Governors elect Yens Marsen-Luther and Gabrielle Wain.</p> <p>AT welcomed the new governors who were recently elected.</p> <p>AT welcomed colleagues from Surrey and Borders Partnership NHS Foundation Trust who were observing the meeting.</p> <p>AT thanked Malcolm Wood who had stepped down from his Partnership Governor position on leaving Bromley Mencap.</p>	<b>Noted</b>
2.	<p><b>Minutes of the Council of Governors meeting 16 June 2016</b> The minutes were agreed as an accurate account.</p>	<b>Agreed</b>
3.	<p><b>Matters arising</b> Page 2, item 3 Matters arising – BT advised that the new Children's Centre at Queen Mary's Hospital had opened earlier this month. Following consultation with children, the Centre is called Acorns.</p>	<b>Noted</b>
4.	<p><b>Chief Executive update</b> BT provided an update on upcoming issues and the CQC inspection.</p> <p>Priorities update from Board Away Day June 2016 There was governor representation at the away day where four priorities were agreed for the trust:</p> <ul style="list-style-type: none"> <li>• Enhance quality (improving the quality of services so that they are consistently excellent)</li> <li>• Maintain a skilled and engaged workforce (developing and retaining a skilled workforce who feel valued and want to make a difference)</li> </ul>	<b>Noted</b>

- Maintain a sustainable organisation (managing our services efficiently within the resources available)
- Work in partnership (across our services and with other organisations to improve the patient journey)

Bracton incident July 2016

On 17 July 2016 a very serious incident occurred resulting in two members of staff being injured. Both staff members are now out of hospital and recovering and colleagues have been in contact to ensure they are well supported. Support has also been offered to other staff and patients. .

A Board Level Inquiry is underway and SR is the governor representative. There are also two external clinicians – a senior doctor from East London and a senior nurse from South West London and St Georges. The Inquiry is chaired by Simon Hart, Director of HR and Organisational Development.

When such incidents occur, the Police refer to the Health and Safety Executive. The trust has been issued with a contravention notice and the investigation is expected to conclude soon.

The trust took immediate action, for example, closing the kitchens on acute wards and all metal cutlery has been removed, being replaced by polycarbonate cutlery. Blind spots have been identified on wards.

SB – With regard to the external panel members, would it have been worth having an expert on safe ward designs?

AT advised that there is a lot of expertise around this, and advice can be sought. The panel is looking at the root causes.

FR – It is common to go onto mental health wards and kitchens are locked. How is the trust going to share best practice and learning from an incident?

BT – The expert panel will make recommendations and the trust will consider whether there is learning the trust can pass onto others.

AW – Cooking can be therapeutic, could prepared food be available so that people can do their own cooking?

AT suggested if governors have suggestions to feed into the investigation, please speak to SR.

LS – There is no mention of the patients who may have observed this incident.

BT advised that there had been a number of patient briefings and additional support had been offered to them.

Financial position

BT informed the Council that Jazz Thind was appointed as, the Director of Finance in July 2016, The trust needs to deliver £8.1m savings and manage services within existing budgets to achieve the trust's financial plans. At present, the trust is behind on delivering the plan, but is looking at ways to get back on plan. For example, all non-essential training is being suspended.

RD – There has been prior discussion regarding a recruitment campaign and use of agency staff. Could an update be included?

BT advised that agency usage has slightly reduced from £1.8m to £1.5m per month. A formal evaluation of the recruitment scheme will go to the Board in October and to the Council of Governors in December. Innovative initiatives are being tried for example, Saturday recruitment days and more recruitment to the Bank.

EM – With regard to development of the trust, is the take over of more services on hold?

BT advised that when deciding whether to defend existing contracts or go for new contracts how these contracts can support the sustainability of the trust was considered.

PN – How are you making sure the trust is not spending unnecessarily on buildings?

BT advised that the trust had invested heavily in estate over the last few years and is now reducing maintenance to essential works only.

MS – What does reducing agency staff not critical to patient care mean?

BT advised that this means services such as corporate services.

SB – Will it be a top down or bottom up decision regarding where savings could be made?

BT advised that budgetary responsibility is delegated to services and local teams do decide where resources should go. People on the front line are coming up with ideas on how to stem spend.

SBr advised that there is a debate on the staff intranet regarding what resources could be shared by services.

BT advised that the trust had been considering a 'Did you know' section for the intranet to make staff think more about using resources more efficiently.

FR – Won't there be further savings to be delivered next year?

BT advised that the trust does financial planning on a two year basis. In April 2016 both 2016/17 and 2017/18 plans were considered. There are performance meetings in October 2016 where plans will be discussed.

BS – How much do governor activities cost, can these be streamlined?

BT advised that the AMM had been changed this year making substantial savings. The trust was also looking at the venue for future Council of Governors meetings to reduce costs. Bexley Council have offered a venue. Everyone had a responsibility to reduce costs where possible.

BM – The trust could cut costs by using a different taxi provider as Carlton Cars was expensive.

LS – If agency staff get £11 an hour more, why cannot Bank rates be raised?

BT advised that Bank staff rates had been raised in one service area as it had service issues. However, the trust does not want to dis-incentivise substantive staff.

#### Redesign of our rehabilitation services

Governors had been invited to attend a session earlier in the day run by Adrian Dorney, Associate Director Inpatient and Crisis Services, and Helen Smith, Deputy Chief Executive, on plans for our mental health community rehabilitation services.

Rehabilitation services are being modernised to provide more support in the community. Patients needing longer term support from a serious mental illness will have access to a new rehabilitation pathway. New community rehabilitation teams will provide intensive support to people in their homes. As a result, two rehabilitation inpatient facilities will be closing in the next 6-9 months – Ivy Willis House and Somerset Villa. There will be one rehabilitation inpatient unit, Barefoot Lodge on the Goldie Leigh site.

AW – How will the trust be working more closely with the third sector?

HS advised that links will be made to help patients maintain tenancies, trying to keep them in their homes. Therefore the trust wanted to work with third sector housing suppliers and organisations such as Mencap and Mind, to develop multidisciplinary support to help people.

Governors noted the plans.

#### System-wide developments

The Sustainability and Transformation Plan for South East London has been submitted. This considers how all services can work together to meet increasing demands. Queen Mary's Hospital will have a significant role in this going forward.

One of the first decisions being made is on the location of specialist orthopaedic centres. There had been a lot of discussion in Bexley regarding whether Queen Mary's was the right site for this, but the trust felt there was not the right support infrastructure to clinically manage the risk. Therefore, the site is not suitable.

The trust is working more closely with South London and Maudsley (SLAM) and South West London and St George's to see how the trusts can work together sharing best practice, learning from each other and looking at having an employment passport across the whole of South East London. This would mean that it would be easier for staff to transfer between organisations and speed up the recruitment process. Procurement across trusts was also being considered to drive better prices, to reduce costs.

Progress is being made in Forensic services with partnerships across the three trusts and in Bexley, the trust is working with the Local Authority to see how we can pool resources to work in a more joined up way.

#### Tender activity

In Greenwich, the trust had successfully defended integrated therapies services for children.

The trust is looking to work with Circle who were awarded the Greenwich Musculoskeletal Service contract who may potentially subcontract the community element of the service.

There were three forthcoming opportunities:

- Bromley community health
- Bromley Increasing Access to Psychological Therapies
- Bexley 0-19 children's services – health visiting/school nursing

#### IT developments

Oxleas is the first trust to introduce the MIA app (Mobile Information Access) to our patient information system RiO. This app enables staff to access 'live' patient notes on their iPad.

ConnectCare – the trust has been working with Lewisham and Greenwich NHS Trust and GPs to enable data sharing via ConnectCare across partner organisations. The system will go live in October 2016 and patients can opt out by contacting PALS.

#### Care Quality Commission report

The CQC inspection team rated 14 services as follows:

- 10 as good
- 3 (children's community services, crisis mental health and forensic inpatient wards) as requiring improvement
- 1 (working age mental health wards) as inadequate.

Prison services were not inspected.

Overall, 58 out of 70 areas were found to be good or better, with many areas of good practice identified with a few services needing to focus on improvement. Community health services were rated 'Good', mental health services 'Requires improvement'.

The overall CQC rating is 'Requires improvement' which is very disappointing, particularly as service specific ratings show a lot of 'Good' ratings.

Process going forward

The CQC inspected the trust in April 2016 and a draft report was received by the trust in June 2016. The draft reports were shared with the management team for comment and a written submission sent to the CQC.

There have been a lot of internal discussions on the report findings and on what action is needed to address the issues and action plans will be shared with commissioners. There is a quality summit on 29 September 2016 including clinical commissioning groups, local authorities, HealthWatch, NEDs and the Lead Governor, RS.

The trust hopes to be re-inspected within six months with a view to an improved rating. If the trust is not ready for a re-inspection in six months' time, the CQC will come back and undertake a full inspection but this could take a couple of years for the CQC to return.

It was important not to lose sight that a lot of services were good and some were outstanding. However, there are some areas where the trust needs to do more.

RD – Is there some criteria which says if you don't meet certain criteria you cannot reach a certain level – is there logic to how the CQC moves to an overall rating?

BT advised that the CQC use an algorithm which calculates a trust's overall performance.

PN – When my trust had its results, a committee was set up called 'Gaining Insight' on what could be sorted. Then mock inspections were set up to look at what improvements had been made before the CQC were called back. BT said this was a very good point. How are we going to deliver what we say? The trust was quite clear on what it needed to do for many areas and there is a lot of executive oversight and tracking and there will be a governor role in some of this. The Director of Therapies, Michael Witney, has been given a role visiting services weekly to talk to patients and staff to see what has changed. This could be strengthened with some governor input. The trust needs to make improvements in four months to provide the CQC with two months' data to meet the six month deadline.

Member of the public – Was the result unexpected?

BT – We did not expect this rating. The trust has known for many years that our inpatient beds were under pressure. However, we also knew the rest of London were experiencing the same problems. The trust thought it was doing just as well, or better, but over a period of time, a difficult situation became 'normalised'.

EM – Did the increase in the number of Level 5 incidents alert the trust to this issue?

BT – The CQC are very focussed on the Green Parks House incidents and their main reflections around incidents is that the trust has not investigated these as quickly as they should be. However, the biggest issue cited was bed pressures and how we manage these.

The issue for the Internal CQC Consistency Panel was the use of sofas. When a patient is assessed and it is recognised a person needs a bed, they are brought to the ward and asked to wait on a sofa until a bed is available, within the trust or elsewhere. This can take a long time and on some occasions, a patient has waited 15hrs. Some patients told the CQC they had to sleep on the sofa and the CQC said this was unacceptable. In 2011 there was a homicide when a patient not on a ward was able to leave and it had been a decision since, to keep a person on the ward rather than in A&E or with the police.

EM – The CQC rate as to whether the mental health wards are well led as 'Inadequate'. What does this mean?

BT advised that the CQC say that if the service has issues such as bed management it cannot be well led.

EM – Was the eye taken off the ball?

BT – My reflection is that we have to use this as an opportunity. We have known for a number of years that we have put staff under pressure trying to find patients somewhere to sleep. We need to say to commissioners that we need support and different ways to manage beds. Certain lines will be established which will not be breached for example, not having ward mixed sex breaches, not taking a patient if there is no bed.

BS – With regard to patients staying on a sofa, were the CQC in effect saying that waiting 20hrs in A&E is ok, but not ok to spend that time on a ward waiting for a bed?

BT – There is something about the CQC's rules and what they are judging against. We thought keeping a patient on the ward was a better place than A&E, but we have been very clearly told that we should not have been taking patients without beds.

AT summed up that the trust was clearly disappointed with the result for everyone. The trust is very concerned about the result and its impact on staff, patients and the public at large. This is a Board level responsibility to resolve the issues raised and AT had every confidence in BT to deliver.

Commissioners need alerting to the issues and we need to look at admissions and our community teams to get the pressure off of the wards.

AT made a call to the Council of Governors and NEDs as well as the executive team to make sure the trust gets this right. We need to work together to make the improvements required.

There will be regular updates to the Board of Directors and Council of Governors.

5.	<p><b>Governor Standards Committee update</b>  SJ, as Chair of this Committee, advised that the Committee met in early August to discuss a couple of governor attendance issues. SJ advised that both issues had now been resolved.</p>	Noted
6.	<p><b>Board of Directors Meeting – holding NEDs to account update</b>  RD advised that governors had attended Board of Directors’ meetings since the last Council of Governors and had attended the Board Strategic Away Day. Governors and NEDs meet before each Board meeting and a summary of the questions governors had been asking and NED responses had been circulated to governors.</p> <p>RD asked whether there would be governor representation on the Audit Committee and SBr advised that she was looking at other trusts’ approach. AT said he was keen to have governors on patient facing committees and would further consider whether governors should be represented on other committees.</p> <p><b>Chair’s update on Board developments</b>  AT presented this item.</p> <p>AT acknowledged that this was the last Council of Governors for AH. AT thanked AH who has been an outstanding NED and a source of great advice and support to the Chair and the Board.</p> <p><u>NED appointment update</u>  AT advised that the trust was seeking to appoint a new NED and RS was involved in this process. Interviews will be taking place in October 2016. The trust was looking for someone with clinical experience. The appointment will be brought to the December Council of Governors for approval.</p> <p><u>Board sub-committees – governor representatives</u>  AT thanked those governors who had put themselves forward for sub-groups at the Informal Council of Governors held earlier today and welcomed governors to consider the remaining opportunities.</p> <ul style="list-style-type: none"> <li>• Nominations Committee: Elizabeth Anderson, Public Governor &amp; Irene Badejo, Service User/Carer Governor</li> <li>• Governors’ Standards Committee: Stephen Brooks, Public Governor</li> <li>• Membership Committee Chair: Stephen Brooks, Public Governor</li> </ul> <p>Quality Board sub-groups (observational role)</p> <ul style="list-style-type: none"> <li>• Patient Experience Group: Irene Badejo, Service User/Carer Governor</li> <li>• Clinical Effectiveness Group: Lesley Smith, Service User/Carer Governor</li> <li>• Patient Safety Group: vacant</li> <li>• Mortality Surveillance Group: Stephen Brooks, Public Governor</li> </ul>	Noted
7.	<p><b>Holding NEDs to account</b>  <b>Two NEDs presented an overview of their role and their interest in the organisation.</b></p> <p><u>Jo Stimpson</u>  JS has been with the trust for nearly one year. She is a chartered accountant and has lived in Greenwich for 30 years. JS has two teenage children. JS’s experience is in the technology and water industries. JS is studying for an Open University degree in health studies. JS was recruited last year alongside Steve Dilworth and Colleen Harris. JS joined the Board as a NED on the retirement of Anne Taylor, acting as a Board Adviser until Anne retired.</p> <p>JS chairs a number of committees outside the trust including the Audit Committee of Ravensbourne College.</p> <p>Within Oxleas, JS chairs two committees – Business and Risk and sits on the Audit, Workforce and Mortality Surveillance Committees.</p> <p>Every month JS visits services and is paired with BT as executive director for these visits. JS and BT visit Adult Community Services. They have visited district nursing teams, Meadowview and have visits to Queen Elizabeth Hospital scheduled. The visits are an opportunity to ask real questions and get interesting ideas regarding how services can improve. For example, district nurses in Bexley said they could do with nutritional support on the team, as having access would help to cut down time with patients and improve their knowledge. The write-ups from the visits are presented to the Board.</p> <p>The Mortality Surveillance Group is in response to the issues around investigating the deaths of patients at Southern Health and is chaired by Jane Wells.. The work of the committee is growing and commissioners are attending the next meeting.</p> <p>JS chairs the monthly Business Committee which is a mix of NEDs and executives. The committee looks in depth at trust finances, monies from commissioners, debts and monitoring reports to the Board. The committee looks at tenders and whether the trust should bid and also looks at collaborations eg STPs, procurement and post-implementation project reviews.</p> <p>The Risk Committee is the guardian of the trust’s Risk Register to ensure there is a systematic approach to risks and we can monitor progress to reduce risks. Risk has a close relationship with the Audit Committee as it may</p>	Noted

	<p>want internal auditors to look at doing a piece of work. Twice a year each directorate presents their significant risks and what they are doing about them. The Committee produces a report to the Board. The Board monitors the Corporate Risk Register.</p> <p>MS – Can you charge interest on debts?  JS – There is a cost to the trust of not being paid of 3.5%, but it can be difficult to pass on this cost.</p> <p>SB – Does your experience working in places like ICL help Oxleas?  JS – Yes, when you go through change you make sure you’ve got the right monitoring in place and watch your cash profile. Water companies are highly regulated so producing and operating business plans with an array of regulators who had differing opinions and delivery expectations is not dissimilar.</p> <p>JS’s overriding impression throughout the organisation is of top quality and dedication to a positive outcome for patients.</p> <p><u>Archie Herron</u>  AH’s background is in banking with 37 years’ experience. AH retired in 1996, setting up a couple of businesses. AH joined Oxleas in 1999 and has served through three Chairs and Chief Executives, two Medical Directors and four HR Directors and a number of NEDs have been and gone.</p> <p>AH’s main work is chairing the Capital Investment Committee looking at property – some owned, some leased or part-leased. Looking at untapped opportunities, such as a joint venture with a property developer at Lodge Hill.</p> <p>The Procurement Group is looking to buy things differently and to reduce waste.</p> <p>The Audit Committee makes sure that things are done properly retrospectively.</p> <p>AH also sits on the Business, Risk and Nominations Committees.</p> <p>AH had visited prisons in Kent with the Service Director for Forensics and Prison Services and is currently visiting community mental health services.</p> <p>MS – what is happening to Horizon House?  AH – We are not necessarily going to sell this property.</p>	
8.	<p><b>Governors activity feedback</b>  JM presented this item. This is the second report to the Council of Governors and highlights a number of community engagement activities involving governors during the Summer.</p>	<b>Noted</b>
9.	<p><b>Summer elections results</b>  JM presented this item. The results of the uncontested vacancies were:</p> <ul style="list-style-type: none"> <li>• Public Bromley: Stuart Dixon. One vacancy remains.</li> <li>• Service User/Carer – Adult Community Health Services – Katherine Copley re-elected</li> <li>• Service User/Carer – Children’s Services – Fola Balogun re-elected</li> <li>• Service User/Carer – Learning Disability Services – Raja Rajendran re-elected</li> <li>• Service User/Carer – Older People’s Mental Health Services – Sonia Hylton-Mars and Arthur Mars</li> <li>• Staff – Working Age Adult Mental Health Services – Grace Umoren</li> </ul> <p>The elections concluded on 8 September and the results were as follows:</p> <ul style="list-style-type: none"> <li>• Public Greenwich – Yens Marsen-Luther and Gabrielle Wain</li> <li>• Service User/Carer – Working Age Adult Mental Health Services – Lesley Smith re-elected</li> <li>• Staff - Older People’s Mental Health: Anna Dube</li> </ul> <p>DG – What were the results for each constituency and candidate?  JM advised that the number of votes are not routinely published but could be made available to DG.</p>	<b>Noted</b>          <b>JM</b>
10.	<p><b>Serious incident inquiry report – GE – summary report and action plan</b>  JW presented this item. ID and LR were in attendance.</p> <p>An inquiry panel was set up including governor Stephen Brooks, non-executive director Seyi Clement and an executive chair, Jane Wells.</p> <p>The inquiry undertook a comprehensive root cause analysis investigation involving:</p> <ul style="list-style-type: none"> <li>• Review of records</li> <li>• Review of policy documentation</li> <li>• Staff interviews</li> <li>• Inviting discussions with GE’s family</li> </ul> <p>The service user’s family declined to be part of the process but JW has now met with the family member.</p> <p>The inquiry panel considered the adequacy and appropriateness of the assessment, care and treatment of GE and her mother PE. This included:</p>	<b>Noted</b>

	<ul style="list-style-type: none"> <li>• The quality of communication and liaison between Oxleas and outside agencies and between GE and PE's clinical teams.</li> <li>• The comprehensiveness of risk assessments and whether appropriate actions were taken to escalate and address any risks identified.</li> <li>• The quality of GE's care plan.</li> <li>• The robustness of arrangements for transfer of care to a new team following the reconfiguration of services.</li> </ul> <p>The panel considered that there were no root causes in this incident and that it could not have been predicted or prevented because of the manner in which GE had been interacting and presenting. It made a number of findings and recommendations in relation to clinical practice.</p> <p>The panel made 6 recommendations relating to:</p> <ul style="list-style-type: none"> <li>• A review to check that all patients have been followed up and have their next appointment in the reconfigured adult mental health teams.</li> <li>• A review of caseload sizes for consultants within the new teams and the comprehensiveness of operational policies.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Explicitly state roles and responsibilities of doctors in relation to completing the HCR20 risk assessments 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.</li> </ul> <p>ID said that this was a very sad case and a comprehensive action plan had been developed. A review took place immediately to establish whether changes through the way in which the community mental health teams had been configured had impacted on patients being seen regularly. The review looked at monitoring through i-Fox at team, borough and directorate level and ID was confident people are being seen.</p> <p>Consultant caseloads will be reviewed as part of the review of ICMP medical roles and more training on completing HCR 20 risk assessments are being undertaken</p> <p>Consultant reflective practice sessions will include a quarterly session with Forensic colleagues in order to discuss complex cases with a forensic history on a case by case basis.</p> <p>ID advised that there are very clear standards around zoning to stratify risk of those on our caseloads. Those with established enduring mental health problems are reviewed three times a week.</p> <p>LS – When GE came to the service, there had been a previous incident. Was this with a family member?  JW – Yes it was.  LS – Didn't that flag up concerns?  JW – Not in the way that she presented.</p> <p>RD – One criticism in the CQC report was the time taken to report - from start to action plan.  JW – When the Chair is allocated, the Chair writes a time plan and there is 60 days to write a report and then share with CCG colleagues. Meeting dates are set up well in advance. This was done and submitted on time as clear deadlines were set for when the draft report was due, when the panel needed to meet, family, staff, etc.  RD – When was the action plan in place?  JW – May 2016.  ID – The review of caseload and making sure people were being seen took place within weeks of the incident.  JW – GE was not the primary carer of her mother.</p> <p>BS – Triangulation of incidents is in the CQC report. How has this incident been triangulated with other serious incidents?  LR – The Patient Safety Group cross match issues and recommendations across all issues. Embedded learning events are held to look at issues coming up more than once.</p>	
11.	<p><b>Any other business</b></p> <p><u>Queen Mary's Hospital Centenary</u>  RD – There is a small group planning a number of activities to celebrate the centenary of Queen Mary's Hospital. Anyone interested in getting involved in activities, please speak to RD.</p> <p><u>Future Meetings</u>  AT – Following feedback from governors, we will be looking at more cost-effective options for hosting future Council of Governors meetings, either at The Boathouse, Danson Park or local authority premises if available. The</p>	

	<p>consensus was to continue to meet on Thursday afternoons.</p> <p><u>Goodbye and thank you to governors</u>  AT thanked BC, SF and Mary Titchener for their commitment over the last three years as staff governors and presented them with a token of thanks.</p> <p>As this was their last meeting as governors, EM, BM and JK were thanked for their three terms of service and the occasion was marked with a token of thanks and flowers.</p> <p><u>Ten years as a Foundation Trust</u>  To mark the trust's 10 year anniversary as a Foundation Trust a celebration cake was presented and cut to mark the occasion. Outgoing governors cut the cake.</p> <p>AT thanked the Council of Governors and visitors from Surrey and Borders NHS Foundation Trust for observing the meeting.</p>	
12.	<p><b>Date and time of next meeting</b>  Thursday, 8 December 2016, 2.30-5pm, Applegarth Suite, Bexleyheath Marriott.</p>	

DRAFT

**43rd Council of Governors**  
**8<sup>th</sup> December 2016**

**Item 4**  
**Enclosure 2a&b**

<b>Agenda item</b>	Board inquiry findings
<b>Item from</b>	Steve James Non Executive Director Simon Hart, Director of Human Resources and Organisational Development
<b>Attachments</b>	a) CM inquiry executive summary b) AY inquiry executive summary

**Summary and Highlights**

**Board of Directors Inquiry**

**Comprehensive review of all inpatient (or recently discharged patients) suicides over the past 2 years**

This report was commissioned by Chief Executive Ben Travis to provide a comprehensive review of all inpatient (or recently discharged patient) suicides over the past two years. The review was extended to include findings from Board inquiries into the deaths of CM and AY – executive summaries of the inquiries attached. Individual board-level inquiries were undertaken on all six incidents and the panel reviewed all these inquiries to analyse:

- The findings of the investigations
- The appropriateness of the recommendations of the investigations
- The extent that the recommendations have been implemented across adult inpatient services.

**Membership of the panel**

- Tariq Hussain: Independent chair
- Steve James: Oxleas non-executive director
- Chris Purnell: Oxleas Governor
- Sonia Colwill: Bromley Clinical Commissioning Group.

The inquiry panel gathered evidence from 50 members of trust staff and an external expert was appointed to carry out a case notes review.

The conclusions from the inquiry included:

- A wider group of professionals need to be involved in planning and reviewing an individual's care.
- Families and carers need to be more involved in an individual's care.
- Care plans and risk assessments need to improve and be recorded more clearly.
- Improved ward leadership and management of ward rounds
- A quality improvement programme is needed that clarifies what is expected of all ward staff.

## **Bracton incident**

On 17 July, two members of staff at the Bracton Centre were seriously injured following an incident involving a patient. Court proceedings are ongoing and the alleged perpetrator, who has been moved to Belmarsh Prison, has been charged with attempted murder, wounding with intent and arson.

A Board-level inquiry has been undertaken into the incident. Members of the panel were:

- Simon Hart – Director of Human Resources and Organisational Development
- Andy Trotter – Chair
- Dr. Deji Oyebode – Consultant Forensic Psychiatrist & Deputy Medical Director East London NHS Foundation Trust
- Sallie Williams – Forensic Modern Matron, South West London and St Georges Mental Health Trust
- Sue Read – Staff Governor

The panel concluded that the root cause of the incident was the physical location of the kitchen directly linked to the clinical area. Therefore, the panel were of the opinion that whilst the incident could not have been predicted, it could have been prevented.

The panel made 16 recommendations covering:

- Improved assessment and care planning
- Improved admission processes
- An independent review of safety and security in forensic services
- Closure of kitchens on acute wards in the Bracton Centre
- A review of kitchens and food preparation across medium and low secure services
- Better analysis of themes of incidents.

Following the incident, a Health and Safety Executive investigation has taken place. The Health and Safety Executive has identified potential breaches of legislation and required a number of actions to be undertaken. These include:

- Management of knives and sharps
- Security of contraband items and search training
- Review of the management of violence and aggression
- Review of observation checks

## **Recommendation:**

**To note**

## **Appendix A:**

### **Executive Summary**

#### **Board of Directors Inquiry of the Care and Treatment of CM**

**Date commissioned:** July 2016

**Author:** Tariq Hussain

CM and her partner had two children (aged 2 years and 4 months). CM was not known to Oxleas services prior to February 2016. CM was admitted to Oxleas Lesney ward (part of the Woodlands unit) on 11 February 2016. She was feeling low in mood and reported seeing devils. She had taken drugs and had ligature marks on her neck and lacerations on her wrists. During a leave period she was re-admitted after being pulled from the sea in Brighton. She was discharged on 4 March 2016 to the Home Treatment Team (HTT).

She was re-admitted to a private hospital bed on 20 March 2016 and then transferred to Betts ward on 31 March. She was admitted on a MHA section 2 after she had been observed trying to access railway tracks. During a period of unescorted day leave on 5 May she was found by police in the woods in Keston, having hanged herself. She was given a diagnosis of depressive episode, severe without psychotic symptoms, in the context of giving birth and with social stressors.

#### **Predictability and Preventability**

One of the important purposes of these types of inquiries is to determine if there were any actions or inactions that could be assessed as being a root cause of the incident being reviewed.

#### **Overall care in Lesney and Betts wards**

The panel have carefully considered CM's care. We have concluded that the care in both Lesney and Betts ward were appropriate and reasonable.

#### **Findings and Recommendations**

There were a number of areas of practice that we consider could have been improved but we conclude that they did not compromise CM's safety. These are summarised in findings F2, F3, F4 and F5 set out below. We have made three recommendations.

#### **Lessons for Learning**

We have also identified a number of issues that would normally be the subject of recommendations to improve practice. These are:

- Multidisciplinary team reviews
- RiO risk and care plans
- Formulation-including psychological perspectives

The trust has commissioned a review of the implementation of the recommendations of a number of previous serious incidents. These items have been referred to that review and will be taken into account by that panel.

## **Findings**

**F1** Based on the information available to the Lesney ward team the care given to CM and the clinical decisions and treatment plans were appropriate and reasonable

**F2** There was a lack of a multidisciplinary team approach to reviews on Lesney ward during CM's re-admission from leave.

**F3** There was failure by the Betts ward team to have a clinical discussion about CM's care with the Lesney ward team. This was required by trust policy and even if not it should have taken place as part of good clinical practice.

**F4** On Betts ward there is no record of an exploration of the impact on CM's mental state from being separated from her two young children. CM was breastfeeding the youngest child who was four months old at the time of her admission to Lesney ward.

**F5** We conclude that the Approved Mental Health Practitioner (AMHP) should have discussed CM's risks and clinical reasons for recommending detention with the author of the first medical recommendation for section 3.

**F6** Though there were some areas that could have been improved we conclude that the overall care given to CM in Betts ward and the clinical decisions and treatment plans were appropriate and reasonable.

**F7** Regarding the predictability of the suicide, the Betts team were presented with a picture of a significantly improved CM in May 2016. This was supported by views from medical, nursing and social work staff as well as family members including her partner. Betts clinical team had no means of knowing what CM was thinking other than what she was said to them or how she was behaving and therefore we conclude that there was no "evidence from CM's words, actions or behaviour at the time that could have alerted professionals that she might commit suicide imminently..."

**F8** Regarding the preventability of the suicide, the only means that the staff had of stopping CM from a further impulsive suicidal act was to ensure she was always in the presence of staff or family members and this was not possible or desirable. The Betts staff team had no information that she was imminently suicidal and therefore had no means to prevent it.

## **Recommendations**

**R1** The trust should carry out an audit of referrals from adult acute wards to community teams and discharges from these wards to determine whether further advice to teams is required. The review should include amongst other matters that may be deemed appropriate:

- involvement of families and carers in discharge planning;
- involvement of community teams in discharge decisions ; and
- adequacy of discharge information.

**R2** The trust must remind ward medical teams and ward managers that they are to comply with the requirement to consult with the previous treating team if a person is readmitted within 28 days. They must also be reminded that this is a requirement and not advice.

**R3** The trust should examine how the new Bromley perinatal service team may be used to assist ward staff when a nursing mother is admitted.

## **Appendix B**

### **Executive Summary**

#### **Board of Directors Inquiry of the Care and Treatment of AY**

**Date Commissioned:** August 2016

**Chair:** Tariq Hussain

#### **Summary chronology**

AY was arrested on 27 January 2016 having been found hiding in neighbours gardens. He had CS gas, rockets and flares. He was paranoid and suspicious and felt his life was threatened. He was admitted to Priority House in Maidstone and then transferred to Betts ward on 29 January 2016. He had a diagnosis of Cannabis induced schizophrenia like disorder with possible onset of more serious psychotic illness, He was discharged to the Bromley Early Intervention Service (EIS) on 23 February 2016.

AY was discharged back to his GP by the EIS on 13 May. He was then re-admitted to Norman ward on 19 May after a suicide attempt involving an overdose of paracetamol and car exhaust fumes. He was discharged back to the EIS on 13 June. He committed suicide by hanging on 14 June.

#### **Findings**

**F1** The failure to involve AY's partner J and brother A in his care/treatment planning meant that his care/treatment plans were not founded on all readily available information and may therefore have been unsafe. (The panel was not unanimously of this view.)

**F2** The failure by the Betts and Norman ward teams to discuss with AY's partner J access to their son was poor practice.

**F3** There is no evidence to suggest that the formulation arrived at by the ward psychologist on Norman ward was taken into account as part of a multidisciplinary perspective on AY's care and treatment needs.

**F4** Betts ward did not comply with the trust's discharge policy. No member of the EIS team was present at the discharge planning meeting.

**F5** The EIS team note made on 13 May purporting to be a record of a CPA meeting was inaccurate and did not meet trust or professional standards. It was recorded in a way to comply with trust policy on discharge but did so in a misleading way.

#### **Recommendations**

**R1** The trust medical director and director of nursing should meet with the consultants and ward managers of Betts and Norman wards, to determine what action should be taken as a

result of the failure to involve AY's partner and brother A in his care and treatment. This should also include the failure to discuss with AY's partner J access to their son.

**R2** As part of the trust's wider review of multidisciplinary team working on adult admissions wards the trust should review the effectiveness of multidisciplinary team working on Norman ward.

**R3** The trust's medical director should meet with the consultants on Betts and Norman wards to discuss the importance of promoting formulation as part of the process of multidisciplinary team working.

**R4** All community teams must be instructed not to record virtual care programme approach meetings as if people were present when they have not been. All clinical records must be accurate.

**43rd Council of Governors**  
**8<sup>th</sup> December 2016**

**Item 5**  
**Enclosure 3a-c**

<b>Agenda item</b>	Quality Improvement Programme
<b>Item from</b>	Ben Travis, Chief Executive Ify Okocha, Medical Director Simon Hart, Director of Human Resources and Organisational Development
<b>Attachments</b>	a)Comprehensive inpatient inquiry action plan b)Bracton incident action plan c) CQC action plan summaries

**Summary and Highlights**

In response to the Care Quality Commission report and the serious incidents at Green Parks House and at the Bracton Centre, the Executive has established a 12 week quality improvement programme (QIP) in each unit, to address the recommendations.

The programmes are being chaired by Ify Okocha, Medical Director (Green Parks House), Jane Wells, Director of Nursing, (Woodlands) and Helen Smith, Deputy Chief Executive (Oxleas House). They are supported by Adult Mental Health and Learning Disability directorate senior managers, that is, the service director, associate director and clinical director respectively.

A similar 12 week quality improvement programme is taking place in the Bracton Centre, chaired by Simon Hart, Director of Human Resources and Organisational Development and supported by the clinical director. This programme is focusing on:

1. Implementing the recommendations of the internal trust inquiry
2. Responding to the findings of the Health & Safety Executive investigation
3. Implementing relevant findings from the acute inpatient review

Starting at the end of October 2016, the QIPs are meeting weekly and include the modern matron, ward managers, consultants, Band 5 and 6 nurses, health care assistants, psychologists and occupational therapists. The aim is to address the findings of the respective reviews and investigations and implement the recommendations within each unit. The emphasis is on supporting each QIP team to identify the particular issues of concern within their unit, and develop their own solutions; longer term, it is hoped that the QIP group will feel empowered to take on a continual monitoring and improvement role within their unit. The modern matrons from each unit are meeting regularly to share learning across the services.

The work of each QIP is fed back at each (monthly) Formal Executive meeting.

The Quality Improvement Programmes also build on work that has been undertaken in response to the Care Quality Commission' report. Attached is a summary of the actions that have been undertaken across our services. The comprehensive implementation of these is being reviewed through visits by our Director of Therapies and through a peer review programme.

**Recommendation:**

**To note**

	RECOMMENDATION	ACTION
R1	<p>We recommend that the trust urgently commissions further expert case note reviews in all other adult acute admission wards. This should take place within one month of the report being accepted by the trust board.</p>	<p>To deliver these four recommendations, the trust has set up a 12 week quality improvement programme (QIP) in each unit which will be completed in January 2017. The outcomes of this programme will be presented at the February Board meeting alongside next steps and the timetable for any outstanding actions. The programme was introduced in a paper to the October Executive. The approach of the QIP is to engage a wide range of staff from the wards to reflect on the quality of the care they offer in relation to the issues identified in the GPH report and identify themselves, how this can be improved.</p>
R2	<p>We recommend that following the expert case note reviews, the trust holds a conference with all adult acute admission ward managers, consultants, psychologists and OT's. This should occur within three months of the case note reviews.</p> <p>The conference has three purposes:</p> <ol style="list-style-type: none"> <li>1. Share the findings of this review and the outcome of the other expert case note reviews;</li> <li>2. Understand staff perspectives on why MDT working appears to be so difficult;</li> <li>3. Discuss developing minimum requirements for wards.</li> </ol>	<p>Each QIP is working on the following issues:</p> <ol style="list-style-type: none"> <li>1. Multi-disciplinary working, including a MDT formulation of each patient's condition</li> <li>2. Care planning</li> <li>3. Risk assessment and management</li> <li>4. The involvement of families while their relative is on the ward</li> <li>5. Ward leadership and ward round management</li> </ol>
R3	<p>The adult mental health directorate urgently identifies appropriate quality improvement techniques to bring about the change required in MDT working in the wards (recommended in the Lord Crisp report). This is to determine how to develop and implement minimum requirements for wards.</p> <p>It is also to address how to improve the quality of MDT working that we have identified as weak namely:</p>	<p>The work of the QIPs now includes the implications of the Health &amp; Safety Executive investigation into the MG incident; that is, consideration of:</p> <ol style="list-style-type: none"> <li>1. Violence and aggression risk assessments.</li> <li>2. Review of blind spots on each ward.</li> <li>3. Contraband and search policies within each unit</li> </ol> <p>Since the report to the October executive, the following has been achieved by the three groups:</p> <ul style="list-style-type: none"> <li>• The three modern matrons and ward managers are agreeing a core list of changes that will be implemented to ward rounds and the management of</li> </ul>

	RECOMMENDATION	ACTION
	<ul style="list-style-type: none"> <li>• MDT reviews;</li> <li>• Formulation;</li> <li>• Patient, family and carer's perspectives;</li> <li>• Risk assessments and care plans;</li> <li>• Ward leadership</li> </ul>	<p>the wards in each unit, to meet the recommendations of the report.</p> <ul style="list-style-type: none"> <li>• The medical director will coordinate a meeting with consultants to ensure that they fully are involved in implementing these changes.</li> <li>• The trust's carer's clinical lead is joining each QIP to talk about the roll out of family engagement tool and the ward round checklist will ensure families are involved (eg, in Oxleas House, the ward manager now phones the relatives of each new admission within 48 hours to introduce themselves and explain how they can be involved in their loved one's care).</li> </ul>
<b>R4</b>	<p>The adult mental health directorate begins the use of the agreed quality improvement techniques as soon as possible after the conference mentioned in <b>R2</b>.</p>	<ul style="list-style-type: none"> <li>• The trust HSE lead is joining each QIP to talk about the implications of the HSE investigation for the AMH units, and to advise on violence and aggression risk assessment, blind spots, use of kitchens, etc., and ligature risks in communal areas.</li> <li>• The deputy head of nursing is visiting each ward to talk about searching patients and dealing with contraband items. He also is chairing a trust wide group to advise all wards on the management of sharps.</li> <li>• OTs and psychological therapists in each unit are working on how they best can contribute to the changes, to ensure the recommendations are delivered.</li> <li>• The AMH directorate is ensuring that community services are involved in the proposed changes and the QIPS are working with community managers to ensure that care coordinators can offer more consistent support to the ward.</li> <li>• Storm training (on the identification and management of self harm) is being undertaken by all qualified staff on the wards. This training includes how to undertake a formulation of risk. Each QIP is working on how it will ensure high quality risk assessment on the ward.</li> <li>• The medical director is leading work to put in place a ward round template, linked to Rio, to ensure all the proposed changes are captured on the patient's record and that there is a full MDT contribution to the</li> </ul>

	RECOMMENDATION	ACTION
		<p>ward round. This currently is being piloted.</p> <ul style="list-style-type: none"> <li>The medical director is leading work to review the adequacy of the care plan on Rio for acute inpatient services. The group currently is considering the approach taken by CNWL, whereby there is a separate inpatient care plan, which more accurately reflects the rapidly changing nature of a patient's presentation on the ward.</li> </ul> <p>The three QIPs are meeting regularly to ensure that there is consistent practice emerging from this programme.</p>
<b>R5</b>	The trust should review whether the RiO transformation work currently being carried out is, in the light of our report, properly focused.	See above. The medical director is leading a group to develop Rio to deliver the recommendations. This has included piloting a ward template to supply the 'missing' information and exploration of commissioning Servelec to develop a separate inpatient care plan.
<b>R6</b>	The Adult Mental Health directorate and the patient safety team need to resolve where the most up to date action plans are to be stored and make this happen.	It has been agreed that the action plan will be uploaded to Datix in the documents tab by the PSG team. An action will be created on Datix to identify the service manager responsible for overseeing the implementation of the plan so that its completion can be monitored. The working document will be stored on the directorate G drive. Once the actions are completed, a further action plan summarizing achievements and evidence will be uploaded to Datix by the service manager and the action for delivering the action plan will be closed.
<b>R7</b>	The trust should put in place a plan to rapidly reduce the number of open actions arising from the various reported incidents.	The patient safety committee is reviewing the number of actions. Directorates are reviewing and closing actions on Datix. The above R6 action will also reduce the number of open actions.

## MG Enquiry Action Plan October 2016 V2

	Recommendation	Implementation by:	Target Date for Implementation	Evidence of Progress and Completion	Monitoring & Evaluation Arrangements	Sign off – Action completed date	Sign off by:
1	All patients admitted to forensic services as a planned admission should have a documented management plan and completed risk assessment prior to admission. The management plan should form the basis for the care plan.	EZ	November 2016	Admissions and Pathway Manual has been revised and updated and addresses recommendations 1, 2, 3 and 4. This information is being cascaded to staff through the senior nursing group and medical staffing peer group and full implementation will be monitored by the Directorate Quality Board.	Modern Matrons Forensic Quality Board	November 2016	EZ
				A Pre-admissions conference will take place. The framework for this meeting incorporates the requirement to develop a risk assessment and management plan.	Ward managers Forensic Quality Board	November 2016	EZ
2	All patients admitted to forensic services as a planned admission will be assessed by their responsible clinician within 24 hours of admission.	EZ	November 2016	Admissions and Pathways Manual has been updated to include mandatory review of all new admissions within 24 hours by the Responsible Clinician or Covering Consultant.	Chair of Referral Meeting Forensic Quality Board	November 2016	EZ

3	<b>Guidance for the potential seclusion of specific patients should clearly set out the range of behaviours or triggers that may warrant the use of Seclusion. These should be recorded in the risk assessment and treatment/care plan.</b>			<p>The revised admissions and Pathway Manual outlines the pre-admission CPA framework to include strategy for managing challenging behaviours (1:1, quiet room, seclusion and rapid tranquilisation)</p> <p>Any risk of violence of medium to high severity should have a corresponding care plan that outlines the management plan including observation levels, use of intensive care area and use of Seclusion.</p>	Ward Manager Forensic Quality Board	November 2016	EZ
4	<b>Planned admissions should not take place on a Friday unless authorized by the Head of Nursing or Clinical Director. Authorization to admit on a Friday must include a clear plan for the management of the patient over the weekend and appropriate staffing levels.</b>	EZ/LD	<b>November 2016</b>	<p>To be incorporated into the admissions and pathway Manual.</p> <p>Audit of all admissions that has taken place on a Friday within the first 6 months to establish frequency of Fridays Admissions.</p>	Referrals Meeting Coordinator: Peter Stevens Lisa Dakin/Elizabeth Zachariah Clinical Effectiveness Group	November 2016	LD/EZ
5	<b>The Forensic Referrals policy should be reviewed to ensure that clinical discussions and agreement for admission are clearly documented. The rationale for the decision to admit or not, should be minuted along with the decision itself.</b>	EZ/PS	<b>November 2016</b>	<p>Joint medical and Nursing assessment to incorporate a structured admissions criterion.</p> <p>Referrals meeting policy to be updated to incorporate a summary of the discussions and outcome, including final decision and rationale.</p>	Referrals Meeting Coordinator: Lisa Dakin/Elizabeth Zachariah Clinical Effectiveness Group  Peter Stevens	<b>November 2016</b>	EZ
6	<b>The forensic team should utilize a set of structured admission criteria to provide a consistent frame work to support the decision to admit.</b>	EZ/PS	<b>November 2016</b>	A structured set of admission criteria for medium and low secure services is being developed. The Joint Medical and Nursing assessment will review admissions against this criteria and ensure they are met before a decision to admit	Referrals Meeting Coordinator: Lisa Dakin/Elizabeth Zachariah Clinical Effectiveness Group	<b>November 2016</b>	EZ/PS

<b>7</b>	<b>The forensic Referrals policy should be explicit that the responsibility for the placement of patients who are already under the care of other trusts lies with in the first instance with that trust.</b>	<b>EZ</b>	<b>November 2016</b>	Forensic Referrals policy to be reviewed and updated with information regarding responsibility of the trust for all referrals received.	<b>Forensic Quality Board.</b>	<b>November 2016</b>	<b>EZ</b>
<b>8</b>	<b>The trust major incident plan and emergency response planning is reviewed in light of the incident and feedback from emergency services.</b>	<b>RE</b>	<b>November 2016</b>	An internal review of the incident response has concluded that the response was appropriate and no major amendments are required to the Major Incident Plan, although some lessons have been learnt and are being addressed.  This review was undertaken following an emergency services post incident review, attended by Trust H&S.  A further review will be undertaken with the police and Bracton staff on 2 <sup>nd</sup> Nov, and any further learning identified.	<b>EPRR group</b>	<b>November 2106</b>	
<b>9</b>	<b>“Next of Kin” details are kept in an accessible location in the event of an incident and all key staff are aware of its location.</b>	<b>SH/AF/RE</b>	<b>January 2017</b>	Staff, Trust-wide, are being asked to update their ‘next of kin’ details on ESR Employees Self Service.  As a temporary measure a spread sheet is being sent to on-call directors on a monthly basis whilst an IT solution to enable secure access is determined.			
<b>10</b>	<b>There is a full independent review of all safety and security within the forensic services. This review should assess the physical and</b>	<b>LD/EZ/RE</b>	<b>January 2017</b>	An appropriate person/organisation is being sought to undertake this review. Currently the British Safety Council is establishing whether they can put	<b>Forensic Quality Board</b>	<b>January 2017</b>	<b>LD/EZ</b>

	<b>procedural security of the units as well as the overall culture of safety and security within the service.</b>			forward a suitably experienced person, with an understanding of mental health services.			
<b>11</b>	<b>There should be an immediate review of the application of search policies and procedures by an accredited LSMS officer.</b>	<b>LD</b>	<b>November 2016</b>	A local review is underway which will be supported and signed off by the LSMS.	<b>Chris Hall &amp; Keeley Burke Patient Safety Group</b>	<b>November 2016</b>	
<b>12</b>	<b>All kitchens associated with acute wards in the Bracton Centre (Burgess, Crofton and Heath) should be permanently closed. Meals beyond light snacks should be sourced from a central location.</b>	<b>LD</b>	<b>October 2016</b>	Further clarification is sought from the panel on this recommendation however the kitchen areas in acute wards have been downgraded to 'serveries' for preparing breakfast (toast and cereal) and light lunches (sandwiches or hot food prepared in the microwave e.g. fillings for baked potatoes, soup)  They are not accessed by patients except those who have been risk assessed to do so.	<b>Forensic Patient Safety Group</b>	<b>October 2016</b>	
<b>13</b>	<b>A review of all other kitchens in medium and low security should be undertaken. The review should focus on physical and procedural security including access to the kitchens from clinical areas and availability of sharps. Any changes to the physical environment such as doors etc. should be prioritised as a matter of urgency.</b>	<b>PF</b>	<b>February 2017</b>	A review of all other kitchens in medium and low services has been undertaken and a risk assessment of all sharps has been undertaken.  A revised kitchen access and sharps policy is in place for all kitchens which documents, with pictures, the limited sharp utensils permissible and how they are managed.  Some changes to the physical environment have been identified and are being implemented e.g. hatches. A review of security and safety is being commissioned to cover the whole Trust	<b>Forensic Patient Safety Group</b>	<b>February 2016</b>	

<b>14</b>	<b>Where ward staff are expected to prepare food for patients or work with patients to prepare food the impact of this should be clearly recognised and documented within the safe staffing assessment.</b>	<b>LD</b>	<b>February 2017</b>	A working group will be set up to review this practice and make a formal costed proposal with respect to staffing levels.	<b>Trust safe staffing group</b>	<b>November 2016</b>	
<b>15</b>	<b>The Forensic Patient Safety Group should conduct an annual thematic review of all incidents relating to kitchens and server areas irrespective of the grade of incident.</b>	<b>LD/PS</b>	<b>December 2016</b>	This is in the audit plan and will be undertaken in December 16 and annually thereafter.	<b>Forensic Patient Safety Group</b>	<b>October 2017</b>	<b>LD/PS</b>
<b>16</b>	<b>The Forensic Patient Safety group should conduct a quarterly thematic review of all security related incidents irrespective of grade.</b>	<b>LD/PS</b>	<b>January 2017</b>	This is in the audit plan and will be undertaken in December 16 and quarterly thereafter.	<b>Forensic Patient Safety Group</b>	<b>January 2017</b>	<b>LD/PS</b>

# Inpatient Adult Mental Health Services

## The CQC said...

- \* The wards had high bed occupancy levels and patients were nursed on sofas and in lounges.
- \* The Trust had not taken action to reduce the number of same sex accommodation breaches.

## What we are doing...

We have commissioned extra beds from East London to create extra capacity. We are looking at the feasibility of creating more beds within Oxleas.

We have stopped sleepovers and created a male only and female only ward at Oxleas House. At Woodlands and Green Parks House rooms are specifically gender designated and labelled to ensure no breaches occur.

Patients no longer wait for admission on the wards. They will wait in A&E or the 136 suite if that is where they were referred from.

## The CQC said...

- \* The trust did not ensure that medication cards were accurate and reflected any risks in relation to prescribed medication.

## What we are doing...

Teams are using supervision and team meetings to discuss issues around medicines management. Best practice has been outlined in a recent issue of the Pharmacy newsletter.

We have already started auditing and sharing feedback to improve practice.

## The CQC said...

- \* The trust did not ensure that ligature assessments were carried out for all ward areas (Communal areas).

## What we are doing...

We have carried out assessments of all communal areas in all relevant services and teams have developed plans of how to manage identified risks.

## The CQC said...

- \* The Trust did not have local risk registers to record the actions and timescales implemented to manage the risks identified.

## What we are doing...

Training and guidance has been provided as part of the system roll-out. Managers now have access to risk registers on Datix and some teams have already identified and populated risks.

Future audits will check team meeting minutes to establish whether teams are discussing their local risks in their team meetings.

## The CQC said...

- \* Care plans did not always appear person-centred.
- \* The care plans were always given to the patient.

## What we are doing...

The policy has been finalised and is on the Trust intranet. The launch and training will commence in November 2016.

We have created and disseminated a tool for teams to regularly audit their own practice in supervision.

## Crisis Services

### The CQC said...

\* The environment at the Greenwich and Bromley health-based places of safety did not promote the privacy, dignity and recovery of patients using these facilities.

### What we are doing...

A comprehensive plan of works to remodel the health based place of safety in Bromley commenced on 7th November and will complete on 18th December 2016. In Greenwich, the window to the 136 suite was frosted to provide more privacy.

Ligature points will be addressed during the remodelling.

### The CQC said...

\* Staff were not ensuring that the approved mental health professionals (AMHPs) were notified in a timely manner which meant there were delays in Mental Health Act assessments taking place. Staff were not documenting the reasons for the delay in the patient records.

### What we are doing...

A form has been created in RiO which will enable the Trust to monitor the wait time between the arrival of a service user in the S136 suite and the AMHP being notified by the duty senior nurse.

Care Planning was also raised and actions are the same as in the 'Adult Mental Health' section

### The CQC said...

\* The Bexley day treatment team had not carried out a ligature risk assessment of the environment.

### What we are doing...

Ligature assessments have been completed and risks identified. Where there is an assessed risk, patients will not be left unsupervised.

Staff have been made aware of the risks and actions to take to mitigate the risks.

### The CQC said...

\* There was a lack of physical health monitoring. Records did not always demonstrate that patients had received an initial screening or assessment when transferred to the

### What we are doing...

This is now part of initial assessments.

### The CQC said...

\* There were inconsistencies where risk assessments were completed by home treatment teams in the electronic care records, which meant that it was possible for staff in other teams to miss updates in risk info.

### What we are doing...

The Crisis Team managers have agreed a consistent approach to recording of risk and this guidance was implemented on 1 November 2016.

A new standard has been set that all new service users assessed by our crisis teams will have an up to date risk assessment and care plan within six hours of first contact.

## Forensic Services

### The CQC said...

- \* Some patients did not understand the side effects of their treatment or recall their medication, but were assessed as having capacity.
- \* Some mental capacity assessments for the purposes of consent to treatment were not robust and did not evidence that the patient had all the information required to make an informed decision.
- \* Some records did not include patient views on their medication treatment plans.

### What we are doing...

Capacity and consent to treatment forms have been reviewed and now include patient views on their medication treatment plans.

We have developed an easy read medication/rights leaflet pack (hard copy) for each ward so this is easily available at each ward round.

### The CQC said...

- \* The trust did not ensure that patients were protected from potential ligature risks in all areas of the ward environment (Communal areas).

### What we are doing...

All assessments have been carried out and management plans developed. Staff have been engaged and are aware of the risks and mitigation plans.

### The CQC said...

- \* The trust had not deployed sufficient staff to ensure their safety on Birchwood.

### What we are doing...

We have undertaken a review and enhanced staffing levels to ensure that there are always at least two members of staff present in the Birchwood building whenever patients are present.

### The CQC said...

- \* The seclusion room on Heath did not meet the guidelines set down in the Mental Health Act Code of Practice (2015)

### What we are doing...

The Heath seclusion room remodelling project will start in January 2017 and complete at the end of March 2017.

## Community Children's Services

### The CQC said...

\* The trust did not use robust data collection and collation mechanisms for health visitor service metrics and breastfeeding data at six to eight weeks postnatal.

### What we are doing...

We have developed new forms in RIO to collect data as per new contract and national requirements.

We have established new reports to ensure accurate reporting.

We have implemented a training programme for staff to ensure accurate recording of data on RiO

### The CQC said...

\* The trust did not make arrangements to ensure that all child health clinics were suitably equipped for families and children to ensure their safety.

### What we are doing...

We have undertaken an audit on the provision of toys for all sites.

The Infection Control team has inspected each service provision site and made recommendations for adjustments, where necessary.

We will purchase toys where necessary.

### The CQC said...

\* The trust did not use a weighting tool to ensure that health visitors deliver an equitable service across geographical locations.

### What we are doing...

Caseloads and weighting tools have been reviewed.

To ensure increased staff awareness, the current tool has been circulated to all staff in Greenwich and Bexley with revised calculations and guidance notes.

### The CQC said...

\* The trust did not complete all initial health assessments within 20 days

### What we are doing...

A standard pathway has been reviewed and agreed with Designated Doctors and Nurses across Greenwich and Bexley.

We will continue to monitor our performance.

## Provider Services

### **The CQC said...**

\* The trust did not comply with all the policy, practice and facilities to meet the requirements set out in the Mental Health Act (MHA) code of practice.

### **What we are doing...**

The 2 outstanding MHA policies that were not compliant with the MHA code of practice during the inspection have been reviewed and updated accordingly to meet the requirements of the code of practice.

Mental Health Act training has been made mandatory for identified clinical staff. We have developed an e-learning package for this.

### **The CQC said...**

\* The trust did not have prompt processes in place to review and approve action plans following serious incidents that require investigations.

### **What we are doing...**

We have undertaken a review of the trust serious incident processes and have streamlined them to ensure that SI panels are able to report within the 60 day deadline.

**43<sup>rd</sup> Council of Governors**  
**8<sup>th</sup> December 2016**

**Item 6**  
**Enclosure 4**

<b>Agenda item</b>	Board of Directors Meeting – holding NEDs to account <ul style="list-style-type: none"> <li>• Appointment of Non-Executive Director</li> <li>• Chair’s update on Board developments</li> <li>• Governor Board report</li> <li>• Updates from Seyi Clement and Andy Trotter</li> </ul>
<b>Item from</b>	Raymond Sheehy, Lead Governor Andy Trotter, Chair Richard Diment, Governor Seyi Clement, NED
<b>Attachments</b>	CV and supporting statement

<p><b>Summary and Highlights</b></p> <p><b>Appointment of Non-Executive Director</b></p> <p><b>Introduction</b></p> <p>This sets out the process followed for the recruitment of a non executive directors of Oxleas NHS Foundation Trust to replace Colleen Harris who stood down from the role earlier this year.</p> <p><b>Process of Appointment</b></p> <p>The Nominations committee noted the Monitor recommendation that at least one non executive member of the board was a clinician or had recent clinical experience. The committee also noted the make up of the board in terms of gender and ethnicity.</p> <p>The committee decided to use Odgers Berndtson to support the search and recruitment process. The committee noted the current makeup of the board in terms of gender and ethnicity and requested Odgers to ensure that every effort was made to secure a diverse range of candidates from which the Nominations Committee could make a recommendation to the Council of Governors. Odgers were specifically requested to target female and BME candidates as part of their search. This would include advertising the position on specific websites dedicated to supporting both female and BME candidates into non executive director positions.</p> <p>The recruitment and search campaign commenced in July 2016 and concluded in August 2016. There were a total of 12 applications for the post. The Nominations committee met on 31<sup>st</sup> August to consider these applications following detailed interviews with Odgers. The committee agreed that the following candidates would be asked to attend for interview:</p> <ul style="list-style-type: none"> <li>• Theresa Berry</li> <li>• Francis Drobniowski</li> </ul>
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- Yemisi Gibbons
- Niti Pall

### **Interview Process**

All candidates were formally interviewed by the Nominations committee. The committee was comprised of:

- Andy Trotter, Chairman
- Steve Dilworth, Vice Chair
- Raymond Sheehy, lead governor
- Chris Purnell, elected governor
- Irene Badejo, elected governor

Having completed the interviews each member of the committee independently scored the answers given.

After much deliberation the panel unanimously decided to recommend Yemisi Gibbons as Non Executive Director.

### **Recommendation of the Nominations Committee**

Yemisi Gibbons is a qualified consultant pharmacist. Having initially worked with Boots her subsequent career has been in primary care working with GPs and Care Commissioning Groups, primarily City and Hackney CCG. Alongside her NHS work Yemisi is also the Chief Executive of a domiciliary care company based in East London. Yemisi sits on a number of regulatory bodies including the General Pharmaceutical Council and the Lord Chancellor's advisory committee for Central London & South Area overseeing the appointment and performance of magistrates.

Yemisi was able to demonstrate a track record of innovation and change in her career alongside a strong focus on public service and caring for the needs of the most vulnerable. Yemisi was passionate about the NHS and the potential for developing genuine out of hospital care in a way that was truly patient focused.

Yemisi has strong clinical skills, gained in a community environment alongside significant experience on a number of regulatory bodies. This combined with her commercial acumen gained from her private business interests was felt to be an excellent combination of skills to complement the existing board.

Yemisi was able to meet the time commitments required for the role and this was tested by the panel. The panel were content that there were no conflicts of interest.

In summary, Yemisi was deemed to be an excellent candidate who fulfilled the requirements of the person specification and would be a strong addition to the Oxleas board. On that basis therefore, the Nominations committee would recommend Yemisi Gibbons for approval by the Council of Governors as a non-executive director of Oxleas NHS Foundation Trust with effect from 1<sup>st</sup> January 2017.

**Chair's update on Board developments**

Since the last Council of Governors' meeting, the following changes to the Board have taken place:

- Archie Herron retired as non-executive director on 31 October 2016. His role as Chair of the Audit Committee and as Vice Chair of the Board of Directors has been taken over by Stephen Dilworth.
- Interviews have taken place for a replacement non-executive director and a proposal from the Nominations Committee is being presented to the Council of Governors for ratification.
- Discussions have taken place about restructuring the sub-committees of the Board of Directors. All these committees are now being chaired by non-executive directors. A proposal is being taken to the December Board of Directors meeting.

**Governor Board report**

Governors have attended two out of three Board of Directors' meetings since the last Council of Governors' meeting. Governors and non-executive directors meet before every board meeting and a summary of the questions raised and the responses is regularly circulated to governors.

**Key Benefits:****Recommendation:**

The Council of Governors agrees with the recommendation of the Nominations Committee and formally approves Yemisi Gibbons as a non-executive director of Oxleas NHS Foundation Trust with effect from 1<sup>st</sup> January 2017.



Odgers Berndtson  
20 Cannon Street  
London  
EC4M 6XD

9<sup>th</sup> August 2016

Dear Madam/Sir,

I wish to apply for the role of Non-Executive Director (Clinical) for Oxleas Foundation Trust, currently being advertised with Odgers Berndtson. Please find enclosed my CV for your consideration.

I would like to apply for the role because I believe strongly in public service, continuously abide by the 'Nolan Principals' and I am committed to the values, objectives and principals of the NHS

The appointment interests me because it allows me to utilize all the skills I have gained and currently use in my multiple roles whilst giving me an opportunity to acquire new skills in an unfamiliar setting.

I feel that I meet the requirements of the Person Specification because: -

- I am a qualified Consultant Pharmacist with vast experience in the primary care sector working with CCGs and individual GP surgeries in the area of medicines management, managing their annual prescribing budgets and undertaking clinical reviews with patients to contribute to increased patient care and service quality provision
- In my role as a Registrant member of the General Pharmaceutical Council (GPhC) Fitness to Practice Committee, I have extensive experience of exercising independence of Judgment and I am committed to the public interest, impartiality, and fair treatment when involved in disciplinary hearings.

I have sound knowledge of healthcare regulation, excellent interpersonal relationship skills, and an ability to understand and extract the salient issues from complex documentation

I was appointed to the GPhC at its conception in 2010 and have helped the organisation to deliver its objectives to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

- My role as CEO of Soma Healthcare, a private domiciliary care company that has been trading since 1992, with a workforce of over 150 people, has developed my commercial skills at a strategic and operational level. I have been informed in business transformation and Change Management projects with a cost saving, service improvement and staff satisfaction agenda

Implementation of the Care Act 2014 and a commitment to partnership working with various stakeholders in order to integrate multidisciplinary services, with the ultimate aim of providing a holistic approach to caring for service users drives Soma Healthcare

As CEO, I am charged with ensuring the company adopt, implement and deliver the above outcomes

I believe my skill set, roles in various industries and engagement with stakeholders on all levels of different organisations will enable me to conduct the role of the clinical NED immediately, effectively and to a very high standard

Thank you for your time and consideration.

Yours sincerely

Yemisi Gibbons



# Yemisi Gibbons



<b>EDUCATION</b>	<b>School</b>	<b>Duration</b>	<b>Achievement</b>
	Hull University	2001-2002	<b>Masters in Business Administration M.B.A.</b>
	Boots The Chemist Piccadilly Circus London	1998 -2001	<b>M.R.Pharm.S</b>
	Manchester University Manchester	1995-1998	<b>Bsc (Bpharm) 2:1Hons</b>
	Chigwell Independent School Chigwell Essex	1993 -1995	<b>3 A-Levels</b>
	Barking Abbey Comprehensive School London	1991-1993	<b>10 GCSEs</b>

**WORK EXPERIENCE/  
DUTIES &  
RESPONSIBILITIES** **Chief Executive Officer (CEO) Soma Healthcare Ltd.**  
**May 2012 – ongoing**  
Responsibilities include:

- Leading the development and execution of the Company's long-term strategy.
- All day-to-day management decisions and implementing the Company's long and short-term plans.
- Direct liaison between the Board and management of the Company and communicating to the Board on behalf of management.
- Communicating on behalf of the Company to shareholders, employees, other stakeholders and the public.

**Fitness To Practice Committee Committee Member – General  
Pharmaceutical Council (Registrant member)**  
**November 2014 – on-going**  
Main Task  
To protect the interests and safety of the public by considering allegations and dealing with them in accordance with appropriate procedures.

Responsibilities include:

- Read and assimilate relevant papers before a hearing commences.
- Meet other members of the panel to discuss and agree preliminary

matters.

- Advise the members of the panel on matters relating to the practice of pharmacy as appropriate.
- Deliberate with the other members of the panel to reach decisions.
- Contribute, as required, to the drafting in a clear and straightforward language of the panel's decisions.

**Appeals Committee Member – General Pharmaceutical Council  
(Registrant member) November 2010 – on-going**

Responsibilities include:

To consider and dispose of appeals concerning registration of registrants or potential registrants or the approval of education providers

**Independent Member of the Lord Chancellor's advisory Sub & Main committees for Central London & South Area,  
January 2010 - ongoing**

Responsibilities include:

- Implementing local recruitment initiatives agreed as part of the Advisory Committee strategy for the area
- Conducting and overseeing the recruitment and interviewing process of magistrate candidates
- Monitoring the sittings of individual magistrates on the bench

**Non-Executive Director, ForeFront Training & Recruitment Ltd, April 2007 – 2011**

**Non-Executive Director, Amonet Group Ltd, January 2006 - 2012**

Responsibilities include:

- Establishing the vision, mission and values of company
- Setting the strategy and structure
- Chairing HR committee

**Prescribing Support Pharmacist, December 2004 – ongoing**

- City and Hackney CCG,
- Various GP surgeries

My role includes:

Chronic disease management clinics (with my non-medical prescribing qualification, I can now prescribe within these clinics)

- Anticoagulation
- Asthma
- Hypertension
- Obesity

Anticoagulation competency assessor

- Assess healthcare assistants, nurses and GPs providing anticoagulation monitoring as an enhanced service

Formulary Development and Management

- Critical appraisals on new drugs for inclusion into formulary
- Devising guidelines based on NICE, SIGN, NSF guidelines
- Management of shared-care guidelines (between primary and secondary care)

Clinical audits

- Devising and conducting clinical prescribing audits

Providing prescribing support

- Assessing prescribing habits of practice using ePACT data and supporting practice to achieve more cost effective prescribing.
- Collating clinical guidelines specific to the PCT

Conducting Medicines use reviews (level 3)

Care home medication management

**Consultancy for Pharmaceutical drug companies 2006 -2008**

**Pharmacy manager January 2003 – May 2004**

**Locum work, February 2001- December 2002**

**Boots the chemist, June 1998-January 2001**

**43<sup>rd</sup> Council of Governors**  
**8<sup>th</sup> December 2016**

**Item 7**  
**Enclosure 5**

<b>Agenda item</b>	Membership Committee update
<b>Item from</b>	Stephen Brooks, Governor
<b>Attachments</b>	Front Sheet only

**Summary and Highlights**

The Membership Committee has met once since the last Council of Governors, on 24 November 2016. The key focus of the meeting was new governor communications, Oxleas Exchange, the next Annual Members' Meeting, the upcoming Members' Focus Groups including a review of feedback from last year's events, Recognition Award panels, and future opportunities for engagement and membership recruitment.

**New member governor communications**

The Committee agreed the new constituency specific governor information which will be sent to new members with their welcome letter. This will raise the profile of governors and how to contact them. It was agreed to also make this information available at the Members' Focus Groups.

**Annual Members' Meeting 2017**

The feedback from this year's AMM was discussed and the Committee considered the option of holding the 2017 AMM on the Queen Mary's Hospital site. All agreed this would support the planned centenary celebrations and also raise the profile of the hospital and its positive future, as there is still public perception that the hospital is closing.

It was felt that hosting the two events together would broaden the appeal of both events and may offer increased membership recruitment opportunities and potential cost savings.

**Oxleas Exchange**

Of great interest to visitors to the Health Festival was healthy eating (hidden sugar/salt, etc). The Committee has asked that an article be included on this subject, and that the distribution of Oxleas Exchange reaches advice agencies and GP surgeries.

**Members' Focus Groups**

The Committee considered the action plan resulting from last year's focus groups. This was the first year this information has been presented to the Committee. It was noted that a significant amount of the feedback related to work already in place within the trust that members would be unaware of. Therefore, it was suggested that 'You said...we did' posters are developed for the focus groups in 2017 to promote some of the work already in place, and to give assurance that the trust is acting on feedback received.

The issues of involving families and carers and care plans have been a common theme at focus groups over the years and more needs to be done by the trust to promote its commitment to these issues and what actions the trust is taking.

Dates for the 2017 Members Focus Groups are:

- 1 February 2017, 6-7.30pm
- 8 February 2017, 3-4.30pm
- 28 February 2017, 3-4.30pm

Venues to be confirmed.

### **Recognition Award panels**

A number of governors have volunteered to participate in the judging panels taking place during January 2017. Their support is much appreciated.

### **Opportunities for engagement and membership recruitment**

#### **Partnership event – MS Society (Bexley & Dartford) and Oxleas**

The trust has been approached to jointly run an event on 8 June 2017 during Carers' Week at Hall Place in Bexley. This builds on the successful joint event with the MS Society in June 2014. The Committee supported the trust's involvement in this event which will now be taken forward.

#### **Membership recruitment**

I am asking for expressions of interest from governor colleagues to support the following membership recruitment opportunities:

##### **Recruiting young members (age 14+)**

- Danson Youth Centre – a group meets on Thursday evenings, 7-9pm and we can arrange to attend the group to promote membership. Any governor interested in supporting this engagement opportunity, please contact Jo Mant.

##### **Recruiting members (all ages – age 14+)**

- Blackfen Community Library – the library is open Tuesday-Saturday, with differing daytime opening hours. We can arrange to visit to promote membership. Any governor interested in visiting the library, please contact Jo Mant.

There will be a number of public/Oxleas events during 2017 in which governors can participate. Dates will be advised once available.

### **Recommendation:**

The Council of Governors are asked to note.

**43<sup>rd</sup> Council of Governors**  
**8<sup>th</sup> December 2016**

**Item 8**  
**Enclosure 6a&b**

<b>Agenda item</b>	Governors activity feedback
<b>Item from</b>	Jo Mant, Head of Stakeholder Engagement
<b>Attachments</b>	a) Governors activity feedback report b) Patient Experience Group Minutes 28 <sup>th</sup> September 2016

<b>Summary and Highlights</b>
<p>The following report outlines governor activities reported into the Trust Secretary's office since the last Council of Governors in September. 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.</p> <p>The report includes the minutes of the trust-wide Patient Experience Group which has met twice since the last Council meeting. Irene Badejo is the governor representative attending this meeting and she will report by exception, the minutes are for information only.</p>

**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, 8 December 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

<p><b>Nominations Committee NED interviews</b> 16 November 2016</p>	<p><b>Governor reps:</b> Raymond Sheehy, Chris Purnell, Irene Badejo</p>	<p>We participated in the interviews for the new Non-Executive Director.</p>
<p><b>Bexley Care - Integrated Care in Bexley Programme Board</b> 7 October 2016</p>	<p><b>Governor rep:</b> Richard Diment</p>	<p>Plans are progressing for this joint Oxleas/LB Bexley programme for integrated adult care. The proposed date for implementation is April 2017. Many activities have taken place during the last few months.</p> <p>The co-design process with over 70 staff from council, Oxleas and voluntary sector, facilitated through 12 workshops by IPC Oxford Brookes University, has resulted in agreed principles of design, some very useful thinking on services based on holistic care stratified by urgency of need, and four fundamental building blocks from which the operational design will need to hang. These four blocks are a Single Point of Access; a Single Assessment Process; Teams without Walls and co-location; and culture requirements for Bexley Care. The single most important cultural requirement identified was that of permission.</p> <p>Next stages are to work up more detailed plans and business cases for the building blocks, and to start working with operational teams to programme the detailed design and implementation. Mapping of all existing services and staff, and also of estate, will form part of this work.</p> <p>The programme board and programme executive have met regularly tracking progress, and working through the 'red lines' with respect to finance and governance. The thinking so far will be drawn together into a partnership agreement in the coming weeks, with external support (Bevan Brittan).</p> <p>Wanting to make the most of the enthusiasm, commitment and passion of the wider co-design team, there will further opportunities to engage with them in the operational design process, and to feed back to them on the implementation of some of their ideas. Encouraging staff to meet people from other teams, organisations and services to learn about what they do, and to get to know each other is a key enabler of better integrated thinking. There are plans in development to support this.</p> <p>I attended the meeting of the Programme Board on 7 October and observed the meeting of Bexley Public Cabinet when the project was discussed on 11 October. I will also be attending the Oxleas Board on 1 December when it will be on the agenda.</p>

<b>Mortality Surveillance Group</b> 15 November 2016	<b>Governor rep:</b> Stephen Brooks	<p>This group's function is to review the circumstances of those deaths of patients with which Oxleas has had contact. This function has been developed as a consequence of the incidents in other health service providers in which serious concerns have arisen over the number and circumstances of deaths of patients under their care which highlighted poor care or patient safety issues.</p> <p>This was my first meeting. I observed that the trust undertakes reviews with a high degree of attention. There are a few complications involved with the group's function, for example the data system recording deaths does not automatically accord with the medical records (ie RIO), the association of a significant number of patients to Oxleas may be tenuous and clearly unrelated to a patient's subsequent death (eg visited Oxleas podiatry service many months ago) and it is not always clear whether that patient's death is being reviewed, the limitations on the coroner's services to provide data, and since Oxleas' community services deal with end of life care, the number of expected deaths which need reviewing is not insubstantial. Overall, my first impressions are that governors can be confident that this function is being undertaken with due thoroughness.</p>
<b>Patient Experience Group</b> 28 September 2016 and 23 November 2016	<b>Governor rep:</b> Irene Badejo	<p>I have attended two meetings of the trust-wide Patient Experience Group (the minutes of the 28 September 2016 are included with this item for information only, the minutes of the 23 November 2016 are not yet available) and I will report by exception.</p> <p>On the 28 September, there was an update on feedback from the Children and Young People's services; an update on the Carers Survey; information about the "Hello my name is..." initiative; and an overview of the Patient Experience and Complaints reports.</p> <p>On the 23 November, Oxleas Patient Experience Questionnaire (OPEQ), the CQC Mental Health Survey, an update on feedback from Adult Mental Health services and an overview of the Patient Experience and Complaints reports.</p>

#### Attendance at events

<b>Black History Month event</b> 19 September 2016	Arthur and Sonia Mars	We attended this event organised by the trust's BME Network.
<b>Bromley CCG AGM</b> 26 September 2016	Ben Spencer	I attended Bromley CCG's AGM and asked a question about mental health funding in the borough of Bromley.
<b>RESET Project formal launch</b> 29 November 2016	Mary Stirling Irene Badejo	<p>Mary Stirling's feedback: Having visited Belmarsh prison earlier in the year I was very interested to find out more about this project which involved the re-settlement of ex-prisoners with mental health issues back into the community.</p> <p>The afternoon started with a chance to network with all the interested partners and I had a chance to chat with Jacqueline Tant, a psychologist who is doing a Phd on this project. There were also a number of lecturers from Canterbury Christ Church University, staff from Nacro and Centra Care and Support and the Rt Hon Lord Bradley who has a particular interest in this area. I talked to him afterwards and was really impressed by his real concern and interest in the re-settlement of prisoners.</p>

		The afternoon was introduced by our chair, Andy Trotter as the project is funded by Oxleas. I found it to be a very exciting and worthwhile project and, on speaking to the researcher, Jacqueline Tant, found that, if successful, it could then be rolled out to include more ex-prisoners.
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### Visits to services

<b>Highpoint House</b> 10 October 2016	Stephen Brooks, Fola Balogun, Grace Umoren, Frazer Rendell, David Gardner, Elizabeth Anderson and Arthur Mars	Governors and James Kellock, NED visited Highpoint House to see how the refurbishment work was coming on. Stephen Whitmore, Director of Children and Young People's Services and Matthew Grant, Project Manager, Estates and Facilities led the visit.
<b>Prison visits</b>	Lesley Smith	<p>I have visited 3 prisons this year, Belmarsh, Swaleside at Sheerness and East Sutton Park Women's Open Prison, Maidstone. I had very different experiences in each one. The issues I highlighted at Belmarsh were dealt with by John Enser and appropriate action was taken as a response.</p> <p>I feel extremely positive about the Prison work I witnessed and proud of what they are achieving. I look forward to hearing in the future about the progress being made in improving the wellbeing of prisoners as a result of the ongoing work.</p> <p>(Lesley's detailed report can be found in the Governors activity feedback section on the Governors' intranet. If you require a hard copy, please contact Anne Marie Hudson).</p>
<b>Planned visits 2017</b>		
<b>ECT Service, Woodlands</b> 6 January 2017, 9.30am		Places for this visit will be limited due to space. Governors interested in attending are asked to advise Jo Mant.
<b>Older People's Mental Health Service</b>	Date to be confirmed.	An opportunity to meet the service director, Estelle Frost, to find out more about the work of the Older People's Mental Health Service across Bexley, Bromley and Greenwich.

## Training

<p><b>NHS Providers Accountability</b> 12 October 2016</p>	<p><b>Attendee:</b> Fola Balogun Chris Purnell</p>	<p>Fola Balogun's feedback: The overall objective was to provide a framework for Council of Governors to carry out their statutory duty of holding the non-executive directors to account for performance of the board. Further issues discussed were Corporate Governance, delivering safe and effective services that are financially sustainable then on Assurance and the outcome of managing risk effectively. Observation and Practice: effective challenging and questioning.</p> <p>The Training is very educative, I learnt a lot, especially on Performance Assessment, using the strategic and operational dashboard, and that good accountability needs good relationships. With the knowledge gained it gives more of an understanding of my role as governor</p>
<p><b>NHS Providers London and South East Governor Development Workshop</b> 31 October 2016</p>	<p><b>Attendees:</b> Richard Diment &amp; Stephen Brooks</p>	<p>About 40 Governors attended the day, representing Foundation Trusts (FTs) from across London and the south east of England from Kent to Hampshire. Attendees were from a range of trusts including Acute, Mental Health, Specialist, Community and Ambulance. The day was chaired by Frances Blunden, Chair of the NHS Providers Governor Policy Board and a Patient Governor at the Royal Free FT in north London</p> <p>The morning session covered the NHS in a regional context and working in partnership with the Care Quality Commission. Following the morning session which had concentrated on the broader NHS issues facing trusts, the afternoon session focussed on the functioning of trusts and that of governors. The afternoon session covered understanding the trust constitution; an approach to holding non-executive directors to account; a solution orientated approach to overcoming challenges and a workshop on the recruitment and management of governors as volunteers.</p> <p><b>Concluding comment - Stephen Brooks</b> All of these workshops highlighted that for Oxleas' purposes our arrangements – constitution, attendance at board meetings, the recent joining of sub-committees, NEDs attendance at council meetings, agenda formation, public and member engagement, volunteering arrangements - are broadly similar, and raise similar issues for many trusts. Some of our arrangements may not be as intense as it appeared they had developed (say) at Frimley, but those at Kent seemed very much on a par. Issues such as our constitution and volunteering are again matters which we cover but need to remain alert of and open to review. Similarly, Oxleas, like the examples above and from contributions by attendees, are on a learning process in many areas of the functioning of a Trust and trying to work out governmentally and practically how to interpret and implement our role.</p> <p><b>Concluding comment - Richard Diment</b> I found this to be an extremely useful event both for the knowledge imparted by the guest speakers but more importantly for the opportunity to meet with colleagues from other Trusts and learn from their experiences.</p> <p>Perhaps an issue for Oxleas' governors is how we engage with the NHS Providers Governors Policy Board. This is designed to ensure</p>

		<p>that the views of governors are fed into NHSP policy development. The Board appears to be elected but I am unclear by whom or when?</p> <p>(A copy of the programme and Richard and Stephen's full report can be found in the Governors activity feedback section on the Governors' intranet. If you require a hard copy, please contact Anne Marie Hudson)</p>
<b>Easy Read training</b>	<b>Attendee:</b> Raja Rajendran	<p>The training on how to produce 'easy read' information was very useful. The trainer, Sharon Rodrigues, Adult Learning Disability Lead made it very interesting. The content of the training covered important aspects of easy read communications. The exercises gave useful information on how to produce easy read materials. A short guide on how to produce easy read information was provided. Overall, the training has raised my awareness on easy read information. It has increased my interest to produce such information for the learning disability service users.</p>

Governor information collated by Jo Mant, Head of Stakeholder Engagement  
1 December 2016

**Trust Patient Experience Group**

**Wednesday 28 September 2016 – 12 noon to 2pm  
Pinewood Boardroom**

<b>Present:</b>			
Michael	Witney	Director of Therapies (Chair)	MW
Linda	Owen	EA to Director of Therapies (minutes)	LO
Marcus	Averbeck	Trust Head of Family Therapy	MA
Irene	Badajao	Service User Carer Governor	IB
Teresa	Bailey	Trust Head of Psychotherapy – CYP PEG Chair	TB
Stephen	James	Non-Executive Director	SJ
Lynda	Longhurst	Head of Patient Experience	LL
Chris	Naiken	Modern Matron Forensic Services – Forensic and Prisons PEG Lead	CN
Claire	Oaten	Community and Prisons Services Manager – Directorate PEG Lead for Prisons	CO
Keith	Soper	Service Director, ACS	KS
Pauline	Thomson	Senior Patient Experience Coordinator	PT
Hannah	Tomkins	Lead Therapist, Meadow View, ACS PEG Chair	HT
Derek	Tracy	Consultant Psychiatrist – AMH PEG Chair	DT
Andy	Trotter	Oxleas Chair	AT
<b>Apologies:</b>			
Israel	Adebekun	Consultant Psychiatrist OPMH – OPMH Directorate PEG Chair	IA
Liam	Davies	ResearchNet Representative	LD
Connie	Greig	Head of District Nursing, ACS	CG
Colleen	Harris	Non-Executive Director	CH
Rhoda	Iranloye	Associate Director Quality & Governance	RI
Stacy	Jarrett	Service Lead and Operational Manager, MSK Bexley	SJ
Susan	Owen	Risk Manager	SO
Helen	White	Team Manager, Bromley Community LD – LD PEG Chair	HW

Item		Action
<b>2.</b>	<b>Minutes of Previous meeting</b>	
	Minutes of the meeting held 20 July 2016 were agreed.	
<b>3.</b>	<b>Matters Arising and Actions</b>	
	<ul style="list-style-type: none"> <li>• Clozapine Update: DT said that he had met with LD – discussions are on-going.</li> <li>• LL confirmed that complaints from prisons are now being received.</li> </ul>	

4.	Feedback – C&YP	
	<ul style="list-style-type: none"> <li>• Systematic coverage was reported as 100%, however, it was noted that there had been no FFT data received for CAMHS. TB to investigate and report back.</li> <li>• TB highlighted concern over feedback which indicated that only 87% of young people felt CAMHS staff were easy to talk to and that this should be monitored. DT felt that this percentage was considerable but TB felt the figure should be higher.</li> <li>• TB advised that there is insufficient FFT data being received in CAMHS and that iPads are to be installed at entrances/exits in order to encourage feedback. TB said that a volunteer is being arranged, tasked with visiting Trust sites in order to promote the need for an increase in feedback within the CAMHS teams. PT advised that there are on-going delays with iPads, however, once graphics are ready these can be ready within 14 days. It was hoped that iPads would be in place by 1 November 2016.</li> <li>• TB queried whether data gained via CHI ESQs could be used. It was agreed that this area needs to be explored further and solutions found.</li> <li>• PT said that FFT questions had been removed from school evaluation forms as it was felt these could be detrimental to the accuracy of data.</li> <li>• <u>“You said ... we did”</u>:  TB mentioned that young people said that they would like appointment sessions to be longer than an hour, if needed. TB explained that due to the recent high turnover of staff within the team this had been difficult to put in place, however, permanent staff are now in post.  Another concern raised was the delays being experienced with medication reviews. It was agreed that reviews should be discussed between the young person and their clinician.  Young people had expressed views on how the waiting room should be set up. Ideas around the use of music have been investigated but further discussion is needed.</li> <li>• TB advised that future plans include the setting up of a Family ResearchNet group which it is hoped will encourage parents to provide more feedback. This group will be part of the C&amp;YP PEG.</li> <li>• TB to feedback on the Universal and Specialist teams when C&amp;YP are due to next feed back to the Trust PEG meeting.</li> </ul>	TB
5.	Carers Survey	

	<ul style="list-style-type: none"> <li>• MA provided an update on the Carers' survey. The survey has been reviewed by the Family and Carers Strategy Group, who have been able to reduce the number of questions from 26 to 16. He advised that this is due to go live in November 2016 and is ahead of schedule.</li> <li>• MA advised that as part of the CQUIN, carers need to be asked about their involvement.</li> <li>• MA questioned how best to circulate the questionnaire and to consider the costs involved. MW asked what size sample of carers would receive the questionnaire (bearing in mind there are around 2,700 carers registered on RiO). Email distribution was considered but it was noted that the Trust do not routinely collect email addresses. PT suggested that questionnaires would need to be sent to postal addresses. DT asked whether the questionnaire can be accessed externally via the Trust's website. It was agreed that further discussion is needed.</li> </ul> <p><b>Action: MW, DT and MA to meet to discuss further.</b></p> <ul style="list-style-type: none"> <li>• AT asked what is to be done with the survey data, once returned, and how would individual Directorates' results be highlighted. This would need to be clear in order for feedback to be noted and actioned. It was agreed that further discussion is needed.</li> <li>• CN queried whether the survey is to be made available in different languages and whether the language used is clear enough for the under 18s. It was agreed that further discussion is needed. SJ felt that the wording used needs simplifying and that the first question in particular was rather difficult to understand and should be reviewed. MA advised that carers have already reviewed the survey and are already familiar with the wording used. However, it was felt that more carers should review the questionnaire to consider further. DT suggested adding some information which explained the wording, however, PT said that all questionnaires will be sent with an explanatory covering letter anyway.</li> <li>• TB asked whether a non-binary category could be added to the survey as this would be relevant within CAMHS.</li> </ul> <p><b>Action: PT to speak to Christine Rivers.</b></p> <ul style="list-style-type: none"> <li>• Risk 1267: to remain the same.</li> <li>• Risk 1268: to remain the same.</li> </ul>	<p>MW/DT/MA</p> <p>PT</p>
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6.	<b>“Hello my name is ...”</b>	
	<ul style="list-style-type: none"> <li>• JC informed the meeting of this new initiative, which has been rolled out across OPMH. JC highlighted the scheme’s website and the resources available within it. JC felt that this initiative will support teams to improve in order to reduce complaints received around patient experience and communication. ResearchNet have been involved and have provided their views.</li> <li>• DT felt that the “Hello my name is ...” initiative would be suitable for AMH, however, he felt some staff would still prefer to use their full names and titles and not just their first names on a badge.</li> <li>• MW requested all PEG Leads to think about how to take this scheme forward.</li> <li>• HT agreed to speak at the PEG Champions meeting (held on 29 September 2016) about this initiative.</li> <li>• JC to find out about fees – do they go to the “Hello my name is ...” charitable fund or elsewhere. To be discussed at November’s Trust PEG meeting to be consider further.</li> </ul>	<p style="text-align: center;"><b>PEG Leads</b></p> <p style="text-align: center;"><b>HT</b></p> <p style="text-align: center;"><b>JC</b></p>
7.	<b>PEG Report</b>	
	<ul style="list-style-type: none"> <li>• DT mentioned that the CQC report is causing on-going anxiety for the AMH team and that it is still a challenging time.</li> <li>• PT said that feedback received not recommending Oxleas as a service appears to be increasing.</li> <li>• PT advised that only two Directorates are scoring over 90% in FFT. This was considered very different to normal. PT said that there is a significant drop in ALD FFT data although it is not clear why this might be. CASH responses are low. HT to take back for discussion. A review of the questions posed to Service Users may be necessary.</li> </ul> <p><b>Action: HT to discuss with team</b></p> <ul style="list-style-type: none"> <li>• PT asked DT if he could consider how to improve feedback received from inpatient services. DT agreed that, in light of the CQC results, this would be an appropriate time to review.</li> <li>• MW emphasised the need for an increase in the feedback received and asked how this might be achieved. SJ expressed concern that there are too many complaints about the same issues and that the Trust must do</li> </ul>	<p style="text-align: center;"><b>HT</b></p> <p style="text-align: center;"><b>DT</b></p>

	<p>something about this along with putting timescales in place to ensure changes happen.</p> <p><b>Action: HT to discuss CASH responses with team.</b> <b>Action: DT to review Inpatient feedback.</b></p> <ul style="list-style-type: none"> <li>PT confirmed that all monthly feedback reports are now on The Ox.</li> </ul>	
<b>8.</b>	<b>Complaints Report</b>	
	<ul style="list-style-type: none"> <li>LL confirmed that there was 30 complaints received in June (4 formal and 10 informal). Three complaints are currently with the Ombudsman and this information will be reported on in due course.</li> <li>99 compliments received</li> <li>Top 3 complaints centred around clinical care, attitude and behaviour and communications.</li> <li>With regard to response rates, LL said that she hopes to see improvements during November's reporting. If this is not the case, support will be given to Directorates. LL advised that a review of the complaints process and timescales will be undertaken to ensure complaints are completed within the 30-day timeframe. Requests for an extension of time in order to complete a complaint should be notified to the Complaints team at the beginning of the process upon receipt.</li> </ul> <p><b>Action: PEG Leads to review how well their teams are adhering to the 30-day timeframe. This information is requested by and provided to Commissioners.</b></p> <ul style="list-style-type: none"> <li>Risk 1264: tolerate.</li> <li>Risk 1265: tolerate.</li> </ul>	<b>PEG Leads</b>
<b>9.</b>	<b>AOB</b>	
	<ul style="list-style-type: none"> <li>PT advised the meeting of her secondment to Quality and Governance and of her forthcoming maternity leave. Aisha Abdullah has been appointed to cover the Senior Patient Experience post (start date to be confirmed).</li> <li>JC advised that Israel Adebekun has stepped down as joint PEG Chair. JC will continue in this role.</li> </ul>	
<p><b>Date of Next Meeting:</b> <b>Wednesday 23 November 2016 – 2pm to 4pm</b> <b>Pinewood Boardroom</b></p>		

**(followed by PEG Leads meeting – 4pm to 5pm)**