Oxleas NHS
NHS Foundation Trust

48th Meeting of the Council of Governors
Edwards Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND
15th March 2018, 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	Minutes of the Council of Governors meeting 14th December 2017	To agree	Andy Trotter, Chair	**1**
3	Matters arising • Governor Quality indicator - to ensure routine practice of measuring clinical outcomes.	To note	Andy Trotter, Chair	-
4	Chief Executive update	To note	Ben Travis, Chief Executive	**Verbal**
5	Plans for 2018/19 • Priorities • Financial Plans	To note	Ben Travis, Chief Executive Jazz Thind, Director of Finance	**Presentation**
6	Serious Incident Inquiry reports • PB	To note	Michael Witney, Director of Therapies Stephen Brooks, Public Governor	**2**
7	Crisis pathway and recent developments	To note	Iain Dimond, Service Director Greenwich Adult Services	**3**
8	South London Mental Health and Community Partnership • Forensic service 12 month review	To note	Ben Travis, Chief Executive Elizabeth Zachariah, Clinical Director, Forensic & Prison Services	**4 presentation**

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48th Meeting of the Council of Governors
Edwards Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND
15th March 2018, 2.30 pm – 5.30 pm

Item		Purpose	Presented by	Enc.
9	Governors activity update • Lead Governor election	To agree	Jo Mant Head of Stakeholder Engagement	**5a&b**
10	Holding NEDs to account • Governor Board report • Chair's update • Update from Steve James, NED	To note	Richard Diment, Governor Andy Trotter, Chair Steve James, NED	**6** **Verbal** **Verbal**
11	Membership Committee update	To note	Stephen Brooks, Public Governor	**7**
12	Any other business		Andy Trotter, Chair	**-**
	Advance questions			**-**
	Date and Time of the next meeting Thursday 21st June, 5.30-7.30pm Edwards Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND			

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Oxleas NHS Foundation Trust

48th Council of Governors
15th March 2018

Item 2
Enclosure 1

Agenda item	Minutes of the last meeting of the Council of Governors 14th December 2017
Item from	Andrew Trotter, Chair
Attachments	Minutes of 14th December 2017

Summary and Highlights

Key Benefits:

Recommendation:

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

47th Meeting of the Council of Governors
14 December 2017
2.30-5.30pm, Holiday Inn Bexley

Minutes

Chair: Andy Trotter (AT)
Trust Secretary/Associate Director of Corporate Affairs: Sally Bryden (SBr)

Public Governors	**Service User/Carer Governors**	**Appointed/Partnership Governors**
Richard Diment (RD) Stuart Dixon (SD) Ben Spencer (BS) Frazer Rendell (FR)	Jacqueline Ashby-Thompson (JA-T) Raja Rajendran (RR) Lesley Smith (LS)	David Gardner (DG) Terri Looker (TL) Raymond Sheehy (RS) Charlie MacDonald (CM) for CACT Steve Davies (SD)
Staff Governors		
Anna Dube (AD) Suraj Persand (SPe) Sue Read (SR) Vicky Smith (VS) Grace Umoren (GU)		

In attendance

Non-Executive Directors	**Executive Directors**
Steve James (SJ) Jo Stimpson (JS) James Kellock (JK) Steve Dilworth (SDi)	Helen Smith, Deputy Chief Executive (HS) Dr Ify Okocha, Medical Director (IO) Jane Wells, Director of Nursing (JW) Jazz Thind – Finance Director (JT)
Guests	
Lorraine Regan (LR) – Clinical Director – Adult Learning Disability Services Rhoda Iranloye (RI)– Associate Director – Quality and Governance Susan Owen (SO)– Risk and Governance Manager Justine Trippier (JT) – Consultant Nurse Southern Health NHS Foundation Trust - non-executive directors and governors	

Item		**Actions agreed at meeting**
1.	**Apologies** Joseph Hopkins (JH) Kulwinder Johal (KJ) Arthur Mars (AM) Steve Pleasants (SP) Irene Badejo (IB) Trilok Bhalla (TBh) Katherine Copley (KC), John Crowley (JC) Yens Marsen-Luther (YM-L) Mary Mason (MM) Jacqui Pointon (JP) Brian Sladen (BS) Ben Travis – Chief Executive	**Noted**
2.	**Minutes of the Council of Governors meeting, 21 September 2017** The minutes were agreed as an accurate record.	**Agreed**

3.	**Matters arising** Page 2, Item 5 Quality – plans for Oxleas quality improvement (Qi) programme. HS updated that plans for a trust-wide quality improvement programme are progressing. Information will be brought to the March Council of Governors' meeting. Page 2, Item 5 Quality – crisis care – changes to Mental Health Act HS informed the Council that changes to the Mental Health Act came into force on 11 December 2017. She summarised the implications for Oxleas and the actions we are taking. These include developments around section 136 suites and closer liaison with local police.	**Noted**
4.	**Chief Executive update** This was presented by HS. <u>Quality</u> Ben Travis, Rhoda Iranloye and Ify Okocha met with the Care Quality Commission (CQC) in November who informed us that there are no current areas of concern. In line with the new CQC regime, we expect at least one of our services to be inspected during 2018/19. HS informed the Council that our '*Can you understand it'* group have worked with the Royal College of Nursing to produce the guide ***Dignity in Healthcare for People with Learning Disabilities***. This is a practical resource for clinicians on how to provide healthcare in the best possible ways for people with learning disabilities. Our systems to ensure that all our nurses undergo professional revalidation regularly have been reviewed as part of our internal audit programme carried out by KPMG. This has given significant assurance that our systems are robust and identified much good practice. <u>Finance</u> HS confirmed that our use of agency staff continues to fall and we are now under the cap set by NHS Improvement. We have achieved this by using more temporary staff through our own bank system rather than using external agencies and through tightening controls over the use of temporary staff. Our financial situation continues to be challenging and we are keeping close control on our expenditure. Kings' College Hospital NHS Foundation Trust has gone into special measures due to its poor financial situation. There are no immediate issues for Oxleas but it is a concern to have a large organisation in our sector in a challenged position. We have been successful in being granted winter pressures funding to increase mental health liaison teams linking with local A&Es and widening our crisis line support. <u>Partnerships</u> The South London Mental Health and Community Partnership continues to go	**Noted**

	well. There is a focus on the forensic and child and adolescent mental health services programmes which will have a positive impact on services for patients. Bexley Care, our partnership with Bexley Council, is starting to put in place more integrated pathways of care. Schemes such as Discharge to Assess have had a positive impact on the bed pressures within our acute hospitals. LS – Has the crisis café mentioned at the last meeting opened? HS - We are expecting the first crisis café to open in Bexley with Bexley Mind. This will be in the New Year and is likely to be followed by one in Bromley. DG – Are there plans for a crisis café in Greenwich? HS – This is under discussion but it is part of wider discussions including the development of primary care mental health services. R D – What is the current situation about contracting beds from East London NHS Foundation Trust? HS – We originally contracted 12 beds from East London and, following a review, reduced this to 6 during the summer. We are trialling reducing this to 3 beds with the ability to spot purchase beds as necessary. We have made improvements to the crisis pathway and are confident that we will be able to manage with these 3 extra beds. We do have space at Green Parks House that could be converted into a ward and we are developing a business case on this. SB – Previously the Council was told about recruitment and retention work with NHS Improvement. What has developed? JW – We have engaged with staff and developed our plans. These have been submitted to NHS Improvement and we will be implementing the plans. Currently our vacancies are reducing and we want to continue to progress in this area. DG – What is the turnover rate? JW- This has reduced to 11%. AT thanked the Executive for the work that has taken place to improve quality, reduce the use of agency staff and improve vacancy rates during particularly challenging times financially and in relation to demand on services.	
5.	**Service directorate update – Adult Learning Disability Services** LR presented this item. LR gave an overview of the range of services we provide across Bexley, Bromley and Greenwich. She highlighted areas of development including the Transforming Care programme and reviews into the deaths of people with learning disabilities. She shared good practice within our services including the *Can You Understand* Group and the way we investigate any death of a patient with a learning disability. She encouraged governors to follow the Adult Learning Disability directorate twitter account. SB – Are you still running the Woolwich discos? LR – Yes these still happen at Woolwich Tramshed and are now run by volunteers. SB – Do you liaise with GPs about wider healthcare for people with learning disabilities? LR – Yes we support adults with learning disabilities to have health checks. This	**Noted**

	is monitored and we support CCGs to give training to GPs. We produce the 'black books' where people can record their health needs and appointments and it is a useful communications tool to help them liaise with healthcare professionals.	
6.	**Quality Accounts** This item was presented by RI. She shared performance against 2017/18 quality indicators highlighting performance so far and the position we are expecting to reach by March 2018. RI introduced the opportunity for governors to choose a topic for external auditors to review. LS – Can this be patient involvement in the care plan? SB suggested children's services. RI replied that the external auditor needs to review one of the established priorities but a priority of children's services could be introduced for next year. BS – As the friends and family test is a way of measuring patient satisfaction can we look at recommendation of services? RS suggested data quality on the recording of carers SD – When is the longitudinal falls audit being completed? JW replied that this is being reviewed by the Patient Safety Group and she will confirm the outcome. RI summarised potential topics as: • Friends and family test • Recording of carers • Clinical outcomes The options will be circulated to governors so that they vote on the option they would like to be taken forward. The Council of Governors agreed to the three options and to the suggested decision-making process.	**Agreed**
7.	**Risk management process – changes following CQC inspection** SO presented to the Council of Governors the changes we have made to our risk management processes in light of feedback from the Care Quality Commission (CQC). The CQC had told us to develop local risk registers so that there was a clearer pathway for risk identification and management from ward to Board. In response to this, the actions we took included: • Developing a user-friendly process for teams to raise risks supported by directorate senior management • Training 120 team managers on the process • Using team quality meetings to discuss local risk issues • Managers can access both local and directorate risks through the Datix recording system. These processes have since been reviewed by the CQC and found to be satisfactory. SD – Most risks you have highlighted seem to be around environmental issues. Do issues get reported around quality of service or staff training? SO – There is a strong focus on safety and environmental issues but we do raise awareness to consider all types of risk. Issues such as safe staffing levels are	**Noted**

	picked up – often at a directorate level. LS – What about equipment risks? SO – Yes these should be picked up. We also manage medical devices at a directorate level.	
8.	**Update on Clinical Effectiveness Audit – drug and alcohol pathway** Following a request from governors for an update on the outcomes of the audit following a recent level 5 board inquiry, Justine Trippier presented the findings. The audit looked at access to mental health services for patients with drug and/or alcohol issues. Data following referral was considered and any barriers to treatment identified. The audit found that the majority of people were receiving the services they needed and that overall services were complying with the trust's expectations and policies. Consistency of access to services in Bromley could be improved and the directorate is taking this forward. The audit also identified that for some the use of drugs or alcohol leads to less engagement with mental health services. SB – Does the separate commissioning of mental health and drug and alcohol services cause problems? JT – The services are delivered by different organisations but we do liaise together and are aiming to deliver care to patients at the same time. We aim to make sure patients get the correct mental health treatment regardless of their use of substances. There are dual diagnosis workers in Greenwich and Bromley which help the liaison between organisations.	**Noted**
9.	**Serious Incident Inquiry Report** HS presented a serious incident inquiry report into the care of AT. She described the background to the incident and where areas for improvement were identified. The recommendations from the inquiry are: **Recommendation 1:** The Bromley directorate management team (DMT) reviews current waits for assessment in Bromley West community team and ensures trust standards are met. **Recommendation 2:** The Bromley DMT considers how continuity of care can better be delivered within Bromley Home treatment team. **Recommendation 3:** The Bromley DMT ensures that patients and families receive information on admission about multi-disciplinary treatment and support on each ward, particularly in relation to ward based psychology and occupational therapy. **Recommendation 4:** We develop systems for better and more consistent support to staff following a serious incident. HS observed that several areas of good practice were identified including comprehensive assessment of need, multidisciplinary team care planning and record keeping. The inquiry addressed concerns raised by AT's family. The panel did not feel that the incident could have been predicted or prevented.	**Noted**

	SB raised a query around staff assessing if it is safe for a patient to leave the ward. IO responded that assessments are used to determine if it is safe for someone to leave the ward or if the Mental Health Act should be applied to prevent them leaving. He acknowledged that it is a difficult decision which is made taking a range of issues into consideration. However, in general, patients leaving the ward on visits is a positive part of a person's recovery. LS – Was this person anxious about going home? HS – This did not come across in our investigation. There was very good documentation of discussions with the patient about her planned visit home. It was discussed with 3 separate health professionals and AT talked with them freely about the home visit and that she was looking forward to it. SD – in relation to recommendation 1, did the team know that it wasn't meeting the standards? HS – Yes the team knew but hadn't managed to get the waiting time down. HS confirmed that the waiting times had now been bought under the trust standard. SD – Will learning be shared with teams in Greenwich and Bexley. HS – Yes it will RS – Will someone from the panel visit the services to explain what changes will need to be made? HS – Yes, there is a plan for myself, the independent nurse on the panel and the service director for Bromley to talk to staff involved in the incident about the action plan and the changes that need to be put in place.	
10.	**Appointment of External Auditor** RD updated the governors on the process for the appointment of an external auditor and the outcome of the process. RD had been on the panel and, based on the outcome of the procurement process, he presented the recommendation that Grant Thornton are appointed as Oxleas' external auditors. DG – Grant Thornton do have a good reputation and have been auditors for Royal Borough of Greenwich for several years. He stressed that it is important to focus on quality rather than price. JT confirmed that the tender process and references have given assurances that the services delivered will be of a high standard. SB – Has South London and Maudsley NHS Foundation Trust made their decision? JT – Yes, they have awarded to Grant Thornton SDi – As Chair of the Audit and Risk Assurance Committee, I support the recommendation. The recommendation was agreed unanimously.	**Agreed**
11.	**Council of Governors Structure** BS presented the proposal to restructure the Council of Governors and explained why he thought a move to the new structure based on the service directorates would be beneficial. He explained how the changes would affect existing governors and the need to get agreement from our wider membership. SB – I think the proposal is a good idea and I support it. LS – We need to make sure staff governors have the support they need to attend meetings. RS thanked colleagues for the work in developing the proposal. He is supportive as it aligns the Council better with the organisation and reflects the breadth of	**Agreed**

	services provided at Oxleas. The Council supported the restructure proposal and agreed to take it to the trust membership for approval. SBr will develop the next steps to take this forward.	
12.	**Board governance developments update** AT presented the paper summarising the forthcoming changes to the Board sub-committee structure and also the non-executive director appointments and re-appointments expected in 2018. The Council of Governors noted the update and agreed the board appointments/re-appointments process.	**Agreed**
13.	**Governor activity update** SB presented this summary of activity and thanked the governors for taking part	**Noted**
14.	**Holding NEDs to account** AT gave an update on activities which included a Royal visit to the Bracton Centre, the appointment of a new Director of Workforce and Quality Improvement (Meera Nair) and developments in the South East London health sector. He has met with the other Chairs of the South London Mental Health and Community Partnership and there is significant enthusiasm to take forward further workstreams together. Non executive director James Kellock gave an update to the Council on his role. He chairs the Workforce Board Sub-Committee and is a member of several others. He also sits on serious incidents panels and visits services regularly. Recently he has been focusing on visiting services in Greenwich. AT thanked JK for sharing his experience and advice. FR commented that he had recently attended a Trust Board meeting and he was impressed how the Board conducts itself and the level of challenge that is apparent. RD encouraged fellow governors to attend the Board sub-committees to learn more about the work of the trust.	
15.	**Membership update** SB presented the update from the Membership Committee in November and the plans for the focus groups next year and feedback to them. He encouraged attendance at the focus groups and said that other ways of interacting with members are being considered such as “In conversation with…” sessions. Governors are always welcome at Membership Committee meetings.	**Noted**
16.	**Any other business** SB made a request that fewer acronyms are used in meeting papers. JA-T – Will there be an update on the crisis response and pathway. SBr confirmed that, although developments had been touched on at this meeting, an overview will be on the agenda for the next meeting. The Lead Governor for Southern Health thanked the Council of Governors for	

	their hospitality and welcomed the opportunity to stay in touch. **Date and time of next meeting** Thursday, 15 March 2018, 2.30-5pm Edwards Suite, Holiday Inn Bexley, Black Prince interchange, Southwold Road, Bexley DA5 1ND	

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Oxleas NHS
NHS Foundation Trust

48th Council of Governors
15th March 2018

Item 6
Enclosure 2

Agenda item	Serious Incident Inquiry – PB
Item from	Dr Michael Witney, Director of Therapies
Attachments	Power point slide – PB Inquiry Action Plan

Summary and Highlights

PB was a 62 year old, single retired man, admitted as an informal patient to Maryon Ward in the early hours of Saturday morning the 26th August 2017 at the start of the bank holiday weekend. On Thursday the 31st August 2017, 5 days after his admission, PB left the ward with the agreement of staff ostensibly to attend an unrelated medical appointment in the community that had been formerly arranged. PB did not return to the ward. Ward staff circulated his description to the police. PB's family found him deceased at his home on Saturday 2nd September 2017. It was reported by the family that he had hanged himself and that he had died on Friday 1st of September 2017.

Prior to his admission to Oxleas House, PB had very limited contact with Oxleas mental health services. His only contact with Oxleas prior to August 2017 had been a brief mental health assessment in March 2007 which consisted of a single appointment.

The panel reviewed the care offered to PB from August 2017. Following a detailed review of the care and treatment provided to PB, including interviews with key members of staff directly involved in his care, the Panel concluded that PB's suicide was not predictable, nor that his suicide was preventable. This conclusion is based on the assessments carried out in the days prior to him going on leave and on the morning of 31st August 2017. These assessments gave no indication of on-going suicidal risk and the panel concluded that there were no actions that staff could or should have taken.

However, notwithstanding the areas of good practice, the panel noted some issues where lessons could be learned and improvements made.

The panel were cognisant of the substantial pressure under which staff were working, especially given staffing level challenges at times. Despite these pressures the panel noted in this instance that there did not appear to be as much professional curiosity as might have been anticipated.

The panel has made the following 9 recommendations arising from our investigation:

Recommendation 1: Further consideration should be given to how patients are allocated to each nurse to ensure that the primary nurse will be on shift for a significant proportion of the patient's admission to meet with their allocated patients regularly, and that they are able to effectively manage their specific caseload in addition to their other duties.

Recommendation 2: The ward team should complete the multidisciplinary team ward review template for discussion in the multidisciplinary team meeting. This would allow all professionals to formally contribute their view of the patient's progress and to record the patient's own view of their progress.

Recommendation 3: Formal risk assessment recording should be completed in RiO according to the policy guidelines.

Recommendation 4: All clinical staff must be mindful of a patient's social network and inquire about this as part of a standard assessment. The support network tool in RiO should be used to record this information. Where an informally admitted patient refuses to provide the name of their next of kin or the contact details of other important family members or friends, then consideration should be given to whether the patient is indeed giving informed consent to the informal admission with the attendant conditions associated to that admission.

Recommendation 5: The policy for missing/absconding patients or detained patients who are absent without leave notes that the police should be contacted after 12 hours should a low-risk patient remain missing. The wording of this part of the policy might need further review as in the view of the panel, contacting the police should be dictated by the circumstances of each case as informed by the staff knowledge of the risks. In addition, it would be helpful to clarify for ward staff what their responsibilities are in relation to making a visit to an informally admitted patient's home, or other known address when they fail to return from leave.

Recommendation 6: The panel strongly recommend that staff be reminded to complete contemporaneous notes and validate these consistent with our Oxleas Clinical Records policy.

Recommendation 7: Consideration is given to how communication is conducted between primary and secondary care mental health services about patients presenting at A&E who are also accessing Greenwich Time to Talk, or indeed any IAPT service.

Recommendation 8: Further consideration should be given to staffing levels, particularly in relation to the Duty Senior Nurse role being part of the ward staffing establishment.

In the event of a number of key staff requesting leave for the same period of time, consideration should be given to whether further additional more senior staff oversight of the planned leave requests is required.

Recommendation 9: Consideration should be given to the schedules of ward meetings for staff and the therapeutic activities for patients when a bank holiday interrupts the usual course of events.

Key Benefits:

Recommendation:

To note.

Oxleas NHS
NHS Foundation Trust

ADULT MENTAL HEALTH AND LEARNING DISABILITY DIRECTORATE
PATIENT SAFETY GROUP

SERIOUS INCIDENT ACTION PLAN

Initials:	**Incident date:**	**Team involved at time of incident:**	**Date of action plan:**
PB	1 September 2017	Maryon Ward	11 December 2017

Brief summary of incident: PB was a 62 year old male who had been admitted informally to Maryon Ward, Oxleas House in the early hours of Saturday morning, 26th August 2017, of the bank holiday weekend. On Thursday 31st August 2017, 5 days after his admission, PB left the ward with the agreement of staff ostensibly to attend an unrelated medical appointment in the community that had been formerly arranged. PB did not return to the ward. PB's family found him deceased in his home on Saturday 2nd September 2017. It was reported by the family that he had hanged himself and that he had died on Friday 1st September 2017.

Recommendation	**Action required**	**Due by**	**Lead**	**How will this be evidenced**	**Progress and date**
1.The panel recommends that further consideration be given to how patients are allocated to each nurse to ensure that the primary nurse will be on shift for a significant proportion of the patient's admission to meet with their allocated patients regularly, and that they are able to effectively manage their specific caseload in addition to their other duties	In allocating a primary nurse for each new patient admission, the shift coordinator will take into account which nurses are on the ward for the next three days and will allocate a primary nurse that will be on duty within 24 hours of the new patient admission and wherever possible, be on a shift on each of the patient's first three days . If this is not possible then this will be delegated to an associate nurse.	By end January 2018 By end February 2018	Ward Managers	Allocation list Monthly 'snap-shot audit of five sets of patient records (as an addition to the already established monthly care plan audit). Audit to be conducted Head of Nursing for respective directorates and monitored through directorate quality meetings.	
2. The ward team should complete the MDT ward review template for	MDT ward review template to be completed for each patient	By end January 2018	Consultant Ward Manager	Monthly 'snap-shot audit of five sets of patient	

discussion in the multidisciplinary team meeting. This would allow all professionals to formally contribute their view of the patient's progress and to record the patient's own view of their progress	and by all professionals involved in a patients care.			records (as an addition to the already established monthly care plan audit). Audit to be conducted Head of Nursing for respective directorates and monitored through directorate quality meetings.	
3. Formal risk assessment recording should be completed in RiO according to the policy guidelines	The Ward Managers and Consultants will remind all clinical staff of these documentation requirements and will discuss with all clinical staff at ward meetings.	By end of February 2018	Matron Ward Managers	Ward Managers meeting Monthly 'snap-shot audit of five sets of patient records (as an addition to the already established monthly care plan audit). Audit to be conducted Head of Nursing for respective directorates and monitored through directorate quality meetings.	
4. All clinical staff must be mindful of a patient's social network and inquire about this as part of a standard assessment. The support network engagement tool in RiO should be used to record this information. Where an informally admitted patient refuses to provide the name of their next of kin, or the contact details of other important family members or friends, then consideration should be given to whether the patient is indeed giving informed consent to the	Staff must ensure that the 'Support Network Engagement Tool' is completed for all patients and should be reviewed within 24 hours of every inpatient admission If any patient refuses to provide information about their social network, clinical staff should revisit the questions at least daily to ascertain and document who might be part of the	By end of February 2018	Ward Managers	Monthly 'snap-shot audit of five sets of patient records (as an addition to the already established monthly care plan audit). Audit to be conducted Head of Nursing for respective directorates and monitored through directorate quality meetings.	

informal admission with the attendant conditions associated to that admission	patient's social support network. If a patient continues to refuse, this must be documented.				
5. The policy for missing/absconding patients or detained patients who are absent without leave notes that the police should be contacted after 12 hours should a low-risk patient remaining missing. The wording of this part of the policy might need further review as in the view of the panel, contacting the police should be dictated by the circumstances of each case as informed by the staff knowledge of the risks. In addition, it would be helpful to clarify for ward staff what their responsibilities are in relation to making a visit to an informally admitted patient's home, or other known address when they fail to return from leave.	Review of the policy entitled "Procedure for missing/absconding patients or detained patients who are absent without leave" specifically in relation to assessing risk, local searches and contacting the police. Ward Managers to remind all staff that • missing/absconding patients will be discussed at every handover and multi-disciplinary meeting; • the DSN/nurse in charge will be informed; and • an evaluation of the potential for increased risk due to the patient being away from the ward as decided by the MDT will be documented in RiO as detailed in section 10 of the above policy.	By end February 2018 By end February 2018	Head of Mental Health Legislation Oversight Group (MHLOG) Policy owner Ward Managers	Review of policy and discussion at the MHLOG Ward meeting minutes Review of notes in 1:1s and Ward team meeting	

6. The panel would strongly recommend that staff be reminded to complete contemporaneous notes and validate these consistent with our Oxleas Clinical Records policy which	All clinicians will be reminded of these documentation requirements and ward managers will discuss with their staff at ward meetings.	By end January 2018	Matron & Ward Managers	Ward managers meeting minutes Ward meeting minutes	

states that notes must be completed by the end of the shift for ward based staff.	An investigation will be undertaken in respect of the professional practice of the individual clinicians in this case in relation to retrospective notes being made in the clinical record post the patient's death. A review of the Clinical Records Policy to take place to include information on documenting in a patients notes following a serious incident.	By end of January 2018. By end of January 2018.	Clinical Director Julie Lucas	Investigation outcome report Updated policy	
7. Consideration be given to how communication is conducted between primary and secondary care mental health services about patients presenting at A&E who are also accessing GTTT, or indeed any IAPT service	All A&E presentations are recorded on and can be accessed via the Connect Care system. All staff in GTTT will complete the Oxleas e-learning on accessing Connect Care.	By end February 2018	Head of Psychological Therapies in Greenwich; Program Manager for Remote Working	Evidence of completed learning on e- learning for all GTTT staff (minimum 80% compliance when monitored).	
8. Further consideration be given to staffing levels, particularly in relation to the Duty Senior Nurse role being part of the ward staffing establishment. In the event of a number of key staff	Consequent to the recent changes made under the Mental Health Act s136, the implications for ward staffing and the DSN role in particular will be give consideration in collaboration with commissioners. The E-roster has been set with	March 2018 By April 2018	CEO & Trust Executive Ward Managers	 E-Roster KPI reports	

requesting leave for the same period of time, consideration should be given to whether further additional more senior staff oversight of the planned leave requests is required	staffing levels for annual leave. The Ward Managers will be reminded of these levels and will discuss with their staff at ward meetings the need to adhere to their rosters. All roster requests above the recommended level of 17% will be considered, but will be granted on an exceptional basis only following discussion between the Ward Manager and the Matron with the appropriate cover arrangements made. For staff who are not on the ward e-roster (psychologists and doctors), ward managers must be informed of annual leave plans and modern matrons should be informed in the event of multiple members of the MDT planning annual leave at the same time.	By April 2018 By end of January 2018	Modern Matrons Ward managers & modern matrons		
9. Consideration should be given to the schedules of ward meetings and therapeutic activities when there is a bank holiday during the week.	The opportunities for 7-day-week working for key clinical staff including OT's are being considered.	By end of March 2018	Trust Head of OT		

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Oxleas NHS Foundation Trust

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Item 7
Enclosure 3

Agenda item	Crisis pathway and recent developments
Item from	Iain Dimond, Service Director Greenwich Adult Services
Attachments	Oxleas Adult Mental Health Crisis Pathway

Summary and Highlights
A paper on the Oxleas Adult Mental Health Crisis Pathway is attached.

Key Benefits:

Recommendation:

To note.

Oxleas Adult Mental Health Crisis Pathway

Introduction and context

Oxleas currently provides mental health treatment to a caseload of 7043 adults and 1292 older adults registered with a GP in Greenwich, Bexley and Bromley. The vast majority of the work is undertaken in the community; either at the patient's home; at Oxleas' facilities located within the boroughs or in non-mental health community settings.

As part of their contract with Oxleas, the three CCGs also commission 144 acute adult mental health beds and 58 acute older adult beds, which are located at Oxleas House on the Queen Elizabeth Hospital site, The Woodlands Unit on the Queen Mary's site and Green Parks House on the Princess Royal University Hospital site.

The majority of individuals who use Oxleas' adult community mental health services within the boroughs will have this provided by our five locality mental health teams (of which there are five across the three boroughs – 2 in Greenwich, 1 in Bexley and 2 in Bromley). Each team works with a group of GP practices, from whom the majority of their referrals are received.

As an indication of caseload trends, the following table shows the respective caseloads of each community team within Greenwich and a breakdown by presenting condition:

Table 1: *Caseload by diagnosis*

	Nov-17	Dec-17	Jan-18
Greenwich Early Intervention (First Episode Psychosis)	120	121	116
Greenwich East ADAPT (Anxiety, Depression, Affective disorders, Personality disorders and Trauma)	611	590	573
Greenwich East ICMP (Intensive Case Management for Psychosis (ICMp))	552	548	551
Greenwich West ADAPT (Anxiety, Depression, Affective disorders, Personality disorders and Trauma)	294	292	297
Greenwich West ICMP (Intensive Case Management for Psychosis (ICMp))	475	475	472
Greenwich Older Adult CMHT	530	534	502

The treatment provided to individuals using these services will vary according to need but will typically be a combination of pharmacological treatment; the offer of talking therapies;

and support to maintain activities of daily living. Each patient will have a care plan which is reviewed with them in order to make sure that treatment is effective.

Time To Talk (IAPT)

Oxleas provides the IAPT psychological therapies service for common mental health in Greenwich. The service is based in various locations across Greenwich including GP surgeries and has one of the highest recovery rates in London. As part of the mental health 5 year forward view the service is expected to significantly increase access over the next 3 years from 5175 patients entering treatment per year to 7700 by 2020/21 with two thirds coming from patients with long term physical health conditions (LTC). It is expected that following initial pump prime investment the service will be recurrently funded by reducing demand on physical health services. Securing initial investment is a significant challenge due to the current demands on the health system in Greenwich. Oxleas is currently working with the CCG on a business case to pilot the LTC model.

Greenwich Time to Talk	Total seen YTD
Number of referrals	5990
Number of patients entering treatment	4256
The number of people moving off sick pay and benefits	114
Recovery Rate (50% national target)	56.8%

Crisis Care

Admission to an acute bed is only considered when all other options have been exhausted, and following an increase in the support offered by community services. This includes the provision of home treatment team support which provides intensive treatment and gatekeeping for all admissions. If these steps to maintain the individual in the community are not effective then admission to hospital will be considered either informally or formally under a section of the Mental Health Act. During admission, the home treatment and day treatment teams proactively work with the wards to identify those that can be supported closer to home.

As both national and London-wide benchmarking suggests that acute admissions in Oxleas are high, a number of initiatives are underway across the three boroughs to improve the

responsiveness and effectiveness of the services Oxleas provides to those experiencing a mental health crisis and thus reduce bed occupancy. These are summarised below:

1. Admission avoidance at point of crisis

- The Mental Health Liaison Team (MHLT) in Greenwich is based in the Emergency Department (ED) at QEH; it assesses people who present with a mental health problem and advises on next steps, including admission to an acute mental health bed. Short term funding from the CCG and winter pressures funding has increased the number of MHLT senior mental health nurses in both twilight and night shifts. This has led to quicker assessments and a higher number of diversions to follow up by community services, rather than a short-term admission.
- MHLT nurses are able to book patients currently known to Oxleas and who are subject to CPA directly into care coordinator's diaries to be seen the following working day. Locality teams have also set up next day follow-up clinics for non-CPA patients which the MHLT nurses can book into.
- A Purposeful Admission Quality Improvement Project is underway in Greenwich to ensure that admissions to hospital are always appropriate.

Table 2 *Mental Health Liaison Team crisis presentations in A&E at QEH and outcomes*

Outcome of Assessment in A&E	**Nov 17**	**Dec 17**	**Jan 18**	**Total**
Admission Under Mental Health Act to Oxleas House	15	9	6	30
Informal admission to Oxleas House	42	65	52	159
Sent to GP	38	38	38	114
Referred to CMHT	74	63	69	206
Taken into the Criminal Justice System		2	3	5
Discharged home	9	5	10	24
Discharged to Nursing Home		1		1
Discharged to PRUH/QE			2	2
Discharged to Drug & Alcohol Services	7	5	6	18
Referred to the Oxleas day treatment service		1		1
Referred to the Oxleas Home Treatment Team	60	63	60	183

Outcome of Assessment in A&E	Nov 17	Dec 17	Jan 18	Total
Referred to Time to Talk		2	3	5
Booked into next day clinic	1	1	1	3
Other	37	40	33	110
Remain in PRUH/QE			1	1
Given details of the Samaritans		1		1
Total	283	296	284	863

2. Relapse prevention within the community

- We are reviewing the crisis pathway to ensure that the Home Treatment Teams are supporting early discharge and preventing admission, through providing intensive input to patients using community services who are in a crisis.
- We have established the Service User Network (SUN) now in all three boroughs, which delivers a range of peer and staff led groups to support patients with a diagnosis of emotionally unstable personality disorder, who may not feel able to access formal therapy and often have rapidly occurring crises precipitated by everyday pressures; early data suggests that the Network has already reduced the number of short-term hospital admissions in this group of patients.
- From April 2018, in conjunction with the Metropolitan Police Service, Greenwich will be the first London Borough to go live with the Serenity Integrated Mentoring (SIM) project. This project will involve a police officer working as part of our community teams and care co-ordinating a caseload of individuals who have been subject to repeat S136 presentations.
- Oxleas is piloting a Trust wide crisis line which is available 24/7 and can also take calls from NHS 111. It provides a single contact number for patients to call when they need support, with a trained MH professional available to support them, assist them with coping skills and link them with appropriate services, thus reducing attendance at the ED. This is hosted for the Trust via Bexley Care.
- In partnership with Bexley MIND, Bexley Care has implemented a Crisis Café in Bexleyheath (based on the Aldershot vanguard safe haven and other similar models), which will provide a space for service users to come and receive support from both peers and MH professionals. The idea is that by providing this space outside of core service hours it will reduce attendances at ED and also deliver crisis support which prevent the situation escalating further.

- In all three boroughs, work is on-going to ensure that there is effective risk assessment and crisis planning being undertaken in our community teams and that we are maximising capacity for patient facing work as part of a productivity initiative.
- A Trust wide clinically led programme of education and cultural change (including proactive management of side effects for medication changes) is underway as there is a strong correlation between lack of medication compliance for schizophrenia and admission to hospital; and that clozapine and depot medication reduce admissions.

3. Future work

- In Greenwich, Oxleas is working with commissioners, the third sector and GPs to establish a new model for the 'front door' into mental health services; the aim is to enhance the service's ability to respond to crisis referrals from primary care. This is important because currently, many GP's are sending individuals who they are concerned about and who are presenting in some form of crisis, straight to the ED; this can result in a poor experience for the individual and adds pressures to an already busy department. Oxleas are part of a task and finish group working to develop the model into a full business case. The model will seek to develop more integrated, holistic and responsive care that focuses on recovery and reablement and addresses the mental health, physical health and social care needs of the individual.
- Oxleas is keen to explore partnerships with the third sector to deliver crisis cafes in Greenwich and Bromley.

Iain Dimond

Service Director, Greenwich and ALD **08.03.18**

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Item 8
Enclosure 4

Agenda item	South London Partnership - Forensic New Models of Care
Item from	Elizabeth Zachariah, Clinical Director, Forensic and Prison Services
Attachments	Front Sheet only

Summary and Highlights

The South London Partnership forensic pilot was formally established in 1st April 2017 following the signing of the contract with NHS England. This arrangement was preceded by a shadow period between October 2016 and March 2017, at which time the detailed business case was developed and negotiations with NHS England commenced. The forensic New Models of Care pilot has the following key aims:

- To take responsibility for the commissioning budget, driving efficiency through improved management of contracts
- To repatriate, where clinically appropriate, out of area forensic placements
- To provide consistently high quality forensic services, with agreed clinically-led pathways across the geographical patch
- To ensure a smooth pathway into and out of forensic mental health services
- To invest in service developments to support the aims of the business case

The pilot is approaching the end of its first year and continues to make very good progress at an operational, partnership and strategic level.

<u>Assessment and Repatriations</u>

Under the previous arrangements out of area secure placements were funded and case managed by NHS England. Generally out of area placements were used when there were issues with available capacity or the need to access specialist input (e.g. personality disorder) not provided for locally. A key objective of the pilot, and a primary driver behind the delivery of financial savings in year 1, was to reduce the overall number of out of area placements and deliver services closer to home.

Data from the original patient census indicated there were 196 patients in out of area placements at the start of the pilot. To date this cohort has reduced to 169 patients. Additionally, the programme has maintained a consistently low number of patients placed in the independent sector.

To date 168 patients have been assessed by the Out of Area Team. Plans are in place to

assess the remaining patients currently in out of area placements and to continue to repatriate three patients on average per month. Since 1st April 2017, 47 patients in total have been repatriated of whom 11 patients have stepped down to community placements which are funded by CCGs thus providing a full financial benefit to the project. An additional 4 have moved from medium secure to low secure services within the independent sector.

Historical data showed 87 out of area placements were made by NHS England in 2015/16, which reduced to 80 in 2016/17. The programme has continued to tightly manage and maintain a low number of out of area placements, with the number year to date standing at 14. Such placements are only agreed following sign off by the Hub Clinical Director and predominantly it is now only those patients with a diagnosis of PD/LD/or autistic spectrum disorders who require a secure service that are placed in a specialist external provision.

Finance and Contracts

The project is on track to surpass the required financial savings as set out in business case. Forecast total savings in are £2.5m. The primary risk remains the progress to establish budgetary transfer from NHS England and agreement on the business rules for 2018/19 and beyond. Negotiations are continuing.

Service Development

The pilot for the single point of access for referrals went live from October 2017 for South West London & St George's referrals. Effective from January 2018 all South London & Maudsley referrals were also referred into the single point of access. This has been progressing well. Our referrals will be processed via the single point of access this month.

Referrals to the single point of access have been sent to the lead and deputy lead for the pathway, who then allocates to colleagues for assessment. The pathway has successfully held either virtual meetings, via video conferencing or face to face meetings to track activity.

Local referral and bed state meetings have continued and will still be required for the allocation of community and consultancy referrals and to ensure current referrals for admission that are being processed locally are concluded.

Two business cases developed within the programme have been considered and supported by the SLP Portfolio Board, these relate to the development of forensic outreach services and the development of community based female step-down accommodation in partnership with a third sector provider. These will be funded by savings delivered through the programme. A further four business cases are in development through the clinical pathway work streams.

Key Benefits:

- Reduced out of area placements
- Investment in secure services, including community teams
- Development of consistent and high quality clinical pathways
- Sharing best practice and partnership working

Recommendation:

To note

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Item 9

15th March 2018

Enclosure 5a&b

Agenda item	Governor activity update
Item from	Jo Mant, Head of Stakeholder Engagement
Attachments	a) Governor activity feedback report b) Process for election of Lead Governor

Summary and Highlights

Governor activity update

The following report outlines governor activities since the last Council of Governors in December 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.

Lead governor election

The lead governor election will be taking shortly. The Lead Governor is an important role and governors are encouraged to consider standing for this position.

Key Benefits:

Recommendation:

The Council of Governors are asked to agree and note.

Governor activity feedback, 15th March 2018

Our governors undertake a lot of activities as part of their role. The following feedback raises 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
Green Parks House 23 January 2018	Stephen Brooks	This was an opportunity to visit inpatient adult mental health services at Green Parks House on the Princess Royal University Hospital site. Stephen Brooks, Public Governor (Bexley) said: "Though having being built a few year ago Green Parks building environment looked fresh and clean and well looked after and would be a supportive place to heal. The new S136 suite is a useful addition. The staff I met were engaging and very open to my questioning."
HMP Belmarsh Forensic & Prison Services 18 January 2018	Stuart Dixon Richard Diment Raymond Sheehy Steve Pleasants Jacqueline Ashby-Thompson	Raymond Sheehy, Richard Diment, Stuart Dixon, Jacqueline Ashby-Thompson and Steve Pleasants visited our healthcare services at HMP Belmarsh. Sunita Arjune, Operations Manager and Anthony Travers, HMP Belmarsh Governor for Healthcare hosted the visit, providing an overview of the wide range of health services available to the prisoners who are either on remand or serving their sentences at Belmarsh, before escorting the visitors around the prison. Healthcare includes a range of primary care services supporting the Reception Centre and 1st Night Centre, people with long term conditions and enhanced diagnostics. A range of mental health services are available including inpatient, inreach services, psychiatry, a resource centre and a complex case management team and there are dedicated services for people with a learning disability. There is also a pharmacy supporting both HMP Belmarsh and the neighbouring HMP/YOI Isis. Further services include social care, GPs, sexual health, alcohol and substance misuse, IAPT and a resettlement service called Through the Gate, dentist, optician, podiatrist and physiotherapist. Governors heard how a culture of strong partnership working has been established between healthcare staff and discipline officers and there was full engagement at all levels within the prison. Governors visited the Outpatient area and Pharmacy where staff showcased the robot used to pre-pack each prisoner's medication ready for dispensing within the prison. Governors were privileged to visit one of the house blocks where

		prisoners on remand were residing. Here they heard how the 1st Night Centre provides wellbeing checks, assessing a prisoner's physical and mental state and substance misuse on arrival. HMP Belmarsh is the only prison following this health and wellbeing model which is due for review with the intention to expand the offer. In the inpatient unit, governors heard about the range of care available including palliative care which is supported by Bexley & Greenwich Community Hospice. Challenges included caring for people's social care needs where these could not be met within the prison. Last stop was the opportunity to meet Jenny, Deputy Governor who commended how Oxleas has engaged with the prison's senior management team and across the board. Patients requiring dialysis three times a week were a particular challenge at the moment, with transfers to hospital resource intensive for prison staff. This had been raised with NHS England and it was hoped a mobile solution could be an option. A task and finish group were working to resolve this issue. **Stuart Dixon, Public Governor (Bromley)** said: "This was a most interesting and helpful visit. As a lay member it was a real eye-opener. What struck me most was the professionalism and compassion of both the Prison and Oxleas staff with whom I spoke and also the range of services on offer. Integration between Oxleas and 'discipline staff' seemed improved from how I heard it had begun but I suspect it could go further. Thanks to all those involved who welcomed us and gave so generously of their time." **Jacqueline Ashby-Thompson, Service User/Carer Governor (Carers)** said: "I found this visit particularly interesting and was impressed as always with Oxleas staff commitment and dedication. I would like to extend thanks to all those who made us feel welcome. "It was a fantastic opportunity to see the services in practice and to obtain staff feedback on how the services available to inmates (patients) have improved since Oxleas' involvement. The only regret is that I did not get the opportunity to speak to any of the recipients of the care available. I would like to thank everyone who made this visit possible."

		Steve Pleasants, Service User/Carer Governor (Working Age Adults Mental Health) said: "I was impressed how the staff care for the whole person's journey whilst they are in prison. The health care staff were positive about Oxleas taking over the running of the health care. I would like to see more training in mental health for all staff including officers. "I was impressed of how much we got to see, and how honest all the staff were with us and didn't just present a good news story. I hope we can go back one day and speak to some of the prisoners about their experience." **Richard Diment, Public Governor (Bexley)** said: "This was a really interesting and important visit. For many reasons Prisons tend to be Cinderella services both as they are not publicly visible and the low political priority for public expenditure. It is clear that, despite the very difficult circumstances of working within a maximum security prison, both Oxleas and NPPS are striving to ensure that the best possible care (both for physical and mental health) is offered to prisoners at Belmarsh. "The staff seem happy to be working for Oxleas and when asked confirmed that they do see themselves as part of the Oxleas team but recognise they do operate in a very different environment to most other colleagues in the Trust. Positive comments were made about the engagement of senior management at Oxleas (Helen Smith and Keith Soper were mentioned by name) which appears to contrast with the approach of previous healthcare providers."
Planned visits/activities	**Attending**	**Information**
Adult Learning Disability Team, Queen Mary's, Sidcup 7 March 2018	Mary Mason Joseph Hopkins	This is an opportunity to visit the Adult Learning Disability Services based at Queen Mary's, Sidcup, meeting the Community Learning Disability Teams.
HMP Maidstone Forensic & Prison Services 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.

Events & activities

Events/activities	Attended	Information
Greenwich Members' Focus Group &	N/A	Event postponed due to inclement weather.

Volunteering event 27 February 2018		
Governor Award panel 12 February 2018	Carl Krauhaus Terri Looker David Gardner Joseph Hopkins Steve Pleasants Fola Balogun Stuart Dixon Sue Read Grace Umoren	Governors met to consider the individual nominations and to agree a winner, highly commended and runner-up for the Governors Award. Some governors joined the panel remotely, either by WebEx or conference phone. Results will be announced at the Recognition Awards ceremony on 14 March 2018. In addition, Raja Rajendran joined the Adult Learning Disability Services panel, Sue Read joined the Bexley Care panel, Anna Dube joined the Bromley Services panel and Vicky Smith joined the Corporate and Partners panel.
Bromley Members' Focus Group & Volunteering event 6 February 2018	Frazer Rendell Richard Diment Jacqui Pointon	22 people attended this event.
Bexley Members' Focus Group & Volunteering event 1 February 2018	Raymond Sheehy Lesley Smith Stephen Brooks Richard Diment	29 people attended this event.
Board Away Day 1 February 2018	Raymond Sheehy Sue Read Richard Diment Joseph Hopkins	**Programme summary** **Adam Sewell-Jones**, Executive Director of Improvement at NHS Improvement, gave an overview on how Quality Improvement (QI) is being encouraged and supported in the NHS. NHS Improvement is keen to support trusts develop QI programmes and build capacity and capability within organisations. They have created a network of QI leads (Rhoda Iranloye, Associate Director of Quality and Governance, is linked into this for Oxleas) and resources to support QI https://improvement.nhs.uk/improvement-hub/quality-improvement/. Richard asked Adam how governors are part of the QI development programme. Adam said they are not currently formal members of the programme at NHS Improvement but he will consider how this can be changed. **Marie Gabriel**, Chair, **Navina Evans**, Chief Executive and **Steven Course**, Chief Finance Officer, shared their experience of QI at East London NHS Foundation Trust. They have gone from a trust that requires improvement to one that is rated by the Care Quality Commission as outstanding. They described how they approached QI, the commitment and resources it needed across the organisation and the benefits it has resulted in including improvements to care, better staff engagement and less waste. They described how they have worked with a partner organisation and the training they have

		undertaken across their trust. They have recently started a QI project with their Council of Governors. **Quality Improvement at Oxleas** Lead by Meera Nair, Director of Workforce and Quality Improvement, and Rhoda Iranloye, Associate Director – Quality and Governace, the delegates took part in discussions on priorities for the quality improvement programme at Oxleas. Governors were involved in table-top discussions on how we will shape QI at Oxleas focusing on staff engagement, performance measures and whether to engage a partner organisation. Feedback was shared from each group and it was felt that workshops with staff would be important to encourage involvement from frontline staff, develop plans for the programme, and identify key areas for initial focus. An update on how the QI programme is being developed will be presented to the Council of Governors in March.

Governor training

Training	**Attended**	**Information**
Oxleas and the wider NHS 19 February 2018	Joseph Hopkins Fola Balogun	This in-house training was delivered by Sally Bryden and Jo Mant.
Forthcoming training	**Attending**	**Information**
Oxleas and the wider NHS	Open to all governors	Further dates to be arranged. This training will also be incorporated into the new Governor induction programme.
The Council of Governors	Open to all governors	In-house seminar developed. Date to be arranged.

Governor information collated by Jo Mant, Head of Stakeholder Engagement
1 March 2018

Process for election of Lead Governor

The office of lead Governor to the Council of Governors is due for election and all governors will be advised of this opportunity.

Election timescales

Nominations open - 1 May
Nominations close - 31 May
Voting opens - 22 June
Voting closes - 6 July
Results - 9 July

Process for standing as Lead Governor

- In order to stand for election a candidate should have the support of one other Governor willing to sponsor their nomination.
- Governors will be required to complete a nomination form which includes providing an election statement.
- An election statement should describe why you think you should be elected. It will be reproduced and circulated to voters with the voting paper together with details of your term of office, meetings attended and induction details.
- It must not exceed the word limit. Please state the total number of words used at the end of your election statement.
- The Trust reserves the right to edit or not to publish an election statement that exceeds the word limit, is factually inaccurate or contains libelous material.
- Failure to provide an election statement by close of nominations will not invalidate your candidacy. Instead, the words 'statement not received' will be published in the space which would have contained your statement.
- Candidates will be listed in alphabetical order on the voting paper. A candidate's first name will also be listed but not their title.
- The following information will be published on each candidate in the biographical statement information which will be circulated with the ballot papers:
    - Title (other than Mr, Mrs, Miss, Ms)
    - Length of service with organisation
    - Current position
    - An election statement (if provided).
- Candidates will be invited to present why they think they would be a good lead governor at the Council of Governors' meeting on 21st June 2018.

The Trust Secretary's Office (01322 625752 / email: anne-marie.hudson1@nhs.net) can provide assistance if required with term of office (start/end date), number of meetings attended and induction details.

If you would like to discuss the role of lead Governor or the election process in more detail please do not hesitate to contact Sally Bryden on 01322 621003 or by email sally.bryden@nhs.net.

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Item 10
Enclosure 6

Agenda item	Holding NEDs to account
Item from	Richard Diment, Governor Andrew Trotter, Chair Steve James, NED
Attachments	Update to the governors on the Board Awayday 1st February 2018

Summary and Highlights
Governor Board report Governors have attended the Board of Directors' meetings including the Awayday since the last Council of Governors' meeting. An update following the Awayday is attached. 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 to agree the minutes as a true record.

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Update to the governors on the Board Awayday – 1 February 2018

The board awayday was attended on behalf of the Council of Governors by:

- Raymond Sheehy – Lead Governor
- Joseph Hopkins – Service user/carer Governor
- Sue Read – Staff Governor
- Richard Diment – Public Governor – Bexley

The agenda and attendance list for the meeting is attached.

Programme summary

Adam Sewell-Jones, Executive Director of Improvement at NHS Improvement, gave an overview on how Quality Improvement (QI) is being encouraged and supported in the NHS. NHS Improvement is keen to support trusts develop QI programmes and build capacity and capability within organisations. They have created a network of QI leads (Rhoda Iranloye, Associate Director of Quality and Governance, is linked into this for Oxleas) and resources to support QI https://improvement.nhs.uk/improvement-hub/quality-improvement/.

Richard asked Adam how governors are part of the QI development programme. Adam said they are not currently formal members of the programme at NHS Improvement but he will consider how this can be changed.

Marie Gabriel, Chair, **Navina Evans**, Chief Executive and **Steven Course**, Chief Finance Officer, shared their experience of QI at East London NHS Foundation Trust. They have gone from a trust that requires improvement to one that is rated by the Care Quality Commission as outstanding. They described how they approached QI, the commitment and resources it needed across the organisation and the benefits it has resulted in including improvements to care, better staff engagement and less waste. They described how they have worked with a partner organisation and the training they have undertaken across their trust. They have recently started a QI project with their Council of Governors.

Quality Improvement at Oxleas

Lead by Meera Nair, Director of Workforce and Quality Improvement, and Rhoda Iranloye, Associate Director – Quality and Governace, the delegates took part in discussions on priorities for the quality improvement programme at Oxleas. Governors were involved in table-top discussions on how we will shape QI at Oxleas focusing on staff engagement, performance measures and whether to engage a partner organisation. Feedback was shared from each group and it was felt that workshops with staff would be important to encourage involvement from frontline staff, develop plans for the programme, and identify key areas for initial focus.

An update on how the QI programme is being developed will be presented to the Council of Governors in March.

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Board Awayday and QI development
1 February 2018
Bracton Reception Conference Room
Bracton Centre, Dartford

AGENDA

Time	Subject	Lead
9.00am	Refreshments	
9.15am	**Welcome and introductions**	**Andy Trotter** Chair
9.20am	**Creating sustainable improvement in the NHS** *A wider perspective on how Qi is developing in the NHS*	***Adam Sewell-Jones*** *Executive Director of Improvement* *NHS Improvement*
10am	**Quality Improvement at East London NHS FT** *How the leaders of East London NHS FT have developed and sustained Qi, the benefits they have found and the learning from their experience.*	***Marie Gabriel*** *Chair* ***Navina Evans*** *Chief Executive* ***Steven Course*** *Chief Finance Officer* *East London NHS Foundation Trust*
11.15am	**Coffee**	
11.45am	**Quality Improvement at Oxleas NHS FT** *How are we going to shape the Qi programme at Oxleas?*	**Meera Nair** *Director of Workforce and Quality Improvement* **Rhoda Iranloye** *Associate Director – Quality and Governance*

1.15pm	**QI programme – summing up and next steps**	**Andy Trotter** Chair
1.30pm	**lunch**	

Attendees:

NEDs & Board advisors	**Corporate Directors**
Andy Trotter, Chair	Ben Travis, Chief Executive
Steve Dilworth, Vice Chair	Helen Smith, Deputy Chief Executive & Director of Service Delivery
Seyi Clement	Meera Nair, Director of Workforce and Quality Improvement
Joanne Stimpson,	Michael Witney, Director of Therapies
Yemisi Gibbons	Jane Wells, Director of Nursing
Steve James	Jazz Thind, Director of Finance
James Kellock	Rachel Evans, Director of Estates & Facilities
	Alison Furzer, Director of Informatics

	Service Director	**Clinical Director**
Greenwich	Iain Dimond	Anthony Akenzua
Adult Learning Disability	Iain Dimond	Lorraine Regan
Children & Young People	Stephen Whitmore	Lesley French
Bromley	Estelle Frost	Abi Fadipe
Bexley	Tom Brown	Derek Tracey
Forensic & Prisons	Keith Soper	Elizabeth Zachariah

Governors	
Raymond Sheehy, Lead Governor	Joseph Hopkins
Richard Diment	Sue Read

Sally Bryden, Board Secretary Rhoda Iranloye, Associate Director, Quality and Governance	Simon Henley-Castleden, Associate Director, Strategic Development

Apologies: Dr Ify Okocha

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Item 11

Enclosure 7

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

Summary and Highlights

The Membership Committee has not met since the last Council of Governors in December 2017.

A Committee meeting was rescheduled to ensure feedback from all Members' Focus Groups could be considered. However, both the Committee and the Greenwich Members' Focus Group which was due to take place the day before the Committee met had to be postponed due to the inclement weather.

A new date will be arranged for the Membership Committee, to convene shortly after the rescheduled Greenwich Members' Focus Group takes place.

Recommendation:

The Council of Governors are asked to note the report.