

51st Meeting of the Council of Governors
Edwards Suite, Holiday Inn Bexley, Black Prince Interchange,
Southwold Road, Bexley DA5 1ND
13th December 2018, 2.30pm – 5pm

Governors are asked to withdraw from the meeting for any items where they have, or are likely to have, a conflict of 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 held on 20 th September 2018	To agree	Andy Trotter, Chair	1
3	Matters arising	To note	Andy Trotter, Chair	-
4	Chief Executive report	To note	Matthew Trainer Chief Executive	2
5	Non Executive Director report	To note	Seyi Clement Non Executive Director	presentation
6	NED Nominations Committee <ul style="list-style-type: none"> • NED re-appointment 	To agree	Richard Diment, Lead Governor	3
7	Membership Committee <ul style="list-style-type: none"> • Membership strategy 2019-21 	To agree	Yens Marsen-Luther Membership Committee Chair	4
8	Governor committee updates	To note	Sally Bryden Trust Secretary	5
9	Serious Incident Inquiry reports <ul style="list-style-type: none"> • NW • Mr A 	To note	Jane Wells, Director of Nursing Panel Chairs and Panel Governors	6a&b
10	Internal audit report into serious incident inquiries – report and response	To note	Jane Wells, Director of Nursing	7

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Item		Purpose	Presented by	Enc.
11	Quality accounts update	To review and agree	Rhoda Iranloye, Associate Director of Quality and Governance	8
12	Holding NEDs to account <ul style="list-style-type: none"> • Governor Board report 	To note	Richard Diment, Lead Governor	9
13	Governors activity update	To note	Jo Mant, Head of Stakeholder Engagement	10
14	Any other business		Andy Trotter, Chair	-
	Advance questions			-
	Date and Time of the next meeting Thursday 21 March 2019, 2.30-5pm Edwards Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND			

51st Council of Governors
13th December 2018

Item 2
Enclosure 1

Agenda item	Minutes of the last meeting of the Council of Governors 20 th September 2018
Item from	Andrew Trotter, Chair
Attachments	Minutes of 20 th September 2018

Summary and Highlights

Key Benefits:

Recommendation:

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

50th Meeting of the Council of Governors
20th September 2018
Edwards Suite, Holiday Inn Bexley

Chair: Andy Trotter (AT)

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

Head of Stakeholder Engagement: Jo Mant (JM)

Public Governors	Service User/Carer Governors	Appointed/Partnership Governors
Trilok Bhalla (TB)	Jacqueline Ashby-Thompson (JA-T)	Yvonne Bear (YB)
Stephen Brooks (SB)	Fola Balogun (FB)	Steve Davies (SD)
Yens Marsen-Luther (YML)	Olivia Church (OC)	Richard Diment (RD)
	Claire Wheeler (CW)	Jason Morgan for Carl Krauhaus (CK)
	Raja Rajendran (RR)	Raymond Sheehy (RS)
	Lesley Smith (LS)	Mary Mason (MM)
		Dominic Parkinson (DP)
Staff Governors		Kate Heaps (KH)
Sara Veeramah		Averil Lekau (AL)
Jacqui Pointon (JP)		
Sue Read (SR)		
Rebekah Marks-Hubbard (RMH)		

In attendance

Non-Executive Directors	Executive Directors
Steve Dilworth (SDi) James Kellock (JK) Steve James (SJ)	Helen Smith, Acting Chief Executive (HS) Iain Dimond, Acting Deputy Chief Executive/Director of Service Delivery (ID) Ify Okocha, Medical Director (IO) Meera Nair, Director of Workforce and Quality Improvement (MN) Jane Wells, Director of Nursing (JW)
Guests	
Tom Brown, Service Director, Bexley Care (TB) Mary Titchener, Head of Nursing, Greenwich Adult Services (MT) Abi Fadipe, Clinical Director, Bromley Adult Services (AF) Lesley French, Clinical Director, Children and Young People (LF) Amber Bannister and Darren – Grant Thornton (AB) (D) Kim Hutchings, NHS Providers	

Item		Actions agreed at meeting
1	Apologies Steve Pleasants, Vicky Smith, Suraj Persand, Katherine Copley, Stuart Dixon, Carl Krauhaus, Terri Looker, Frazer Rendell, Ben Spencer, Tina Strack, John Crowley, Jazz Thind.	Noted

<p>2</p>	<p>Minutes of the Council of Governors meeting, 14 December 2017 The minutes were agreed with the following amendments:</p> <p>Page 3 <u>Health and Safety Executive (HSE)</u> The HSE are prosecuting the trust over four issues and the Board agreed to plead guilty at a court hearing on 8 June 2018.</p> <p>Page 4 <u>Financial overview</u> Paragraph 9 - JW, Michael Witney and Dr Ify Okocha challenge whether mitigations are robust.</p> <p>Page 17 – <u>Membership Committee update</u> – Key themes from focus groups LS – At the Bexley Focus Group it had been suggested that Oxleas provide a minibus to pick up people and transport them around the hospital site.</p>	<p>Agreed</p>
<p>3</p>	<p>Matters arising Page 2 <u>Matters arising</u> RD reported that following the June Council of Governors, he had visited the Crisis Café where positive feedback was received from both service users and staff.</p> <p>Page 5 <u>Quality Accounts</u> RD had spoken to SDi on this issue. RD is meeting with Rhoda Iranloye, Associate Director of Quality and Governance, to make sure that the choices put forward for governors next year can be appropriately audited. Governors were invited to let RD know if they had any suggestions.</p> <p>Page 17 – <u>Membership Committee update</u> – Key themes from focus groups RD reported that the trust has had discussions with TFL who advise that increasing bus services is expensive and could cause problems to the trust’s road network around the hospital. The 286 does circuit the hospital every 8 minutes and people who want to get a bus onto the site can change at the top of Chislehurst Road with no additional travel cost. Work was needed around signage.</p> <p>HS advised that the trust had not followed up the minibus suggestion due to the discussions with TFL. It was hoped patients will use the 286 as this runs relatively frequently and is cheaper than using a minibus. It was important that people were aware of this.</p> <p>Signage at the top of the site belongs to TFL and the trust would ask TFL to consider providing information about the bus options. The trust was also asked to consider adding information to bus stops on the Queen Mary’s site. HS advised that she was unclear whether the bus stops were TFL or trust property but this could be looked into.</p>	<p>Noted</p> <p>HS</p>
<p>4</p>	<p>Acting Chief Executive update HS presented this item.</p> <p><u>NHS 10 year plan</u> In March, the Prime Minister committed to an NHS long term plan and, in June, a funding settlement was confirmed for the next 5 years. In return, the NHS has to come up with a plan for major improvements within that timeframe. It is anticipated that an announcement will be made with the Autumn budget. The Prime Minister has directed that priorities should include delivering agreed performance standards, transforming cancer care to be the best in</p>	<p>Noted</p>

<p>Europe, better access to mental health services with a focus on achieving parity of esteem, better integration of health and social care and a focus on prevention so that people live longer healthier lives. These priorities were welcome.</p> <p>A number of working groups have been set up and leads have been confirmed. The Mental Health working group lead is the National Director for Mental Health, Claire Murdoch, who is also the Chief Executive of Central and North West London Mental Health NHS Trust.</p> <p>For mental health, there are three priorities – the transition from children to adult services with the idea of creating a 0-25 space, an acute and urgent care pathway, and a focus on those with severe and long term enduring mental illnesses with a particular focus on their physical healthcare and closing the mortality gap.</p> <p>There is evidence that growth in demand will eat into any increase in funding.</p> <p>HS will provide an update as more information becomes available.</p> <p><u>Brexit briefing</u> The Secretary of State has written to all NHS trusts asking them to take action should there be no deal in March 2019. The Government is planning to ensure there is no impact on medication and medical devices supplies in the short term.</p> <p>Clinicians have been asked to reassure patients and concerns have not been raised by our patients to date. Any work undertaken should not compromise patient care and business continuity plans will incorporate the impact of Brexit.</p> <p>The trust was monitoring the implications for our workforce. 17% of staff working in the NHS in London are from Europe, however only 5.5% of Oxleas' staff are from Europe. If there are any implications, it was felt that the percentage was small enough to manage these. Affected staff can apply for settled status but there was a cost involved. The Executive will discuss whether the trust can support this cost for staff on lower incomes and is keeping this matter under active review.</p> <p><u>Care Quality Commission (CQC)</u> An inspection is anticipated for the Autumn. The CQC have requested a range of information and data and the trust had been informed that the Well Led aspect of the inspection will take place the first week of January 2019.</p> <p>The trust had carried out a self-assessment and on this basis, considered the trust had maintained its 'Good' rating across the board, with a couple of services rated as outstanding. The Community Mental Health Teams may require improvement due to the issue of waiting times.</p> <p>YM-L – Is that across all three boroughs? HS – Yes, but with variations. Bexley is due to an increase in patient</p>	
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	<p>referrals, in Bromley it is due to changes in staffing. ID and IO are working hard with colleagues to address these issues.</p> <p><u>Improving patient feedback</u> The trust has recently procured new software to improve patient feedback. This software can send links to iphones and reminders. Data can be monitored by service and clinicians can also use this to design their own surveys. The target is to receive feedback from 15% of all patients using services.</p> <p><u>Awards</u> The Institute of Integrated Care, a joint initiative between the trust and the University of Greenwich, had been recognised in the National Nursing and Midwifery Council newsletter.</p> <p>The ADHD service in Greenwich has been shortlisted by the Health Service Journal (HSJ) for their Improving Care in technology award category.</p> <p>Steve Hardy, Learning Disability Nurse Consultant has been shortlisted for both Nurse of the Year and Learning Disability Nurse of the Year in the Nursing Times awards.</p> <p>The South London Partnership (SLP) has been shortlisted in the Best Workplace for Learning and Development category in both the Nursing Times and HSJ awards.</p> <p>The SLP is now embarking on two major projects across 12 boroughs – Complex care for people in out of borough placements with complex mental health problems with the aim to repatriate the patients back into local services. NHS Improvement and NHS England (London) want the three trusts to work together on an acute mental health pathways to better manage the level of demand for acute care.</p>	
5	<p>Health and Safety Executive (HSE) update HS provided an update.</p> <p>As previously reported, the trust had accepted responsibility and pleaded guilty.</p> <p>Expert witnesses for both the trust and the HSE have given their views and have been asked to find a common agreement before 31st October 2018 prior to the hearing on 19th December 2018. Sentencing will result in a fine. Provision has been made in the trust’s accounts for this.</p>	Noted
6	<p>External audit AB presented this item.</p> <p>Grant Thornton are the incoming auditors for 2018/19. AB is the Audit Manager and Sarah Ironmonger the Engagement lead.</p> <p>Grant Thornton is starting to engage with the outgoing external auditors Deloitte and the internal auditors KPMG regarding their work and outcomes. AB will regularly liaise with JT as Director of Finance and the finance team. She has met briefly with the NEDs and is meeting with the valuer as a key area is property evaluations. AB will attend the Audit and Risk Assurance Committee and Council of Governors’ meetings.</p>	Noted

	<p>AB outlined the timeline for the external audit from November 2018 until presentation of audit findings in May 2019. The audit would include reviewing systems and controls.</p> <p>Early testing was a key area. If errors are found, there is an opportunity to correct them to reduce the issue of qualification.</p> <p>AB advised there would be flexibility in the way the Quality Account could be presented. She acknowledged that indicator definitions can be unclear and would be happy to discuss these as soon as guidance is available. Indicators must be measurable across 6 dimensions and it was important to bear this in mind. There would be a risk based approach to sampling.</p> <p>RS – As a new auditor, are you going to be following through issues from the last report? AB – Yes. We will review Deloitte’s work. Last year’s work does inform this year’s risk assessment. SB – Is your work passive or can you advise how trusts can operate? AB – Yes, if we see examples with a remit regarding good practice, we would share as national good practice. We do a lot of benchmarking. SDi – The Audit and Risk Assurance Committee always receive a sector update which gives a good overview of what is happening elsewhere. There is always some dialogue regarding what others are doing in terms of trends, etc. AB – For the last couple of years we have produced benchmarks on Annual Reports for both readability and content. RS – As Lead Governor, I have spent time with Auditors. Will you spend time with governors to explain the detail to look for? AB – I am intrigued to know what has gone before and happy to discuss.</p>	
<p>7</p>	<p>Nominations Committee</p> <p>RS presented this item which related to the appointment and re-appointment of NEDs.</p> <p>JK is ending his third term and AT thanked JK for his outstanding work as a NED. JK would be greatly missed, particularly his input to governance issues. RS thanked JK on behalf of the governors.</p> <p>AT and SDi left the room for the following part of the item.</p> <p>Governors had been involved in surveys for both the Chair and NED appraisals.</p> <p><u>Reappointment of Chair – AT</u> Very positive feedback had been received on AT’s performance. RS recommended the reappointment of AT. This was agreed.</p> <p><u>Reappointment of NED – SDi</u> AT had produced a report which included very positive feedback. RS recommended the reappointment of SDi. This was agreed.</p> <p><u>Appointment of new NED to replace JK</u> RS advised that interviews had taken place on 13 September 2018. Governors were involved in the first session of presentations from</p>	<p>Agreed</p>

	<p>candidates, and three governors including RS participated in the interviews. Governors formed the majority decision makers.</p> <p>RS recommended the appointment of Nina Hingorani-Crain who had significant NED and financial experience. She had experience of working in health care services at a senior level and was a very strong candidate. Her appointment was agreed.</p>	
<p>8</p>	<p>Serious incident inquiry reports</p> <p>JW presented this item with input from IO, TB, ID, MT and AF.</p> <p>JW gave an overview of the inquiry process, advising the Chair, NED and governor representative for each of the four inquiries presented. The findings and learning from the four serious incidents over the last 9 month period were presented.</p> <p>JW extended special thanks to these governors and ongoing governors on serious incident inquiry panels.</p> <p><u>MA</u></p> <p>IO presented a serious incident inquiry report into the care of MA. He described the background to the incident and where areas for improvement were identified. The recommendations from the inquiry are:</p> <ol style="list-style-type: none"> 1. When a patient has previously received care and treatment from other services, the treating team must evidence that the request for all relevant information is made in writing. If this information is not received within 48 hours, staff must escalate this to the service manager and a Datix form must be completed. 2. Explore with our police liaison officers, the possibility of accessing the Police National Computer records of Oxleas patients. This will include developing guidelines and a protocol to be followed by Oxleas when seeking such information. 3. Directorate to consider how to improve patient engagement and documentation of engagement on the wards especially during the first 72 hours of admission. <p>All recommendations and resulting actions have taken place.</p> <p>LS – Do we know if recreational drugs affect prescribed drugs? What would we do differently?</p> <p>IO – We know MA used substances although he denied this. We do not think he had used substances for at least 3 weeks before his death.</p> <p>LS – Do you think staff have sufficient time on admission and during the patient’s stay?</p> <p>IO – Yes and no. It differs depending on individuals. For some, it would take a considerable amount of time for the patient to open up.</p> <p>AT raised a question on behalf of FR – The second action says Explore liaison with policy to access Oxleas’ patient records on their database. It says it is complete but there is no output.</p> <p>IO – A proforma is now in place and this can now be done over the phone.</p> <p>AT raised a question for FR – The third action states that it has been rolled out at Oxleas House, but would it be worth using in other residential sites as well?</p>	<p>Noted</p>

MT – We do audits on all wards as standard, reporting findings to the directorate management teams and wards every month. We look at as many patient records as possible on the day of the visit.

MC

JW presented a serious incident inquiry report into the care of MC. She described the background to the incident and where areas for improvement were identified. The recommendations from the inquiry are:

1. Attention needs to be given to try to understand levels of anxiety and episodes of anger at every interaction and encourage interventions when offers are refused. Clinical directors should consider and make recommendations about addressing psychosocial factors in ward processes and consider the use of an evidence based validated tool to identify psychosocial stresses and risks.
2. If a person is refusing medication or an intervention eg a urinalysis or blood pressure, the clinician must ask why and address the cause and add to the care plan, they must always document mental capacity in respect of the patient's decision to refuse and document whether a best interest decision is required.
3. There should, in addition to annual ward ligature audit, be a thorough check of each room for ligature risks before any new admission or room changes are carried out. Ward managers must ensure their teams vigilantly review all ligature risks on acute mental health wards.
4. Clinicians must always follow the safe and therapeutic observation policy; engage with and speak to patients who are awake when carrying out observations and question strange behaviours such as sitting on the floor when unusual.

Most of the resulting actions have been completed.

LS – You looked at psychiatric needs but had she received bereavement counselling?

JW – This had been offered to MC, however her care coordination focussed on getting accommodation close to where her family were buried as she wanted to sort this first before having bereavement counselling.

SB – Recommendation 4 about staff engaging with patients. This has come up in a number of cases. Staff are working on busy wards, dealing with patients in crisis, but shouldn't this be an inbuilt feature of being a nurse?

JW – When we have presented these four cases, IO will present recurrent themes. I and JC spent a lot of time with the teams who were reflective about the incident and very upset that it had happened. It is important to put therapeutic interactive opportunities to good effect every time.

LS – Lived Experience Practitioners (LXP), this type of patient would have benefitted?

JW – This is now happening. Green Parks House have amazing LXPs doing exactly this.

YB – This current case and the next one relate to ligatures. Both had access to the means. How do we prevent people getting access to ligatures or ligature points?

JW – On admission, all patients are assessed. MC was not seen as at risk.

AF – We cannot apply blanket rules as each patient is assessed on a personalised basis.

<p>YB – If ligatures are used, you need to watch trends. YM-L – I’m delighted to hear this is individualised. There is always a risk. Governors should support staff when taking reasonable risk, there is an element of risk for everyone, AT raised a question on behalf of FR – Can timescales be added? JW – These are not on the presentation but do feature on the full action plans.</p> <p><u>CF</u> HS presented a serious incident inquiry report into the care of CF. She described the background to the incident and where areas for improvement were identified. The recommendations from the inquiry are:</p> <ol style="list-style-type: none"> 1. The Intensive Care Management in Psychosis team and Bromley directorate needs to ensure that trust policy in relation to care planning is followed; that is, care coordinator activity is monitored in relation to contacts and adherence to the Care Programme Approach policy. 2. The Bromley directorate needs to ensure that in-patient and community teams implement trust policy to monitor and review patients’ care plans on a regular basis to ensure they reflect the current care needs and include appropriate interventions. <p>Actions have been taken as a result of the recommendations.</p> <p>LS – She was supported by the Case Management in Psychosis team. Did this include a care coordinator to offer regular contact to support and ensure needs were met? AF – This is a multidisciplinary team. If CF had needed an occupational therapist or social inclusion support, this would have been put in place. It depends on the patient’s needs. LS – It says we were supporting her. AF – CF had a care coordinator and social inclusion support. AT raised a question on behalf of FR – Care plans per team per month, will this make up part of the data the Quality Committee review? AF – In Bromley, we get a monthly report on care plans. Our Practice Development Nurse does a quality review of these, which she then discusses with the members of staff and changes are made.</p> <p><u>CA</u> ID presented a serious incident inquiry report into the care of CA. He described the background to the incident and where areas for improvement were identified. The recommendations from the inquiry are:</p> <ol style="list-style-type: none"> 1. Care plans should be written in accordance with trust policy. This was not done on Avery ward because the primary nurse was sick and CA was not allocated to another nurse. It was not clear why this was not completed on Millbrook ward. 2. The current transfer policy does not cover internal handovers. The policy needs to be updated to include this. 3. There should be a handover between nursing staff on the transferring and receiving ward, also documented in progress notes, which includes an updated risk assessment and care plan on transfer. 	
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4. Risk assessments must be carried out in accordance with trust policy, in particular after every significant change. All individuals who did not document the risk assessment in the correct place will have a discussion about appropriate documentation in supervision.
5. The observations that were not completed and not recorded correctly will be investigated separately under the Trust disciplinary process.
6. The Observation Policy should be followed, particularly to ensure there is a review of observations as a minimum every 24 hours.
7. The Search Policy should be followed to ensure that patients are informed that on their return to the ward following leave they are advised to declare and hand in any prohibited item or item of concern.

Actions have been taken as a result of the recommendations.

RD – I'm currently sitting on a panel re a ligature death on Millbrook. It would be useful to have some detail about the progress towards the objectives.

ID – There is extra support to the ward. There is a taskforce chaired by IO involving JW, TB and ID looking at actions and ensuring they are fully implemented. LS – This is all around paperwork and documentation but there is practicality of who is available to do these things. Safe staffing may not be sufficient staffing.

IO – This is one of the things we are looking at.

LS – Do you need more senior staff on the ward?

HS – There are 3 or 4 Band 6 nurses on wards, a Band 7, Band 8a Modern Matron. We do have senior staff available.

ID – There are 5 members of staff on duty during the day. These are busy places, with lots of demand on people's time. Shifts need to be well allocated and work defined. These things can be escalated by staff. We keep this under active review.

RS – I am encouraged to know you are setting up a group to look at themes. If you are looking at recommendations as to whether they are predictable or preventable, the majority will be that they were not. Is Root Cause Analysis the best way to review? Could Oxleas look at all ways of investigation and whether an alternative way could be better?

JW – Nationally there is a review of the NHS Serious Incident Framework which is asking the same questions. Are we over investigating and under learning? Our internal auditors are coming to the end of their internal review and there will be recommendations. We have had embryonic discussions regarding how we can learn from best practice eg pressure ulcers and falls. How can we apply this learning and approach to suicides?

RS – I am very encouraged to hear this.

YB – Have we done a review of suicides in the last 5 years?

JW – We have just completed a very detailed audit of suicides in the last 2 years.

LS – Have you looked at this in the context of how many patients you've had to deal with?

HS – We see 30,000 people every month, the majority of which are not people with mental health difficulties.

JK – Can you explain how you involve external people and the new test you had to apply regarding CA?

ID – When we have Level 5 Board Inquiries we have also had an external clinical person on the panel. For CA, it was an inpatient consultant

psychiatrist from South West London and St Georges NHS Trust. There is a new predictability structure judgement which requires a lot of thinking about whether a person's behaviour was predictable or preventable.

SB – There are restrictions around predictable and preventable definitions.

HS – We do use NHS England (London) definition. There is no perfect definition. Governors are right to challenge.

JW – In physical or procedural healthcare it is much easier to see predictable or preventable. Predictability structure judgement is subjective, it is still difficult in mental health cases.

RMH – Thank you for the presentation, the sensitivity the panels have shown, the seriousness and the work behind which is time consuming and distressing.

AT asked a question on behalf of FR – There looks like a series of non-compliance issues against existing policy and practice. Is this a more fundamental issue with non compliance in this ward or a more general review of practice and policy required?

HS – This is what the taskforce is addressing.

Learning from serious incidents

IO presented how the trust benchmarked against neighbouring trusts in relation to Board-level inquiries which highlighted a similar frequency to other organisations.

IO described the national learning themes around suicide and the specific focus for the trust around care planning in order to ensure:

- We involve families and carers and share information
- Risk assessments are comprehensive and up to date
- Information is recorded on the patients' electronic record

All teams take part in an audit of care plans to improve care planning. Action is being taken to increase participation and improve plans where needed.

Over the last 3-4 years, there has been a programme to help staff understand expectations using policies, protocols and resources.

There are team audits on a monthly basis and it is expected that families and carers are involved, information shared and risk assessments updated.

Further work is needed in relation to involvement of an individual's network in developing the care plan.

RMH – I'm intrigued by the benchmarking of inquiries against other trusts. How did their service user base number compare to our trust?

IO – South London and Maudsley (SLaM) NHS Foundation Trust and East London NHS Foundation Trust are larger. We are slightly bigger than South West London and St Georges NHS Trust.

LS – From a patient perspective, I found therapies such as baking, gardening and art therapy therapeutic. I don't see evidence of using this to an extent and would like to see therapies used on a broader scale instead of medication.

	<p>ID – ResearchNet are reviewing what’s happening as inpatient activities out of hours was a key theme from the Members’ Focus Groups. They will report to the next Council of Governors via the Membership Committee.</p> <p>LS – Is there access to occupational therapy?</p> <p>ID – An average admission is 3-4 weeks. Community interventions are not medication based. For example, Charlton Athletic Community Trust have a huge partnership around early intervention in psychosis, and we work closely with Mind.</p> <p>AT acknowledged it was important to spend time discussing these cases and thanked the Executive and governors for their work which was of vital importance.</p>	
<p>9</p>	<p>South London Partnership – CAMHS New Models of Care Programme LF presented this item.</p> <p>This second wave of the CAMHS New Models of Care Programme was looking at the Tier 4 (inpatient) situation for young people. Pressures on inpatient beds for young people is a national problem. These young people are acutely unwell, and at risk of ending their life.</p> <p>The ambition around new models of care is broad. We have never been in a position locally to commission our own beds and SLaM will be the lead, managing the integrated bed/case management hub.</p> <p>The big drivers are to get South London children into South London beds. The aim is to strengthen community capacity to help prevent crisis, reduce A&E attendance and prevent or reduce admissions.</p> <p>The CAMHS workstream is fully mobilised and monitored closely.</p> <p><u>Key developments</u></p> <ul style="list-style-type: none"> • Extended hours for children in crisis. Children are often in crisis at the end of the school day. Crisis teams will be available from 8am to 10pm throughout the week across Bexley, Bromley and Greenwich, reducing pressures on CAMHS teams. • Bed management – all admissions through the hub. SLaM has opened an 8 bed psychiatric intensive care unit. • Preventing admissions. We are in the process of setting up a new Bexley, Bromley and Greenwich Dialectical Behaviour Therapy team – an intensive evidence based treatment team for young people with emerging personality disorders, working with a child for up to one year. • Developing a forensic CAMHS service for children in the community at risk of offending. Previously, children have to go to national teams. The driver is around trying to avoid admission, with clinical consultation and casework on a weekly basis. The service is based in SLaM with support to Oxleas. • Eating disorders – assertive outreach satellite clinic in Bromley staffed by SLaM with clinicians offering home based interventions. <p>These are all part of an integrated programme.</p>	<p>Noted</p>

	<p>LF demonstrated how area bed days have reduced, initially by 38% and in the last 4 months by 75% with the expectation that all children will be cared for locally.</p> <p>RMH – The figures speak for themselves within such a short time period.</p> <p>AT thanked LF for her presentation and for the impressive work of the SLP to improve services for children and young people.</p>	
10	<p>Council of Governors SBr presented this item.</p> <p><u>Special Members' Meeting and Summer elections</u> At the Special Members' Meeting in June, members voted in favour of the proposed Constitutional changes. Following this, the trust went straight to elections and the proposed changes to the Council of Governors will come into force at the Annual Members' Meeting on 26 September 2018.</p> <p>SBr drew attention to the election results, advising that Philip Essex had not been able to take up the role.</p> <p><u>Process for Council of Governors sub-committees</u> This had been discussed in the Informal Council of Governors and more detailed information was in the meeting papers. Following the AMM, governors will be advised of any vacancies on the sub-committees. The Membership Committee is open to all governors and is also looking for a new chair.</p> <p>RD – One thought given the re-structured representation on the Council of Governors. I wonder if colleagues for each borough group should get together to agree a representative for each committee. SBr – We are looking to set up stronger borough links.</p>	Noted
11	<p>Membership Committee update SB presented this item.</p> <p><u>Update on key themes from Members' Focus Groups</u> As mentioned earlier, ResearchNet have been asked to undertake a survey around inpatient activities, particularly out of hours and at weekends.</p> <p>RD had been asked to look into the bus issues at Queen Mary's. Links between governors and members had been further discussed by the Committee.</p> <p>JM had met with Service Directors who have agreed to setting up a programme of meetings between Service Directors and their teams with governors representing relating constituencies.</p> <p>SB urged governors to be proactive and support membership activities.</p> <p><u>Membership recruitment – children / forensic and prisons</u> The Committee had received a very positive response to undertaking activities in Children and Young People's services to recruit members. A response was awaited from Forensic and Prison Services.</p>	Noted

	<p><u>Membership Committee Chair</u></p> <p>SB said that attendance at the Membership Committee could be improved and urged governors to get involved. This was SB's last Council of Governors and therefore a new chair was required for the Membership Committee.</p> <p>YM-L and RMH volunteered and it was suggested they work together to share the role.</p> <p>SB was thanked for his commitment to the Membership Committee which was greatly appreciated.</p>	
12	<p>Holding NEDs to account</p> <p>RD advised that holding NEDs to account had been discussed at the Informal Council of Governors. It was a really important part of governors' responsibility. A paper had been circulated at the Informal regarding Board and sub-committees and it was important that governors see NEDs in action.</p> <p>RD had coordinated the Holding NEDs to Account working group on an informal basis and was happy to explain what is involved and hand this over to another governor.</p>	Noted
13	<p>Governors activity update</p> <p>This update was noted.</p>	Noted
14	<p>Any other business</p> <p>AT formally thanked RS who was leaving the Council of Governors and his role as Lead Governor at the AMM on 26 September 2018. RS had been an outstanding Partnership and Lead Governor and his support and involvement in the trust's work appreciated.</p> <p>RS was presented with a cake as a token of thanks.</p>	
	<p>Date of next meeting:</p> <p>Thursday, 13th December 2018, 2.30-5pm, Edwards Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND</p>	

51st Council of Governors
13th December 2018

Item 4
Enclosure 2

Agenda item	Chief Executive's Update
Item from	Matthew Trainer, Chief Executive
Attachments	Front Sheet only

Summary and Highlights

Oral update to include:

1. Care Quality Commission inspection update and next steps
2. South London Partnership update
3. South East London Integrated Care System progress update
4. Wandsworth and Brixton prison bids
5. NHS long term plan and mental health investment

Key Benefits:

Information sharing and discussion

Recommendation:

To note

51st Council of Governors
13th December 2018

Item 6
Enclosure 3

Agenda item	Non Executive Director Nominations Committee
Item	Richard Diment Lead Governor
Attachments	Recommendation for re-appointment

Summary and Highlights

The second three year term of office for Non-Executive Director Steve James will be completed on 30 December 2018.

A comprehensive appraisal process including feedback from governors and board members has been undertaken by Chair Andy Trotter. In light of this, Andy made a recommendation to the Non Executive Director Nominations Committee to re-appoint Steve. The committee met on Tuesday 27 November to discuss the proposal and supported Steve's re-appointment.

The members of the Nominations Committee are:

Andy Trotter
Richard Diment
Joseph Hopkins
Janet Kane
Steve Dilworth

The Nominations Committee recommends to the Council of Governors to approve the re-appointment of Steve James as a non-executive director for a further three year term of office.

Key Benefits:

Ensuring the composition of the Board of Directors ensures the capacity and capability to lead the organisation.

Recommendation:

To agree NED Nominations Committee proposal.

**Re-appointment of Non-Executive Director – Steve James
1 Jan 2019 – 31 Dec 2021**

Steve James joined Oxleas NHS Foundation Trust as a Non-Executive Director on 1 January 2013. His initial three year term of office ended on 31 December 2015. His reappointment was approved by the Council of Governors for a further three years on 10 December that year. His current term of office is due to expire on 31 December 2018.

All non-executive directors undertake an annual appraisal with the Chair and, before re-appointment is considered, governors and board members are asked to give feedback anonymously to the Chair.

Having undertaken a formal performance evaluation, I wish to reappoint Steve for the following reasons:

While at Oxleas, Steve has been an effective member of the Board of Directors and has had a particularly strong focus on patient experience and ensuring that our services achieve the outcomes patients are seeking. He has strongly demonstrated commitment to his role as a non-executive director.

He chairs the Quality Improvement and Innovation Committee effectively and is a member of the Audit and Risk Assurance Committee and Performance and Quality Assurance Committee. His attendance at the Board and sub-committees is consistent and his contribution to these committees is highly valued. His time commitment to Oxleas far exceeds the minimum level in his contract.

Steve also carries out the important function of Senior Independent Director skilfully and is committed to his role in supporting staff to raise issues and concerns.

In line with the Cadbury Report and the principles laid out in the NHS Foundation Trust Code of Governance, I consider that Steve continues to be independent.

It should be noted that Steve will not be eligible for any further re-appointment after December 2021, other than in very exceptional circumstances.

**Andrew Trotter
Chair**

23 November 2018

**51st Council of Governors
13th December 2018**

**Item 7
Enclosure 4**

Agenda item	Membership Committee
Item	Yens Marsen-Luther Membership Committee Chair
Attachments	Membership Strategy 2019-2021

<p>Summary and Highlights</p> <p>The Membership Committee met in December and agreed a draft Membership Strategy for 2019 – 2021. This strategy aims to take forward the membership activities of the trust focusing on recruitment, communication and engagement.</p> <p>It will be implemented through an annual workplan of activities led by the Membership Committee. The initial priorities for this will be:</p> <ul style="list-style-type: none"> • Recruiting young people as members • Recruiting service user/carer members to represent forensic and prison healthcare services • Developing more tailored membership materials <p>The Council of Governors is asked to agree the Membership Strategy 2019- 2021</p>

Key Benefits:

Having an agreed focus on membership engagement activities

Recommendation:

To agree the Membership Strategy 2019 - 2021

Membership strategy

2019 – 2021

Strategy overview

	What success looks like	How we will deliver success	How we know how well we are doing
Recruit	Increased membership particularly in harder to reach groups	<ul style="list-style-type: none"> • Community activities • Social media • Partnership working 	Increase in membership numbers
Communicate	Members that are kept informed of developments	<ul style="list-style-type: none"> • Publications • Events • Social media • activity 	<ul style="list-style-type: none"> • Feedback • Surveys
Engage	Members that are engaged in shaping our plans	<ul style="list-style-type: none"> • Events • Interactive communications 	<ul style="list-style-type: none"> • Feedback • Outcomes

This will be put into action by Governors and Oxleas NHS staff and will be overseen by the Council of Governors' Membership Committee.

1. Background

Each NHS foundation trust should have a membership which reflects the people served by the trust. These members elect governors to represent them and are provided with information on the trust and its services and are given an opportunity to shape the development of the organisation.

The Council of Governors has a membership committee to develop and implement a membership strategy. All governors are invited to take part in the membership committee.

This document outlines the key elements of our membership strategy for the coming three years and how we are planning to put this into action.

2. Strategy overview

There are three main strands to our membership strategy

- Recruit
- Communicate
- Engage

Recruit

During the life of the strategy we would seek to increase the number of people becoming members. This would be achieved in the following ways:

- Increasing awareness of membership with staff
- Increasing awareness of membership within our services to service users, carers and visitors through events, promotional materials and social media
- Increasing our younger member representation – we will engage with people using our services and local community groups to build our representation of younger members of the community.
- Building membership for our Service user/carer interest group - Forensic and Prison services as this is a new interest group which needs developing
- Aiming to engage with all sectors of our communities through partnership workings and providing information in accessible formats

Communicate

During the life of the strategy, we would seek to communicate with our members to keep them informed of developments within Oxleas and provide them with health information. This would be achieved in the following ways:

- Membership publications and website
- Events including annual members' meeting and focus groups

- Health promotion activities
- Partnership working

Engage

For this three year strategy, we wish to develop a robust programme of engagement for our members, and will achieve this through:

- Interactive publications and feedback opportunities
- Governor meetings and events
- Health promotion activities
- Focus groups and annual members' meeting

3. Implementation of the strategy

For the effective implementation of the strategy, the Membership Committee will develop an annual workplan with agreed priorities for the year and how resources can be used most effectively.

The effective running of the Membership Committee will need to be supported both by Governors and trust staff. Governors will also be assisted to undertake their role by support from trust staff in raising their profile with members and event/meeting organisation.

4. Evaluation and measuring effectiveness

All feedback received from member events will be evaluated and reported.

The Membership Committee will oversee progress against the agreed annual plan and will report regularly to the Council of Governors.

**Membership Committee
December 2018**

51st Council of Governors
13th December 2018

Item 8
Enclosure 5

Agenda item	Governor committee updates
Item from	Sally Bryden, Trust Secretary
Attachments	Front Sheet only

Summary and Highlights
<p>Further to the item at the September Council of Governors' meeting regarding various governor committees and working groups, it is confirmed that governor membership is now as follows:</p> <p>Nominations Committee Richard Diment Joseph Hopkins Janet Kane Reserve – Fola Balogun</p> <p>Governors Standards Committee Richard Diment Fola Balogun Sue Read Ben Spencer</p> <p>Remuneration Committee working group Richard Diment Janet Kane Vicky Smith Fola Balogun Jo Linnane Tina Strack</p>

Key Benefits:

Representation in trust governance processes.

Recommendation:

The Council of Governors are asked to note.

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13th December 2018

Item 9
Enclosure 6a&b

Agenda item	Serious Incident Inquiry reports: NW and Mr A
Item from	Alison Furzer, Director of Informatics & Lorraine Regan, Director Greenwich Rachel Evans, Director of Estates & Tom Brown, Director Bexley Care Jane Wells, Director of Nursing
Attachments	Action plans

Summary and Highlights

Attached are the plans for two serious incident investigations. The inquiries were undertaken with Governor and Non-Executive Director involvement and have been presented to the Board of Directors.

NW was a 26 year old man, who had been living at Barefoot Lodge as in informal patient since February 2018. On 17 July, he was found dead in Borstal Woods.

Mr A was admitted informally to Maryon Ward, Oxleas House on 23 July 2018 and transferred to the Home Treatment Team (HTT) over the weekend of 27 July for the weekend leave. He remained under the care of HTT after his discharge from the ward on 31 July. Six days later, he was found hanged in Oxleas Woods.

The following areas will be covered at the meeting:

- Inquiry process
- Summary of incidents
- Recommendations from the inquiries
- Action plan progress and trustwide overview

Key Benefits:

To learn from incidents and change practice to reduce risks

Recommendation:

To note

Action Plan

Initials: NW	Incident date: 17 July 2018	Team Involved in incident: Barefoot Lodge	Date of action plan: 14 November 2018
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Brief summary of incident:

NW was a 26 year old man who had been living at Barefoot Lodge as in informal patient since 27 February 2018. On 17 July 2018 Barefoot Lodge staff were informed by the police that NW had been found unresponsive by a park ranger near the public toilets at Bostall Woods. At the time of writing this report the coroner has not released the cause of death.

Issue raised (description)	Required outcome (description)	Action	Action owner	Due by	How will this be evidenced
The panel recommends the implementation of the recently approved action plan in relation to the Management of co-morbid substance misuse	All staff in Barefoot Lodge to be fully aware of the best practice in working with clients who have a dual diagnosis identified when admitted to Barefoot Lodge in particular those clients using opiate	<p><u>The actions planned for the management of co-morbid substance misuse are:</u></p> <p>We have scheduled a series of listening events and meetings with teams in October and November 2018 to help us understand the difficulties clinicians face with implementing our Trust standards. These sessions will be led by the Trust nurse consultant for co-occurring mental health, alcohol and drugs (COMHAD) with support from the medical director and chief operating officer. Particular issues for exploration are the paucity of</p>	Nurse Consultant and Medical Director	January 2019	Progress reports on the actions underway for the management of co-morbid substance misuse will be presented to the Trust Clinical effectiveness Group 6 monthly – due in May 2019.

	<p>based drugs.</p>	<p>professional curiosity about drugs patients use, over reliance on self-referral and learning from our prison services.</p> <p>Findings will be incorporated into a training and professional development plan for staff that already includes motivational interviewing and formulation of risks in the context of substance misuse.</p> <p>Update the Oxleas capability framework to reflect the recent publication on COMHAD by Public Health England.</p> <p>We need to discuss with our Local Authority commissioners and commissioned substance misuse providers to establish community-based liaison clinics in Bexley and Bromley and also establish jointly appointed posts.</p> <p>We need to work with our community mental health teams to find ways of prioritising patients with the following characteristics for urgent face to face review including Mental Health Act assessments: mental illness particularly psychosis, co-morbid substance misuse, history of violence, non-compliance with medication and at least one failed</p>			
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		<p>appointment.</p> <p>We will set up a new trust wide Oxleas COHMAD group to take forward these actions and report to the Trust Clinical Effectiveness Group.</p>			
<p>The panel recommend, as an immediate action, that the Directorate Management Team ensure Barefoot Lodge staff understand the needs of the current patient group and have the resources to meet them.</p>	<p>All current and future service users in Barefoot Lodge will have personalised care plans which accurately reflect all risks and include explicit details of the care and treatment to manage these.</p>	<p>A review of the risks and care and treatment needs of all the clients currently in Barefoot will be undertaken by the Modern Matron and Ward Manager. Each care plan will be appropriately updated to accurately reflect all risks and include explicit details of the care and treatment to manage these.</p>	<p>Head of Nursing</p>	<p>Dec 2018</p>	<p>Trust Care plan audit monthly and reviewed at Directorate Quality Board monthly and Barefoot team meeting monthly Quality Board and Team meeting minutes)</p>
<p>The panel further recommend that the Directorate complete their current review of the Barefoot Lodge model of care, including review of the admission criteria, and put</p>	<p>A new Model of care for Barefoot Lodge will be agreed which is based upon best practice for rehabilitation.</p>	<p>The SMT for Mental Health in Bexley Care produce an options paper based on workshops and reviews of best practice, to go out to consultation with borough services and CCG's in December 2018.</p>	<p>Service Director</p>	<p>Jan 2019</p>	<p>Outcome paper Consultation paper (DMT minutes and service update reports included in bi-monthly reports to executive committee)</p>

in place an agreed leadership structure by January 2019					
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Oxleas NHS Foundation Trust

SERIOUS INCIDENT ACTION PLAN

Initials: Mr A	Incident date: 6 August 2018	Team involved at time of incident: Greenwich Home Treatment Team	Date of action plan: 16 October 2018
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Brief summary of incident:

Mr A was a 32 year old male who had been admitted informally to Maryon Ward at Oxleas House on 23 July 2018. Mr A was transferred in to the care of the Home Treatment team (HTT) over the weekend of 27 July to facilitate home leave for the weekend. He remained under the care of HTT after his discharge from Maryon ward on Tuesday 31 July. Six days later, on 6 August 2018, Mr A was found hanged in Oxleas Woods and confirmed to be deceased.

Recommendation	Action required	Due by	Lead	How will this be evidenced
1. HTT procedures for weekend leave need to be documented. (this relates to some difference in views on whether Mr A was a patient of the ward or the HTT in terms of decision making in relation to zoning)	Any inpatient on leave from the ward not receiving support from HTT remains the responsibility of the ward. Where a patient on leave is receiving HTT support HTT will become the primary decision makers until the patient returns to the inpatient ward environment. Upon discharge where a patient is to be supported by HTT the three day assessment with the patient in the red zone will commence on discharge even if HTT have already been supported during periods of leave. This will be reinforced in the operational policies of wards and HTT.	12 th December 2018	Team manager/Modern Matron with Service manager support	Amended policies

<p>2. All MH teams should be notified (via phone/email) when a patient or carer contacts the crisis line to ensure that any new risks are assessed promptly by the team responsible for the patients care?</p>	<p>Crisis line minutes will be discussed in the morning handover meetings and any contact that relates to carers of family members will be followed up by shift coordinator on the day.</p> <p>Information shared will be recorded on Rio and will be cascade to the clinicians due to see the patient that day to ensure that any reported risks are checked out.</p>	<p>12th December 2018</p>	<p>Team managers</p>	<p>Team Business meeting minutes to reflect this change of practice and reflect the role requirements for the shift coordinator.</p>
<p>3. It is recommended that there is a review of the HTT pathway to ensure that all MDT activity is captured within the clinical system.</p>	<p>Senior leaders will reinforce with the team the need to ensure that all patient focused discussions require recording in the RIO record. This is already an expectation and so requires discussion with the team to check there are no obstacles to this happening and for the DMT to feel staffed this was an exception.</p>	<p>End January 2019</p>	<p>Home treatment Team manager</p>	<p>Report and dates of when presented to meetings as detailed to be uploaded to Datix</p>

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13th December 2018

Item 10
Enclosure 7

Agenda item	Internal audit report into serious incidents – report and responses
Item from	Jane Wells, Director of Nursing
Attachments	Front sheet only

Summary and Highlights

In August, our internal auditors KPMG undertook an internal review of the approach to serious incident inquiries in the trust. A report and subsequent response was agreed by the executive and audit and risk assurance committee in November.

Recommendations have been made in respect of:

- A serious incident team
- Serious incident investigations

These will be progressed with a planned delivery date for 1 April 2019 subject to recruitment.

The presentation will outline the expected changes and governance arrangements.

Key Benefits:

To learn from incidents and change practice to reduce risks

Recommendation:

To note

51st Council of Governors
13th December 2018

Item 11
Enclosure 8

Agenda item	Quality Accounts 2018/19 Update
Item from	Rhoda Iranloye – Associate Director, Quality & Governance
Attachments	Quality Accounts Progress Report – 2018/19

Summary and Highlights

1. Quality Accounts 2018/19 – Mid- year progress update

A mid-year progress to date on the 2018/19 Quality Accounts indicators is enclosed. In addition a presentation will be given on the day.

The attached report highlights the areas where we have achieved our goals as midpoint of the year as well as the areas which require further focus in order to meet the end of year targets by the 31st of March 2019.

Summary of progress mid-year 2018/19:

- 20 Quality indicators (under the domains of patient experience, patient safety and clinical effectiveness)

Achieved	14 (70%)	
Mostly Achieved	5 (25%)	
Not achieved	1 (5%)	
Total	20	

2. External assurance testing

We are mandated under NHS Improvement's (NHSI) regulations to have an external audit review of our Quality Accounts, a sample test of chosen NHSI quality indicators including an indicator chosen by the trust council of governors from the Trust's quality goals

In previous years, governors have chosen indicators that fall under the patient experience or clinical effectiveness domains. Detailed below are three options, one from each quality domain. These are options that are easily auditable, further detail will be provided as part of the presentation to governors:

Option 1 – Patient Experience Domain

Meeting our patient promise objective :

- To ensure 90% of patients who respond to our surveys are reporting that their quality of

life has improved as a result of the care and treatment that they have received

Option 2 – Patient Safety Domain

Safety first objective:

- Reduce the use of prone restraint and increase the use of supine restraint

Option 3 – Clinical Effectiveness Domain

Provide care in line with national best practice and guidelines objective:

- To achieve the set targets of comprehensive cardio-metabolic risk assessment using the Lester Tool and interventions in patients at high risk as follows:
 - a) Inpatients – 90%
 - b) Community mental health services (patients on CPA) - 75%
 - c) Early intervention in psychosis services – 90%

Key Benefits:

Recommendation:

To review and agree local quality indicator for external assurance by Grant Thornton

Oxleas Quality Accounts 2018/19 Mid-year Progress Report

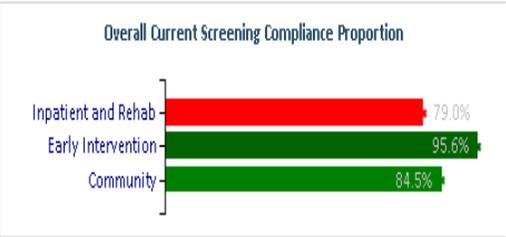
Quality Objective	Quality Indicator	Mid-year progress update (Sept 2018 position)	Status	Quality Domain
Quality Objective 1: Ensure we meet our patient promise	To ensure 90% of patients who respond to our surveys are reporting they have been provided with enough information about care and treatment	97%		Patient Experience
	To ensure 90% of patients who respond to our surveys are reporting that they have been involved in decisions about their care and treatment	97%		
	To ensure 90% of patients who respond to our surveys are reporting that staff have treated them with dignity and respect	99%		
	To ensure 90% of patients who respond to our surveys are reporting that they would recommend our service to friends and family if they need similar care or treatment	92%		
	To ensure 90% of patients who respond to our surveys are reporting that their quality of life has improved as a result of the care and treatment that	97%		

Quality Objective	Quality Indicator	Mid-year progress update (Sept 2018 position)	Status	Quality Domain
	they have received			
	To have a minimum of 10% response rates to our patient experience surveys (single contact with our services)	8%		
Quality Objective 2: Ensure we involve families, carers and people important to our patients	To ensure 90% of patients who respond to our surveys and who reported that they wanted friends/relatives involved in their care/treatment did feel that they were involved	95%		Patient Experience
	To ensure 80% of patients have their support network identified and noted within their care record	42% across the Trust however majority of Forensic and Greenwich Inpatient mental health teams are at 80% or over		
Quality objective 3: Ensure we involve patients in planning their care and they have a care plan that is personal to them	To ensure 75% of Oxleas eligible teams participate in the care planning audits	62%		Clinical Effectiveness
	To ensure 95% of our patients will have a recorded care plan on RiO	97.3%		
	To ensure 95% of our patients on CPA will receive a 12 monthly review	99.8%		

Quality Objective	Quality Indicator	Mid-year progress update (Sept 2018 position)	Status	Quality Domain
<p>Quality objective 4: Ensure we put the safety of our patients first</p>	<p>We will maintain a trustwide focus on the following safety areas:</p> <ul style="list-style-type: none"> • Falls • Deteriorating physical health • Violence reduction • Reduce the use of prone restraint by ensuring the following: <ol style="list-style-type: none"> 1. Increase percentage of staff trained in supine restraint to 80% 2. Increase the use of supine restraint 3. When prone restraint is used, reduce the duration of such restraint 	<p>Falls – updated action plan presented to PQAC in October. Agreed MFRAT to be replaced following longitudinal study and agreed use of Rockwood frailty scores across services.</p> <p>Falls training now part of local induction The Falls Steering Group continues to look at trends for the level 1-3 falls reported and reviews all level 4 falls at the falls panel to identify if the incident could have been avoided then share and embed learning.</p> <p>Deteriorating physical health – quarterly mews audits across the directorates with the NEWS2 being piloted across the Forensic wards. Ongoing training to inpatient units to utilise NEWS2 effectively with the aim for all wards to utilise NEWS2 on RiO by end of January 2019. The 2nd phase of training and roll-out will focus on community teams</p> <p>Violence reduction – The Trust has chosen violence reduction as a trustwide Qi priority. A ward from each inpatient unit is participating in the programme with shared learning taking place across the SLP.</p> <p>Reducing the use of prone restraint</p> <ul style="list-style-type: none"> • % of staff trained in supine restraint – 90% 	<p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p>	<p>Patient Safety</p>

Quality Objective	Quality Indicator	Mid-year progress update (Sept 2018 position)	Status	Quality Domain																																																									
		<ul style="list-style-type: none"> Increase the use of supine restraint <div data-bbox="898 400 1610 1046" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Number of Prone and Supine Restraints April 2017- Sept 2018</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Apr-17</th> <th>May-17</th> <th>Jun-17</th> <th>Jul-17</th> <th>Aug-17</th> <th>Sep-17</th> <th>Oct-17</th> <th>Nov-17</th> <th>Dec-17</th> <th>Jan-18</th> <th>Feb-18</th> <th>Mar-18</th> <th>Apr-18</th> <th>May-18</th> <th>Jun-18</th> <th>Jul-18</th> <th>Aug-18</th> <th>Sep-18</th> </tr> </thead> <tbody> <tr> <td>— Prone restraints</td> <td>25</td> <td>14</td> <td>15</td> <td>11</td> <td>15</td> <td>6</td> <td>17</td> <td>8</td> <td>6</td> <td>14</td> <td>6</td> <td>14</td> <td>17</td> <td>10</td> <td>3</td> <td>4</td> <td>3</td> <td>5</td> </tr> <tr> <td>— Supine restraints</td> <td>7</td> <td>9</td> <td>6</td> <td>6</td> <td>5</td> <td>3</td> <td>11</td> <td>6</td> <td>5</td> <td>13</td> <td>11</td> <td>22</td> <td>24</td> <td>16</td> <td>9</td> <td>11</td> <td>9</td> <td>11</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> Reduce the duration of prone restraint This is work in progress. Recent changes have been made to Datix in order to capture the length of time of both prone and supine restraints. Going forward we will be able to compare the average length of time month by month. 		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	— Prone restraints	25	14	15	11	15	6	17	8	6	14	6	14	17	10	3	4	3	5	— Supine restraints	7	9	6	6	5	3	11	6	5	13	11	22	24	16	9	11	9	11	<div style="background-color: #90EE90; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #FFD700; width: 100%; height: 20px;"></div>	
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18																																											
— Prone restraints	25	14	15	11	15	6	17	8	6	14	6	14	17	10	3	4	3	5																																											
— Supine restraints	7	9	6	6	5	3	11	6	5	13	11	22	24	16	9	11	9	11																																											

Quality Objective	Quality Indicator	Mid-year progress update (Sept 2018 position)	Status	Quality Domain
<p>Quality objective 5:</p> <p>Ensure we provide care in line with national best practice and guidelines</p>	<p>We will continue to engage in national audits that permit benchmarking of Oxleas services</p>	<p>To date Oxleas has participated in the following national audits for 2018/19:</p> <ul style="list-style-type: none"> • National Audit of Anxiety and Depression (NAAD) • National Audit of Care at the End of Life (NACEL) • National Audit of Cardiac Rehabilitation (NACR) • National Audit of Psychosis (NCAP) • National Asthma and COPD Audit Programme • Sentinel Stroke National Audit Programme • National Audit of Intermediate Care (NAIC) <p>POMH Audits (Prescribing observatory for mental health):</p> <ul style="list-style-type: none"> • Rapid Tranquilisation POMH 16b, • Prescribing Clozapine POMH 18a, • Monitoring Lithium POMH 7f, • Assessment of side effects of depot antipsychotics POHM 6d, 		<p>Clinical Effectiveness</p>
	<ul style="list-style-type: none"> • We will participate in the national programme of improving the physical health of patients with Serious mental illness • We will achieve the set targets of comprehensive cardio-metabolic risk assessment using the Lester Tool and interventions in patients at high risk. 	<p>NHS England has just published dates for Trusts to participate in the national audit. Oxleas has registered to participate and the audit will commence 21st January to 15th March</p> <p>Current performance on screening for cardio-metabolic factors is shown below however further work is ongoing within our inpatient services to improve the current position which is 11% under target at month 8.</p>		

Quality Objective	Quality Indicator	Mid-year progress update (Sept 2018 position)	Status	Quality Domain										
		<table border="1" data-bbox="913 363 1176 619"> <thead> <tr> <th colspan="2">Overall Current Screening Compliance Proportion</th> </tr> <tr> <th>Service Area</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Community</td> <td>84.54</td> </tr> <tr> <td>Early Intervention</td> <td>95.57</td> </tr> <tr> <td>Inpatient and Rehab</td> <td>78.98</td> </tr> </tbody> </table> 	Overall Current Screening Compliance Proportion		Service Area	%	Community	84.54	Early Intervention	95.57	Inpatient and Rehab	78.98		
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Service Area	%													
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Quality objective 6: Ensure we routinely measure clinical outcomes so that we know that our care makes a difference to patients	We will undertake a benchmark of Oxleas teams who regularly use clinical outcome measures and increase the coverage to ensure all Oxleas clinical directorates routinely measure the outcome of care delivered to patients.	The benchmark of teams using clinical outcomes is in progress however increase to coverage continues to be a challenge due to manual process and no set resource to have outcomes recorded in RiO and reported on Ifox		Clinical Effectiveness										

51st Council of Governors
13th December 2018

Item 12
Enclosure 9

Agenda item	Holding NEDs to account
Item from	Richard Diment, Lead Governor
Attachments	Front Sheet only

Summary and Highlights
<p>Since the September Council of Governors' meeting, scheduled governor attendance at Board and Board sub-committee meetings is listed below. Planned attendance for the December meetings has also been noted.</p> <p>Board <i>November</i> – Sue Read, Fola Balogun, Claire Wheeler <i>December</i> – Sue Read</p> <p>Business Committee <i>October</i> – Sue Read, Averil Lekau, Yens Marsen-Luther <i>November</i> – Richard Diment <i>December</i> – scheduled to be Yens Marsen-Luther</p> <p>Infrastructure Committee <i>October</i> – no governor attendee <i>December</i> – scheduled to be Averil Lekau</p> <p>Audit & Risk Assurance Committee <i>November</i> – Richard Diment, Yens Marsen Luther</p> <p>Workforce Committee <i>October</i> – Trilok Bhalla, Fola Balogun <i>November</i> – no governor attendee <i>December</i> – meeting cancelled</p> <p>Performance and Quality Assurance Committee <i>October</i> – Richard Diment, Averil Lekau <i>November</i> – Trilok Bhalla, Sue Read, Claire Wheeler <i>December</i> – scheduled to be Olivia Church, Yvonne Bear, Claire Wheeler</p> <p>Quality Improvement and Innovation Committee <i>October</i> – Steve Davies, Fola Balogun <i>November</i> – Fola Balogun, Carl Krauhaus</p>

Key Benefits:

Governors are able to observe non executive directors carrying out their roles chair board committees.

Recommendation:

The Council of Governors are asked to note.

51st Council of Governors
13th December 2018

Item 13
Enclosure 10

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

Summary and Highlights

Governor activity update

The following report outlines governor activities since the last Council of Governors in September 2018. The report gives the Council of Governors insight into what governor colleagues have been doing and the opportunity to ask governors questions about their activities.

Key Benefits:

Involving governors in a range of activities enables the Council to fulfil its role more effectively.

Recommendation:

The Council of Governors are asked to note.

Governor activity feedback, 13th December 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.

Meetings, events & activities

Events/activities	Attended	Information
Annual Members Meeting 26 September 2018		We attended the AMM held in Bromley which included a review of the year 2017/18, the Trust's plans for the future and set out the changes to the membership of the Council of Governors. Some of us also attended the Quality Improvement event held prior to the AMM and learnt about how the Trust is improving services through the Quality Improvement programme.
Staff Governors Meeting 5 November 2018	Sue Read Rebekah Marks-Hubbard Suraj Persand Vicky Smith Sharon Rodrigues Jo Linnane	We met with Andy Trotter, Chair, and Matthew Trainer, Chief Executive. We discussed the role of staff governors, current issues and the future.
New Governors Induction 15 November 2018	Sue Hardy Liz Moss Steven Turner Janet Kane Tina Strack Frances Murray Rebekah Marks-Hubbard Sharon Rodrigues Dominic Parkinson	We learnt about the NHS, Oxleas services, financial issues and our role as governors. We also had a chance to meet with some of the Executive Team.
GovernWell Core Skills training – joint with SlaM 20 November 2018	Liz Moss Sara Veeramah Jo Linanne Rebekah Marks-Hubbard Sharon Rodrigues	This training built on the areas covered at our trust governor induction and also gave us the opportunity to network with governors from South London and Maudsley NHS Foundation Trust.
Bexley Directorate meeting 26 November 2018	Tina Strack Richard Diment Janet Kane Sharon Rodrigues	We met with Tom Brown, Service Director, and other members of the senior management team. We learnt about the services provided within the directorate and challenges faced.

	Sue Hardy Joseph Hopkins Vicky Smith Sue Read	
CQC Focus Group 26 November 2018	Jo Linnane Tina Strack Richard Diment Janet Kane Sharon Rodrigues Sue Hardy Joseph Hopkins Vicky Smith Fola Balogun Rebecca Marks-Hubbard Sue Read	We met with members of the CQC team as part of their inspection of the trust. During the focus group we gave our views on the trust and our role as governors.
Nominations Committee 27 November 2018	Richard Diment Joseph Hopkins Janet Kane	
Membership Committee 30 November 2018	Yens Marsen-Luther Rebecca Marks-Hubbard Fola Balogun Trilok Bhalla Janet Kane Kate Heaps Sue Hardy Sharon Rodrigues Steven Turner	We discussed the draft Membership Strategy and the issues arising from that, together with the format of future membership meetings and priorities for next year's workplan.
Greenwich Directorate meeting 4 December 2018	Yens Marsen-Luther Steven Turner Sue Hardy	We met with Lorraine Regan, Acting Service Director, Lisa Thompson, Associate Director for Greenwich Community Services and Sophia Ploumaki, Associate Director for Community Mental Health Services. We learnt about the services provided within the directorate and challenges faced.
Bromley Directorate meeting 6 December 2018	Frances Murphy Yvonne Bear Liz Moss	We met with Estelle Frost and other members of the Senior Management Team. We learnt about the services provided within the directorate and challenges faced.