Oxleas NHS
NHS Foundation Trust

44th Meeting of the Council of Governors
Council Chamber, Bexley Civic Offices, 2 Watling Street, Bexleyheath DA6 7AT
16th March 2017, 2.30 pm – 5.30 pm

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

AGENDA

Item	Time		Purpose	Presented by	Enc.
1	2.30pm (5mins)	Apologies Welcome	To note	Sally Bryden, Trust Secretary Andy Trotter, Chair	-
2	2.35pm (5mins)	Minutes of the Council of Governors meeting 8th December 2016	To agree	Andy Trotter, Chair	**1**
3	2.40pm (5mins)	Matters arising • Quality improvement programme	To note	Andy Trotter, Chair	-
4	2.45pm (20mins)	Chief Executive Update • Strategic Projects update			**verbal**
5	3.05pm (15mins)	Plans for 2017/18 • Priorities • Focus groups feedback (attached for information) • Financial Plans	To note	Ben Travis, Chief Executive/ Jazz Thind, Director of Finance	**Presentation**
6	3.20pm (20mins)	NHS Staff Survey report	To note	Simon Hart, Director of Human Resources and Organisational Development	**2**
7	3.40pm (20mins)	South London Mental Health and Community Partnership • Forensic service business case	To approve	Ben Travis, Chief Executive	**3**
8	4pm (20mins)	Serious Incident Inquiry reports • Ms A - Summary report/action plan • Mr B Summary report/action plan	To note	Jane Wells, Director of Nursing/ Michael Witney, Director of Therapies	**4a&b**

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Item	Time		Purpose	Presented by	Enc.
9	4.20pm (30mins)	Holding NEDs to account • update • Governor Board report • Chair's update on Board developments o Board sub-committee structure • Updates from Steve Dilworth and Yemisi Gibbons, NEDs	To note	Richard Diment, Governor Andy Trotter, Chair Steve Dilworth, NED Yemisi Gibbons, NED	**5**
10	4.50pm (10mins)	Membership Committee update	To note	Stephen Brooks Public Governor	**6**
11	5.00pm (10mins)	Summer elections • General election • Lead Governor election	To note	Sally Bryden, Trust Secretary	**7**
12	5.10pm (5mins)	Governors activity update	To note	Sally Bryden, Trust Secretary	**8a&b**
13	5.15pm (5mins)	Any other business		Andy Trotter, Chair	-
14		**Advance questions**			-
	Date and Time of the next meeting Thursday, 15 June 2017, 2.30-5pm, venue to be confirmed				

improving lives

Oxleas NHS Foundation Trust

44th Council of Governors
16th March 2017

Item 2
Enclosure 1

Agenda item	Minutes of the last meeting of the Council of Governors 8th December 2016
Item from	Andy Trotter, Chair
Attachments	Minutes of 8th December 2016

Summary and Highlights

Key Benefits:

Recommendation:

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

43rd Meeting of the Council of Governors
8 December 2016
2.00-5.00pm, Applegarth Suite
Marriott Hotel, Bexleyheath

Minutes

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

Public Governors	**Service User/Carer Governors**	**Appointed/Partnership Governors**
Elizabeth Anderson (EA)	Jacqueline Ashby-Thompson (JA-T)	Steve Davies (SD)
Stephen Brooks (SB)	Irene Badejo (IB)	Judith Ellis (JE)
John Crowley (JC)	Fola Balogun (FB)	David Gardner (DG)
Richard Diment (RD)	Arthur Mars (AM)	Munur Cafer (MC)
Stuart Dixon (SD)	Chris Purnell (CP)	Raymond Sheehy (RS)
Amanda Finlay (AF)	Raja Rajendran (RR)	Brian Sladen (BS)
Yens Marsen-Luther (YM-L)	Mary Stirling (MS)	Andrew Waite (AW)
Carole Wilson (CW)	Ken Thomas (KT)	
Gabrielle Wain (GW)		
Staff Governors		
Anna Dube (AD)		
Kaye Jones (KJ)		
Joe Nhemechena (JN)		
Jacqui Pointon (JP)		
Sue Read (SR)		

In attendance

Non Executive Directors	**Executive Directors**
Seyi Clement (SC)	Ben Travis, Chief Executive (BT)
Steve James (SJ)	Jazz Thind, Finance Director (JT)
James Kellock (JK)	Helen Smith, Deputy Chief Executive/Director of Service Delivery (HS)
	Dr Ify Okocha, Medical Director (IO)
	Simon Hart, Director of HR & Organisational Development (SH)
	Jane Wells, Director of Nursing (JW)
	Michael Witney, Director of Therapies (MW)

Item		**Action**
1.	**Apologies** Hannah Chamberlain, Mark Ellison, Carl Krauhaus, Jason Morgan, Frazer Rendell, Lesley Smith, Ben Spencer, Phoebe Nwobiri, Steve Dilworth, Iain Dimond. AT advised that Ben Spencer had become a new father and congratulations were conveyed to Ben and his family. AT welcomed new governors Yens Marsen-Luther and Gabrielle Wain. AT thanked Partnership Governors Maureen Falloon who was leaving Age UK Bromley and Greenwich and Andrew Waite who was leaving Greenwich	**Noted**

	Mencap. Mark Ellison, Chief Executive elect will be joining the Council of Governors in Maureen's place. Maureen and Andrew were thanked for their input and support to the Council of Governors.	
2.	**Minutes of the Council of Governors meeting 15 September 2016** The minutes were agreed as an accurate account.	**Agreed**
3.	**Matters arising** Item 4, page 3, Tender Activity. BT advised that the Bromley community health services' tender was ongoing. The trust is interested in partnering with King's, local GPs and St Christopher's Hospice. The Bromley IAPT service had been out to tender and the contract had been awarded to Bromley Healthcare. The Bexley 0-19 children's services tender was progressing and a bid will be submitted. SH provided an update on the trust's recruitment campaign. There had been a large scale campaign earlier in the year for Band 5 nurses offering an alternative pension package. This had resulted in 117 people being offered positions. Of these, 27 dropped out and a third took up the alternative pension offer. The offer had attracted negative interest from the national trade unions but the Pensions regulator had confirmed that the offer was sound and Staffside had supported the campaign. The Board decided to close the alternative offer and review this. Overall, the campaign had been quite successful but the political issues with the national unions had been a challenge. East and North Hertfordshire are undertaking the same campaign and experiencing similar problems. Other trusts were looking at the offer and lessons learned. MS – if someone opted out for a year, can they change their mind? SH – yes, a person can change whenever they want.	**Noted**
4.	**Board Inquiry findings** • **Board of Directors Inquiry** • **Bracton Incident** **Board of Directors Inquiry** SJ presented this item. The Inquiry reviewed six suicides in Oxleas' services – four of which had already been individually investigated and reported to the Council of Governors. The comprehensive review was independently chaired by Tariq Hussain and SJ, CP and Sonia Colwill from Bromley Clinical Commissioning Group participated in the panel. The review looked at the findings of each investigation, the appropriateness of recommendations and how extensively the recommendations had been implemented across adult inpatient services. The panel talked to 50 members of staff and case notes were reviewed by an external expert. YM-L – what was Tariq Hussain's background? SJ – Tariq Hussain is a qualified nurse who had worked for the nursing profession's Inquiry Panel and had 10 years' experience. There was no evidence at any point that any of the incidents were either preventable or predictable. <u>Conclusions</u> • 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	**Noted**

clearly.

- Improved ward leadership and management of ward rounds.
- A quality improvement programme is needed that clarifies what is expected of all ward staff.

<u>Recommendations</u>

- **R1** That the trust urgently commissions further expert case note reviews in all other adult acute admission wards.
- **R2** That following the urgent expert case note reviews, the trust holds a conference with all adult acute admission ward managers, consultants, psychologists and occupational therapists.
- **R3** The adult mental health directorate urgently identifies appropriate quality improvement techniques to bring about the change required in multi-disciplinary working in the wards
- **R4** The adult mental health directorate begin the use of the agreed quality improvement techniques.
- **R5** The trust should review whether the RiO transformation work currently being carried out is, in the light of our report, properly focused.
- **R6** 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.
- **R7** The trust should put in place a plan to rapidly reduce the number of open actions arising from the various reported incidents.

GW – did you speak to carers and family?
SJ – the Chair spoke to them and their views were included.
GW – were they happy with the review findings?
SJ – they were happy that their views had been taken into account.
MS – what about the health and wellbeing of the staff?
SJ – BT will address this in item 4.
JC – how involved was the patient involved in the care plan?
SJ – there were meetings with the patient and doctors and nurses that created plans. The Chair spoke to the families – some felt they'd been involved, others not as much as they could be.
The review looked at emerging themes from the previous four serious incident investigations and the recommendations. Families and carers was an emerging theme.
YM-L – recommendations are published but how effectively are they implemented?
SJ –NEDs have been involved in the inquiry process. It is up to the Executive to come up with a plan to deliver them and for NEDs to be assured this is being done.
AF – from memory of previous Serious Incident Inquiries, there appears a theme around families and carers not sufficiently involved.
SJ - There needs to be a way of bringing the perceptions of families and carers into the multi-disciplinary team meetings.
AF – Patients are at their greatest vulnerability when discharged and moving from being an inpatient to an outpatient. Risk is another recurrent theme. There have been several times when there have been significant changes in a patient's behaviour or appearance but this has not been picked up due to inconsistencies in staff. If a patient was well known to the staff, such issues would have been picked up.
SJ – it is hoped the trust's plans will mitigate this happening again.

Bracton Centre Inquiry

SH presented this item. A patient was admitted to the Bracton Centre on Friday, 15 July 2016 and the incident occurred on Sunday, 17 July 2016. The patient had previously been in prison and was on remand.

SH chaired this inquiry panel. Panel members were AT, SR and two external members who gave a robust, expert and external view of the trust's Forensic services. These were Dr Deji Oyebode, Consultant Forensic Psychiatrist and Deputy Medical Director, East London NHS Foundation Trust and Sallie Williams, Forensic Modern Matron, South West London and St Georges Mental Health Trust.

Two members of staff at the Bracton Centre were seriously injured following an incident involving a patient who gained access to a kitchen area. Court proceedings are ongoing and a court case is scheduled on 12th December. The alleged perpetrator, who has been charged with attempted murder and has pleaded guilty, was initially moved to Belmarsh Prison but has since been moved to Broadmoor.

Both staff are out of hospital and one staff member was interviewed as part of the Inquiry. Both will be returning to the service in the New Year. The trust is providing a lot of support and SLAM is also providing counselling and therapeutic support.

The purpose of the inquiry was to:

- establish the facts i.e. what happened to whom, when, where, how and why.
- establish whether failings occurred in care or treatment.
- look for improvements rather than to apportion blame.
- establish how recurrence may be reduced or eliminated.
- formulate recommendations and an action plan.
- provide a report of the investigation process and outcome.
- provide a means of sharing learning from the incident.
- identify routes of sharing learning from the incident.

<u>Root cause of the incident</u>

It was the view of the panel that the root cause of the incident was the physical location of the kitchen directly linked to the clinical area by a single door. The panel were of the opinion that whilst the actions of the patient could not have been predicted the incident could have been prevented.

It is important to note that all patients have to be kitchen assessed – that they are safe to be in the kitchen and safe to use knives. In this case, the staff member had no intention of letting the patient into the kitchen, he forced his way in.

<u>Recommendations</u>

- 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 which will be agreed with the patient on admission.
- All patients admitted to forensic services as a planned admission will be assessed by their Responsible Clinician within 24 hours of admission.
- 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.
- Planned admissions should not take place on a Friday unless authorised by the Head of Nursing or Clinical Director. Authorisation to admit on a Friday

must include a clear plan for the management of the patient over the weekend and appropriate staffing levels.

- 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.
- The forensic team should utilise a set of structured admission criteria to provide a consistent framework to support the decision to admit
- 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 in the first instance with that trust.
- The trust major incident plan and emergency response planning is reviewed in light of the incident and feedback from emergency services.
- Staff '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.
- There is a full independent review of all safety and security within the Forensic services. This review should assess the physical and procedural security of the unit as well as the overall culture of safety and security within the service.
- There should be an immediate review of the application of search policies and procedures by an accredited local security management specialist.
- 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.
- A review of all other kitchens in medium and low secure units 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.
- 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.
- The Forensic and Prison Patient Safety Group should conduct an annual thematic review of all incidents relating to kitchens and server areas irrespective of the grade of incident.
- The Forensic and Prison Patient Safety group should conduct a quarterly thematic review of all security related incidents irrespective of grade.

An immediate review of search policies and procedures has been undertaken by a local security management specialist.

All kitchens on acute wards have been permanently closed and cookers disconnected. Patients can now only make light snacks and all other kitchens will be reviewed. There had been an expectation that food was prepared jointly by patients and staff. However, nurses were doing most food preparation on their own which impacted on staffing numbers.

<u>Health and Safety Executive Investigation</u>

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 These have been acted upon including all metal knives being replaced with plastic ones. JC – to enhance knowledge and skills, could you involve someone who is a service user on your Inquiry? Clients know what to look out for. SH – this is a very good challenge and as part of the trust's ongoing work, is a valid suggestion. DG – how isolated was this incident? SH – this had never happened in the Bracton before. DG – is stopping access to kitchens an overreaction, might it set back long term objectives? SH – this incident was unique in the Bracton's history, however there have been more tragic events in other organisations. The Health and Safety Executive's concerns mean that the trust's response had to be robust. It is important that patients do not lose the ability to do kitchen work and they can still do so in the Occupational Therapy kitchens. It is also important for staff to feel and understand that trust management is listening and acting properly. YM-L – has the Occupational Therapy kitchen got a double door? SH – all patients going there would be reviewed and access is separate to the wards. RS – did you look at agency staff usage? BT – agency staff are rarely used at the Bracton. The Bracton tend to use their own substantive staff or established Bank staff. RS – Bridge takes patients into the TILT service and they have virtually no skills in the kitchen. People should be encouraged to build their skills. A broad approach to practical life skills would be welcomed. AW – at the last meeting I raised the issue of alternative ways of cooking and whether food could be prepared elsewhere. BT – there is atrust-wide review of how food is prepared. AT said there had been an excellent response from the Executive and staff on the day of the incident. AT thanked everyone involved including the NEDs, Governors and Executive for their commitment and input.	
5.	**Quality Improvement Programme** • **CQC action plan developments** • **Adult Mental Health quality improvement programme responding to Green Parks House incidents** • **Bracton quality improvement programme responding to incident and Health and Safety Executive concerns** BT presented this item. Good progress is being made on CQC actions. Executive members will be meeting with the CQC before Christmas to discuss the programme and next steps. **CQC action plan developments** Since the Care Quality Commission inspected services last year, work has been undertaken to make improvements suggested by the inspection team. The CQC rated 10 services as 'good', 3 'requiring improvement', and 1 as 'inadequate'. BT described how the trust has responded to issues the CQC identified for action and shared with the Council of Governors the 'CQC said…we did' paper which summarised these activities. It is anticipated that the CQC will re-inspect services around March 2017 and will consider whether the rating should be amended.	**Noted**

	Inpatient services – bed occupancy To improve waiting times and reduce the pressure on inpatient beds in the short-term, twelve additional beds have been purchased from East London NHS Foundation Trust. This has improved the situation on wards. In the longer term, plans are underway to open more adult mental health inpatient beds at Green Parks House. Inpatient services – ligature assessments Ligature assessments have now been undertaken in communal areas and work has been done to develop information packs for staff and identify blind spots, etc to reduce risks. Work on medication cards and care planning continues. Crisis services The issue of privacy and dignity in Section 136 suites was identified. The suite at Green Parks House has been closed whilst being refurbished and is scheduled to re-open before Christmas. Work had been immediately undertaken on the suite at Oxleas House in Greenwich. Ligature assessments and other areas have been addressed and are tracked very closely. Forensic services Capacity, consent to treatment, ensuring people understand their medications and treatment, and ligature points were issues identified. Packs have been developed to ensure staff know where the risks are and information around risks. Building work will start in January 2017, to improve the seclusion room on Heath Ward. Children's Community service Issues relating to data and a caseload weighting tool have been resolved. RD – how close to 100% are we running inpatient occupancy levels? BT – wards are running around 95% occupancy – this enables patients to be cared for in women or men only areas and for patients on leave for less than 24 hours to return to their own room. Most nights there will be the odd empty bed. The East London beds are mostly full. Most nights, we have no-one in the private sector. There are still tensions in terms of capacity, but a much better situation has been created on the wards for patients and staff. NEDs and the Executive have noted the ward environments are much better. RD – are there procedures to try to bring patients back from East London? BT – yes, the Bed Manager goes to East London NHS Foundation Trust at least once a week to discuss patients' plans. The longer term plan is to have Bexley, Bromley and Greenwich patients in their local hospitals, close to their local community teams. There is a plan to re-open Cator Ward which is currently housing community teams. Work needs to be done to make the ward fit for working age adult patients, to find an alternative location for the community team, and to recruit staff to work on Cator. JP – who is responsible for the quality of care for the patients in East London? BT – this sits with East London. Our job is to make sure the patients can come back to Oxleas as soon as possible. HS – East London NHS Foundation Trust is rated 'outstanding'. MS – if capacity is so difficult, how come East London have beds spare? BT – there are a number of factors. East London are getting more money by having more beds and selling them to other trusts. Beds costs around £1.2m for	

six months. It will be more cost effective to open Cator Ward longer term.

Health and safety across the trust

The Bracton Centre Incident Action Plan (tabled) sets out the work being undertaken at Forensic Units at the Bracton and Memorial Hospital.

Wider actions are taking place across the trust so that we learn from the incident at the Bracton Centre.

SD – was there any suggestion that the knives were the wrong equipment?

BT – the Health and Safety Executive view is it is ok to have knives so long as these are adequately managed and risks mitigated. As long as the trust is able to demonstrate it has been through a thought and risk process, this will satisfy the Health and Safety Executive.

JC – what do other Forensic services do?

BT – part of why we have independent people on the panels was to ensure the trust can learn from elsewhere. There is not always guidance for everything, but when local decisions are taken, the trust needs to ensure the decisions are justified.

JC – with regard to ligatures and Section 136, how do you know what is required?

BT – information can be contradictory, for example, a previously most up to date ligature window is now considered a ligature risk. The trust can look at the Department of Health building regulations and evidence of other CQC inspections. However, there is no guidance on ligature risks in communal areas.

GW – is there a link to pressures on beds and how quickly people are discharged?

BT – the trust does look at length of stay and this has not changed much. There are cohorts of patients who may leave after 3 or 4 days, a small cohort stay over 60 days and the majority are admitted for 3 weeks.

GW - any recommendations on whether patients should have stayed longer?

BT – what was looked at was the quality of care plans, whether they were sufficient, and did they identify clearly the risks to themselves or others. Were we really clear about the risks on discharge? The trust wants to be consistently good at care planning and assessing risk.

GW – are you confident doctors aren't under pressure to discharge.

IO – on all inquiries, no clinician has said they were under pressure to discharge.

JA-T – the CQC have said that patients should wait in A&E whilst waiting for a bed, but this creates alternative risks which should be assessed. JA-T had personal experience of attending A&E with an individual, it was not an easy thing to do when someone is in need of urgent care. What about those people who do not have anyone?

BT – this is a point really well made. Previously, people did not wait in A&E at Queen Elizabeth or Princess Royal hospitals but the trust was told by the CQC that it could no longer move patients to the wards to wait. The trust needs to ensure it has beds and the best services possible. It is getting funding for a 24hr Home Treatment Team and there is more we can do in community teams. At the moment, the trust does recognise that people are waiting in A&E longer than they would wish and is working with A&E staff to manage this.

Quality Improvement Programme

The trust has set up an intensive 12 week quality improvement programme in each of its inpatient mental health units and in the Bracton Centre in response to the issues raised in the inquiries, the Health and Safety Executive and by the

Care Quality Commission.
The programmes are being chaired by:

- Dr Ify Okocha, Medical Director (Green Parks House),
- Jane Wells, Director of Nursing (Woodlands)
- Helen Smith, Deputy Chief Executive (Oxleas House)
- Simon Hart, Director of HR, (Bracton Centre)

Weekly meetings are taking place involving a wide range of staff including the modern matron, ward managers, medical consultants, Band 5 and 6 nurses, health care assistants, psychologists and occupational therapists. Using a co-design approach, they are jointly finding solutions to the issues and implementing the recommendations. The emphasis is on supporting each Quality Improvement 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.

Actions that have been taken so far include:

- A flow chart and set of expectations around family involvement has been agreed and shared with ward staff.
- Rules for effective personalised care planning have been agreed and shared with staff.
- All kitchens have been reviewed and policies on knives and sharps updated and shared.
- Each ward is being updated about searching patients and dealing with contraband items.
- Further advice has been given on safety issues such as ligature risks, blind spots on wards and violence and aggression incidents.
- Work is underway on information system RiO to make recording care planning and risk assessment easier for staff to do consistently.

<u>Oxleas House – HS</u>
HS is leading a 12 week programme to address five issues of the Green Parks House report: involving families on wards, care planning, risk assessments, ward rounds and management of wards. Staff training and changes in practice have been achieved. Staff have undertaken suicide prevention training and the family involvement trust lead has spoken to staff who will now contact the family, and a ward round template has been developed to change practice.
The group is 8-9 weeks into the programme and staff are very enthusiastic, generating lots of suggestions regarding how things can be improved. This is now an embedded way of working and staff feel fully supported.
<u>Green Parks House – IO</u>
IO is leading the group which has given staff the opportunity to reflect on findings. Nine sessions have taken place and have brought about change, with a good array of staff groups. Consultants are well engaged. How information is cascaded is critical to make sure everyone is engaged. Systematic ways where all professionals can input information into templates for ward rounds are being introduced. Work is being done on care plans to develop one that will work well for inpatients. The programme is likely to extend past 12 weeks.
<u>Woodlands - JW</u>
JW is leading this group. JW has been very impressed by the buy-in from all staff.

	The group is making progress on personalised care planning. The group have looked at where gaps are and this has become a live quality improvement cycle where people feel safe and confident to look at care plans and identify what is good and what could be better. Opportunities have also been identified on RiO to structure care plans and the next RiO update will support this. There is a real sense of energy and pride amongst staff. <u>Bracton Centre (Forensics) - SH</u> SH is leading this group which involves all wards and professions and is focussing on the action plan and issues at Green Parks House. There is a focus on risk assessment and a Bröset scale risk assessment tool is being trialled which nurses complete shift by shift based on levels of violence and aggression reviewed by the multi disciplinary team. This can help staff manage patients more effectively. The use of searches for illegal substances and mobile phones have also been made more effective. BT said this was an incredibly busy time for the trust and it was important to know if we were making progress. MW, Director of Therapies, is carrying out an assurance role, talking to staff and patients, looking at records and providing a snapshot of what it is really like in the services. MW's reports are very insightful and the Board and Executive are getting significant assurance where problems are and what is working well. MW advised that he visited services unannounced and the visits were a listening exercise. He would see 8 or 9 staff and, using information from the CQC, HSE and Green Parks House findings, carries out semi-structured interviews. Staff experience is much better. With the new planned admission process and expectation of patients' needs, staff can welcome patients onto the ward and feel safer. BT said there is a lot more still to do, a lot of cultural shifts but good progress is being made. The trust is looking to put in place a wider programme across the trust and this will be considered at the Strategy Away Day, and the partners we would like to help deliver this will also be considered. AT thanked BT and the Executive team for the very comprehensive response. NEDs are already seeing changes through visits and morale of staff and patients is improving. The actions taken have made a huge difference already to the way services are operating.	
6.	**Board of Directors meeting – holding NEDs to account** • **Appointment of Non-Executive Director** • **Chair's update on Board developments** • **Governor Board report** • **Updates from Seyi Clement and Andy Trotter, NEDs** **Appointment of Non-Executive Director** RS presented this item. The Nominations Committee consisting of RS, AT, IB and CP had met and considered that there should be at least one NED with a clinical background. Therefore, this formed the basis for the NED recruitment. The candidates were all very strong, and the Nominations Committee asked the Council of Governors to approve the appointment of Yemisi Gibbons, who has a pharmaceutical and business background, as the new NED. The Council of Governors **approved** the appointment of Yemisi Gibbons as the new NED. **Chair's update on Board developments** AT advised that Archie Herron, vice Chair and NED had now retired. Steve	**Approved** **Noted**

	Dilworth would now take on the role of vice Chair and chair of the Audit Committee. The Board are looking at the Board Sub-Committee structure and the committees/groups reporting into these. AT will report the Board's decisions in due course. The changes were in order to enable NEDs to exercise their roles and to reduce pressures on sub-committees and their supporting committees/ groups. **Governor Board update** RD presented this item. RD hoped governors had seen the Governors' questions log circulated with the Council of Governors' papers. Governors had attended two out of three Board meetings. RD, FB and KT had attended the last meeting and felt NEDs were challenging and asking the right questions. No governors attended the November meeting and RD suggested the Council may wish to revisit the procedures for governors attending the Board to ensure replacements can be organised. RD chairs a working group holding NEDs to account and the group had not met for some time. The group had agreed to meet periodically, and as a number of governors had recently left, RD suggested there was an opportunity to refresh the membership and convene a meeting early in the New Year. JM to arrange. AT thanked governors for attending the Board, recognising this was a significant time commitment. **Updates from Seyi Clement and Andy Trotter, NEDs** <u>Seyi Clement</u> SC has been a NED for 5 years. He is a solicitor who has previous experience in the health sector. SC sits on the Board and Quality Committee which looks at the quality of services provided to service users, which is particularly important following the CQC visit. SC sits on the trust Patient Experience Group and is a member of the BME network. SC also sits on the Bexley Care – Integrated Care in Bexley Programme Board and on serious incident inquiry panels. SC undertakes visits to Adult Learning Disability Services, having visited the Bexley service in its new surroundings at Queen Mary's Hospital following its move from Stuart House, and visiting TOPs and Tall Trees at Goldie Leigh. SB – what made you want to be a NED? SC – I had a bit of a health background from working at BMI, plus I have a severely autistic child and wanted the best service possible for him. <u>Andy Trotter</u> AT gave an overview of his first year as Chair at Oxleas. Having retired from the Police, he became Chair of the trust last year. It has been an amazingly busy year and AT realised how much he had to learn about the trust and partners. AT participates in the programme of visits to services and consistently meets staff who are dedicated and caring. He had visited Oxleas House and had found it inspiring. As previously heard, there were a number of challenges involving financial pressures on partners – CCGs, Local Authorities and partner agencies wanting more from the trust and recruitment difficulties. Learning from incidents and ensuring staff feel confident they can raise issues was important. There are tremendous opportunities and the CQC results had inspired the trust to make changes. AT thought there were great opportunities and he was very impressed with the Council of Governors and how they were holding the NEDs to account. AT was pleased and proud to be part of Oxleas.	

	DG – what vision do you have for Oxleas in 5 years' time? AT – we have a lot to offer. Expanding the range of care into different parts of the area and outside the area where we can add value, internally up skilling/ multiskilling staff and much greater use of IT. We will continue to deliver a good service and expand services geographically and internally.	
7.	**Membership Committee** SB presented this item. Foundation Trusts have members who they are accountable to through the Council of Governors and therefore governors should be actively engaging with the membership. The Membership Committee needs governor involvement and governor support is also required to actively help recruit members and engage in events such as the members' focus groups, AMM and health events. The Membership Committee is open to anyone who wants to participate. If all governors can commit to one or two membership events or Committee meetings over the year, that would really help. There are opportunities to recruit younger members at Danson Youth Club and to do member recruitment at Blackfen Library. If governors are interested in getting involved, please contact JM.	**Noted** **ALL**
8.	**Governor activity update** The report described the range of activities governors have been involved in since the last Council of Governors. AT acknowledged how much work the governors were doing and thanked them for their contribution.	**Noted**
9.	**Chief Executive update** **Strategy Project update** • **Sustainability and Transformation Plans (STP)** • **South London Mental Health Partnership** • **South London Forensic Mental Health Partnership** • **Bexley Care** BT presented this item which was an opportunity to update governors on major projects and how they can contribute. **Sustainability and Transformation Plans (STPs)** Every part of the country has to have an STP. Oxleas is part of the South East London STP which is one of 44 STPs across the country. This is a 5 year plan for the region to deliver improvements in care across the patch, meeting challenges in demand and money. All providers, commissioners and Local Authorities are working together to consider what is going to happen and what could be done to resolve issues. The STP for South East London has recently been published.The plan outlines the direction of travel for South East London, moving care from hospital into the community, integrating physical and mental health. The trust's work is already focussed in this direction. There will be more of a focus around specialised commissioning and considering how trusts can work more collaboratively, particularly with regard to back office functions. Everything the trust is doing is broadly in the right direction of travel for the STP. We are particularly focusing on collaboration with other mental health trusts in South London. **South London Partnership** There are a couple of organisations similar to Oxleas and of similar size and	**Noted**

	outlook – South London and Maudsley NHS Foundation Trust and South West London and St George's NHS Mental Health Trust. The trust has a plan looking at what we can do to collaborate more: • Back office functions such as payroll and procurement. • Establish clearer clinical protocols across South East London to give patients more consistent services and share best practice. • Forensic services – through the South London Forensic Mental Health Partnership BT reassured the Council of Governors that this was not a merger. This is a strategic response to the STPs to look where we can work more smartly and collaboratively. **South London Forensic Mental Health Partnership** There are currently about 180 South London patients in forensic services outside the area. Being cared for away from the local areas may not be beneficial to the patient's recovery and can be costly. The three trusts are working together with NHS England to plan better, more efficient, pathways which provide the care needed locally. A business case is being developed together and will be finished by the end of December 2016. We will be clear on the trust's position by March 2017 and this will be discussed at the March Council of Governors' meeting further. JP – does this include children and young people? BT – no, but there is a conversation regarding people with learning disabilities and how this work interfaces with the Transforming Care programme. **Bexley Care** The trust is looking at whether it can work more closely with adult social care in Bexley and what would happen if there were one single management team across both organisations. There is a management board which has governor representation, to look at the feasibility of taking this forward. The trust needs to ensure it identifies any financial risks and, to date, good progress is being made. Alongside this development in Bexley, we are looking at delivering our adult services in boroughs rather than in the service directorates they are currently organised in. No-one else in South East London could offer a combined physical and mental health service. This will build deeper relationships with commissioners, the Local Authority and the third sector. A proposal will go to the Board in January 2016 and, if approved, a consultation will commence with staff. DG – I'm very excited about more place based care. However, the Local Authority is involved in the STP which feels like a parallel universe. Trying to suggest it is possible to meet a £900m gap in 2021 through various incentives without any evidential basis that this is effective is concerning. BT – there does need a degree of realism as challenges are immense and plans ambitious. AT – I am reassured by what the trust is doing in response to the STP through the South London Partnership. AF – 18 months ago I spoke regarding the Low Commission research report. I welcome the integration of physical and mental health but it is worth including advice needs and services as well as health. Debt is a high factor, housing problems drive physical ill health and employment impacts on mental health.	

	This benefits health problems and reduces the number of repeat appointments. AF will re-send the report to BT. JC – there was an integration seminar at the University of Greenwich with an evaluation report regarding relationships. Is there anything the trust can do to build relationships across organisations? AT – an example is the work BT is doing with Chief Executive colleagues, Audit Committees, Finance Directors and Chairs across the three trusts. This work is going very well.	
10.	**Any other business** There was no further business.	
11.	**Date and time of the next meeting – PLEASE NOTE NEW VENUE** Thursday, 16 March 2017, 2.30-5pm, Council Chamber, London Borough of Bexley Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT	

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Oxleas NHS Foundation Trust

44th Council of Governors
16th March 2017

Item 6
Enclosure 2

Agenda item	NHS Staff Survey report
Item from	Simon Hart, Director of Human Resources and Organisational Development
Attachments	Front Sheet only

Summary and Highlights

Results of the Staff Survey 2016

Introduction

The national staff survey took place between September and November 2016. For the first time the whole trust was surveyed. In previous years a sample of 850 staff was selected. The staff survey results are based around the pledges in the NHS Constitution and are used by the CQC as a key indicator in its compliance regime.

Results

The overall response rate to the survey was 44% (1509 staff). The response rate was average when compared with other combined mental health/learning disability and community trusts. Whilst the response rate was higher in 2015 (49%) that only represented 461 actual responses

The Care Quality Commission report groups the responses of all the questions into 32 key findings with an additional composite finding around staff engagement.

Oxleas comparative scores are

- 15 key findings were above average
- 8 key findings were average
- 9 key findings were below average

Scores below average were:

- % Experiencing discrimination at work in the last 12 months
- % believing the organisation provides equal opportunities for career progression or promotion
- % witnessing potentially harmful errors, near misses or incidents in the last month
- % reporting errors, near misses or incidents witnessed in the last month
- % attending work in last 3 months despite feeling unwell because they felt pressure
- % satisfied with the opportunities for flexible working patterns
- % experiencing physical violence from patients relatives or the public in the last 12 months
- % experiencing physical violence from staff in the last 12 months
- % experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

The composite score for staff engagement places Oxleas above average compared with other combined mental health/learning disability and community trusts

One score was the top score nationally for any combined mental health/learning disability and community trust. It was also the only statistically significant score to improve from 2015.

- % reporting the most recent experience of harassment, bullying or abuse

Initial Commentary

- The number of staff who completed the survey represents 44% of the whole organisation. The response rates vary across directorates. Overall however the survey provides a strong reflection of how staff perceive Oxleas

- Whilst the comparators with other trusts remain broadly positive overall the trust has seen a decrease in its scores as compared with 2015 in all but 3 of the 32 key indicators.

- The only areas where the score has improved has been in

    - % Appraised in last 12 months
    - % Reporting most recent experience of harassment & bullying or abuse
    - Support from immediate managers

- There have been notable drops in
    - % believing the organisation provides equal opportunities for career progression
    - % reporting good communication between senior management and staff
    - % staff experiencing harassment and bullying from patients, carers or members of the public
    - % staff recommending the trust as a place to work or receive treatment

- BME staff remain, as with previous years, broadly more positive and satisfied than their white counterparts. However they remain more likely to be harassed and bullied, more likely to be discriminated against and less likely to believe the organisation is providing equal opportunities for career progression.

- The % of staff who have reported violence from colleagues is small. All datix incidents relating to staff aggression are directed to HR. In all but one case in 2016 these incidents were verbal not physical. The sole incident of physical aggression related to a member of staff who threw some empty boxes at colleagues. She was later dismissed. There have been no informal reports of physical aggression received from staff side or from bullying and harassment advisors. Staff willingness to report incidents of harassment bullying or abuse has improved significantly since 2015 and is the highest score for any combined mental health/learning disability and community trust.

- There is significant variation between directorates, reflecting the varying pressures and organisational change that each has been exposed to. Older People's directorate is the most positive whilst CAMHS and Prisons are the least.

- Harassment and bullying by patients and members of the public remains a significant issue however the evidence also shows that staff are far more likely to report these issues. This was an area of significant underperformance in 2015.

Conclusion

The events of 2016 in terms of CQC outcome, the multiple level 5 enquiries and subsequent follow on work, the incident at the Bracton, changes in senior leadership, the large scale reconfigurations and subsequent redundancies and the level of demand on services have all had a significant cumulative negative effect on how staff feel. This is ultimately reflected in the fall in response around recommending the trust as a place to work or receive treatment.

The survey whilst still placing Oxleas in the above average category for most areas when compared with other trusts is a significant backward step when compared with what we have been accustomed to in previous years.

The trust's reputation as a good place to work has been demonstrated by previous surveys to be a key part of its recruitment and retention offer. Whilst the fundamentals of the organisation and how it aims to treat its staff remain unchanged (and in some cases improved eg improvements in senior BME recruitment) how staff perceive the organisation clearly has. To rectify this will require careful listening by corporate and service teams as well as tangible action, clear consistent and regular communication and (bearing in mind finances) investment.

Action plans to respond to the findings will be developed at a trust and directorate level.

Key Benefits:

Recommendation:

To note.

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Item 7
Enclosure 3

Agenda item	South London Mental Health and Community Partnership – Forensic pathway
Item from	Ben Travis, Chief Executive
Attachments	Front Sheet only

Summary and Highlights

There will be an opportunity to discuss the background to this transaction during the Informal Council of Governors' meeting.

Introduction

The Council of Governors is asked to approve this significant transaction as defined in our constitution. The Constitution states:-

"The Foundation Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

The Foundation Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Foundation Trust voting approve entering into the transaction.

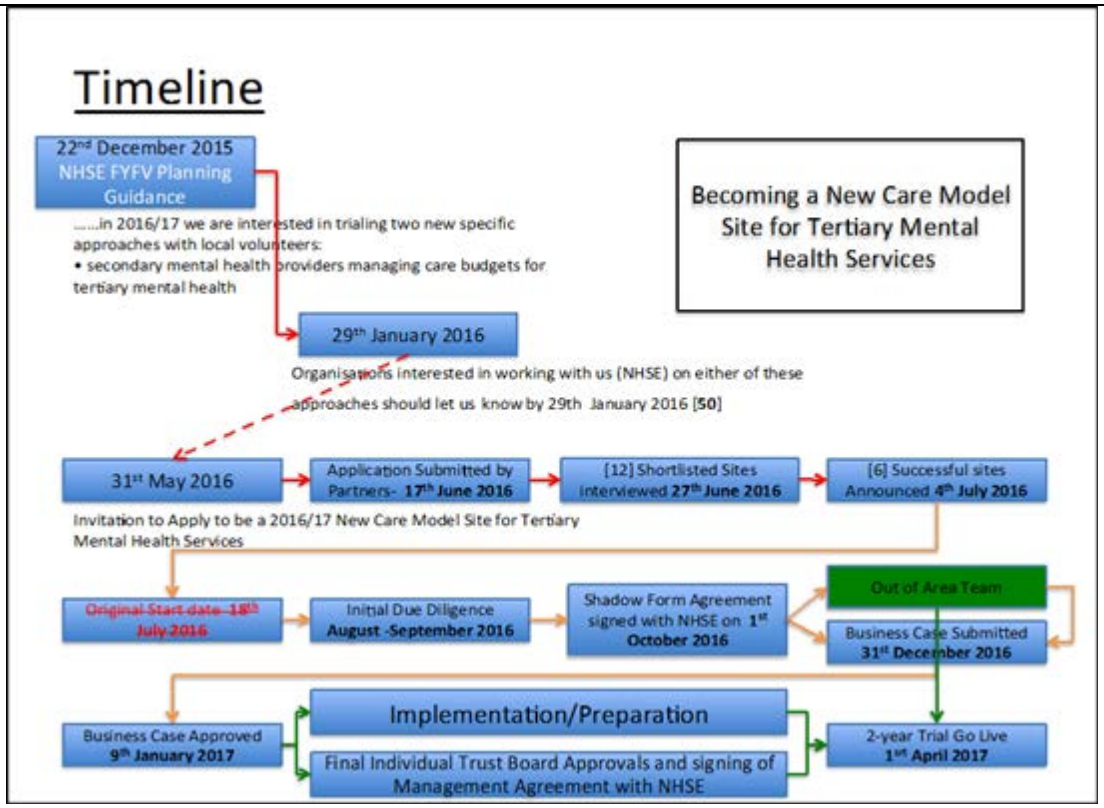
In paragraph 22.2, the following words have the following meanings:

22.4 "significant transaction" means a transaction which meets any one of the tests below:

- *22.4.1 the fixed/gross asset test; or*
- *22.4.2 the turnover/income test; or*
- *22.4.3 the gross capital test (relating to acquisitions or divestments).*

The South London Forensic Partnership meets the turnover test of - ***the gross income of the Foundation Trust will increase or decrease by more than 10%.***

The three South London Trusts (Oxleas NHS FT, South London and Maudsley NHS FT and South West London and St Georges NHS Trust) plus NHS England (London) were selected (from over 50 original expressions of interest) as one of six national pilots sites [4 adult forensic and 2 Child and Adolescent Mental Health Services Tier 4] and have worked closely to develop a detailed proposal for the pilot. The business case was approved by NHS England on the 9th January 2017. The diagram below sets out the process followed.



In addition to this, a large amount of preparatory work has been undertaken on areas covering:-

- governance,
- systems care pathways,
- clinical models,
- benchmarking and informatics,
- financial profiling, and
- estates.

This model is driven by 3 key conditions:-

1. **Managing Budgets**
   The Partnership will manage the 'Care Budget' for all NHS England specialised commissioned Forensic Services (Medium secure, Low secure and Community Forensic Outreach) on behalf of NHS England for the geographical areas covered by the 12 South London Clinical Commissioning Groups (CCGs). This includes those services commissioned from out of area providers (NHS and non-NHS).

2. **Efficiency and Productivity**
   The Partners will work together to improve both the efficiency and productivity of current services, joining up care pathways, and being mindful of CCGs commissioning intentions and impact of changes and decisions.

3. **Quality Improvement**
   The Partners will on the back of the financial gains made seek to reinvest in improving the quality of care provided through the redesign of services across the pathways.

Contract Term

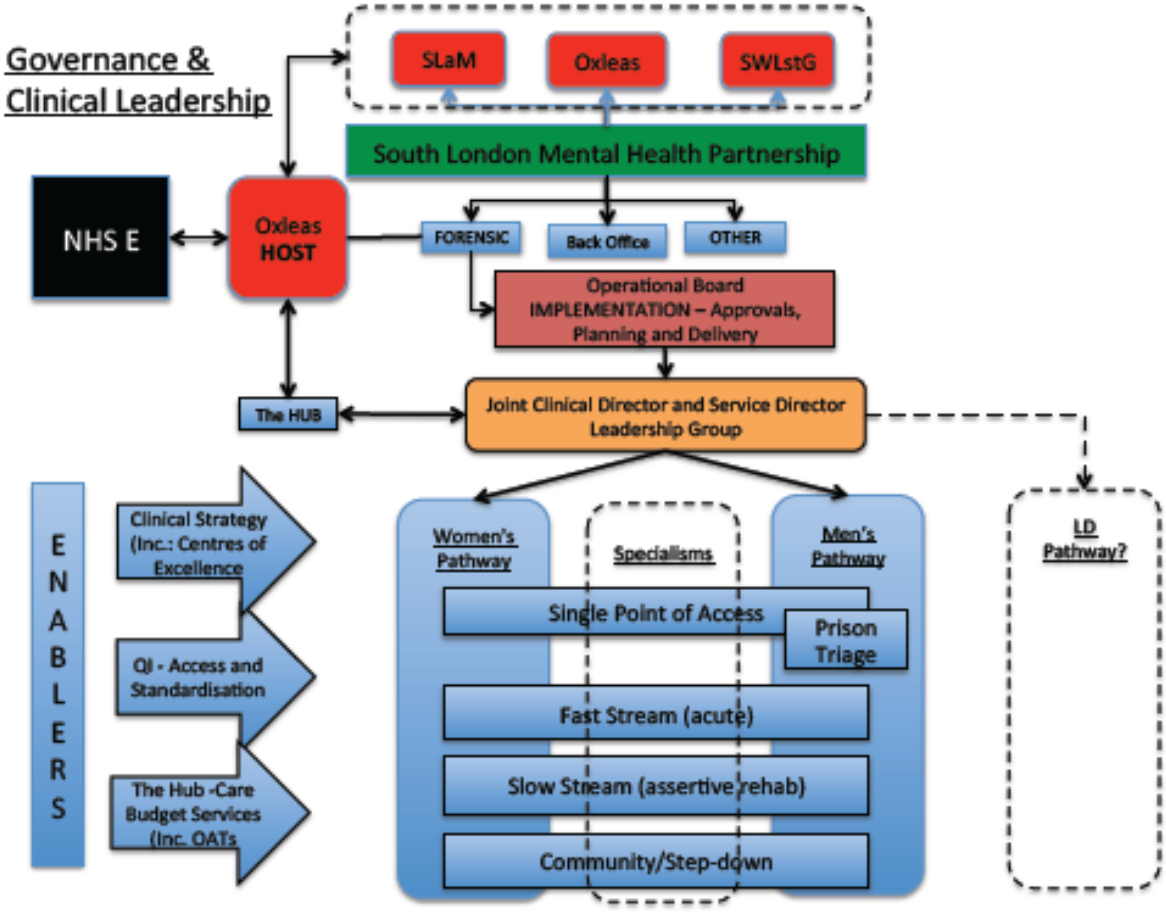
All New Care Model Trials are set for 2 years with a break clause at month 12. Oxleas will therefore sign a 2-year contract variation with NHS England.

Governance

The three Partners have developed a clear governance framework to ensure shared accountability, clinical leadership, strong financial management and supported business rules, and a clear legal framework through our contractual arrangements with NHS England.

A Clinical Leadership group has been established and will ensure strong clinical leadership, governance and accountability through the establishment of a new South London Partnership Quality Board.

The diagram below illustrates the South London Partnership Governance model. Oxleas is represented at the Partnership Board by Ben Travis, Chief Executive and Steve Dilworth, Non-Executive Director. The Business Committee will receive regular updates on progress and will be fully sighted on the financial aspects. Regular updates will be brought to the Council of Governors.



Financial Summary

Care Budget

The budget value for 17/18 is calculated by merging the Forensic contractual values from the 3 existing Trust contracts and adding the additional Commissioner value for Out of Area spend currently being incurred for patients in south London currently receiving specialised forensic services from out of area providers.

	£m			£m
	Oxleas	SLAM	SWLSG	SLMHP
16/17 Closing Baseline	**£19.03**	**£14.59**	**£9.12**	**£42.74**
Net Tariff Change @ 0.1%	£0.02	£0.01	£0.01	£0.04
Growth (at 16/17 Prices)	£0.23	£0.18	£0.11	£0.52
Sub-total	**£19.28**	**£14.78**	**£9.24**	**£43.30**
17/18 QIPP generic	(£0.99)	(£0.76)	(£0.47)	(£2.22)
17/18 Contract Excluding CQUIN	**£18.29**	**£14.01**	**£8.77**	**£41.08**
2.5% CQUIN on activity	£0.46	£0.35	£0.22	£1.03
Total 17/18 Offer	**£18.75**	**£14.36**	**£8.99**	**£42.10**
Transfer of Out of Area Spend				£34.40
Less LD related costs				(£8.00)
17/18 Payment to Oxleas (Host)				**£68.50**

The £34.4m transfer of estimated spend for out of areas patients has been reduced by £8m to reflect the fact that the out of area spend associated with patients with learning disabilities is in the scope of the Transforming Care Programme, and will remain with NHS England for the present time.

Income and Expenditure impact

	2017/18 £m	SLFP £m	Revised 2017/18 £m
Income	245.1	49.8	294.9
Expenditure	-241.2	-49.8	-291.0
Other (PDC and Finance Interest / Expense)	-3.8		-3.8
Normalised Position	**0.1**	**0**	**0.1**
Profit on Asset	1.5		1.5
Adjusted Surplus	**1.6**	**0**	**1.6**
STF 'General Allocation'	1.5		1.5
Control Total	**3.1**	**0**	**3.1**

Financial Efficiency - I&E Margin Metric	**1.25%**		**1.04%**
Financial Efficiency - I&E Margin Rating	**1**		**1**

In summary, the financials show that the base case can deliver sufficient savings to cover the 16/17 and 17/18 NHS England requirements. For the downside case, the saving would not be achieved and would be a cost pressure on the Partnership Trusts. We envisage that we are most likely to be closer to the base case.

Base Case	**16/17 (£m)**	**17/18 (£m)**	**18/19 (£m)**
Income	**(£70.21)**	**(£68.50)**	**(£68.50)**
Expenditure	**£70.21**	**£68.22**	**£62.88**
Net (Surplus)/Loss	**£-**	**(£0.28)**	**(£5.62)**
Note - 18/19 Business Rules are unknown and excluded			

Downside case	**16/17 (£m)**	**17/18 (£m)**	**18/19 (£m)**
Income	**(£70.21)**	**(£68.50)**	**(£68.50)**
Expenditure	**£70.21**	**£70.33**	**£70.39**
Net (Surplus)/Loss	**£-**	**£1.82**	**£1.88**
Note - 18/19 Business Rules are unknown and excluded			

All three Partners have agreed to share financial risk on an equal basis.

Alternatives to the South London Forensic Model

The impact of not proceeding will vary for each organisation, and it is not possible to give exact clarity on the alternative outcomes but the following options could be considered:-

1. Do nothing - is likely to require significant cost reductions and may therefore question the viability of the portfolio of Forensic services

2. Go it alone and mimic the principle of repatriation and control our own 'out of area' cohort – this would lose the benefits gained from being in a collaboration e.g. economies of scale, specialisation and the ability to create the patient pathways within the wider bed cohort

3. Agree how the changes made to date could be disaggregated or rolled back but avoiding the de-stabilisation of any one of the three providers e.g. unwind the women's pathway so that all 3 Trust take back patients for their local CCGs or continue as is.

The proposal has been reviewed and agreed by all three Boards of Directors for South London and Maudsley NHS FT, South West London and St Georges NHS Trust and Oxleas.

Next Steps

- Finalising the 'Terms of Reference'
- Complete and agree the 'Management Agreement' with NHS England by the end of February
- NHS England to sign off agreement on 21st March
- Submit to NHS Improvement for review Management Agreement, Contract Variation, Terms of Reference

  NHS Improvement is seeking to assure themselves that the Partnership is not anti-competitive. We had a helpful discussion and they felt assured that this not the case. We have also sought advice from NHS England and they have confirmed the following:-

  '*Every tertiary mental health provider in the country was invited to apply, and over 100 did. NHSE had the robust selection process and 36 organisations are part of the six sites and this includes numerous independent sector organisations. In terms of the large ones, for instance, PiC/Elysium are signatories to SW case; St Andrews to West Midlands case; and Priory to WL case. Those who weren't successful have been kept informed of what we're doing and timescales. NHSE are passing responsibilities for managing budgets, not novating contracts or asking providers to directly sub-contract on our behalf. Furthermore, the contract is only for two years, in the first instance.*

  The above has satisfied our legal advisors this is not anti-competitive'.

- Patient level database put in place
- Go live on 1 April 2017

Recommendations
Council of Governors to approve going ahead with this transaction

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Item 8

Enclosure 4a&b

Agenda item	Serious Incident Inquiry Reports – Ms A Mr B
Item from	Jane Wells, Director of Nursing Michael Witney, Director of Therapies Raymond Sheehy, Governor
Attachments	a) Executive summary & action plan – Ms A b) Executive summary & action plan – Mr B

Summary and Highlights

Attached are the Board Inquiry Serious Incident Executive Summaries and actions plans for Ms A and Mr B.

The inquiries were undertaken with Governor and Non-Executive Director involvement.

Both inquiries are now able to be presented to the Council of Governors as criminal proceedings have been concluded.

The following points will then be covered at the meeting:

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

Key Benefits:

Recommendation:

To note

Board level Inquiry – Ms A Executive summary

On 2 August 2015, Ms A was arrested on suspicion of the murder of a 35 year old woman called ND. The incident took place in the Royal Borough of Kensington and Chelsea in a bedsit occupied by Ms A's sister in law. The bedsit was known to local police for incidents involving anti-social behaviour in the context of alcohol use. The victim ND lived in Blackheath and was drug and alcohol dependent.

Ms A is a 48 year old lady who lives in Charlton and has family with whom she has regular contact and socialises with in West London. She has been known to mental health services since 1981. Ms A has a history of problematic alcohol use and at the time of the incident was alcohol dependent. She has intermittently engaged with alcohol services. She has a diagnosis of personality disorder (emotionally unstable type) and a history of domestic violence and offences including theft and arson. She also suffers from epilepsy and cirrhosis of the liver.

Prior to the incident, Ms A had two hospital admissions in 2014 (August and September) in Oxleas.

During the September admission, Ms A was referred to the Heath Clinic, Bracton Centre (a specialist female ward for complex and challenging behaviour), and was assessed. She was not deemed to be appropriate for admission to that service, and recommendations for management and care after discharge were made.

Ms A was discharged in January 2015 to the Greenwich Recovery Team. In April 2015, she was admitted to Maryon ward and discharged to the Home Treatment Team in May 2015 and after follow up, she was discharged back into the care of the Recovery Team on 28 May 2015.

Scope of Inquiry:

The inquiry considered the care and treatment of Ms A by Oxleas NHS Foundation Trust since her first contact with our services, with a particular focus on the last year of her treatment including:

1. The quality of assessments, including risk of harm to others.
2. The quality of the care plans and their alignment to Ms A's assessments and diagnosis.
3. The quality of treatment provided to Ms A and whether this met the needs identified in her care plan.
4. The quality of the liaison between Greenwich Recovery Team, Probation, CRI, and other organisations.
5. The inquiry panel also provides an overall conclusion on the quality of treatment and care provided; identify any care and service delivery problems; and state whether the incident could have been predicted or prevented.

Findings:

1 The inquiry panel did not find a root cause for the incident. The inquiry panel is of the view that the incident could not have been predicted since the nature of the incident was quite unlike anything Ms A had done before. The panel could not state whether the care and service delivery problems contributed to the incident occurring. The risk assessments indicate the there was always a risk to others in the event of alcohol intoxication which was evident to the police at the time of the incident.

2 The inquiry panel explored care and service contributory factors in respect of diagnosis and management of risk, care coordination and engagement on alcohol services:

- The inquiry panel concluded that there had been thorough assessments and treatment in relation to Ms A's diagnosis and assessments including harm to others. The management of patients with a diagnosis of emotionally unstable personality disorder and alcohol dependence who do not engage with the model of recovery was recognised to be challenging. It was considered that the teams involved in Ms A's care had made good attempts to ensure that she received care, evidenced through referral for an assessment from forensic services, decisions and rationale for referral to the Recovery team and by care planned and provided by the Recovery Team.

- The inquiry panel concluded that there could have been better multi-agency liaison between Greenwich Recovery team, probation and CRI in respect of joint working. There was evidence of good communication from the Recovery team, particularly between the care co-ordinator and the probation officer including discussions about trying to get Ms A to attend appointments at CRI, but CRI were not included and Ms A did not engage with CRI.

- The panel considered the management of Ms A as a service user whose social life was mainly outside of the borough. There was no evidence to suggest that living in Greenwich but socialising in West London had an impact on the provision of care by the health services as Ms A's care was coordinated by the Greenwich Recovery Team and inpatient services with whom Ms A maintained regular contact.

- The inquiry panel concluded that the Greenwich Recovery Team accepted Ms A as there was no other service deemed more appropriate at that time. Ms A was offered a flexible package of care in an attempt to engage her with mental health services whilst realistically recognising the impact that alcohol had on her ability to engage. The panel saw evidence that the team's approach to Ms A's care took her alcohol use into consideration and did not withhold care and treatment on the premise that Ms A may not engage. The team's plan was to review Ms A's engagement in six months' time at her next CPA to consider if discharge or other services would be best placed to support her.

Recommendations:

The inquiry panel recommended that:

1. There is better engagement and liaison between mental health teams and alcohol services where they are known to have joint service users. It should be a minimal expectation that alcohol services such as CRI, Lifeline and the Beresford Project are routinely approached to submit reports to the Oxleas team and attend multidisciplinary team meetings and reviews.

2. Consultants and mental health teams receive regular updates on the local drug and alcohol services available and the changes to commissioning arrangements and responsibilities of different sectors.

3. The operationalisation of the new community mental health pathways are evaluated to ensure that people with similar presentations as Ms A, that is with alcohol dependence with care coordination needs, are provided with the care and services that they need and that these form part of the regular induction of all clinical staff in all Oxleas mental health services.

Oxleas NHS
NHS Foundation Trust

ADULT MENTAL HEALTH AND LEARNING DISABILITY DIRECTORATE
PATIENT SAFETY GROUP

SERIOUS INCIDENT ACTION PLAN

StEIS 2015/25968

Ms A	**Incident date:** **2 August 2015**	**Team involved at time of incident:** **Greenwich Recovery Team**	**Date of action plan:** **23 October 2015**
Summary of Incident: On 2 August 2015 Ms A was arrested on suspicion of the attempted murder of a 35 year old woman called ND. The incident took place in the Borough of Kensington and Westminster in a bedsit occupied by Ms A's sister in law. The bedsit was known by local police for incidents involving anti-social behaviour that were a result of alcohol and substance misuse.			

Recommendation	Action required	Due by	Lead	How changes will be evidenced	Progress and date
1. There is better engagement and liaison between mental health teams and alcohol services where they are known to have joint service users. It would be a minimal expectation that alcohol services such as Cri- Aspire, Lifeline and the Beresford Services are routinely approached to submit reports to the multi professional team	Inform all managers to advise teams to ensure they request reports from relevant substance misuse services and request their attendance at multidisciplinary team meetings and reviews. "PCP Operational Policy"	10/11/2015 30/01/2016	Inpatient/Crisis-AD, Associate Director Community SP, Associate Director JT, Nurse	Email confirmation from managers Email confirmation from managers Up dated	Embedded Learning Event aimed at improving communication between Oxleas and partner substance misuse agencies 15 January 2016

and attend multidisciplinary team meetings and reviews.	and "WAA/D+A Joint Working Protocols" to be up dated, with the specific requirement for teams to request reports from relevant substance misuse services and request their attendance at multidisciplinary team meetings and reviews. Partnership Meeting to be arranged with relevant substance misuse services to agree the above.		Consultant (Mental health, drugs and alcohol)	policy/protocol to be provided	 D&A Embedded Learning Event Progr  Greenwich Substance Misuse Joi
	Up dated policy/protocol to be circulated to managers for cascade to all staff.	15/02/2015	JT, Nurse Consultant (Mental health, drugs and alcohol)	Email to be provided	
2. Consultants and mental health teams receive regular updates in the local drug and alcohol services and the changes to commissioning arrangements and responsibilities of different sectors.	Information and updates from D+A Partnership meetings on changes to D+A service provision to be cascaded to team managers.	31/01/16	JT, Nurse Consultant (Mental health, drugs and alcohol)	Partnership meeting minutes	

3. The new community mental health pathways are evaluated to ensure that people with similar presentations, that is with alcohol dependence with care coordination needs, are provided with the care and services that they need and that these form part of the regular induction of all clinical staff in all boroughs.	Arrangements for working with alcohol / substance misuse service users are included within the current PCP Operational Policy. A service evaluation of the new PCP Community health pathways is being initiated in November 2015 All Community PCP Managers to be advised to provide a copy of the up dated Operational Policy to all new staff as part of their induction.	31/01/16 30/01/2016	SP, Associate Director SP, Associate Director	Outcome of evaluation Confirmation email to be provided	 Operational policy guidance re clients wi  AMH Community Services Operational

Board level Inquiry – Mr B

Executive summary

Mr B is a 26-year old male. He was not a registered patient of Oxleas NHS Foundation Trust at the time of the incident having been discharged from Oxleas services approximately 41/2 months earlier in April 2016.

Oxleas was informed by the police on 15th November 2016 that Mr B had been arrested on suspicion of murder.

Mr B had received treatment from the Bexley Home Treatment Team and the Bexley Day Treatment Team.

The panel inquiry considered the adequacy and appropriateness of the assessment, care and treatment of Mr B by Oxleas NHS Foundation Trust, since becoming known to our services and whether the incident could have been predicted and/or prevented.

Findings

The panel considered that there were no root causes in this incident. The panel was of the view that this incident could not have been predicted or prevented.

- Mr B had recently been discharged from the army and was having trouble adjusting to civilian life. However he engaged extremely well with all the services with which he was in contact. He responded well to treatment and his mental state improved considerably by the date of his discharge. Mr B himself described his mental health as significantly improved with the assistance of the treatment provided.

- Treatment in the Bexley Day Treatment Service is largely group based. During the time that Mr B was being offered treatment in the Day Treatment Team, he was therefore seen only in a group setting. There was no formally identified “key-worker” with whom he would meet even on a sporadic basis and no formal risk assessment was completed.

- A personalised crisis plan was completed during the time that Mr B was in treatment at the Bexley Day Treatment Team.

- The care plan developed in the Home Treatment Team was not personalised. The care plan was not updated on discharge from the Home Treatment Team. The care plan drawn up in the Day Treatment Team did not comply with the trust standards.

- Although there was a degree of engagement with Mr B’s family this was not sufficiently pursued.

- While there was no concern about Mr B misusing alcohol or drugs during the time he was provided care by Oxleas, the drug and alcohol assessment lacked detail.

- The discharge letter from the Bexley Day Treatment service to Mr B at the end of his treatment, and which was copied to his GP, did not contain sufficient clinical detail to assist the GP in managing Mr B's care.

Recommendations

A) Adult mental health services in Greenwich link with the armed services to ensure those in similar circumstances to Mr B are consistently best supported.

B) A formal risk assessment must be completed while under the care of the Bexley Day Treatment Service.

C) Further it is recommended that group attendance be supplemented with key-worker individual appointments.

D) The Day Treatment Team ensure that they complete care planning with patients that is consistent with the required Trust approach.

E) Both the Home Treatment Team and the Day Treatment Team ensure future engagement of families and carers in a meaningful way in every case.

F) The teams ensure a more robust assessment of alcohol and drug misuse of patients, including the detail of the amount, type and frequency of use.

G) Where no follow up treatment by another Oxleas service is indicated, make contact a week after discharge to ensure that the patient continued to remain well.

H) The team agrees, in collaboration with local GPs, a format for a discharge letter that includes the relevant information.

Oxleas NHS
NHS Foundation Trust

ADULT MENTAL HEALTH AND LEARNING DISABILITY DIRECTORATE
PATIENT SAFETY GROUP

SERIOUS INCIDENT ACTION PLAN

Mr B	**Incident date: 28/08/16**	**Team involved at time of incident: None. Closed to Bexley Home and Day Treatment Teams April 2016**	**Date of action plan: 19/01/17**
Brief summary of incident: We were informed by the police on 15/11/16 that on 29/08/16, Mr B had been arrested on suspicion of murder.			

Actions for all Greenwich Teams					
Recommendation:	**Action required:**	**Due by:**	**Lead:**	**How changes will be evidenced:**	**Progress and date:**
Links with Armed Forces Specific consideration to be given to how adult mental health services in Greenwich link with the armed services to ensure those in similar circumstances to Mr B are consistently best supported.	Working in partnership with armed forces is to be raised as an issue at a commissioner's quality review group (CQRG) to establish what the commissioning approach to this work should be. Propose at the CQRG that there could be wider discussion at a health and wellbeing board.	End May 2017	Greenwich Clinical and Service Director	The minutes of the May CQRG meeting should highlight the issue that has been raised and any agreements that are reached. This is considered an important forum as any new work needs to be with the support of commissioners.	

	Determine through discussion with commissioners and partners at CQRG if there are existing forums that we can be involved in to establish good links with armed forces.				
Actions for Bexley Day Treatment Team					
Recommendation:	**Action required:**	**Due by:**	**Lead:**	**How changes will be evidenced:**	**Progress and date:**
Key working The Panel thought it would have been helpful to supplement Mr B's group attendance with key-worker individual appointments.	Team to reflect on this case and consider circumstances in which individual key worker sessions are indicated. Any required changes to be included within Operational Policy	End Jan 2017	KP (Team Manager)	Record of team discussion and any revisions to Operational Policy	
Risk assessment Mr B should have been formally risk assessed while under the care of the Bexley Day Treatment Service, with the appropriate documentation being completed in RiO	New Standards for consistent recording of risk information by Day Treatment Teams have been issued and are currently in implementation	Completed	JC (Service Manager)	Audit process in place	
Care planning Day Treatment Team	Standards for consistent care planning by Day	Completed	JC (Service	Audit process in place results to be discussed at	

to explore ways to ensure that they are able to complete care planning with patients that is consistent with the required Trust approach.	Treatment Teams have been issued and are currently in implementation this is part of a regular management audit		Manager)	the monthly senior management team meeting.	
Actions for all Home and Day Treatment Teams					
Recommendation	**Action required**	**Due by**	**Lead**	**How changes will be evidenced**	**Progress and date**
Engagement with carers Home and Day Treatment Teams need to act to ensure future engagement of families and carers in a meaningful way in every case. Where family engagement is not seen as necessary there should be clear documentation to indicate that family engagement has been thoroughly considered, with the rationale provided to describe why this was not progressed.	A key topic within the day treatment and home treatment team quality improvement programmes is the meaningful involvement of families and carers. This programme has been endorsed by the Trust board and is considered adequate to address this issue. Use of Social Network Engagement Tool is also part of the QIP and teams are starting to use this	End March 2017	JC	Feedback from the QIP will be provided to Trustwide Quality board in July 2017 Evidence of SNET being used within teams Audit of this activity to be arranged in July 2017	

Discharge planning Home and Day Treatment Teams to agree a suitably detailed format for a discharge letter that includes the relevant clinical and other information that must be completed on discharge and shared with GP.	Meetings of team managers with RiO Transformation Team to be arranged to agree a format consistent with other work being carried out on discharge letters,	End May 2017	Service Manager	Minutes of meeting and draft template will be shared at management team meeting.	
	Agree template at Quality board.	June 2017	Service Manager	Quality board minutes to reflect discussion	
	Share template with GP. Email to be sent with briefing and request for feedback.	End of June 2017	Associate Director	Copy of email and any feedback received to be uploaded to datix and reviewed in management team meeting.	
	Attendance at Greenwich GP meeting to capture broad group of GPs and take feedback in the meeting.	July 2017 GP agenda permitting	Associate Director	Revised template brought back to quality board	
	Make any necessary changes to template based on GP feedback.	July 2017	Service Manager		
	Implement new discharge letter.	August 2017	Service Manager		

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Oxleas NHS Foundation Trust

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Item 9
Enclosure 5

Agenda item	Board of Directors Meeting – holding NEDs to account
Item from	Richard Diment, Governor Andy Trotter, Chair Steve Dilworth, NED Yemisi Gibbons, NED
Attachments	Update on Board Committee structure

Summary and Highlights

Holding NEDs to Account Working Group
This group is meeting on Monday 13 March - Richard Diment will give an update to the Council.

Chair's update on Board developments
Since the last Council of Governors' meeting, the following changes to the Board have taken place:

- Following approval by the Council of Governors in December, Yemisi Gibbons joined the Board as a Non-Executive Director
- The Board sub-committees have been re-organised (summary enclosed)

Governor Board report
Governors have attended the 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 circulated to governors with the board agenda and minutes.

Key Benefits:

Acknowledgement and understanding of the work of Board of Director colleagues.

Recommendation:

The Council of Governors are asked to note.

Update on Board Committee Structure

Following a review of the roles of the Audit Committee and Risk Committee and consideration of how we can use our governance structure most effectively to maintain and improve the quality of our services, a new committee structure has been developed.

This structure combines the Audit and Risk Committees with the purpose of ensuring regular oversight of our governance, assurance and risk management processes. It creates an Infrastructure Committee which will enable Board Committee level oversight of capital investment and estates developments. It also creates a more explicit link between our operational management structures and the Board Committee structure through lead Executive Directors.

Audit and Risk Assurance Committee

This is chaired by Steve Dilworth and includes two other NEDs.

Its purpose is to assist the Board with its oversight responsibilities and it will independently and objectively monitor, review and report to the Board on the process of governance, assurance and risk management in place in the organisation and, where appropriate, will facilitate and support the attainment of effective processes.

In fulfilling its responsibilities, the Audit and Risk Assurance Committee works with the Quality Committee and the governance, risk management and internal control systems to ensure that the trust's vision to improve lives by providing the best quality health and social care is progressed.

Each Board sub-committee maintains its own risk register and reports significant risks to the Audit and Risk Assurance Committee via the Board Assurance Framework. The Audit and Risk Assurance Committee reviews the Board Assurance Framework to ensure that significant risks are identified and that progress is being made in mitigating these risks**.**

Infrastructure Committee

The committee's responsibilities are:

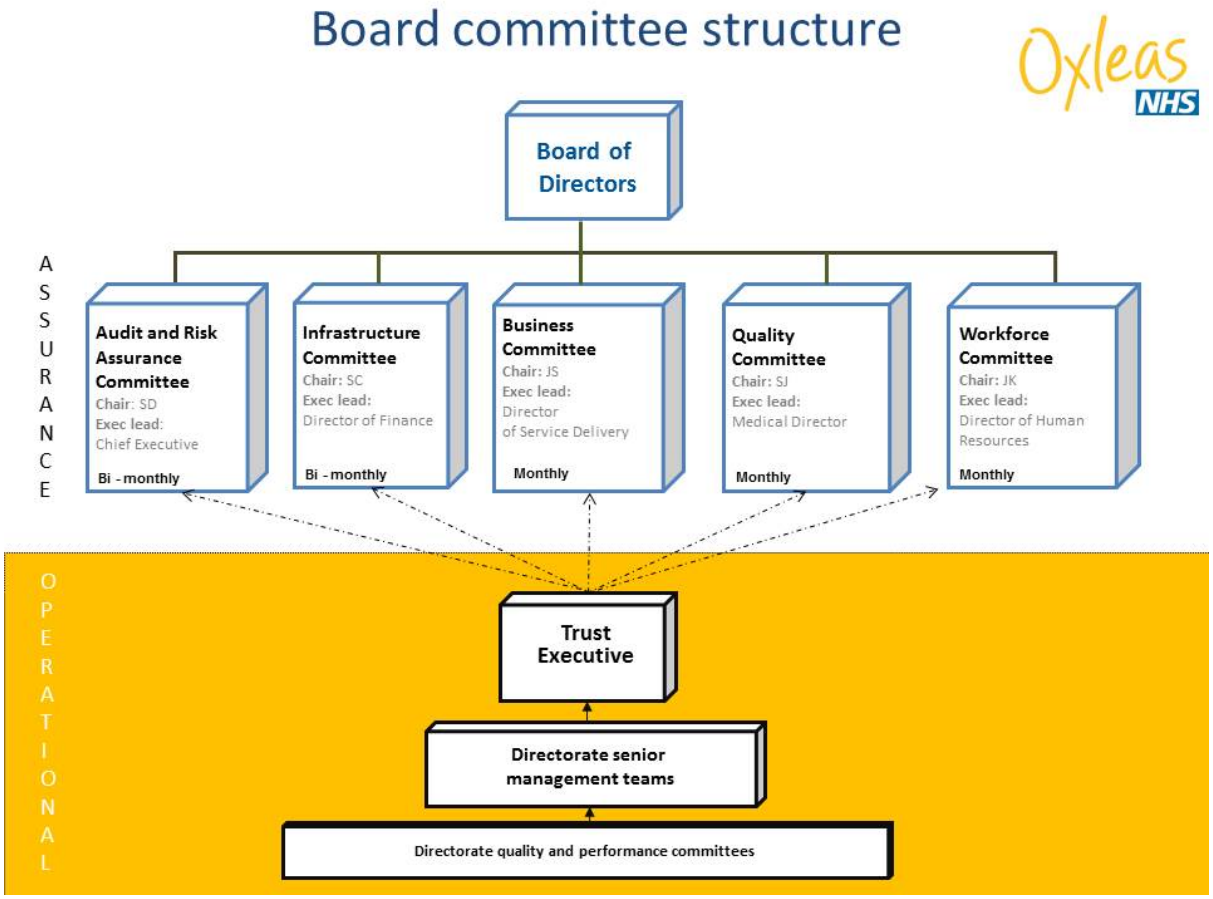
- To advise on estates and infrastructure requirements including information technology to support the development and delivery of effective and efficient healthcare services.
- To understand and advise on the interdependencies that exist between these programmes and the trust's clinical and operational developments.
- To ensure that estates and infrastructure requirements are agreed among all relevant stakeholders.
- To make proposals and recommendations to the Board of Directors as appropriate in relation to capital investment and any potential alternative use or release of value of current estates and infrastructure.
- To ensure that the risks relating to the above programmes are identified, monitored and mitigation plans are developed.

The membership of the committee is:

- Two non-executive directors
- Director of Finance
- Deputy Chief Executive
- Director of Estates and Facilities
- Director of Informatics

Executive director links

For each Board sub-committee, a Board Executive Director lead has been identified to ensure effective reporting between the Trust Executive and the Board Committee structure. The Trust Executive also maintains a risk register to ensure that risks identified within directorates are reported and reviewed appropriately.



Meeting cycle

The dates of the meetings have been reviewed to ensure that the sub-committees can review issues on behalf of the Board and then report up to the Board of Directors. The meeting schedule is attached.

2017 MEETINGS Cycle

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN18
Data available (4th day)		Mon6	Mon 6	Thurs 6	Fri 5	Tues 6	Thurs 6	Fri 4	Weds 6	Thur5	Mon 6	Wed6	Fri 5
Directorate meetings		w/c 6 Feb	w/c 6 Mar	w/c 10 Apr	w/c 8 May	w/c 5 June	w/c 10 July	w/c 7 Aug	w/c 11 Sep	w/c 9 Oct	w/c 6 Nov	w/c 11 Dec	w/c 8 Jan
Formal Executive Team 09.00-12.00		Tues 14	Tues 14	**Tues 18**	**Thurs 11**	Tues 13	**Thurs 13**	**Thurs 10**	**Thurs 14**	**Thurs 12**	Tues 14	**Thurs 14**	**Thurs 11**
Exec Papers out		**Fri 10**	**Fri 10**	**Thurs13**	**Tues9**	**Fri 9**	**Tues 11**	**Tues8**	**Tues 12**	**Tues10**	**Fri 10**	**Tues 12**	**Tues9**
Informal Executive Team 4th Tuesday 09.00-11.00	24	28	28	25	23	27	25	22	26	24	28	n/a	23
Business Committee 3rd Tuesday 09-11:30	17	21	21	25 (pm)	16	20	18	15	19	17	21	19	16
Papers out		17	17	21	12	16	14	11	15	13	17	15	12
Infrastructure Committee 3rd Tuesday 12:00-14:00		21		25 (pm)		20		15		17		19	
Papers out		17		21		16		11		13		15	
Audit & Risk Assurance 3rd Tuesday 12:00-14:00	17		21		25 (account)		18		12		21		16
Papers out			17		19		14		8		17		12
Workforce Committee 3rd Wed 1-3pm	18	22	22	19	17	21	19	16	20	18	22	20	17
Papers out		17	17	13	12	16	14	11	15	13	17	15	12
Quality Committee 3rd Friday 1-3pm	27	17	**24**	21 (am)	19	**23**	21	**25**	**22**	20	**24**	**22**	19
Papers out			**17**	19	12	**16**	14	**18**	**15**	13	**17**	**15**	12
Formal Board of Directors 1st Thursday 10:30-2:00	**2 Feb**	**2 March**	**6 April**	**4 May**	**8 June**	**6 July**	**-**	**7 Sept**	**5 Oct**	**2 Nov**	**7 Dec**	**11 Jan**	**1 Feb**
Board papers deadline	26 Jan	23 Feb	30 March	27 April	1 June	29 June		31 Aug	28 Sept	26 Oct	30 Nov	4 Jan	25 Jan
Board Strategy All day	26 Jan					22 June							25 Jan
Council of Governors Thurs 14:30-17:00			16 Mar			15 June			21 Sept			14 Dec	

Senior management team meetings to be established to review data before Exec - day/time to be chosen by directorate.

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Item 10
Enclosure 6

Agenda item	Membership Committee update
Item from	Stephen Brooks, Governor
Attachments	Front Sheet only

Summary and Highlights

The Membership Committee has met once since the last Council of Governors, on 23 February 2017. The key focus of the meeting was the Members' Focus Groups, upcoming events, Oxleas Exchange, Recognition Awards, and future opportunities for engagement and membership recruitment.

Members Focus Groups
Two Members' Focus Groups have taken place to date with approximately 70 members attending. The anticipated attendance at the Bexley event scheduled for 28 February is circa 60 people.

Past Events 2017
Bromley Engagement event
This event took place on 14 February 2017 at Community House. This was a drop-in event promoted widely across the Bromley borough through the trust, membership and partners. The event was well attended, with visitors able to watch videos about the trust, find out about volunteering and lived experience opportunities, our children's and older people's mental health services, patient experience and new technology.

The Bromley Dementia Support Hub participated alongside Oxleas services. Nicola Fishman, their Community Development Worker said "The three of us felt it was a very worthwhile event to attend. It was well organised and gave us a chance to learn more about the variety of Oxleas' work. We were especially pleased that three members of the public (who are carers for their partners who have a formal dementia diagnosis) asked to be formally registered with the Hub. This will enable them to receive support immediately."

Future Events
Oxleas and MS Society Bexley and Dartford Branch Carers' event, 12 June 2017
The event, which will run between 10am and 3pm at Hall Place in Bexley, is for people caring for someone living in Bexley or Dartford or for those being cared for in Bexley or Dartford.

The Committee was pleased to hear that a number of organisations (third sector and NHS) have already expressed an interest in participating in this event. This is the second time the trust has partnered with the MS Society to run a Carers' event in Bexley. The MS Society are funding the venue and catering for this event.

Great Get Together and Armed Forces Day, Saturday 24 June 2017
The trust would be participating again this year and governors support will be crucial.

Dementia Awareness Week (Bromley)
15-21 May is Dementia Awareness Week. The Bromley Dementia Support Hub is coordinating and planning to publicise a Borough-wide series of events. National Memory Day falls on the Thursday (18th) of this week and the trust will be invited to participate in events planned.

There will also be an opportunity for the trust to participate in the AGM of the Bromley Dementia Action Alliance - this is at the planning stage at present.

Oxleas Exchange
The Committee was pleased to note that the Winter 2016 edition included an article on healthy eating as requested. The Committee also noted there was good coverage of membership and governor activity and felt the new look and feel worked well. Through networking at NHS Providers training, governors have noted that the trust's communication is well advanced in comparison to many other trusts.

Recognition Awards
Service User/Carer governors participated in the Having a User Focus panel choosing the winner and runners up. Governors from the Public, Service User/Carer, Staff and Appointed constituencies participated in the Governor award panel, choosing one overall winner from across all award categories. Governors have been invited to the awards ceremony.

Opportunities for engagement and membership recruitment

Membership recruitment
I am asking again 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 other public/Oxleas events during 2017 in which governors can participate. Dates will be advised when available.

Recommendation:
The Council of Governors are asked to note the report and add the above dates of trust events and membership recruitment opportunities to their diaries.

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Item 11
Enclosure 7

Agenda item	Summer elections
Item from	Sally Bryden, Trust Secretary and Associate Director of Corporate Affairs
Attachments	Front sheet only

Summary and Highlights

Summer elections

The following governors 3 x term of office ends in September 2017:

Public
Greenwich: Amanda Finlay

Service User/Carer
Working Age Adult Mental Health: Chris Purnell

The following governors current terms of office also end in September:

Public
Bexley: Carole Wilson
Bromley: Frazer Rendell
Greenwich: Yens Marsen-Luther

Service User/Carer
Working Age Adult Mental Health: Irene Badejo
Working Age Adult Mental Health: Hannah Chamberlain
Adult Community Health: Renuka Abeysinghe
Adult Community Health: Mary Stirling
Adult Community Health: Ken Thomas

Staff
Corporate and Partnership: Joe Nhemachena
Learning Disability services: Kaye Jones

We also have one vacancy in the Public: Bromley constituency. Therefore, the following vacancies will be going to election:

Public – 5

- Bexley x 1
- Bromley x 2
- Greenwich x 2

Service User/Carer - 6

- Working Age Adult Mental Health services x 3
- Adult Community Health services x 3

Staff – 2

- Corporate and Partnership x 1
- Learning Disability services x 1

Electoral Reform Services (ERS) will again be running the elections on behalf of the Trust. The nomination stage of the elections will open on 2nd May 2017 with a deadline of 30th May. Voting will commence on 21st June with the despatch of voting packs, closing on 14th July. Results will then be declared on 17th July.

Lead Governor elections

Raymond's second term as lead governor ends in September 2017 so an election process will also take place before the Summer. ERS will also be conducting these elections, the majority of which will be carried out electronically. Alternative arrangements will be used for those governors who do not have access to email. Nominations will be open between 2nd and 30th May with voting taking place between 16th June and 7th July. The results will be announced on 10th July with the successful governor taking on the role at the September Annual Members Meeting. As part of the election procedure, nominated candidates will give a short presentation to governors during the June Council of Governors' meeting on why they would like the role.

Key Benefits:

Recommendation:

To note.

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Item 12

Enclosure 8a&b

Agenda item	Governors activity feedback
Item from	Sally Bryden, Trust Secretary and Associate Director of Corporate Affairs
Attachments	a) Governors activity feedback report b) Patient Experience Group Minutes 23 November 2016 (for information only), minutes of 18 January 2017 not available

Summary and Highlights

The following report outlines governor activities reported into the Trust Secretary's office since the last Council of Governors in December 2016. 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.

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.

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, 16 March 2017

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

Board Strategy Away Day 26 January 2017	**Governor reps:** Raymond Sheehy, Fola Balogun and Yens Marsen-Luther	**Yens Marsen-Luther, Public Governor Greenwich** said "I found the day fascinating as it gave me an insight into the current Board priorities and some of the Trust's plans for the future. Ben Travis, CEO gave a brief introduction with an overview of the Trust's priorities for 2017. Ify Okocha, the Medical Director spoke to his report which having read this briefly prior to the meeting I was not overly impressed with. I was of the opinion that the quality improvement initiative that was to be discussed was more speak than action. However having listened to the presentations and discussions I realised what a timely and excellent initiative this would be for the staff and that any investment in staff training at present would enhance staff moral which was vital to the delivery of excellent service to users of the services that Oxleas NHS Trust provide. I therefore now support QIP. Helen Smith, Deputy CEO introduced Bexley Care a new initiative in Bexley where services are to be delivered by Bexley Care jointly funded by Oxleas and Bexley to deliver seamless care to the elderly. I am hopeful that the South London Trusts joint initiative will reap some benefits during the next few years and that with the understanding that this might well help to reduce individual Trust costs by pursuing some jointly funded central services though this might well take some time to come to fruition."
Bexley Care - Integrated Care in Bexley Programme Board	**Governor rep:** Richard Diment	I attended a meeting of the Programme Board on 23 January when non-executive members were updated on the progress towards the launch of Bexley integrated care provider (ICP) which remains scheduled for April 2017. Members of the Board were briefed by the project leads on relevant organisation and financial matters including the management structure and proposals for the governance structure of the new ICP. After the meeting, detailed financial modelling and risk assessments prepared for the Oxleas Business Committee were shared with Seyi Clement (as the Oxleas NED on the Programme Board) and myself. The Oxleas Board approved the Trust joining with LB of Bexley to establish the ICP at its February 2017 meeting. LB of Bexley has also now given formal approval. The new ICP, responsible to both the CE of Oxleas and the CE of LBB, will be led by Tom Brown, currently the Deputy Director of

		Social Services for LBB, as Service Director. Oxleas and LBB staff will be employed under their current terms and conditions within the new structure. I will seek to get an early presentation on Bexley ICP to the CoG.
Mortality Surveillance Group	**Governor rep:** Stephen Brooks	I have continued to go to its well-attended meetings and am slowly gaining some knowledge of the procedural and even some of the medical aspects of its work! I consider that Governors can be confident that the mortality surveillance group is performing an effective function in monitoring the deaths of Oxleas clients.
Patient Experience Group (23 November 2016 and 18 January 2017)	**Governor rep:** Irene Badejo	I have attended two meetings of the trust-wide Patient Experience Group (the minutes of the 23 November 2016 are included with this item for information only, the minutes of the 18 January 2017 are not yet available) and I will report by exception. On the 23 November, Oxleas Patient Experience Questionnaire (OPEQ), the CQC Mental Health Survey, an update on feedback from Adult Mental Health services, the CQC Mental Health Survey, Risk Register and an overview of the Patient Experience and Complaints reports were discussed. On the 18 January, OPEQs for the Central Access Team and Holbrook Ward, the Family and Carers Strategy (risks), feedback from Forensics and Older People's Mental Health, recording of telephone calls, the CQC Community Mental Health Survey and an overview of the Patient Experience, Complaints and Complaints audit reports were discussed.

Visits to services

Older People's Mental Health Service 31 January 2017	**Governors:** Stephen Brooks Yens Marsen-Luther Renuka Abeysinghe Fola Balogun Arthur Mars Sonia Hylton-Mars	Governors met with Estelle Frost, Service Director, who gave a comprehensive overview of the broad range of services provided across the three boroughs. Governors learned about the work of the Memory Services, Community Mental Health teams, Intensive Home Treatment Team, the acute inpatient wards, the continuing care unit at the Memorial Hospital, the ECT service at Queen Mary's Hospital, and the trust volunteering service. **Stephen Brooks, Public Governor Bexley** said: "I found Estelle's presentation extremely useful to learn about the pathways for older persons into Oxleas, and the range of help we are able to give. I was quite surprised by what I consider the high number of referrals Oxleas receives for these services. My one cautionary concern is that the reconfiguration of the structure of our services to a borough based delivery format does not mean the focus on older persons that the current arrangement provides is diluted."
ECT Service, Woodlands 10 February 2017	**Governors:** Ken Thomas Stuart Dixon Gabrielle Wain Mary Stirling Fola Balogun	Governors visited the ECT Suite at Queen Mary's Hospital, meeting Rachel Matheson, Service Manager, Dr Rafael Euba, Consultant Old Age Psychiatrist and Jeck Ding, ECT Manager. Dr Euba and colleagues gave a really clear explanation of the service and the benefits of ECT, dispelling myths along the way. ECT is an extremely quick treatment, administered under general anaesthetic. Patients are very quickly awake and enjoying refreshments before leaving the suite. Governors heard how the use of ECT when a person is experiencing severe depression, is

		really effective and, on occasions, has helped to save their life. It was amazing to hear how quickly a person's condition improves following ECT. Governors were also shown where repetitive Transcranial Magnetic Stimulation (rTMS) treatment is given. This is currently being trialled by the trust and involves a patient given treatment five times a week for 3, 4 or 5 weeks. This is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression where standard treatments, such as medications, aren't effective. **Ken Thomas, Service User/Carer Governor – Adult Community Services** said: "The visit was excellent and well worth it for governors. The staff are really experienced and their explanation of ECT so simple. This can really take the fear out of ECT. The suite is so well organised and professional, with a waiting room, treatment rooms, recovery room and refreshments." **Stuart Dixon, Public Governor Bromley** said: "It was a brilliant day, thank you Jeck, Rafael and Rachel."
Planned visits		
TOPS and/or Tall Trees Date tba		Governors are invited to visit our Adult Learning Disability Services based at our Goldie Leigh site.
'Can you understand it' group 26 July 2017 (max 3 governors)	Please book a place via Anne Marie Hudson	Governors are invited to join our 'Can you understand it' team meeting on 26th July 2017, from 11am - 12.30pm at the Adult Learning Disability Services at Queen Mary's Hospital. This will be a great opportunity for governors to spend some time with the team, understand the challenge of making information clear and accessible, and get involved on the day in the team's work. You will also get to know the team who are service users and staff from our Adult Learning Disability Services.

Attendance at events

Members' Focus Groups 2017		**Governors attending** **Greenwich:** 1 February 2017 – Jacqueline Ashby-Thompson, Fola Balogun, Stephen Brooks, Raymond Sheehy, John Crowley **Bromley:** 8 February 2017 – Stuart Dixon, Chris Purnell, Ben Spencer **Bexley:** 28 February 2017 - Lesley Smith, Yens Marsen-Luther, Arthur Mars, Stephen Brooks, Richard Diment
Our Healthier South East London: Sustainability and Transformation Plan event for NEDs and Governors 2 February 2017	**Governors:** Raymond Sheehy Richard Diment Ben Spencer Frazer Rendell Gabrielle Wain Yens Marsen-	**Summing up by Amanda Pritchard, Chief Executive, Guy's & St Thomas' and STP Senior Responsible Officer** Over 75 people came to the evening which showed the importance of the topic. We appreciated all your input and I thought there was some very valuable discussion. I took a sense from the room that everyone understood the need for collaboration and of the importance of us working together on the STP for the future of health and care in south east London. We made a number of commitments which I outline below:

	Luther Stephen Brooks Fola Balogun Jacqui Pointon	• There was agreement that the group wanted to be more engaged, both by having the STP as a regular item on organisational agendas, as well as a need to have wider conversations for people to contribute by scheduling a similar event- probably in late spring. • We highlighted the need for more regular communication, both to boards and membership councils, but also to staff and the public. Our communication needs to be clear and easy to understand, both around the plan as a whole and on the individual areas. • There was also a commitment – and a plea - from people in the room to use their roles to communicate both between and within organisations. • It was recognised that the programme should review governance models, specifically the Sheffield model, as a possible model for shared decision making. • We agreed to consider the appointment of an independent Chair for the Strategic Partnership Group (SPG). We also agreed that we would periodically arrange for meetings of the SPG to be held in public. • As we move into implementation, there needs to be a clearer sense of how this will happen, individually and collectively – and we all need to continue conversations across organisations, across boroughs and across south east London. I hope you feel this covers the main points we established at the meeting. We will publish a more detailed summary of the event, and more information on the STP as a whole can be found on our website www.ourhealthiersel.nhs.uk [slides can be located on the governor intranet]

Training

NHS Providers Member & Public Engagement training January 2017	**Attendees:** Anna Dube Chris Purnell Jacqui Pointon	**Chris Purnell, Service User/Carer Governor Working Age Adult Mental Health** said: "I thought the examples of different sorts of participation and engagement from the various different types of Trust were helpful and probably raised morale. Also, the discussion generated facts one did not know about e.g. I did not know that Moorfields eye hospital do outreach clinics at other hospitals." **Anna Dube, Staff Governor Older People's Mental Health** said: "This was an eye opener, met other governors, shared ideas. As new governor, this gave me an understanding of my role and the areas to focus on as staff governor."

Governor information collated by Jo Mant, Head of Stakeholder Engagement
23 February 2017

Governor involvement - Quality Accounts Indicator Testing

Background

Each year we publish our annual quality accounts as part of our annual report. As a foundation trust, we have to go through an external audit process to validate the information provided in the quality accounts and since 2014, Monitor (now NHS Improvement) has requested that governors choose a local quality indicator for testing. In 2014 and 2015, governors were contacted by email (and post for those without email) with the indicator choice and asked to choose which indicator they preferred, and the one with the majority vote was chosen to be audited. For the 2016 audit, governors discussed the choice at the December 2015 informal meeting.

2016/17 decision

Due to time constrictions, Rhoda Iranloye, the Associate Director, Quality and Governance, discussed the audit with a small group of governors following a Recognition Awards Panel meeting, giving some context around the indicators and putting forward two options that could be audited for 2016/17, under the clinical effectiveness and patient experience goals in the Quality Accounts. The two options were:

1 – Clinical Effectiveness Domain
Quality Objective 6 - Ensure we routinely measure clinical outcomes so that we know that our care makes a difference to patients
Indicator to be tested: Each Oxleas directorate will pilot and implement at least one set of clinical outcomes measurement as a normal way of practice.

Option 2 – Patient Experience Domain
Quality Objective 2 - Ensure we involve families, carers and people important to our patients
Indicator to be tested: To ensure 80% of patients have their support network identified and noted within their care record

These governors expressed a preference which was shared with all governors. However, feedback showed that there had been a misunderstanding so all governors were sent further information and a request to vote on the choices. As in previous years, the majority choice would then be tested.

The governor response rate to this communication was 26% with the majority choosing Option 2.

The testing will commence in due course and a report on Deloitte's findings will be submitted to the governors later in the year.

improving lives

Oxleas NHS
NHS Foundation Trust

Trust Patient Experience Group

Wednesday 23 November 2016 – 2pm to 4pm
Pinewood Boardroom

Present:			
Michael	Witney	Director of Therapies (Chair)	MW
Linda	Owen	EA to Director of Therapies (minutes)	LO
Aisha	Abdullah	Senior Patient Experience Coordinator	AA
Irene	Badajao	Service User Carer Governor	IB
Teresa	Bailey	Trust Head of Psychotherapy – CYP PEG Chair	TB
Marci	Coggins	PALS/Complaints Manager	MC
Liam	Davies	ResearchNet Representative	LD
Elaine	Hurault	ALD Service Manager	EH
Emma	Moore	Senior Consultant, Quality Health	EM
Bethan	Morris	Student working with Derek Tracy	BM
Rupert	Nieboer	Consultant Clinical Psychologist, OPEQ Lead	RN
Claire	Oaten	Community and Prisons Services Manager – Directorate PEG Lead for Prisons	CO
Susan	Owen	Risk Manager	SO
Keith	Soper	Service Director, ACS	KS
Mary	Titchener	Head of Nursing, Adult Community Services	MT
Hannah	Tomkins	Lead Therapist, Meadow View, ACS PEG Chair	HT
Derek	Tracy	Consultant Psychiatrist – AMH PEG Chair	DT
Apologies:			
Israel	Adebekun	Consultant Psychiatrist OPMH – OPMH Directorate PEG Chair	IA
Marcus	Averbeck	Trust Head of Family Therapy	MA
Jo	Cook	Trust Lead for Psychological Therapies	JC
Connie	Greig	Head of District Nursing, ACS	CG
Rhoda	Iranloye	Associate Director Quality & Governance	RI
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
Andy	Trotter	Oxleas Chair	AT
Helen	White	Team Manager, Bromley Community LD – LD PEG Chair	HW

Item		**Action**
2.	**Minutes of Previous meeting**	
	Minutes of the meeting held 28 September 2016 were agreed.	

3.	**Matters Arising and Actions**	
	• "Hello my name is …" – DT said that this item had not been well received in his team and that receiving feedback in general was a continuing problem. HT to go back to the CASH team to discuss the scheme further with them.	**HT**
4.	**OPEQs**	
	• RN provided an update on OPEQs and introduced the new tracker which is being used to record the OPEQs which have taken place. Rag-rating is now being used. The two amber OPEQs currently showing on the tracker (amber indicating work in progress) to be brought back for discussion at the Trust PEG being held in January 2017.	**LO to note**
	• RN reported that there are 3 GPH OPEQ's ready to go ahead.	**RN**
	• Data collectors still need to be identified, however, both RN and EP are in discussions about this.	
	• RN advised that the Action Plan will be rolled out with the support of ResearchNet who are integral to the process. Previously ResearchNet colleagues have assisted the OPEQ largely n data collection. It would be helpful to have ResearchNet engaged in ensuring support of a robust action plan.	
	• RN stressed the importance of looking ahead in order to schedule appropriate OPEQs. RN confirmed that TB had already highlighted a team to be reviewed but more teams are still needed. Through discussion, the following teams were identified as suitable teams for review: **Continence Service** – an OPEQ for this team has never been carried out and would be welcomed. **Greenwich CAR Team** – it was highlighted that this team, which has recently merged with the Falls Team, is soon to start mapping client journeys. It was felt that an OPEQ could be useful for this piece of work. **Diabetes Team** – it was reported that this team's caseload is continuously increasing and that an OPEQ may be useful. Further information is to be reviewed in order to consider.	
	• DT queried how best to review inpatient services. Teams still need to be identified, however, MW suggest **Bexley HTT** could be a suitable team to receive an OPEQ. DT to liaise with RN by 14 December 2016 about team suggestions.	**DT**

	• EH to provide suitable ALD teams who may be suitable for an OPEQ review. **Bexley LD team** may be considered. EH to send AA team meeting dates.	**EH**
	• TB advised that 2 CYP teams are being considered for an OPEQ. A team from Universal Children's Services also needs to be identified. TB to follow-up and report back by the end of November 2016.	**TB**
	• CO advised that Greenwich prison cluster is currently under reform and that it would be interesting to see if satisfaction levels remain the same, particularly with regard to Thameside. CO to ask Daniel Chikande to contact AA about this area. MW felt Bracton needs to be reviewed also using OPEQ. MW asked AA to liaise with CN about wards which would benefit from review (apart from Heath and Crofton).	**CO** **AA**
	• MW felt it would be beneficial for OPEQ reports to be tabled at future Trust PEG meetings and reiterated how important a resource OPEQs are to teams. This would help identify further areas for review.	**RN**
5.	**Feedback - AMH**	
	• DT advised that current challenges for AMH persist following the recent CQC visit. This is affecting the team's morale and motivation, and workloads remain stretched.	
	• DT highlighted that feedback within AMH is still not adequate. DT said that he has discussed this concern with the team and that work on improving this is on-going.	
	• DT mentioned that the team is running a "Hero of the Month" scheme which aims at encouraging and motivating staff.	
	• DT mentioned that compliments are increasing. MW said that unfortunately compliment information is still not reaching the PALS and Complaints Team where such information is recorded. DT to ensure this information is forwarded.	**DT**
	• MW mentioned that the Executive Committee has expressed concern as to whether AMH is responding to complaints within the expected 30-day timescale. DT agreed that this can be challenging sometimes.	
	• BM spoke about 'Patient Activation' and highlighted how it can be such an important tool during therapy. DT advised that it is typical to preset goals during this time, and that activation levels can be altered and used as part of outcome measures. DT explained that further thought is being given on how best to take this forward. DT to forward presentation to LO for circulation.	**DT**

	• DT advised that AMH is working with 3 other teams from the Mental Health Foundation, KCL and the British Journal of Psychiatry around broadcasting podcasts. Oxleas, through AMH, is leading on this work. DT to circulate the link. • DT talked about how AMH is working with clients to think more about their physical health. ResearchNet has been involved in organising for clients to use Fitbits in their pathway to improving their physical health. DT reported that these are working very well. It was noted how important it is to encourage clients support themselves during their recovery.	**DT**
6.	**CQC Mental Health Survey – Emma Moore**	
	EM presented to the meeting and provided the following information: • the 2016 response rate was 24% (198/826 respondents) • the CQC have recently expressed a view that sample sizes should possibly be increased. This would help with breaking-down reviews in future surveys. • comparisons made are from only 49 Mental Health Trusts • there are only slight movements in most key scores since 2015, therefore, not much change. • that information can be broken down by Borough only. EM advised that this point will need to be highlighted more before the 2017 survey starts. To be discussed further at the next Trust PEG in January 2017 – AMH and MHSOP will need to consider within their respective Directorate PEGs what actions might be needed. MW asked AA to discuss at the next Trust PEG meeting issues which have already been highlighted from the results of this year's survey. MW confirmed how important the survey is to the Trust.	**LO to note** **AA**
7.	**Risk Register**	
	• Risk 1267: to remain the same • Risk 1268: to remain the same It was agreed that an update at the next Trust PEG is needed on all work relating to carers. This would help with understanding the above risks further. Update on the Family and Carers Strategy to be discussed at the next Trust PEG in January 2017. AA to discuss survey questions with MA. SO advised that the CQUIN is on track.	**LO to note AA/MA**

8.	**PEG Report**	
	• AA advised discussed current trend tables and advised that all targets have been achieved. • AA mentioned that the 'quality of life' question is to be changed to establish whether the service was helpful or not. AA said that the family and carers support question has been changed. It is hoped that these changes will increase FFT scores and enable closer monitoring. • AA highlighted concern that 17% of clients would not recommend Forensic and Prison services. MW said it is important to make sure such figures are reviewed and that these are reported at the Board. To be discussed further at the PEG Leads meeting (held 23 November 2016). IB felt that the best time to gather feedback is on discharge. MW asked staff to remember to include "You said … we did" information in feedback. • MW asked TB about CAMHS feedback. TB advised that FFT questions are to be added to the top of the CHI ESQ. TB to update MW on CAMHS feedback as soon as possible. AA advised that Ipads have been ordered and are still awaited.	**PEG Leads** **All** **TB**
9.	**Complaints Report**	
	• MC presented the Complaints report. MC advised that there have been 15 formal and 10 local complaints. Only one complaint has been sent to the Ombudsmen. MC said that this suggests the processes in place are now robust. MW said that this is very positive and demonstrates how well the Trust is doing at resolving complaints. • MC advised that GP Alerts are now being reported every quarter but as these fall outside the statutory guidance will not be reported on within the Complaints report. • MC said that the majority of complaints are around district nursing. • Complaints around staff attitude and behaviour have reduced; however, a meeting has been scheduled for 5 January 2017 to discuss further. • MC mentioned that the Complaints team are still not receiving many compliments. These should be forwarded to Lorraine Bowyer. MC asked DT to forward the compliments received by AMH. • MC asked that when an Investigating Officer goes on leave, that they ensure they reallocate the complaint to another colleague in order to	**DT**

	keep to timescales. • MW highlighted why complaints are reported on a month behind. The complaints process takes time and complaints are still 'live' and outcomes unavailable at the time of the various board meetings taking place. Complaints need to be closed first before being reported on. MW and MC to meet to discuss if consideration needs to be given to an alternative way of reporting. • MC confirmed that further Datix complaints training will be available in the New Year. Information will be available on The Ox. MC to find out how to get the webinars advertised. This additional training helps mitigate risks on the register in relation to complaints. • Risk 1323: MW and SO to discuss how to reduce this risk. To be brought back to the Trust PEG meeting in January 2017.	**MC** **MW/SO** **LO to note**
10.	**AOB:**	
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Date of Next Meeting:
Wednesday 18 January 2017 – 2pm to 4pm
Pinewood Boardroom

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