

**46<sup>th</sup> Meeting of the Council of Governors**  
**Black Prince Suite, Holiday Inn Bexley, Black Prince Interchange,**  
**Southwold Road, Bexley DA5 1ND**  
**21<sup>st</sup> September 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		Purpose	Presented by	Enc.
1	Apologies Welcome	To note	Jo Mant, Head of Stakeholder Engagement Andy Trotter, Chair	-
2	Governor Standards Committee recommendations	To approve	Steve James, NED	1
3	Minutes of the Council of Governors meeting 15 <sup>th</sup> June 2017	To agree	Andy Trotter, Chair	2
4	Matters arising <ul style="list-style-type: none"> <li>Quality improvement (Qi) update</li> <li>External auditor appointment update</li> <li>Structure of Council of Governors</li> </ul>	To note	Andy Trotter, Chair	-
5	Chief Executive Update	To note	Ben Travis, Chief Executive	<b>Presentation</b>
6	Service directorate update – Bexley Care	To note	Tom Brown, Service Director	<b>Presentation</b>
7	NHS England Independent Inquiry reports	To note	Jane Wells, Director of Nursing	3
8	Serious Incident Inquiry reports <ul style="list-style-type: none"> <li>RP</li> </ul>	To note	Simon Hart, Director HR & Organisational Development	4
9	Holding NEDs to account <ul style="list-style-type: none"> <li>Governor Board report</li> <li>Chair's update</li> <li>Update from James Kellock, NED</li> </ul>	To note	Richard Diment, Governor Andy Trotter, Chair James Kellock, NED	-

**46<sup>th</sup> Meeting of the Council of Governors**  
**Black Prince Suite, Holiday Inn Bexley, Black Prince Interchange,**  
**Southwold Road, Bexley DA5 1ND**  
**21<sup>st</sup> September 2017, 2.30 pm – 5.30 pm**

Item		Purpose	Presented by	Enc.
10	Membership Committee update <ul style="list-style-type: none"> <li>• Trust response to Members' Focus Group feedback update               <ul style="list-style-type: none"> <li>○ Care plans presentation</li> </ul> </li> </ul>	To note	Jo Mant, Head of Stakeholder Engagement Daniel Daka & Nic Smith, Care Planning Transformation Managers	5
11	<b>Governor business</b> <ul style="list-style-type: none"> <li>• Governor activity update/visits</li> <li>• Governor training update</li> </ul>	To agree To note	Sally Bryden, Trust Secretary Jo Mant, Head of Stakeholder Engagement	6a-b
12	Any other business		Andy Trotter, Chair	-
13	<b>Advance questions</b>			-
	<b>Date and Time of the next meeting</b> Thursday 14 December 2017, 2.30- 5pm Black Prince Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND			

**46<sup>th</sup> Council of Governors**  
**21<sup>st</sup> September 2017**

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

---

<b>Agenda item</b>	Governor Standards Committee
<b>Item from</b>	Steve James, Chair of Governor Standards Committee
<b>Attachments</b>	Front Sheet only

**Summary and Highlights**

The Governors Standards Committee met on 27 July 2017 and reviewed governors' attendance at the Council of Governors meetings. Their recommendations will be presented to the Council of Governors who will be asked to consider and agree them at the meeting.

**Key Benefits:**

**Recommendation:**

The Council of Governors are asked to agree and note.

**46<sup>th</sup> Council of Governors**  
**21<sup>st</sup> September 2017**

**Item 3**  
**Enclosure 2**

---

<b>Agenda item</b>	Minutes of the last meeting of the Council of Governors 15 <sup>th</sup> June 2017
<b>Item from</b>	Andy Trotter, Chair
<b>Attachments</b>	Minutes of 15 <sup>th</sup> June 2017

<b>Summary and Highlights</b>

**Key Benefits:**

**Recommendation:**

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

**45<sup>th</sup> Meeting of the Council of Governors**  
**15 June 2017**  
**2.30-5.30pm, Holiday Inn Bexley**

**Minutes**

**Chair: Andy Trotter (AT)**

**Trust Secretary/Associate Director of Corporate Affairs: Sally Bryden (SBr)**

**Head of Stakeholder Engagement: Jo Mant (JM)**

<b>Public Governors</b>	<b>Service User/Carer Governors</b>	<b>Appointed/Partnership Governors</b>
Stephen Brooks (SB) John Crowley (JC) Richard Diment (RD) Stuart Dixon (SD) Yens Marsen-Luther (YM-L) Frazer Rendell (FR)	Renuka Abeysinghe (RA) Jacqueline Ashby-Thompson (JA-T) Fola Balogun (FB) Hannah Chamberlain (HC) Arthur Mars (AM) Chris Purnell (CP) Lesley Smith (LS) Mary Stirling (MS) Ken Thomas (KT)	Steve Davies (SD) Mark Ellison (ME) David Gardner (DG) Carl Krauhaus (CK) Cafer Munur (CM) Raymond Sheehy (RS) Brian Sladen (BS)
<b>Staff Governors</b>		
Anna Dube (AD) Joe Nhemachena (JN) Suraj Persand (SP) Jacqui Pointon (JP) Sue Read (SR)		

**In attendance**

<b>Non-Executive Directors</b>	<b>Executive Directors</b>
Steve Dilworth (SDi) James Kellock (JK)	Ben Travis, Chief Executive (BT) Helen Smith, Deputy Chief Executive/Director of Service Delivery (HS) Dr Ify Okocha, Medical Director (IO) Jazz Thind, Director of Finance (JT) Jane Wells, Director of Nursing (JW)
<b>Guests</b>	
Angus Fish, Deloitte (AFi) Stephen Whitmore, Service Director Children & Young People (SW) Simon Sherring, Deputy Director of Nursing (SS) Dr Elizabeth Zachariah, Clinical Director Forensic & Prison Services (EZ)	

<b>Item</b>		<b>Action</b>
1.	<b>Apologies</b> Irene Badejo, Katherine Copley, Amanda Finlay, Kaye Jones, Sonia Mars, Ben Spencer, Grace Umoren, Gabrielle Wain, Jo Stimpson, Steve James, Estelle Frost, Iain Dimond, Rachel Evans.	<b>Noted</b>
2.	<b>Minutes of the Council of Governors meeting, 16 March 2017</b> The minutes were agreed as an accurate account.	<b>Agreed</b>

3.	<p><b>Matters arising</b></p> <p>Page 3, item 4 Tender activity. The trust was not successful in the retender of Children’s Public Health services to 0-19 year olds in Bexley. The trust will continue to provide child and adolescent mental health services and specialist children’s services in the borough. BT confirmed that 68 staff had transferred to Bromley Healthcare, the new provider of 0-19 services in Bexley.</p> <p>Page 6, item 8 Ms A incident. YM-L asked if any audits had been undertaken. JW confirmed that Justine Trippier, Consultant Nurse, is currently undertaking an audit.</p>	<b>Noted</b>
4.	<p><b>Chief Executive update</b></p> <p>BT focussed the update on the trust’s four priorities.</p> <p><u>Quality</u></p> <p>There was a lot of good news in terms of the Care Quality Commission (CQC), and further good news received today regarding the re-inspection of forensic services as our inpatient services have been judged to be good overall and outstanding for being responsive.</p> <p>We are planning to take quality improvement further within the organisation and IO would discuss the trust’s quality improvement programme under item 5.</p> <p><u>Safety</u></p> <p>There is a much stronger focus on ensuring that the safety of staff is of the same importance as that of our patients. There was no news from the Health and Safety Executive (HSE).</p> <p><u>Skilled and engaged workforce</u></p> <p>The trust has a 13% vacancy rate at present. The Board Away Day will discuss what we can do to make Oxleas a better place to work. Agency usage has increased due to vacancies. Initiatives such as Saturday recruitment events have taken place.</p> <p>The staff survey results were good, but not as good as previous results. The Board has identified three key areas to focus on to support staff:</p> <ul style="list-style-type: none"> <li>• Supporting staff when experiencing bullying and harassment from patients.</li> <li>• Balanced and flexible working patterns.</li> <li>• Better visibility and communication between senior managers and staff.</li> </ul> <p>BT updated colleagues on changes to services. Bexley health visitors have transferred to Bromley Healthcare following the competitive tendering process for Children’s Public Health Services in Bexley.</p> <p>On the request of NHS England, the trust has taken over the substance misuse service provided to ISIS, following Lifeline, the existing provider, going into administration. 15 staff have transferred into Oxleas. This service will enhance the healthcare services already provided by the trust to ISIS.</p> <p>The results of the Bromley Community Services tender will be notified on 21 June 2017.</p>	<b>Noted</b>

	<p>LS asked what the trust was doing to alleviate pressures on staff due to workloads and were staff aware of the support available?</p> <p>BT said the trust would be talking with its commissioners regarding opportunities to look at the services they are commissioning and also, to make sure there is more support for staff.</p> <p>JW advised that a staff and wellbeing strategy had been launched some months ago. A number of initiatives have been generated within teams such as Yoga, Zumba, Weight Watchers. There is also access to support services such as employee assistance and bullying and harassment advisers.</p> <p>BT said internal communications were a multi-pronged approach as people's preferences differ. Staff access information via use of the intranet, emails, team meetings, printed information, etc. At the end of every Executive Team meeting a briefing is developed of key points for team managers to share with staff.</p> <p>DG asked what steps the trust was taking in light of Brexit and the impact on recruiting and retaining nursing staff from overseas. Also, what was Oxleas doing in relation to National Clean Air Day?</p> <p>JW advised that professional bodies are lobbying on this matter.</p> <p>BT advised that there is information reported in the Annual Report regarding sustainability. Initiatives such as installation of solar panels, electric car parking facilities in car parks have been introduced.</p> <p>JT advised that photocopiers and printers had been changed to reduce the use of paper and introduce email scanning across the trust.</p> <p>HC asked if staff attitudes towards prevention and management of long term health conditions could be changed. She felt individuals should take control of their own health and be empowered to look after themselves rather than rely on a dependency model.</p> <p>BT advised that this fits with the trust's ethos and initiatives such as Bexley Care - joining up health and social care in Bexley, aims to support this. Over £50m is spent on residential placements and care homes and the aim was to use that resource in a different way to help keep people independent for longer.</p> <p>There is an opportunity in Greenwich to join care up more and over time, patients will get a better experience and pressure on staff will be reduced.</p> <p>LS said she thought the resources available for occupational therapists was minimal and staff were struggling.</p> <p>BT advised that there are more occupational therapists and physiotherapists in community services than in mental health services.</p> <p>CM asked if the trust would revisit the previous innovative recruitment campaign which offered a benefit sacrifice.</p>	
--	---	--

	<p>BT advised that this initiative, which took place 18 months ago, was negatively received by health unions. The Board agreed this would be time limited and would be reviewed. The trust may look into this, but would weigh up the benefits.</p> <p><u>Finance</u> Finances are incredibly tight. JT would provide an update in item 7.</p> <p><u>Partnerships</u> The trust moved to the new directorate structures on 1 April 2017. This joins up systems for adult services which will benefit patients, for example joining up physical and mental health services for older people.</p> <p>There are real opportunities to work better with the third sector.</p> <p>The South London Mental Health and Community Partnership is going very well. As part of the forensic workstream, 17 people will this month be cared for more locally.</p> <p>This week, the partnership has been successful in the provision of a similar approach to CAMHS services. Beds are commissioned by NHS England. Both South London and Maudsley and South West London and St Georges NHS Trust have inpatient beds. The partnership will control the pathway and resources and it is hoped services in the community will also be strengthened.</p> <p>RD said there had been an issue before regarding what actually happens to young people needing inpatient care. Will the trust be able to find out what is happening?</p> <p>BT said the partnership can ensure the right services are in place. It will look at beds currently available locally and more widely, what is needed and whether young people can be supported in the community with intensive home treatment CAMHS services locally based.</p>	
5.	<p><b>Quality</b> IO presented this item.</p> <p><u>Outcome of Care Quality Commission re-inspection of our services</u> The CQC carried out a re-inspection of 3 out of 4 core areas of the trust in February 2017 and the Forensic service in April 2017. The CQC now gives the trust an overall rating of 'Good'. Two ratings of 'Outstanding' were given – to Forensic inpatient wards (Responsive rating), Community services for people with a learning disability (Caring rating). The CQC will carry out more unannounced inspections and will consider new ratings such as how trusts use resources to deliver high quality care.</p> <p><u>Plans for Oxleas quality improvement (Qi)</u> IO described what quality improvement was and the difference between quality improvement and quality control. The common principles of quality improvement were shown, the quality improvement journey explained and benefits described.</p>	<b>Noted</b>

The most commonly used quality improvement approaches were explained, and models/methodologies and the organisations applying these (including NHS organisations).

This will be a long term investment for the trust, which will become embedded in 5-10 years.

The trust has two priorities:

- Agree and contract with a strategic partner (includes methodology and training)
- Agree and employ an Oxleas Qi team (building an approach where Oxleas can support its own Qi training needs)

Proposed milestones were presented including the next step, which is to present the Qi case for investment to the Board of Directors in September 2017.

FR suggested IO read 'Hardwiring excellence', which offers a quality methodology focussing on employee voice.

LS was pleased to see new things are being put in place as she felt staff feel unheard.

IO said there have been 2 sessions for senior staff and 60 doctors attended a session yesterday. There has been a level of anxiety that this initiative will be seen as 'top down', however this is not how it will work. Roadshows will take place to showcase to staff.

RS suggested IO read 'First break all the rules' which offers 12 questions to consider.

RS asked how much the Qi programme would cost and the forecast going forward.

IO advised that this might be a one off cost of £500k and there could be recurrent costs to maintain training. IO was still working through details. The Board will consider whether the programme is affordable. FR suggested that Qi programmes could be delivered more cheaply.

CP asked whether unions had been consulted. IO advised that they had not. CP felt unions might be able to give a collective perspective on the proposed changes. IO would consult Staff Side on this matter.

RD asked about the three tabled booklets relating to the services the CQC had inspected and their target audience. IO advised these were written for staff to understand what the CQC had said and what the trust had done in response.

#### Quality Accounts 2016/17

The Quality Accounts were included in the Council papers.

JC queried item 3.7 of the Quality Accounts which focussed on complaints in

	<p>adult mental health services. Was there any theme that dominates these? IO advised that complaints tend to relate to staff attitude and behaviour, particularly in mental health and the trust has found this challenging to resolve.</p> <p>AT said there had been outstanding work by the workforce to make improvements resulting in the CQC's revised rating of 'Good'. Feedback from NHS Improvement has been very positive and AT congratulated the Executive and front line staff on this great achievement.</p>	
6.	<p><b>External Auditors' Report to the Governors</b> AFi presented this item on behalf of Deloitte.</p> <p>It is the external auditors' responsibility to audit accounts, look at use of resources and quality reports.</p> <p>Deloitte checks that the Quality Report includes all information as laid down by NHS Improvement, and checks the consistency of information with other sources of information. There are three indicators, two of which are mandatory – Gatekeeping and 7 day follow up on care programme approach. The third indicator was selected by the Council and focuses on the percentage of carers identified.</p> <p>AFi presented a summary of the results of Deloitte's testing. In terms of the first two responsibilities of content and consistency, Deloitte came to a positive conclusion on both of these. There were minor issues, a number of which were dealt with in the final version of the Quality Report and Deloitte was able to issue an unqualified limited assurance report.</p> <p>With regard to the indicators, sample testing of the 7 day follow up on care plan approach identified a number of issues. 30 sample items were considered and 6 had exceptions. Further analysis revealed there were no concerns that might impact on the reported performance. Deloitte issued an unqualified conclusion with recommendations to put some validation processes in place.</p> <p>Gatekeeping received a qualified conclusion. A number of categories included should be exempt. This year one area (Bromley) was found to have wrongly excluded some exempt cases which should have been a breach.</p> <p>Deloitte do not report externally on the local indicator and do not have to come to a conclusion as to whether this is qualified or unqualified. Deloitte reports its findings which identified some exemptions and as a result, some recommendations were made. The trust has agreed all recommendations and an action plan for dealing with these.</p> <p>RD said that as two of the three indicators showed significant improvement was required, should there be concerns about indicators not audited?</p> <p>AFi advised that problems with local indicators were very common as they have not come under public scrutiny before, and there can be difficulties around definition and lack of clarity regarding what is being measured.</p> <p>BT said that a lot of focus has been put on data quality as it was recognised</p>	<b>Noted</b>

	<p>improvements need to be made. This has been the focus of the internal audit programme by KPMG which resulted in a second best rating of green/amber. It was recognised there was more work to do, but the rating was encouraging.</p> <p>RS advised that he had talked to the lead auditor directly and questioned the findings.</p> <p>RD asked if the auditor was satisfied and did the trust have sufficient plans in place. Afi advised that as there are two statutory indicators, these can be directly compared next year. The trust was assessed to have sufficient and robust plans in place to deal with this.</p> <p>SB asked for an explanation of the Gatekeeping indicator and whether the findings impacted on patient care.</p> <p>HS advised that the purpose of gatekeeping is that every person assessed as needing admission is assessed by the Crisis and Home Treatment Team to consider whether it was appropriate to admit or to provide care at home where safe to do so.</p> <p>In Bromley, some patients are exempt from gatekeeping eg patients transferred from another hospital unit. In practice, people still would have received care and were not excluded from treatment. However, people would still have been admitted for care but they may not have been offered the option of receiving care at home.</p> <p>FR said that under the care plan approach 7 day indicator, the trust appeared to have gone backwards from last year's results. Last year, a recommendation was made regarding how to improve data entry on 7 day care plan approach.</p> <p>Afi said that in terms of comparison of scores, these are very small samples, with exceptions both years. It was difficult to say whether the trust's position was better or worse as this depends on the exemptions arising.</p> <p>SDi advised on the audit position. KPMG's internal audit opinion looking at data and governance was very good. With regard to Deloitte, the key thing regarding data involving a Bromley member of staff was that it was neither malevolent intent or carelessness. Critically, no patient suffered in any way.</p> <p>LS asked how accurate the picture was when a small sample was considered. SDi advised that KPMG work on a larger sample.</p>	
7.	<p><b>Financial overview</b></p> <p>JT presented this item which was an update on the information presented at the December Council to advise where the trust is financially in this financial year and the trust's year end position last year.</p> <p><u>2016/17 headlines</u></p> <p>In December we had circa £247m income and this year this will increase due to the South London Partnership work on the Forensic Service. We were issued a control total by NHS Improvement which was a new regime, and at</p>	<b>Noted</b>

December, the total was £2.6m. This was raised to £3.2m due to additional funding. The trust had delivered its savings target of £7.6m.

The NHS Improvement rating system segments every organisation into a segment. Segment 1 means you are autonomous and segment 4 is the worst rating and could mean a trust could have special measures enforced. Within that segment there is a particular score relating to finance and the trust's performance scored a '2' throughout the year and ended the year on '2', and the overall segment was also a '2'. This was good for the organisation as a whole. The only thing that stopped the trust from scoring '1' was our CQC rating at that point in time.

Capital expenditure (Queen Mary's Hospital and Highpoint House) was £30.6m. The trust ended the year with a strong cash balance.

#### 2017/18 and how we are doing so far

Income has increased due to the South London Partnership money coming into Oxleas. We will be paying out SLAM and South West London and St George's and the out of area placements.

The Board of Directors considered what to deliver as a surplus in order to achieve a control total of £3.1m which is what NHS Improvement asked us to try to do. We agreed a £100k surplus to breakeven. To achieve the £3.1m, we would need to rely on asset sales for underlying surplus. We will also receive £1.5m sustainability money from the Centre. We will achieve the £3.1m whilst trying to protect services as much as possible.

The Capital plan has three key areas – Queen Mary's, CQC and we continue to invest in IT and new ways of working.

With regard to the capital plan, at April, we hit our plan but by May were off plan. Finance is at the top of the Executive's agenda. Most services are overspent with the exception of Learning Disability services.

Cash as at April was £59m and we have a challenging target of £9.6m in 17/18 although we do have plans for £6.9m and the Executive are working hard to bridge the gap.

#### Summary

- Continued financial uncertainty across South East London
- Requirement to deliver year on year savings
- Continue to be better placed than others to meet challenge
- Having plans in place for 18/19 is key
- Longer term efficiency opportunities - how we do things differently across systems of care, organisational boundaries, closer working with other providers

SB asked what the top 3 cost pressures were. JT advised that these are:

- Bed pressures
- Agency usage/temporary staffing

	<ul style="list-style-type: none"> <li>• Demand leading to use of temporary staff</li> </ul> <p>JT said the trust was trying to be clear with commissioners around specifications for services and what will be expected.</p> <p>DG asked if Oxleas owns its own buildings and property assets. JT said the trust can partner to maximise the potential of its estates.</p> <p>LS – Trying to reduce costs affects staff. At what point do you say enough is enough?</p> <p>JT said this is a discussion for the Board of Directors. The trust is working with commissioners, being more robust each year. The trust needs to talk to commissioners about how to manage demand and there might be a need to think differently about who commissioners commission services from.</p>	
8.	<p><b>Process for the appointment of the External Auditor</b> SDi and JT presented this item. SDi is Chair of the Audit Committee.</p> <p>External auditors are commissioned to ensure financial statements are correct, accurate and compliant. They are independent and appointed by governors on behalf of members.</p> <p>By July 2018, a new appointment needs to be in place. Although the contract with Deloitte is cost effective, the trust must market test. There are a number of potential bidders.</p> <p>JT advised that due to the South London Partnership, there was an opportunity to work collaboratively, maximising quality and value for money.</p> <p>The auditors will look at the trust’s financial statements, Quality Accounts and charitable funds.</p> <p>As South West London and St Georges were in a contract, the trust proposes to jointly procure an external auditor with South London and Maudsley NHS Foundation Trust.</p> <p>It was proposed that 4 representatives from Oxleas join the panel including the Lead Governor and another governor. The governor representative will need to be confirmed within the next two weeks.</p> <p>The Council of Governors need to approve the appointment by 14 December 2017. South London and Maudsley will ask their Council to make a decision prior to this date as their contract ends earlier.</p> <p>RD said he thought it was an excellent idea to join up with SLAM. Last time, only auditors with Foundation Trusts on their lists were considered. RD felt other companies should be able to be involved.</p> <p>JT said the trust needed to think about what should be included in the specification to make sure that those shortlisted meet that criteria.</p>	Agreed

	<p>LS commented that as Deloitte had taken such a small sample to audit, how could it be accurate? LS wanted to understand how the sample size was chosen.</p> <p>JT explained that the sample chosen was the auditor’s decision and is not influenced by the trust. We could request for sample sizes to be increased but this would impact on cost.</p> <p>DG said the top priority for criteria for the auditor appointment should be the quality, challenge and experience rather than cost and asked how this varies in the NHS.</p> <p>SDi said that over the last two years, there had been robust discussions and auditors will challenge.</p> <p>YM-L asked how, when jointly commissioning with SLAM who has a different timetable, could the trusts agree the same criteria?</p> <p>JT advised that SLAM were already agreeing a process with their Council. It is for our representatives to say if this is a process we can support as well.</p> <p>JP asked if there was a risk that the trusts do not want the same thing, and is there a risk that two Councils may say something different? Is this an opportunity to have a joint extraordinary Council given that this is all about partnerships?</p> <p>JT advised that this was more about timing. As a sovereign organisation we should still be able to make our own decision and the Councils should be given the option to do that. We hope that through the procurement, we do end up with one firm as we would get better value for money negotiating one firm rather than two. However, if we got to the point of Oxleas making a different decision to SLAM, that is a feasible outcome, but there is no restriction of saying it has got to be one firm. It is more about how we get better value out of our contract.</p> <p>RS said that a governor needs to be identified to join the panel. Any expressions of interest to SBr. If more than one person expresses an interest, a person’s financial experience will be considered.</p> <p>The Council was asked to agree the proposed process to appoint an external auditor. This was <b>agreed</b>.</p>	
9.	<p><b>CAMHS funding – national and local picture</b></p> <p>SW presented this item which was in response to questions raised by governors. The issue related to adequate mental health funding and children’s mental health funding.</p> <p>Nationally, the proportion of funding for children is lower. Funding comes from different routes and is difficult to disentangle.</p> <p>CAMHS services are commissioned by all three boroughs. Funding comes from Clinical Commissioning Groups, Local Authority, NHS England Transformation Plan allocations, Local Transformation Plan funding, and 5 Year Forward</p>	<b>Noted</b>

	<p>View/Parity of Esteem funding.</p> <p>SW demonstrated how funding differs in each borough.</p> <p>Oxleas is not the only provider of mental health services in the boroughs and therefore not all the money comes to the trust.</p> <p>With regard to the Transformation Plans, 77% of the Bexley allocation comes to our CAMHS service, the remainder to SLAM's eating disorders service.</p> <p>In Greenwich, 75% goes to CAMHS, the rest to SLAM's eating disorders service.</p> <p>In Bromley, 35-40% goes to CAMHS, 30% to SLAM's eating disorders service, the remainder to the Wellbeing Service provided by Bromley Y.</p> <p>There is some variation between different services, the degree of mental health services in each borough, and the expectations of services.</p> <p>SB said his question had been prompted by a news release from NHS Providers which implied monies were not coming down to children's services.</p> <p>SW said there is something about parity of mental health - v - acute services. Transformation fund monies are coming to local children.</p> <p>LS asked if the funding was appropriate or whether more was needed.</p> <p>SW said there was always tension between mental health and acute health services. Children's mental health is slightly underfunded nationally. There are issues about young people having mental health problems in later life. Our commissioners have good discussions with the trust and we put the case for increased funding to support more children's needs.</p> <p>JT added that with regard to the CAMHS transformation, the CCGs had to submit their plans but Oxleas were very much engaged and able to influence.</p>	
10.	<p><b>Serious Incident Inquiry reports</b></p> <ul style="list-style-type: none"> <li>• SM, DM and RM</li> </ul> <p>JW presented the summary of the Level 5 inquiry findings into the case of SM, DM and RM. JW gave an overview of the inquiry process and informed the Council that the inquiry panel concluded that the deaths were not predictable or preventable.</p> <p>An inquest had not yet convened, so no further information on the circumstances was available.</p> <p>The panel did make some recommendations on how services could be improved. These included:</p> <ul style="list-style-type: none"> <li>• Ensure addresses and contact details are up to date on RiO at all contacts.</li> <li>• Use wider methods eg text messaging or emails, to keep in touch with service users who change address regularly.</li> <li>• Raise awareness of disguised compliance through safeguarding updates.</li> </ul>	<b>Noted</b>

	<ul style="list-style-type: none"> <li>• All opportunistic visits whether successful or unsuccessful in making a contact to be recorded on RiO records.</li> <li>• Raise awareness of using professional curiosity to support decisions about universal or universal plus caseload allocation and review.</li> <li>• Explore how families experiencing the stress of frequent moves cope and what support they need from health and social care services and how better engagement can be facilitated.</li> </ul> <p>SW shared the action plan that is being implemented in response to the inquiry. There are some technical and procedural areas of the service which could be improved. These are outlined in the action plan.</p> <p>JK said that having an external psychiatrist assisting on the panel was very helpful. The inquiry highlighted how we treat child patients assuming they are an adult, and that the service had not been able to get close enough to the family.</p> <ul style="list-style-type: none"> <li>• AT</li> </ul> <p>SS presented the summary of the inquiry findings into the case of AT. He gave an overview of the inquiry process and informed the Council that the inquiry panel concluded that whilst a number of recommendations have been made, the care given to AT was appropriate.</p> <p>The panel did make some recommendations on how services could be improved. These included:</p> <ul style="list-style-type: none"> <li>• The trust's Safe and Therapeutic Observation Policy is reviewed to ensure there is policy and guidance regarding observations in the Prison healthcare units, including expected level of involvement of medical staff in decisions to reduce healthcare observations.</li> <li>• A ward round template should be used which includes history, mental state examination, risk assessment and plan.</li> <li>• Consideration should be given to the potentially safer environment presented by shared accommodation for those at risk of suicide.</li> </ul> <p>EZ shared the action plan that is being implemented in response to the inquiry. AT's death was not preventable, but there are areas of the service which could be improved. These are outlined in the action plan.</p> <p>FR said that there was an inquiry last year where a patient died in a similar way and some of the recommendations were similar. Is there something shared across Oxleas when making recommendations, to hopefully avoid a situation again?</p> <p>EZ said that learning is shared with other areas to see if improvements could be made.</p>	
11.	<p><b>Holding NEDs to account</b>  <u>Update</u></p> <p>RD presented this item. Governors have been attending Board of Directors and Board committee meetings. YM-L, SD and RD had attended the Board last week. RD asked that governors get involved in opportunities to attend the Board and its committees as it helps governors to understand how the trust works.</p>	<b>Noted</b>

	<p>RD said he had contacted those governors who had attended board meetings before the Council meeting for their views. Governors would continue to be offered this opportunity prior to each Council.</p> <p>LS asked whether governors are contactable by email. SBr confirmed that emails are sent to the governor mailbox and are sent on to relevant governors or other services eg PALS, when appropriate.</p> <p><u>Chairs update</u> This item was deferred.</p> <p><u>Update from James Kellock, NED</u> This item was deferred.</p>	
12.	<p><b>Summer elections</b> JM presented this item. Council papers were self-explanatory.</p> <p><u>Summer Elections</u> JM updated on progress in the summer elections. A number of governors had either completed their terms of office, or had chosen not to restand and this was therefore their last Council. Their term of office ends at the AMM on 9<sup>th</sup> September 2017.</p> <p>Gabrielle Wain had left the Council as she was relocating to the USA.</p> <p><u>Lead Governor Elections</u> Raymond Sheehy had been re-elected uncontested as Lead Governor.</p>	<b>Noted</b>
13.	<p><b>Membership Committee update</b> SB presented this item. His main focus was on the feedback from the Members' Focus Groups. The Committee had considered member feedback and agreed key themes to raise with Executives on behalf of members.</p> <p>SB asked governors to get involved with the Great Get Together/Armed Forces Day event on Saturday, 24 June 2017 in Woolwich. This was a great opportunity for community engagement and member recruitment.</p>	<b>Noted</b>
14.	<p><b>Governor business</b></p> <p><u>Structure of Council of Governors</u> SBr presented this item. At the last Council it was agreed to bring back a proposal about the Council structure following the directorates restructure. Further to this, Bromley Public governors have proposed some ideas as to how the Council may look in relation to the directorates and these were incorporated in the options paper presented.</p> <ul style="list-style-type: none"> <li>• Option 1 – do nothing.</li> <li>• Option 2 – reduce Council to 38 governors, moving to a structure that recognises that several services are now delivered in a borough directorate, but still retains some care group specific focus. This would enable more borough-focused discussion and links with members. A smaller Council would potentially reduce running costs and fill vacancies more easily.</li> <li>• Option 3 – reduce Council to 37 governors, moving to a structure that</li> </ul>	

<p>organises governors along similar lines to service directorates. This would enable more borough-focused discussions and links with members and support relationship building with specific directorates. A smaller Council would potentially reduce running costs and fill vacancies more easily.</p> <p>FR also gave input to the above presentation on behalf of the Bromley Public governors and a further table was distributed at the Council meeting relating to this.</p> <p>SBr explained that any changes would need to go to a member vote at the AMM and a decision would need to be made in advance of this if changes are to be made this year.</p> <p>CP opposed Options 2 and 3. As a service user/carer governor, the number of people voting is low, and would be even lower if sub-divided.</p> <p>SB was concerned about dividing service user/carers into boroughs. If there were an option that if a borough did not nominate someone, that a vacancy could be used by another borough that might work.</p> <p>SBr said there could be several other options people may wish to offer.</p> <p>KT opted for Option 1.</p> <p>YM-L opted for Option 3 which he felt made more sense. As a Public Greenwich governor, he wants to represent in Greenwich as far as the public and services go. It was easier to get to know services you are representing than understand the whole trust's work.</p> <p>RD opted for Option 3. RD reminded governors of the Well Led Review which said the Council was larger than average Councils. He favoured focussing on day to day activities on a person's home patch rather than the trust's wider work. RD advised that the local authority were reducing their Council. RD asked that as part of this process, and to attract a broader audience, that meetings are held at better times for working people to attend.</p> <p>LS said she had not made up her mind. She had looked at services in Adult Mental Health across boroughs and prisons which helped her understand issues and get a better idea Oxleas wide. It was nice to have more than one person to hear views.</p> <p>DG said he was undecided but within a local authority perspective, borough focussed committees would be good. He was not convinced about reducing the number of Public governors. The Council would continue to have overriding duties to hold NEDs to account.</p> <p>JP asked if any change in structure would result in any change in meetings currently happening. As the Children and Young People's staff governor, would she be expected to attend all borough focus groups?</p> <p>SBr said there would be no changes to the Constitution regarding the function of</p>	
--	--

	<p>the Council and meetings. Governors would not be restricted to their own borough.</p> <p>LS asked whether staff governors were given time to catch up on work when fulfilling governor duties.</p> <p>JK noted that Options 2 and 3 brought in a service user/carer governor for Forensic and Prison services which he welcomed. There could be further changes if the trust was successful in providing any community services in Bromley.</p> <p>RS asked the Council if they felt they had enough time to consider a decision today.</p> <p>CP proposed the Council did not vote today. This was seconded by KT.</p> <p>As there was not a strong consensus, it was agreed that this item would be further discussed at the September Council and any proposal taken to the AMM in 2018.</p> <p>SBr was happy to receive any thoughts or suggestions from governors and offered to set up a survey to garner other ideas from governors.</p> <p>SD said there were clearly a lot of views and suggested people respond to SBr as to which option they prefer and why, whether they have strong views, no options or are ambivalent.</p> <p><u>Governor training plan</u> JM presented this item. A number of governors had participated in the survey to gauge governor needs. There were significant resources already available to governors including the governor intranet and external training courses.</p> <p>From the survey, it was clear that governors need a greater understanding of the trust and the complexities of the wider NHS; their role and that of the NEDs and how these differ. Some required support with understanding papers. The trust would introduce a series of seminars, provided internally, to help governors in their role.</p> <p><u>Governor activity update</u> The work and activities of the governors was noted.</p>	<p><b>Agreed</b></p> <p><b>Noted</b></p>
15.	<p><b>Conflict of Interest Policy</b> SBr presented this item and asked governors to make themselves familiar with the updated policies. Governors need to be aware of the Conflict of Interest and Gifts and Hospitality policies. Governors must declare any conflicts of interest and can either complete a hard copy form or request one electronically.</p>	<p><b>Noted</b></p>
16.	<p><b>Any other business</b> There was no further business.</p>	
17.	<p><b>Date and time of next meeting</b> Thursday, 21 September 2017, 2.30-5pm Black Prince Suite, Holiday Inn Bexley, Black Prince interchange, Southwold Road, Bexley DA5 1ND</p>	

**46<sup>th</sup> Council of Governors**  
**21<sup>st</sup> September 2017**Item **7**  
Enclosure **3**

<b>Agenda item</b>	NHS Engand Independent Inquiry Reports
<b>Item from</b>	Jane Wells, Director of Nursing
<b>Attachments</b>	Front Sheet only

**Summary and Highlights**

Since the last Council of Governors' meeting, NHS England have published reports on independent inquiries they have undertaken on the care of two people who have been involved in serious incidents (homicides). Ms A who was under our care at the time of the incident in October 2011 and Mr X who we had provided care for but was under the care of his GP at the time of the incident in 2013.

We have worked with NHS England to agree actions and provide assurance in response to the recommendations they make in the reports. Jane Wells will present to Governors an update on the reports and the actions we have taken in response. The reports and action plans are available at:

- Ms A Report  
<https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2017/06/Report-of-the-independent-investigation-into-the-care-and-treatment-of-Ms-A.pdf>
- Mr X  
Independent investigation into the care and treatment of Mr X  
<https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2017/08/Report-for-NHS-England.pdf>  
Executive Summary  
<https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2017/08/Executive-Summary-Mr-X.pdf>

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

To note

**46<sup>th</sup> Council of Governors**  
**21<sup>st</sup> September 2017**

**Item 8**  
**Enclosure 4**

<b>Agenda item</b>	Serious Incident Inquiry report – RP
<b>Item from</b>	Simon Hart, Director HR & Organisational Development
<b>Attachments</b>	Action Plan

**Summary and Highlights**

RP was a 33 year old male of Slovak nationality who was detained under section 2 of the Mental Health Act 1983/2007 and had been admitted to Maryon ward, Oxleas House on 12 April 2017, following transfer from The Dene. On 15 April 2017, RP utilised section 17 leave for one hour. When he did not return as expected, ward staff circulated him as missing to the police. It was reported that he was found collapsed in a car park in Woolwich, having had a cardiac arrest. The LAS were called and RP died en route to the hospital.

RP was diagnosed with Emotionally Unstable Personality Disorder, Histrionic Personality Disorder and post-traumatic stress disorder. His condition was exacerbated by the use of alcohol and narcotics.

RP was homeless and without recourse to public funds as he had fled an abusive relationship where he had previously lived in North London. This coupled with his chaotic lifestyle made it very difficult for any systematic engagement with him in the community. His diagnosis meant that when unwell he would engage in high risk behaviours leading to admission either under section or as an informal patient. RP had had fifteen inpatient admissions between May 2015 and April 2017.

The panel concluded that whilst, because of his presentation and circumstances, RP's death was regrettably predictable it was not preventable.

The panel noted a number of quality issues in respect of the quality of nursing documentation on the ward as well as the delayed response of nursing staff in notifying the police of RP's failure to return from unescorted leave at the appointed time.

The panel made 6 recommendations;

- i) The trust policy for missing/absconding patient or detained patients who are absent without leave should be explicit as to what is meant by 'a period of grace' before the police are alerted.
- ii) The process for feedback from the Multi disciplinary team (MDT) should be reviewed to ensure that the whole MDT is in agreement with the information that is to be given to ward staff. The MDT as a whole should be supported by practice development to ensure that there is open dialogue between nursing staff and the medical team about the plan of care for patients.

- iii) The facts relating to the recording of three 15minute observations whilst RP was on leave from the ward should be investigated under a separate investigation as a potential conduct issue.
- iv) The MDT form should be altered to ensure that there is clear formatting for all actions agreed at the MDT.
- v) The trust should implement a formal section 17 policy that clearly sets out the parameters for the granting of section 17 leave and the actions to be taken in the event that the terms of the leave are breached.
- vi) Information on patients transferred from another inpatient unit should be received within 24 hours of transfer. In the event that this is not the case a Datix report should be completed and the relevant accountable clinician should pursue the information with the transferring provider.

**Key Benefits:**

**Recommendation:**

To note

**ADULT MENTAL HEALTH AND LEARNING DISABILITY DIRECTORATE  
PATIENT SAFETY GROUP**

**SERIOUS INCIDENT ACTION PLAN**

<b>Initials:</b> RP	<b>Incident date:</b> 15 <sup>th</sup> April 2017	<b>Team involved at time of incident:</b> Maryon Ward	<b>Date of action plan:</b> 11 August 2017
------------------------	--	--	---

**Brief summary of incident:**

33 year old man on a Section 2 did not return from his agreed leave from the ward. Whilst on this leave, police informed staff that RP had been found unresponsive by a member of the public who called 999. The patient was transferred to the Queen Elizabeth Hospital where he died.

<b>Recommendation</b>	<b>Action required</b>	<b>Due by</b>	<b>Lead</b>	<b>How will this be evidenced</b>	<b>Progress and date</b>
The trust policy for missing/absconding patient or detained patients who are absent without leave should be explicit as to what is meant by 'a period of grace' before the police are alerted.	The Director of Nursing should with the Nursing Executive, review and update the "Procedure for missing/absconding patients or detained patients who are absent without leave" the policy to include removal or clarification for the phrase 'period of grace'	End of October 2017	Jane Wells Director of Nursing (policy owner)	Revised, updated policy will be available on the trust intranet Changes in policy will be cascaded to relevant staff and be included in training sessions	

<p>The process for feedback from the multidisciplinary team (MDT) should be reviewed to ensure that the whole MDT is in agreement with the information that is to be given to ward staff.</p>	<p>MDT format review being undertaken by a small team of inpatients' mental health colleagues as part of the Birch quality improvement work</p> <p>An audit of the handover meetings and MDT meetings should happen for a day to ensure that observation levels changes are reflective of MDT discussions and any adjustments to care plans are recorded clearly</p> <p>Ward consultant and ward team manager to develop case discussion slots whereby the MDT input is clearly reflective of the joined team working and informs decisions regarding patients care planning and discharge preparation</p>	<p>By end October 2017</p> <p>August 2017</p> <p>End of September 2017</p>	<p>Heads of Nursing</p> <p>Practice Development Nurse</p> <p>Matron Joanne George</p>	<p>Form reviewed and amended accordingly</p> <p>Audit report to be sent to CEG meeting for discussion in October 2017</p> <p>Clinical team meetings minutes should include minutes to reflect team patients' care discussions</p>	
<p>The facts relating to the recording of three 15minute observations whilst RP was on leave from the ward should be investigated under a separate investigation as a potential conduct issue</p>	<p>Service manager (RM) to discuss with HR manager re advice on how to proceed</p>	<p>By 31 August 2017</p>	<p>Rachel Matheson Service Manager</p>	<p>Evidence of discussion with identified member of staff, under disciplinary policy</p> <p>Disciplinary investigation completed</p>	

<p>The MDT form should be altered to ensure that there is clear formatting for all actions agreed at the MDT.</p>	<p>MDT form to be updated to reflect actions agreed by the MDT</p>	<p>July 2017</p>	<p>RiO transformation Team / Debbie Butler</p>	<p>Amended copy of the form to be used by all wards</p>	<p>Completed</p>
<p>The Trust should implement a formal section 17 policy that clearly sets out the parameters for the granting of section 17 leave and the actions to be taken in the event that the terms of the leave are breached.</p>	<p>Develop a formal Section 17 Leave policy with clear parameters including Datix escalation reporting</p>	<p>By January 2018</p>	<p>Lisa Moylan Head of MH Legislation &amp; Safeguarding Adults</p>	<p>New policy guidance issued to all relevant staff</p>	
<p>Information on patients transferred from another inpatient unit should be received within 24 hours of transfer.</p>	<p>The policy guidance “Transfer of Care within Oxleas and externally” should be reviewed by the medical director and the Nursing Directorate.</p> <p>A Datix report should be completed if this is not completed within 24 hours.</p>	<p>By October 2017</p> <p>September 2017</p>	<p>Medical Director Chair of the Clinical Effectiveness Group</p> <p>Matron</p> <p>Bed manager</p>	<p>Revised policy will be uploaded on the trust intranet.</p> <p>Amended protocol to be discussed and minutes from the acute care forum to be uploaded as evidence of cascading the new protocol</p> <p>Datix report to be developed and discussed at the Acute care forum on breaches</p>	

**46th Council of Governors**  
**21<sup>st</sup> September 2017**Item **10**  
Enclosure **5**

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

**Summary and Highlights**

The Membership Committee has met once since the last Council of Governors, on 27 July 2017. The key focus of the meeting was the trust's response to feedback from the Members' Focus Groups. A membership report, feedback from events, Oxleas Exchange and future opportunities for engagement and membership recruitment were also discussed.

**Feedback from Members' Focus Groups**

- Mental health patients in A&E**  
 The Committee received a detailed presentation from Adrian Dorney, Associate Director, Mental Health, Bromley and Jackie Waghorn, Mental Health Crisis Manager, Greenwich in response to the key themes raised by the Committee.
- Care plans**  
 The Committee considered the trust's response to the key themes raised by the Committee. Care Planning Transformation Managers, Daniel Daka and Nic Smith will present to the Council of Governors on care plans.
- Flexible services for depot injections**  
 The Committee considered the trust's response to the key themes raised by the Committee.

There were no outstanding issues relating to these items and further feedback from the Members' Focus Groups will be considered at the next meeting.

**Membership report**

The Committee discussed how we could grow our current membership, with particular emphasis on engaging younger members and service users and carers.

**Feedback from events****Great Get Together, Greenwich, 24.06.17**

Governors Fola Balogun, Stephen Brooks, John Crowley and Richard Diment helped to recruit 44 new members and talk to people about the trust's work.

**Age UK, over 60's event, Bromley, 20.07.17**

This was a partnership event run by Age UK Bromley and Greenwich. The Bromley Dementia Support Hub had created an opportunity for Oxleas to attend. Jo Mant attended with the Bromley MH memory service, over 100 people attended the event.

**Lark in the Park, Sidcup, 3 August 2017**

Several members were recruited including a potential trust volunteer.

**Oxleas Exchange**

The August edition would include an invitation to the Annual Members' Meeting and family fun and open day.

**Membership recruitment**

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

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

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

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

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

There will be 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.

**46<sup>th</sup> Council of Governors**  
**21<sup>st</sup> September 2017**

**Item 11**  
**Enclosure 6a-b**

<b>Agenda item</b>	Governor business
<b>Item from</b>	Jo Mant, Head of Stakeholder Engagement
<b>Attachments</b>	a) Governor training schedule b) Governors activity feedback report

<b>Summary and Highlights</b>
<p><b>Governor training schedule</b>                  At the last Council of Governors, a proposal was approved to introduce a new training programme for governors. The new training schedule is attached.</p> <p><b>Governor activity update</b>                  The following report outlines governor activities reported into the Trust Secretary's office since the last Council of Governors in June 2017. The report gives the Council of Governors insight into what governor colleagues have been doing and the opportunity to ask governors questions about their activities.</p>

**Key Benefits:**

**Recommendation:**

The Council of Governors are asked to agree and note.

## Governor activity feedback, 21 September 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.

### Visits to services

Visit/activity	Attended	Feedback/information
<b>Oxleas/Charlton Athletic Community Trust Early Intervention Programme</b> 3 August 2017	Irene Badejo Arthur Mars Fola Balogun	<p>Governors observed service users and staff participating in a fishing activity at Shorne Country Park as part of the highly successful Oxleas/Charlton Athletic Community Trust Early Intervention Programme.</p> <p><b>Irene Badejo:</b> <i>“The fishing event was well organised and excellently coordinated throughout from the pick-up/drop –off of the participants to/from the venue, to the professional instructors who introduced us to fishing, to the nice buffet lunch and the briefing by the Charlton Athletic Community Trust team. The various types and sizes of fish we caught in our different groups made the trip all the more worthwhile. It was highly therapeutic, definitely engaging and most importantly loads of fun. Nice job well done.”</i></p> <p><b>Fola Balogun:</b> <i>“The fishing coaching event was very enjoyable and very relaxing. It gave the service users a good experience and they discovered that it was a good way to relax and help them to learn a skill.</i></p> <p><i>“The Charlton Athletic Community Trust’s partnership working with Oxleas has been wonderful, offering different events for Early Intervention service users.</i></p> <p><i>“Both governors, staff and service users mingled together like a family. More of this type of outing should be encouraged.”</i></p>
<b>‘Can you understand it’ group, Adult Learning Disability Services</b> 26 July 2017	Stephen Brooks Fola Balogun	<p>Governors joined our 'Can you understand it' team meeting on 26th July 2017 at the Adult Learning Disability Services at Queen Mary's Hospital. This was a great opportunity 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. Governors also got to know the team who are service users and staff from our Adult Learning Disability Services.</p> <p><b>Stephen Brooks:</b> <i>“It was a very enjoyable and enlightening visit. So inspirational to see the group’s enthusiastic contributions to the task in hand.”</i></p>

<b>HMP/YOI Isis Forensic &amp; Prison Services</b> 25 July 2017	Fola Balogun Yemisi Gibbons, NED	This was an opportunity to see the extensive range of prison health care provided by Oxleas at HMP/YOI Isis in Thamesmead.  <b>Yemisi Gibbons:</b> <i>"I really enjoyed the visit. Peter was very knowledgeable about the Healthcare Oxleas provide and the challenges we have working in the environment. "It was great to meet the coordinator from the drug misuse service and hear about the services they provide. It seems that the integration into Oxleas has gone smoothly and the staff seem happy with the level of support given. Their fear that the service would be redesigned and altered has not materialised.  "Due to time constraints we didn't have an opportunity to speak with any clinical staff so could not get feedback from them.  "Facilities in terms of the healthcare block looked good though lack of onsite pharmacy meant potential logistical issues getting medication from Belmarsh"</i>
<b>Planned visits/activities</b>	<b>Attending</b>	<b>Information</b>
<b>HMP Rochester Forensic &amp; Prison Services</b> 19 September 2017	Lesley Smith	This is an opportunity to visit HMP Rochester to view the healthcare services provided by Oxleas.
<b>Children's Services</b> 15 November 2017	Terri Looker Fola Balogun	This is an opportunity to visit a range of children's services and sites. Greenwich Child and Adolescent Mental Health Services, health visitors and school nurses at Highpoint House, health visitors at Kidbrooke, physio and hydrotherapy at Goldie Leigh and Acorns Child Development Centre at Queen Mary's Hospital.
<b>Bridgeways Bromley Adult Mental Health Services</b> 17 November 2017	Steve Pleasants Vicky Smith Judi Ellis Fola Balogun	The visit to Bridgeways will include the following teams: Memory Services, Community Mental Health Team Older People and Care Home team.
<b>HMP Thameside Forensic &amp; Prison Services</b> 21 November 2017	Brian Sladen Raymond Sheehy	This is an opportunity to visit HMP Thameside to view the healthcare services provided by Oxleas.
<b>HMP Belmarsh Forensic &amp; Prison Services</b> 18 January 2018	Stuart Dixon Richard Diment Raymond Sheehy Steve Pleasants	This is an opportunity to visit HMP Belmarsh to view the healthcare services provided by Oxleas.
<b>HMP Maidstone Forensic &amp; Prison Services</b> 14 March 2018	Frazer Rendell Stephen Brooks Steve Pleasants	This is an opportunity to visit HMP Maidstone to view the healthcare services provided by Oxleas.

## Attendance at events

Event	Attended	Information
<b>Annual Members' Meeting</b> 9 September 2017	A number of governors attended:	Raymond Sheehy, Richard Diment, Frazer Rendell, Stuart Dixon, John Crowley, Jacqueline Ashby-Thompson, Arthur Mars, Anna Dube, Jacqui Pointon, Joseph Hopkins, Vicky Smith <b>Outgoing governors</b> Chris Purnell, Mary Stirling, Renuka Abeysinghe, Ken Thomas
<b>Great Get Together and Armed Forces Day, Woolwich</b> 24 June 2017	Fola Balogun Stephen Brooks John Crowley Richard Diment	Governors supported the Stakeholder Engagement team in promoting the trust's work and recruiting new members. Other trust services also attended to promote their work.
<b>Forthcoming events</b>	<b>Attending</b>	<b>Information</b>
<b>South London Partnership Governor event, SLAM</b> 12 October 2017	A number of governors are attending:	A joint event is being organised to bring together governors from South London and Maudsley NHS Foundation Trust (SLAM), South West London and St George's NHS Foundation Trust and Oxleas to learn more about the South London Partnership. This will also be a great opportunity for governors to network with governors from partner trusts.  Frazer Rendell, Stuart Dixon, Stephen Brooks, Judi Ellis, Fola Balogun, Sue Read, Arthur Mars, Jacqui Pointon, Lesley Smith, Raymond Sheehy, David Gardner, Steve Pleasants.

Governor information collated by Jo Mant, Head of Stakeholder Engagement  
12 September 2017

## Governor training schedule, 21 September 2017

### Training opportunities

Training	Attended	Information
<b>New Governor Induction</b> 5 September 2017	Joseph Hopkins Steve Pleasants Kulwinder Johal Vicky Smith Terri Looker Trilok Bhalla	New governors received an introduction to the trust and their role.
Forthcoming training	Attending	Information
<b>Governorwell Finance training (SLAM governor training opened up to Oxleas)</b> 17 October 2017	Arthur Mars Stephen Brooks	
<b>Governorwell Core Skills</b> 21 November	Stuart Dixon Yen Marsen-Luther Arthur Mars Steve Pleasants Kulwinder Johal Vicky Smith	
<b>RCA training (commissioned)</b> 23 November 2017	A number of NEDs are attending:  A number of governors are attending:	Yemisi Gibbons, Jo Stimpson, James Kellock.  Fola Balogun, Lesley Smith, Yens Marsen-Luther, Suraj Persand, Anna Dube, Stephen Brooks, Irene Badejo, Arthur Mars, Stuart Dixon, Raymond Sheehy, Kat Copley, Grace Umoren, Sue Read, Richard Diment, Steve Pleasants, Kulwinder Johal, Terri Looker.
In-house training		Dates to be confirmed
<b>Governor intranet</b>		One-to-one or group support to navigate
<b>Continuation of ad hoc information and education sessions</b>		To inform governors on key developments and activity, to aid understanding and decision making.

<p>New in-house seminar: <b>Seminar 1: Oxleas and the wider NHS</b></p>		<ul style="list-style-type: none"> <li>• The wider NHS landscape</li> <li>• Understanding Oxleas <ul style="list-style-type: none"> <li>○ trust's structure (Executive, Corporate and Service directorates, Board of Directors and sub-committees of the Board, governance structures)</li> <li>○ portfolio of services</li> <li>○ how it is financed and services commissioned</li> <li>○ how decisions are made</li> </ul> </li> </ul>
<p>New in-house seminar: <b>Seminar 2: The Council of Governors</b></p>		<ul style="list-style-type: none"> <li>• The role of NEDs -v- role of governors</li> <li>• The statutory role, duties and processes of the Council of Governors</li> <li>• Sub-committees of the Council of Governors</li> <li>• Holding NEDs to account <ul style="list-style-type: none"> <li>○ processes in place (Pre-Board meetings with NEDs, observing Board and sub-committee meetings, NED presentations at Council of Governors)</li> <li>○ effective questioning and challenge</li> </ul> </li> </ul>
<p>New in-house seminar: <b>Seminar 3: Understanding reports</b></p>		<p>The content of this seminar will be steered by governor need (eg understanding quality indicators, serious incident inquiries, financial accounts, risk ratings, etc).</p> <ul style="list-style-type: none"> <li>• What do I need to know/not know?</li> <li>• Interpreting data</li> </ul>

Jo Mant, Head of Stakeholder Engagement  
12 September 2017