Oxleas NHS
NHS Foundation Trust

55th Meeting of the Council of Governors
Edwards Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND
12th December 2019, 2.30pm – 5.00pm

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 Stephen Dilworth, Acting Chair	-
2	Minutes of the Council of Governors meeting held on 19 September 2019	To agree	Stephen Dilworth Acting Chair	**1**
3	Matters arising	To note	Stephen Dilworth Acting Chair	-
4	Managing demand • Emergency mental health • Winter planning	To note	Simon Henley-Castleden Associate Director Strategy Development	**Presentation**
5	Charitable Funds	To note	Jazz Thind Director of Finance	**Presentation**
6	Holding NEDS to account • Governor Board report • Non-Executive Director report	To note	Richard Diment Lead Governor Steve James, NED	**2**
7	NED re-appointment • Yemisi Gibbons	To agree	Richard Diment Lead Governor Stephen Dilworth Acting Chair	**3**
8	NED Remuneration Committee	To note	Richard Diment Lead Governor	**4**
9	Membership Committee • Membership developments	To note	Rebekah Marks-Hubbard Membership Committee Chair	**5**
10	Quality improvement • Quality Report update • Qi annual update	To note	Victoria Ellis Associate Director Quality Assurance and Improvement Victoria Saffin Head of Quality Improvement	**6** **Presentation**

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Item		Purpose	Presented by	Enc.
11	Chief Executive report	To note	Matthew Trainer Chief Executive	**7**
12	SE London Community Services NHS Long Term Plan submission	To note	Iain Dimond Chief Operating Officer	**8**
13	Governors activity update	To note	Jo Mant Head of Stakeholder Engagement	**9**
14	Any other business		Stephen Dilworth Acting Chair	**-**
15	**Advance questions**			**-**
	Date and Time of the next meeting Thursday 19 March 2020, 2.30-5.00pm Edwards Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND			

improving lives

Oxleas NHS Foundation Trust

55th Council of Governors
12th December 2019

Item 2
Enclosure 1

Agenda item	Minutes of the last meeting of the Council of Governors 19th September 2019
Item from	Stephen Dilworth, Acting Chair
Attachments	Minutes of 19th September 2019

Summary and Highlights

Key Benefits:

Recommendation:

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

54th Meeting of the Council of Governors
19th September 2019
Edwards Suite, Holiday Inn Bexley

Chair: Richard Diment, Lead Governor (RD)
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**
Sue Hardy (SH)	Frances Murray (FM)	Yvonne Bear (YB)
Liz Moss (LM)	Lesley Smith (LS)	Kara Lee (KL)
Frazer Rendell (FR)	Tina Strack (TS)	Richard Diment (RD)
Sue Sauter (SS)	Claire Wheeler (CW)	Cassandra Myer (CM)
Steven Turner (ST)		Mark Ellison (ME)
		Charlie MacDonald (CMc) for Carl Krauhaus
Staff Governors		
Jo Linnane (JL)		
Rebekah Marks-Hubbard (RM-H)		
Suraj Persand (SP)		
Sue Read (SR)		
Sharon Rodrigues (SR)		
Vicky Smith (VS)		

In attendance

Non-Executive Directors	**Executive Directors**
Steve Dilworth (SDi) Nina Hingorani-Crain (NH-C) Steve James (SJ) Jo Stimpson (JS) Yemisi Gibbons (YG) Amlan Basu (AB)	Matthew Trainer, Chief Executive (MT) Michael Witney, Director of Therapies (MW) Jazz Thind, Director of Finance (JT) Jane Wells, Director of Nursing (JW) Dr Ify Okocha, Medical Director (IO) Iain Dimond, Chief Operating Officer (ID)
Guests	
Mary Titchener (MTi), Head of Nursing, Greenwich Adults, Caroline Le Milliere (CLM), Serious Incident Lead, Sarah Ironmonger and Amber Bannister – Grant Thornton (SI and ABa)	

Item		**Actions agreed at meeting**
	The Chair, Andy Trotter, was unavailable and SDi as Vice Chair of the Board took on his role at the meeting. However, as SDi was presenting a number of items, it was agreed that RD would chair the meeting on his behalf.	
1	**Apologies** Andy Trotter, Fola Balogun, Janet Kane, Kate Heaps, Carl Krauhaus, Dominic Parkinson, Ben Spencer, Mary Mason, Steve Pleasants, Joseph Hopkins.	**Noted**
2	**Minutes of the Council of Governors meeting, 20 June 2019** The minutes were agreed.	**Agreed**
3	**Matters arising** There were no matters arising.	**Noted**
4	**Chief Executive update**	**Noted**

	MT presented this item with a particular focus on the Care Quality Commission (CQC) inspection of the Pre-Admission Suite (PAS) at Oxleas House. MT provided background information on the CQC inspection process and support for patients with mental health problems attending A&E. The Pre-Admission Suite (PAS) was opened in 2017. The decision to open the PAS was made after visits to other trusts to observe similar provisions and discussion with the CQC about the service model. The overall intention was to provide a comfortable and safe area with appropriate levels of professional observation, and regular medical reviews away from a busy emergency department. The PAS offered a short stay for patients who needed informal admission to an adult acute mental health inpatient bed. It was used for men and women (stays for clothed patients under 24 hours are allowed in mixed units). Every patient admitted to the PAS was reviewed by a psychiatrist during their stay and care was provided by a qualified nurse with support from unqualified staff. Additional support from other clinicians was available as required. The PAS was a single room with chairs and a television. It was on a corridor in Oxleas House between reception and the s136 suite. The PAS could not be closed off from the corridor (there is no door). On the other side there is a small garden and natural light. Patients could use a nearby toilet, and use the shower in the s136 suite when the suite was not occupied. Access was via a keypad coded door to the main reception at Oxleas House. Food and drink was provided by staff when needed. Hot meals were brought in from wards in Oxleas House. There was no unsupervised access to food or hot drinks. <u>CQC Inspection</u> The CQC undertook an unannounced visit to the Pre-Admission Suite at Oxleas House on 15 August 2019. Following their review, they highlighted the following concerns: • Length of stay • Privacy and dignity (related to the location and environment) • Access to food and drink • Gender mix • Deprivation of liberty for informal patients On 21 August, the CQC issued Oxleas with a letter of intent setting out possible enforcement action and we were given until Tuesday 27 August to respond to the concerns raised. As we were unable to make sufficient improvements to the structure of the PAS quickly, we made a decision to close the PAS on 27 August following the bank holiday period and this was shared with the CQC. We liaised	

	with partner organisations to make this process as smooth as possible. The CQC confirmed in writing on 28 August that as a result of our decision to close the PAS, they had decided to take no further action on the matter. However, they will publish a report of the focussed inspection. <u>Incidents that led to the inspection – patients staying in PAS too long</u> The PAS model is designed for a short stay and our policy requires staff to report any stays over 12 hours; the objective is for no patient to stay more than 24 hours. The PAS' average length of stay was below 12 hours until May 2019. In April, the private sector (which Oxleas uses for overspill) ran out of capacity nationally. As a result, patients started to spend longer periods of time in the PAS. Some of these long stay patients have complex needs (the longest stay patient repeatedly came back to the PAS because they found it a much safer environment than their home and the staff tried to support this patient as best as they could), but there is no doubt that from May the experience of patients in the PAS became markedly poorer. <u>Next steps</u> While longer term solutions are found, we have redeployed PAS staff to our mental health liaison team to support Queen Elizabeth emergency department staff. We want to develop, with the people who use the services, a new urgent care model for mental health patients modelled on best practice. Governors are invited to be part of this process. This will involve capital investment and the support of acute hospital partners. The trust recognises that mistakes were made and a substandard service was provided for these patients. A Board-led review is underway to look at internal governance processes and recommend how these can be improved so that we can be more responsive if standards of patient care deteriorate. RD thanked MT for the briefing sent to governors following the CQC inspection advising what had happened and reassuring governors that the Board was taking this matter extremely seriously. FR – I remember in the 2016 report, one of the reasons people were being brought to our facility was because the police were turning up at 2am with a person in crisis and there was nowhere else for them to go. Where do the patients go now? MT – There are far fewer people in mental health crisis being taken to police stations, it's very rare now. We tend to see people waiting a long time in A&E. We need our liaison teams to have proper spaces in acute hospitals, we need Emergency Departments to have dedicated areas for the assessment and care of people in mental health crisis with liaison teams involved upfront, and we	

need good spaces for people waiting for an informal bed to be cared for.
ID –An underlying issue is can we create capacity for people to be admitted when they need a bed. A lot of work has been going on across the boroughs. In Bexley and Bromley, we're pretty much working under 100% occupancy most of the time. In Greenwich, demand far outstrips capacity. When surges happen in demand, which often seems to come out of the blue (this often happens for all providers in London), we struggle to meet demand and at that point it's about availability of beds both internally and externally. People do wait, and some people wait too long. Can we make that better? The ongoing work is to try to reduce the number of people who get to the point where they need to come into hospital (short and medium to long term), and continue to keep a grip on length of stay. We do have the lowest length of stay in London.
LS – I've previously suggested Crisis Cafes. One was piloted in Bexley but it operated completely different to what I had expected. Preventative wise, if there is somewhere people can go rather than going to A&E where people can go for activities, be surrounded by folk who understand what you're going through, not a formal clinical setting, it shouldn't need to escalate and you can learn to cope with your feelings. I don't think the Crisis Café in Bexley is a model that's going to help people, it needs to be more accessible, people can get to it.
MT – There are a range of different models. They call them Recovery Cafés in South West London and now when they discharge patients from their inpatient settings, they now have a recovery plan including regular attendance at the Recovery Cafes which are run by Mind and they have found that very helpful. We have looked at different models and there is not a single system in London to stop people still going to A&E. The SLaM Crisis Café by Lewisham's A&E has not stopped people going to A&E, it is used, but by those seeking community support and it's a similar situation in Bexley. I see partners, not Oxleas, running such facilities.
ID - As far as the Bexley Crisis Café, it is hard to correlate with Emergency Department presentations. If you talk to people in Bexley, it seems to work well but hard to measure its impact on Emergency Departments. There is a SUN group in each borough where a cohort of service users defined by their diagnosis can come together to support each other. This has had a real reduction on people presenting in crisis and seeking admission.
CM – As I've said before, I attend the Bed Management meetings at Oxleas House. Community teams are overwhelmed trying to keep people out of hospital. There needs to be more focus on what's going on in the community and avoidable admissions. There seems to be heavy focus on crisis and not enough on prevention.
MT – The Community Mental Health Teams are managing caseloads of very difficult and challenging people. IO met with medical directors of all mental health trusts in London, and all agreed that this is the biggest risk we're carrying in mental health. There are a lot of factors that tip people into crisis – housing, problems with neighbours, substance misuse issues and the NHS is not here to fix these. I've been on home visits with our Community Mental Health Teams where I've thought I've no idea why Oxleas is involved because they've got so many social problems. Investment in community mental health needs the right teams with the right caseloads. We are trying to fix people who are already broken and it's not always the NHS who can fix things. CMc is here today from Charlton Athletic Community Trust. Their 'Up and at em' programme for older people over 65 who have problems with their mental health is run at a very low

	cost and people are getting a life changing intervention. We need more like this. YB – With regard to the PAS, is there any intention to look for a new one if numbers build up? In the shorter term, it's still not good to leave people in A&E. MT – All staff in PAS have been re-deployed to A&E and we are looking at what the Home Treatment Team do. A company in Scotland makes modular buildings and if Lewisham and Greenwich NHS Trust sort the estates, we hope to install a modular unit this winter. We need a physical space for people. CW – Is there any data why there was a surge? MT – No-one understands why there is a surge. Activity reduces during events such as the World Cup, Olympics, reasonable weather. When surges happen, these tend to happen across London or nationally. ID - We've had single sex accommodation for years, and have slightly more male than female beds. We didn't have enough female beds but SLaM do so we can utilise these. MT – This was the same in physical health during the World Cup, no-one was coming in. CW – In domestic violence this is the opposite, there's a huge spike. MT – The week after Christmas is terrible, particularly people visiting their relatives will take them to hospital rather than leaving them. In child and adolescent mental health in Bromley, early September was particularly difficult because of the children going back to school and feeling incredibly stressed and you see a sudden surge. SDi – Andy Trotter asked me to say something on his behalf. There is no easy solution to this and solutions will change over the short and long term. At the last Board meeting there was a challenging discussion as we went through all the possible alternatives. Andy particularly wanted me to thank the staff involved because they collectively got together to resolve this as best that they could and as quickly as they could. RD – At the last Board of Directors I was observing, there were challenging discussions about this. RD drew attention to the other items in MT's paper and asked if there were any questions relating to these. There were no further questions.	
5	**Holding NEDS to account** RD presented this item. <u>Governor Board report</u> RD is grateful to colleagues attending the Board of Directors and Board sub-committees. RD reiterated the importance of attending the meetings, as a lot of detailed information can be gained and governors can get a real sense of what is going on within the trust. SS – If they change the times, can we be told please? JM – We have asked colleagues in different departments to let us know if details change. FR – I attended the July Business Committee, can my details be added? <u>Introduction of new NED – AB</u> The appointment of AB as a new NED was approved at the June Council of	**Noted**

	Governors meeting. AB thanked the governors for his appointment. He joined the trust on 1 September and to date had attended one Board and this Council of Governors meeting. AB is a psychiatrist and has worked in forensic positions at Broadmoor including the role of Medical Director. He left the NHS 4 years ago to move to the independent sector as group Medical Director for the Huntercombe group. AB is interested in patient experience and quality of care. Quality assurance and quality improvement should run side by side and it is important to get the balance right. He is interested to know the main agenda items and concerns he should take to the Board from the Council of Governors. He has felt very welcome and found the trust hospitable and open in its discussions. First impressions are really positive. RM-H – As you've only been here 2.5 weeks, how are you finding your induction process? AB – My formal induction is next week. My informal induction has been great, everyone has made me feel very welcome. JT – Given the world you've come from, are there any commercial opportunities we can maximise? AB – Having spent time in both the NHS and independent sector care, challenges are very similar. Some of the challenges for me having sat on both sides of the fence is that it is really easy to forget patient experience through this myriad of different services and directorates and if you start with the patient journey, and build our services around that, we will end up providing a better level of service. I think there are a lot of system issues which makes it difficult to do but not impossible. The challenge over the next few months is to get some understanding of the experience and expertise across the trust and think where the best matches for those commercial opportunities might be. One of the dangers is venturing into an area where there isn't that background of expertise. <u>Non-Executive Director report – YG</u> YG has been a NED for 2.5 years. She's been chairing the Performance and Quality Assurance Committee (PQAC), a sub-committee of the Board for the last 18 months and attends the Workforce Committee. The PQAC is a great opportunity to look at the way we report on quality assurance. We got KPMG to come in and they did a report for us. Out of that report we started to adapt how quality is reported up to the Board. Directorates now come to talk about quality and concerns they may have. It helps to identify 'hot spots', governance structures in their directorate, areas of risk they are worried about. It gives a forum for them to discuss these issues. The committee has been modified to give a more strategic focus. It has oversight from the CQC's viewpoint, what information they are requesting, etc. We are still tweaking the structure and it is always lovely to see governor observers and the perspective they bring to these committees. YG attends Board visits and, in her first year, the focus was on prisons, seeing	

	the work they do, the huge geography covered, meeting staff and learning about the great work they are doing. They are like our "unsung heroes". YG recommended a visit to East Sutton Park. In her second year, the focus was on ALD services which was a fabulous opportunity to see smaller services making a big impact with great outcomes. YG has enjoyed partnership working with commissioners. This year, YG will be visiting Forensic services, partnered with MT as the executive lead. She had also visited Informatics and PALS with MW and was impressed with the amount of work that goes on behind the scenes. YG had participated in a couple of comprehensive investigations which she had found interesting – the methods used to investigate and how robust we are, looking at the way we do things and how we can improve our services, and how these events affect our staff on the ground. Many of these incidents are unexpected and offering support to our staff is very poignant. With regard to the PAS incident, a Board level investigation has been launched and YG will be chairing this alongside a couple of NED colleagues, executives and an external person, just to have another look at our governance structure, if there are links, if we can improve them or learn from them, looking objectively to reinforce and strengthen what we do. RD – I sat in on the meeting yesterday with Children and Young People services. Have there been any real surprises through discussions? YG – Clarity is the best word to use. Many times as a NED I've been aware of an incident or you're aware of data that says something – you can probe more when the directorate is there. RD thanked YG for her update.	
6	**Strategy Development Plans** SBr presented this item. MT had talked about a new strategy for the trust at the last meeting. The paper to the Council of Governors gave information on how this will be done. There is a strong emphasis on involving staff, service users, members and governors. We want to use this as a catalyst to take our staff engagement further. Setting up staff assemblies will create a whole new framework for involving staff across the organisation and devolve some of the decision making powers, particularly around wellbeing so that people can find local solutions to issues. The strategy will be looking at how the trust will move forward for the next 5 years and will be launched in April 2020. We would like governors, and particularly staff governors, to be involved in this work as a forum to take their role further. We are looking for networks of people and champions to take this forward and SBr is happy to be contacted regarding this.	**Noted**
7	**Membership Committee**	**Noted**

	RM-H presented this item. **Membership Committee** The Membership Committee met in August at Community House, Bromley. The format for this year's AMM and exhibitions and opportunities to build our service user/carer interest groups for children and young people and forensic and prisons were discussed. **Community engagement** Governors had been involved in the Greenwich Get Together and Armed Forces Day on 29th June 2019 in Woolwich. **Member engagement** Members had been invited to participate in several engagement opportunities: • National Institute for Health Research on-line study: Seeking the views of service users and carers with experience of psychosocial assessment and psychological therapy following self-harm. • Carers Day run by our Greenwich Adult Services. • Focus group discussing if body worn cameras should be used in inpatient mental health settings. 12 people attended and a number of other members sent in comments. The third edition of Oxleas Engage, our bi-monthly e-newsletter was sent in August. Members have been invited to this year's Annual Members' Meeting and exhibitions. To date, 100 people have indicated they will be attending. **Engagement opportunities** Governors are invited to attend the following events to help promote membership: • Tea, Cake N Talk event on Friday 4th October 1-4pm at Mycenae House • GLLAB Health and Wellbeing Fair, 22nd October 2019 (time to be confirmed) at Glyndon Community Centre Library LS – Do we invite patients to become members? RM-H – We are holding meetings in public places, running events where public/ service users are. It would be helpful to have numbers of those recruited throughout the year through engagement events. LS – I was thinking more about inpatients before they're discharged. Are they given the opportunity then to become a member? RM-H – I have seen leaflets in inpatient units but that is something we need to focus on to make sure leaflets are available for inpatients. JM – We have produced a membership form to be sent with patient specific communications via Hybrid print when services are communicating with them. RD – Given the thousands of people using Oxleas' services each year, if we can pick up a handful of those, it would significantly impact on our membership.	
8	**Council of Governors** • Summer elections • Annual Members' Meeting	**Noted**

	Summer elections SBr presented this item. Unfortunately Yens Marsen-Luther resigned from his role as Public Governor: Greenwich in August due to pressure of other commitments. This vacancy has been filled as part of the Summer election process. The nominations phase of the Summer elections opened on Monday, 24 June 2019 and closed on 24 July 2019. We had a good level of people putting themselves forward for the elections this year. The following constituencies were uncontested with all vacancies elected to: **Public: Greenwich** - John Crowley and Anoop Sekhon (both 1 year terms) **Service User/Carer: Children** - Fola Balogun and Simon Hiller (both 3 year terms) **Service User/Carer: Greenwich Adult** - Marc Goblot (2 year term) **Staff: Bromley Adult** - Christine Kapopo (2 year term) The **Public: Bromley** vacancy went to election with 4 candidates. Voting opened on 15th August and closed on 10th September with results declared on 11th September. The following candidate was elected for a 2 year term: Margaret Cunningham. We look forward to welcoming this new cohort of governors who will be officially joining us on 25 September at the Annual Members' Meeting, and we look forward to welcoming them to their first Council of Governors meeting in December 2019. **Annual Members' Meeting** The Annual Members Meeting (AMM) will be held on 25 September 2019 at The Millennium Suite, Charlton Athletic Football Club, The Valley, Charlton with exhibitions from 3-4pm and the AMM from 4-5.30pm. Visitors can enjoy an exhibition showcasing how people are helping to shape our services and find out about the exciting programme of events that we are planning over the coming months to develop a new strategy for the trust. The AMM will provide an overview of the past year and plans for the coming year, an account of our finances and auditor's report, a report on membership and Council of Governors' developments, and election results and Council and Board appointments. We will also be recognising those governors who have stepped down or are leaving the Council of Governors this year. RD hoped that as many colleagues as possible were able to attend the meeting.	
9	**Comprehensive Inquiries** • Serious incident trends • Mr A	**Noted**

	Serious incident trends JW introduced CLM who presented this item. CLM provided the definition of a serious incident from the NHS serious incident framework. Serious incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. They include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm. This includes those where the injury required treatment to prevent death or serious harm, abuse, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services. CLM presented statistical comparisons relating to the number of serious incidents during 2017/18 (95 in total) and 2018/19 (97 in total). These serious incidents related to deaths, pressure ulcers, self-harm, falls and other causes. In 2018/19 there was an increase in pressure ulcers but a lot of work has been done around reporting these. TS – The group for pressure ulcers, what's the category of patients included in that, for example my mother-in-law lives with us at home, supported by district nurses. Would she be one of those patients? CLM – Absolutely. CLM presented the most prevalent cause of death during these time periods, advising that the majority of pressure ulcers were reported for patients living in their own home over both time periods and the higher trends of self-harm. CLM presented charts demonstrating patient death and self-harm statistics across services for 2017/18 and 2018/19, highlighting services where patient deaths were highest. The number of deaths investigated as serious incidents has remained stable, there has not been a significant increase. Pressure ulcers are all subjected to a root cause analysis and reviewed at the pressure ulcer panel. There has been a decrease in the number of falls by 60% when compared to 2016-2017. SS – Pressure ulcers – is the increase due to better reporting? CLM – There has been a significant improvement in reporting. Our Tissue Viability Nurses are doing a lot of work. SS -Are these patients new to Oxleas and you're picking up the pressure ulcer from a previous carer?	

	JW – Let me introduce MTi, Head of Nursing who chairs the Pressure Ulcers Panel. MTi – There are two things. One is that patients are becoming more complex and therefore more likely to develop pressure ulcers. The standard for us in deciding whether a pressure ulcer is avoidable or not is to ask some really in-depth questions about have we provided absolutely all care to prevent the pressure ulcer from developing or deteriorating and if there is any doubt that we have not provided that care, the pressure ulcer would be avoidable. Therefore our expectations are greater on our staff. We have done a lot of learning and development with our teams in terms of the last six years to ensure that the care is absolutely top class so if it falls anywhere below that standard, it is avoidable. The second thing is that NHS Improvement (NHSI) gave all trusts some very strong guidance last year about investigating pressure ulcers. Previously, if a patient was admitted into our services with a category 3 or 4 pressure ulcer, we did not investigate and we weren't required to investigate that. We did a 72 hour report which is just an overview of what happened. What NHSI found through their work was that patients fell between services so they were potentially being seen by carers or practice nurses, but that nobody was really looking at these causes. So all NHS services that provide care to patients have to investigate and do a root cause analysis so our reporting has increased, and the number of pressure ulcer root cause analyses has increased, and therefore, in some part, our number of avoidable pressure ulcers has increased. Some do develop in our care and some don't. We hold our Pressure Ulcer Panel every month and if anyone would like to come and observe, you are more than welcome to see how we investigate and how we scrutinise the care that's been given to these patients. YB – Looking back at where the deaths were, there seems to be a pattern across the prisons, with that number being high. Is there anything we can do about that? JW – One of the challenges we have is that any death in prison is classed as a serious incident even if it is natural causes, because of the way prison deaths are then investigated. There are a whole range of things, a different Ombudsman, so we would be looking at some of these. MT – There is always a tendency that we look for patterns and numbers but one of the challenges is that the numbers are so small. The key thing is what happened and were there missed opportunities. What did we find, what did we get right/wrong? One of the reasons we report quite a high number of deaths is because of the number of prison health we run. One other interesting conversation we have had is about mental health homicides. If someone who has a mental health problem is involved, it doesn't mean this was due to their mental health issue, it can be down to other issues. It is important to understand what is driving things. TS – If a patient has a serious incident that the trust is looking at, does the patient or their family know that a serious inquiry is going on? MT – Yes. TS – And how do you communicate that? I've never been aware of that. CLM – Immediately after an incident, the carers will be contacted by the ward team and we also have to send out a duty of candour letter which will either go to the patient or to the family within 10 days of the incident happening. Once we have arranged a panel, we invite the family or the patient to come in and ask any questions and we answer that as part of the investigation and share the	

report back with them after.

CLM was thanked for her presentation.

Mr A
JW presented this item.

This is an inpatient death where we have carried out a comprehensive serious incident inquiry. The inquiry was chaired by MW, NED JS and governor Yens Marsen-Luther were part of the panel alongside other expert clinicians.

Mr A was a 76 year old gentleman admitted informally to Shepherdleas Ward, Oxleas House, on 12 May 2019 for assessment and treatment of mixed anxiety and depression.

On 22 May he was found unresponsive in his en-suite bathroom with a ligature around his neck suspended from the toilet handrail. Following resuscitation, Mr A was conveyed by ambulance to hospital and admitted to ITU. Tests revealed that he was cerebrally compromised.

On 3 July Mr A's family made a decision to withdraw life support and he sadly died.

Recommendations
As an urgent immediate action all the toilet rails in older people's services were reviewed as there was a decision about whether Mr A went into a ligature free room or not a ligature free room when his risk was assessed. In older people's services, from what you will have seen of the falls data, falls and fractured neck of femur is the biggest cause of serious incidents on those wards and we had never had an inpatient death of this nature on an older person's ward. We wanted to make sure that everyone was aware of that and we will be making sure we are bringing in the recommended changes around that.

The main recommendations were as follows:

1. A formal process of assessment of mental state before and after leave from the ward which should be documented.
2. The alarm system should differentiate between life threatening incidents and lower level incidents.
3. In terms of medical staff, all doctors must respond to alarms that indicate a threat to life.
4. Life support training should be completed with the equipment staff are expected to use in a real life situation, including unpacking the equipment from the resuscitation bag.
5. Staff should be given regular simulated scenario training in their area of practice in order to maintain their skills.

MTi provided an update on the action plan. An updated action plan was tabled.

Staff are not used to resuscitation as it is not a common place event in a mental health ward and it is not common place in mental health training or other staff associated with that. One of the issues is that people are reluctant to take the

	lead because they are not confident in what they are doing. We are taking action to make sure everyone knows who is supposed to be in charge in running each resuscitation. Everyone has basic life support training. A number of staff have attended simulated scenario training in their area of practice and further dates are arranged. This training includes a debrief and a practical section called "What's in my resus bag?", training staff with the equipment they are expected to use in a real life situation. The identification of a staff member on a shift by shift basis to coordinate an incident requiring resuscitation is also covered within the training. A pre-leave and post leave mental state assessment form for all patients going on leave has been implemented and all documentation is uploaded into the clinical record. A weekly audit is being carried out by the ward manager who will collate these results into one document to be uploaded onto Datix by the end of September. An embedded learning event is scheduled for October 2019. Induction for new doctors is being revised and will include individualised risk management plans, in particular there should not be reference to removal of ligatures as a standard entry in the risk/care plan. This will be implemented by the end of November. There needs to be an alarm system at Oxleas House in place that indicates when a medical doctor is required to respond to an alarm so that all doctors respond to this. Two consultants and a junior doctor attended to the patient at the time, as they would respond to alarms, but they did not know the situation they were attending. This action sits with Estates and Facilities so that changes to the estate at Oxleas House being an alarm system integral to the fabric of the building is going to be slightly more difficult to change. The date for completion is February 2020 and this work is under review by Estates alongside other work being undertaken at Oxleas House. RD – JS, as NED on the panel, is there anything you'd like to say? JS – Clearly there are lots of actions regarding resuscitation. Resuscitation did not fail. The doctors involved in that resuscitation had already met and come with their own actions about what needed to be done. We thought the care from the team on the ward was very good. They nearly caught this, the gentleman was very distressed, they changed his observation rate and they went to see him and they just missed it. If they had caught it, we wouldn't be sitting here now talking about it and it would have been an example of good practice. MW – I agree with that. We found when we interviewed a number of staff on the ward and reviewed records in detail which were very robust. We were very impressed with the care that they provided. These were very sad unfortunate circumstances and nothing more could be done. CW – The alarms – can anything be done as an interim measure? MTi – One person is nominated on each shift responsible for responding to	

	every alarm on other wards. As the alarm goes off, there is a panel on each nurses' station which tells you where the alarm is and one person goes. Typically, the doctors on duty will attend. I don't think we can do anything about a different type of alarm at the moment. It is very important for us that the alarm is raised and as many people attend as possible. I don't know if there is anything else that you could do. In acute hospitals, people have pagers but I'm not sure that would be the answer for this incident. MW – We could perhaps discuss elsewhere using a tannoy or pager system while we try to resolve this. MTi – There is a system where you can put messages through phones, but a person would need to be next to the phone to hear it. The Estates team are looking at solutions. SP – Is it the right training? MTi – Having undertaken my basic adult life support training recently, I think it is right. We are providing life support for our patients and we have some equipment to use. It would not be right for us to be more advanced than we are. We have access to emergency services very quickly. We are right beside an acute hospital, what we need to do is keep the patient's heart beating and get oxygen into them until other more skilled personnel can get there. As we don't do this frequently enough, if we extend skills further, people would not get the practice. SP – The reason I ask this is because the coroner's recommendation for prison setting is to move from basic life support to intermediate life support. JW – We are looking at this for the prisons and we are recruiting a resuscitation officer who will help embed some of this learning, particularly what is needed within the prisons. MT – There is an issue around frequency. If something doesn't happen often, you don't get a lot of practice. We are trying to find a balance. How do we skill up staff who may not see anything happen for years? We need the right level of investment in training, recognising if it does not happen, you just don't get the experience. Prisons are a slightly different set of circumstances. SS – I'd like to say well done to staff. When doing the training are they assessed on their competence? MTi – When they do basic life support you are assessed at that time. We are training staff all the time. We are making sure that all staff on inpatient wards have exactly the same level of practice. SR – Are Bank staff able to attend. MTi – Yes they do. Anyone around and involved at the time are welcome to attend sessions.	
10	**Financial Reporting Council Report** • Audit Quality SDi introduced this item and SI and ABa from Grant Thornton who were presenting the item. The presentation would cover three main areas – the activities that Grant Thornton are undertaking, actions update following the Financial Reporting Council Report and emerging issues. External auditors are appointed by the Council of Governors to make sure we have the right financial and internal controls, they look at our financial statements, our annual and quality reports, and our risk management. They ensure the Council of Governors gets a transparent and independent view of the trust. They work closely with the Audit and Risk Assurance Committee and the Director of	**Noted**

Finance, JT.

ABa presented an overview of work undertaken to date which included the audit of 2018/19 Financial Statements, Annual Report and Quality Report, Limited Assurance Exercise on Quality Report, Independent Examination of Charitable Fund, regular liaison meetings, regular attendance at Council of Governors and Audit & Risk Assurance Committee Meeting and providing training workshops.

Looking Forwards - 2019/20
Grant Thornton will be learning from the previous year – what went well and where to find more efficiencies, planning and risk assessment and new Accounting Standards.

Key areas of focus will be on achievement of savings target and control total which will be incorporated into our value for money work.

<u>Financial Reporting Council (FRC) Report</u>
SI explained that the FRC is the regulator of audit firms and this is an annual regulatory report.

The FRC set a target of 90% files good or requiring limited improvements. Grant Thornton scored 50% this year, not the place they wanted to be. This relates to their commercial work but will apply to public sector audit work. The Quality Assurance Department (QAD) regulates foundation trust work.

Grant Thornton's response is that it welcomes increased regulatory activity and is working with the regulator, looking at internal structures and reviews and themes. It is not complacent and knows there is a lot of work to do.

Themes across the sector include:
- More freeing up of Capital resources.
- Other foundation trusts looking into larger subsidiary companies – have you got the right governance in place?
- Partnerships – what does that governance look like if you move into Committees in Common, what does that look like to Council of Governors?
- Mental Health Investment Standard – auditing commissioners in London regarding how complied with the standard. The compliance statement should be on the commissioner's website.

JT – two things
- New subsidiaries – foundation trusts have to be vetted by NHS Improvement.
- Capital – some organisations to be financially sustainable need to improve the fabric of their buildings. The Centre is now struggling to make Capital available. Oxleas has sufficient cash to make its own decisions around Capital.
- Partnerships – governance and fund flow – need to understand.

FR – The target of 90% accuracy on audit work, Grant Thornton scored 50% for commercial sector. Is your NHS work ok?

	SI – If you take just the inspections for last year's audit you would draw that conclusion, yes as our NHS audits did score well. They found these issues and we need to understand how this impacts on our work and how we reflect on that. We will learn from this to improve our NHS work as well. ABa – This report comes out every year, they inspect and give a score every year. SI – There are action plans agreed with the FRC who are increasing the number of inspections. SI's files are subject to internal or external reviews. FR – SDi – are you assured with Grant Thornton? SDi – What is particularly reassuring is that one file from our team got top marks. Secondly, the scale for analysis with Grant Thornton is very small. SI – Because our commercial arm is not very big, these results are based on four file reviews. SDi – In terms of process, when something happens we ask for a response from Grant Thornton and what learnings have been taken from this. We have ongoing assurance and regular dialogue with Grant Thornton and KPMG. We can see from the work they do and the effectiveness of how they drill down and investigate our controls, we can see if they are doing good disciplined work or not. We are happy and assured with what we've seen. RD – I observed the Audit and Risk Committee where Andy Trotter, JS, SJ and SDi were present. There was robust questioning by the Committee with Grant Thornton. I was very reassured that NEDs are doing a good job on behalf of the Council of Governors. CW – Are Oxleas locked into an extended contract? SDi – We're currently half way through a 3 + 2 year option to extend contract. JT - If performance and quality was poor, we can terminate and go back out to the market. AB – Do you get regulatory scores on an annual basis? SI – The publication of a report bringing together all scores is annual. Last year it was 75%. We are not arguing about the score- no firms met the target. There are lessons we need to learn. What is important is that the public sector element is quite important as you are different from a commercial entity. It is a different focus. The National Audit Office sets the code auditors follow – they are going to revisit to check scope is right. ABa – We are very vocal about the need for a specific public sector audit regulator. SBr – It is worth emphasising that appointment of auditors is the Council of Governors' right. If there is any information you would like bringing to the Council or any training or information governors need to help them, please let us know. JL – Is your commercial file much smaller? SI – A lot less commercial audits in the FRC population. QAD will look at those at a smaller scale. KL – No companies met the standard – how did they compare? SI – Variably – some in the 50s, some closer. Seven firms in London were looked at. JS – I sit on the Audit Committee and used to be an auditor. I have no concerns with the quality of the audit Grant Thornton has done. In the FRC report Grant Thornton's results were poor. There were some very adverse comments from the FRC over the last 5 years. Grant Thornton have embraced these and it will be good to get an update on your action plan later in the year. Nothing gives	

	specific concerns but clearly there is quite a lot of work to do.	
11	**Governors activity update** This paper was for information and there was no further discussion. FR – SS and I attended the NHS Providers Governors' Regional Workshop on 16 September 2019. RD – My thanks to JM and her team for organising the visits and for the staff out in the services who host us. Actually seeing things on the ground, talking to staff and meeting service users makes the difference. I commend if governors are available to take advantage of opportunities to do so.	**Noted**
12	**Any other business** RD advised that he meets with Andy Trotter, SBr and JM in advance of Council meetings to discuss the agenda. If there are items governors would like considered for the agenda, please let us know what you would like to discuss as this is our Council of Governors.	**Noted**
	Advance question Question from Lesley Smith, Service User/Carer Governor – Bexley Adult: *How can we lend support when finances are restricted for increase of activities coordinators and occupational therapists? My understanding from patient views is that these things help speed recovery therefore reducing costs and freeing beds quicker.* MW responded to this question. There is a fine balance between patients needing to be engaged in therapeutic activities, but patients not always wanting to engage in those particular activities but want to be kept busy. This is understandable and not something we always necessarily offer. We do offer a robust programme of therapeutic activities. MW and Theresa Barker, Associate Director of Nursing are working together to restructure the way our occupational therapy staff are engaged on the wards. Previously they were based off the ward and would reach into the ward to offer occupational therapy activities. Now the reverse, they will be based on the wards and if they have to do something outside of the ward, they will reach out. There will be a much greater occupational therapy presence on the wards. LS – This is helpful and hopeful. It will need monitoring to see how successful this will be as feedback I have is that there is not sufficient activities, and drug use and things like that is probably higher than it should be, as part of it is boredom and not engaging in some therapeutic things.	
	Date of next meeting: Thursday, 12 December 2019, 2.30-5.30pm, Edwards Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND	

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Oxleas NHS Foundation Trust

55th Council of Governors — Item 6

12th December 2019 — Enclosure 2

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

Summary and Highlights

Governor Board report

Since the September Council of Governors' meeting, scheduled governor observers at the Board and Board sub-committee meetings are listed below. Planned observers for December (or next meeting) are also noted.

Board
November – Jo Linnane, Tina Strack

Business Committee
September – Richard Diment
October – no governor attendee (apologies given)
November – Richard Diment
December – scheduled to be Jo Linanne, Richard Diment

Infrastructure Committee
October – Jo Linanne, Sue Hardy
December – scheduled to be Richard Diment

Audit & Risk Assurance Committee
September – Richard Diment, Joseph Hopkins
November – Richard Diment

Workforce Committee
September – Richard Diment, Claire Wheeler
November – no governor attendee (apologies given)

Performance and Quality Assurance Committee
September – Richard Diment, Sue Read
October – Richard Diment
November – Joseph Hopkins
December – scheduled to be Joseph Hopkins

Quality Improvement and Innovation Committee
September – Sue Read
November – Yvonne Bear, Sue Read

Governors are also invited to attend the Serious Incident learning meetings.

Key Benefits:

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

Recommendation:

The Council of Governors are asked to note.

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Oxleas NHS Foundation Trust

55th Council of Governors
12th December 2019

Item 7
Enclosure 3

Agenda item	Non Executive Director Nominations Committee
Item	Steve Dilworth Acting Chair
Attachments	a) Recommendation for re-appointment

Update

Non Executive Director re-appointment

The first three year term of office for Non-Executive Director Yemisi Gibbons will be completed on 31 December 2019.

A comprehensive appraisal process including feedback from governors and board members has been undertaken by Acting Chair Steve Dilworth. In light of this, Steve made a recommendation to the Non Executive Director Nominations Committee to re-appoint Yemisi. The committee met on Thursday 29 November 2019 to discuss the proposal and supported Yemisi's re-appointment.

The members of the NED Nominations Committee were:
Steve Dilworth (Chair)
Richard Diment
Joseph Hopkins
Janet Kane
Steve James

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

NHS England/Improvement Chair Development and Appraisal Framework guidance

The committee also considered the new appraisal and development framework for Chairs of NHS trusts and foundation trusts. NHS England/Improvement expect the framework to be used in future recruitment, assessment and development of Chairs of provider trusts. As we have an existing appraisal process, the committee has agreed to create a small working group (involving HR specialists, governors and NEDs) to review our process against this new framework and recommend any changes. An update will be brought to a future Council of Governors' meeting.

Key Benefits:

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

Recommendation:

To agree NED Nominations Committee proposal to re-appoint Yemisi Gibbons
To note the developments in relation to the new Chair appraisal framework.

Re-appointment of Non-Executive Director – Yemisi Gibbons
2nd Term - 1 Jan 20 – 31 Dec 22

Yemisi Gibbons joined Oxleas NHS Foundation Trust as a Non-Executive Director on 1 January 2017 and her initial three year term of office ends on 31 December 2019.

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 Yemisi for the following reasons:

- Yemisi has proved herself to be an effective member of the Board of Directors and brings clinical professional expertise to the role. She has demonstrated commitment to her role as a non-executive director.

- She chairs the Performance and Quality Assurance Committee effectively and is a member of the Workforce Committee and Quality Improvement Committee. Her attendance at the Board and sub-committees is consistent and her contribution to these committees is valued.

- She regularly visits services and gives feedback to the Board of Directors.

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

Stephen Dilworth
Acting Chair

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Oxleas NHS Foundation Trust

55th Council of Governors
12th December 2019

Item 8
Enclosure 4

Agenda item	Non Executive Director Remunerations Committee
Item	Richard Diment Lead Governor
Attachments	None

Committee report

The Non-Executive Director Remunerations Committee met for the first time on 28 November 2019. The committee was chaired by Richard Diment and included Stephen Dilworth, Acting Chair, Tina Strack, Elected Governor and Yvonne Bear, Partnership Governor. Rachel Evans, Director of Strategy and People, and Sally Bryden, Associate Director of Corporate Affairs and Trust Secretary, were in attendance.

The committee agreed the following to be recommended to the Council of Governors for approval.

Changes to Chair's contracted hours
Andy Trotter has proposed to reduce his working hours for Oxleas from 4 days per week to 3.5 days per week with a corresponding reduction in remuneration. As this will bring Oxleas more in line with other foundation trusts and reflects that the transition to a new Chief Executive is now complete, the committee supported the proposal.

Remuneration of Acting Chair
RD updated the committee on the temporary arrangements in place while AT is absent and recommended that SD's remuneration is increased to the level of the Chair's while undertaking the Acting Chair role in light of the greater time commitment and responsibility. The committee agreed to this proposal.

NHS England/Improvement Remuneration for Chairs and Non-Executive Directors Framework
The committee discussed the new national framework which aims to bring remuneration of Chairs and Non-Executive Directors at NHS trusts in line with Chairs and Non-Executive Directors at NHS foundation trusts.

Whilst responsibility for setting non-executive remuneration at foundation trusts remains the role of governors, the committee noted the new framework and the recommendations it contains. These include:

- A single uniform annual rate of £13,000 for non-executive director roles with local discretion to award supplementary payments of up to £2,000 per annum in

recognition of designated extra responsibilities.

- A range of remuneration for Chairs based on the organisation's size and complexity. For a trust with a turnover between £201m and £400m, the range is from £44,100 to £50,000 per annum.

It is expected that this framework will be considered when new people are appointed or existing non-executive directors re-appointed.

The members of the NED Remuneration Committee confirmed the wish to maintain remuneration levels that would attract high calibre individuals from a diverse range of backgrounds to become non-executive directors – particularly as we operate in an area with a high cost of living.

As Non-Executive Director Yemisi Gibbons is being put forward for re-appointment, the committee considered the level of remuneration for this role. It agreed that remuneration should be maintained at £13,248 per annum in light of the complexity of the organisation and her role chairing a significant board sub-committee.

Key Benefits:

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

Recommendation:

To agree NED Remunerations Committee proposals as outlined above.

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Oxleas NHS Foundation Trust

55th Council of Governors
12th December 2019

Item 9
Enclosure 5

Agenda item	Membership Committee update
Item from	Rebekah Marks-Hubbard, Membership Committee Chair
Attachments	Front sheet only

Summary and Highlights

Membership Committee

The Membership Committee met in October 2019 at the Memorial Hospital. Governors provided positive feedback on this year's AMM held at Charlton Athletic Football Club in September which was attended by over 100 people. Governors particularly enjoyed the exhibition, AMM presentations and the open approach to answering questions.

Governors discussed a draft proposal to build membership for forensic services. Governors were advised of the forthcoming member engagement as part of the new trust strategy development programme, Our Next Step, and that this would replace the usual Members' Focus Groups held in February/March each year.

It was agreed that an annual programme of service director meetings to coincide with service visits be circulated at Council of Governors' meetings alongside the Board sub-committee planner.

Member engagement

The fourth and fifth editions of Oxleas Engage, our bi-monthly e-newsletter were sent in October and December.

Members are participating in Our Next Step, through attendance at the Closer to Home events and by completing the online or paper survey.

Service user and carer members were invited in October 2019, to participate in job selection panels for staff for all physical and mental health directorates. 20 places were available. This included services for children, adults and older adults in Bexley, Bromley and Greenwich.

Governor Jo Linnane and the Stakeholder Engagement Team attended the GLLAB Health and Wellbeing Fair on 22 October 2019 at Glyndon Community Centre Library.

Recommendation:

The Council of Governors are asked to note.

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Oxleas NHS Foundation Trust

55th Council of Governors
12th December 2019

Item 10
Enclosure 6

Agenda item	Quality Report 2019/20 local indicator selection
Item from	Vicky Ellis – Associate Director, Quality Assurance and Improvement
Attachments	-

Summary and Highlights

1. External assurance testing

To provide assurance of data quality and accuracy, we are mandated under NHS Improvement's (NHSI) regulations to have an external audit of our Quality Report. NHS Foundation Trusts are required to audit two mandatory indicators and one local indicator. The local indicator is selected by the Council of Governors from the 2019-20 quality priority objectives, listed below. Overall within the 6 quality objectives there are 27 quality indicators.

		Quality Domain
Quality Objective 1	Ensure we meet our patient promise	Patient Experience
Quality Objective 2	Ensure we involve families, carers and people important to our patients	Patient Experience
Quality Objective 3	Ensure we involve patients in planning their care and they have a care plan that is personal to them	Clinical Effectiveness
Quality Objective 4	Ensure we put safety of our patients first	Patient Safety
Quality Objective 5	Ensure we provide care in line with national best practice guidelines	Clinical Effectiveness
Quality Objective 6	Ensure we routinely measure clinical outcomes so that we know that our care makes a difference to patients	Patient Safety

2. Council of Governors local quality indicator selection

The auditors have a specific criteria for reviewing the data quality. The methodology used for each indicator must;

- not be anonymous
- be quantifiable / measurable over time
- able to be tested for reliability and responsiveness

Following consultation with the auditors, six indicators (two from each quality domain) have been recommended, as they meet the above criteria. The Council of Governors is requested to select just 1 indicator to take forward for testing. Further detail will be provided as part of the presentation to governors.

Patient Experience Domain - *Objective 2 - Ensure we involve families, carers and people important to our patients:*
Option 1 – 2.2.To ensure 80% of patients have their support network identified and noted within their care record (MH & Forensic)
Option 2 – 2.3. To ensure 50% of patients have their support network identified and noted within their care record (Community health services)

Clinical Effectiveness Domain - *Objective 3: Ensure we involve patients in planning their care and they have a care plan that is personal to them*
Option 3 – 3.1. Ensure we involve patients in planning their care and they have a care plan that is personal to them
Option 4 – 3.4. To ensure 95% of our patients will have a recorded care plan on RiO (CPA)

Patient Safety Domain - *Objective 4: Ensure we put the safety of our patients first*
Option 5 – 4.1. Restraint**;** Ensure 95% physical health monitoring is recorded in the care records following rapid tranquilisation
Option 6 – 4.2. Restraint**;** Ensure 95% of patients' debriefing is documented in the care records following a restraint

3. Quality Report 2019/2020 – Mid- year progress update

In addition to the selection of the local quality indicator, a mid-year progress to date on the 2019/20 Annual Quality Report indicators will be presented at the meeting. This will highlight the areas where we are achieving our goals as well as the areas which require further focus in order to meet the end of year targets by the 31st of March 2020.

Summary of progress mid-year 2019/20:

Of the 27 quality indicators 63% (17) are consistently achieving the targets set, 11% (3) have variable performance, sometimes meeting/exceeding and sometimes not meeting the target and 26% (7) are not currently meeting the set target.

Recommendation:

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

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Oxleas NHS Foundation Trust

55th Council of Governors
12th December 2019

Item 11
Enclosure 7

Agenda item	Chief Executive Report
Item	Matthew Trainer Chief Executive
Attachments	None

Summary and highlights

The purpose of this report is to provide the Council of Governors with the Chief Executive Officer's update on significant developments and key issues. The Council of Governors is asked to note this report.

The key issues in the report are:

- South London Partnership Provider Collaborative developments
- Quality Improvement conference
- Our Next Step – strategy development
- Black history month celebrations
- Leadership developments

Key Benefits:

Keeping the Council of Governors up to date with trust developments

Recommendation:

To note the report

1. National developments

New NHS taskforce to drive improvements in young people's hospital mental health, learning disability and autism care

NHS England has announced that a new taskforce will be set up to improve current specialist children and young people's inpatient mental health, autism and learning disability services. It will take forward implementation of key aspects of the NHS Long Term Plan.

Anne Longfield OBE, Children's Commissioner for England, will chair an independent oversight board to scrutinise and support the work of the taskforce.

2. Local developments

NHS England/Improvement – London - Mental Health Compact Diagnostics Report

The Mental Health Compact Diagnostics Report was published in October looking at the experiences of people in mental health crisis in London who seek help through the capital's urgent and emergency care system. I am leading this programme of work on behalf of the region and an audit carried out in August found that more than half of the people who to emergency departments for help because of their mental health waited for more than four hours to get the right care.

The report makes a range of recommendations to be taken forward by a Pan London Mental Health Improvement Collaborative.

Start Well Greenwich

On 13 November 2019, the Royal Borough of Greenwich Cabinet meeting approved the recommendations of a report 'Start Well Greenwich - Children and Young People's Health and Wellbeing Services 2020'. These recommendations impact on the future of Greenwich Health Visiting and School Nursing services.

Bluebell House

Bluebell House closed on 30 November 2019. This was a commissioning decision so service users are now offered alternative respite provision by the Clinical Commissioning Group (CCG) or the Royal Borough of Greenwich.

District nursing celebration

A special event to celebrate district nursing in South East London was held on 13 November to mark their contribution to local healthcare. A range of speakers including Andrea Sutcliffe, CEO and Registrar with the Nursing & Midwifery Council; Dr Crystal Oldman, CEO of the Queen Nursing Institute and Capital Nurse, Dr Abi Masterson took part.

3. Partnership highlights

South London Partnership

Work has been continuing to develop the SLP provider collaborative submissions for:

- Adult secure services (Oxleas lead)
- Child and Adolescent Mental Health Services (South London and Maudsley lead)
- Adult eating disorders (South West London and St Georges lead)

More detailed proposals were submitted in November and we continue to review the financial implications and discuss the models with NHS England. We will keep governors updated with developments.

The South London Partnership Quality Improvement Conference 2019 took place on 21 November at KIA Oval, Kennington. This included presentations on Quality Improvement projects across all three trusts.

Pre-Admission Suite (PAS) update

We are working with Lewisham and Greenwich NHS Trust to build a better space for people in mental health crisis at Queen Elizabeth Hospital, Woolwich.

4. Oxleas developments

Our Next Step

We have launched our engagement programme to work with colleagues, members and partners to develop our strategy for the coming five years. A series of face to face and on-line events are taking place to gather people's ideas for what the organisation's priorities 2020 – 2025 should be. The conversation will continue into the New Year with the aim of reaching a consensus by April 2020.

Silver Award – Armed Forces Covenant

We have been awarded the Silver Award in the Ministry of Defence Employer Recognition Scheme marking our commitment to the Armed Forces Covenant. It recognises the work we

are doing to support members of the armed forces and their families in accessing timely healthcare and supporting the employment of ex-veterans.

We were presented with our award at the Cavalry and Guards Club in Piccadilly, London on 25 November.

Black History Month

A highly successful event was held in October by the BME staff network to mark Black History Month. The theme of the well-attended event was promoting cultural diversity within Oxleas. Members elected Juliana Frederick-James as the network's new chair.

World Mental Health Day

Two trust initiatives were launched to mark World Mental Health Day on 10 October 2019. A programme of skills training in Suicide Prevention and Self-Harm Mitigation (STORM) for staff and our Mental Health First Aider in the workplace scheme.

Trust leadership developments

Drs Abi Fadipe and Tom Clark have been appointed to the role of joint Deputy Medical Director for Oxleas. Dr Fadipe is currently Clinical Director for Oxleas' Bromley services and Dr Clark will be joining us from Princess Royal University Hospital in Bromley where he is Clinical Director and transformation lead.

From the beginning of October, Dr Sandra Baum has taken up the role of Clinical Director for our trustwide Adult Learning Disabilities services.The new Clinical Director for Children and Young People's Services will be Dr Sabitha Sridhar. She will be taking up the role on the departure of Dr Lesley French.

Rachel Clare Evans joined us as Executive Director for Strategy and People from mid-November. She joins us from South London and Maudsley NHS Foundation Trust.

Our new Head of Equality and Human Rights is Karen Edmunds. She is based at Pinewood House and can be can be contacted at karenedmunds@nhs.net

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Oxleas NHS Foundation Trust

55th Council of Governors
12th December 2019

Item 12

Enclosure 8

Agenda item	SE London Community Services NHS Long Term Plan submission
Item from	Iain Dimond, Chief Operating Officer
Attachments	Briefing paper

Summary and Highlights

Please see attached briefing paper on this item. We are presenting this at the Council of Governors for two reasons.

Firstly, to raise awareness that these services will be developed in Greenwich and Bexley.

Secondly, to ask people if they have any comments on these services currently *and* whether there are important issues for patient and families that we need to keep in mind as we develop services to meet the LTP requirements.

This is important: there is little room for consultation on the *content* of the plan, however, we can ask stakeholders, patients and families about *how* these services should be delivered in Bexley and Greenwich.

The new funds for these services will be put in place over the next 18 – 24 months. This is someway off but our planning for delivering these services is starting now and we'd like to talk to patient groups at the beginning of our planning process.

Key Benefits:

Recommendation:

To note.

SE London Community Services NHS Long Term Plan submission

Briefing for Oxleas' Council of Governors

The NHS Long Term Plan (LTP) was published earlier this year and has required the NHS to make significant changes; this briefing describes the changes required of adult community health services.

The LTP seeks to make sweeping changes to the relationship between primary care and community services: '*We will boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services'.*

Adult community services have to deliver four key priorities:

1. Provide a crisis assessment in the patient's home within 2 hours of referral; and a 'reablement' response within 2 days of referral.

2. With primary care, develop 'anticipatory care' pathways in each primary care network. Anticipatory care helps people likely to have increased care needs in the future to live well and independently at home for longer than they might otherwise through a combination of: i) risk stratification and clinical judgement to identify people who would benefit most; and (ii) multi-disciplinary primary and community teams, including social care and the voluntary sector, working and planning together to support people to stay well for as long as possible.

   Oxleas already offers both a crisis assessment service and works with local GPs in Bexley and Greenwich to offer proactive or anticipatory care – these services are highly effective but are not funded to a level to meet demand.

   Greenwich and Bexley local authorities offer reablement for 6 weeks to help people be discharged from the QEH (and, in the case of Bexley, other acute hospitals). Oxleas also offers rehabilitation to people who need help after a fall or musculoskeletal problem (physiotherapy) or who need support to maintain 'daily living skills' to remain in their own home (occupational therapy).

3. Support primary care to deliver the Enhanced Health in Care Homes initiative –
   People living in care homes should expect the same level of treatment and personalised care as if they were living in their own home. This can only be achieved through collaborative working between health, social care, voluntary sector and care home partners. This initiative is designed to improve health and care provision for people living in care homes.

4. Ensure there is the capacity and the workforce within community services to deliver these requirements

In addition, community services are expected to:
- Address health inequalities
- Act on prevention
- Reduce pressures on local emergency hospital services

There will be new monies for Oxleas to deliver these new priorities, although these will not immediately be available and will be phased in over the next four years.

SE London Integrated Care Service (ICS) has developed a community services plan to describe how the LTP requirements will be delivered across 6 boroughs. The plan also will put in place a wider set of changes to improve community services across SE London.

WE ARE PRESENTING AT THE COUNCIL OF GOVERNORS FOR 2 REASONS

Firstly, to raise awareness that these services will be developed in Greenwich and Bexley.

Secondly, to ask people if they have any comments on these services currently ***and*** whether there are important issues for patient and families that we need to keep in mind as we develop services to meet the LTP requirements.

This is important: there is little room for consultation on the *content* of the plan, however, we can ask stakeholders, patients and families about *how* these services should be delivered in Bexley and Greenwich.

The new funds for these services will be put in place over the next 18 – 24 months. This is someway off but our planning for delivering these services is starting now and we'd like to talk to patient groups at the beginning of our planning process.

Iain Dimond
COO
Oxleas NHS Trust

Helen Smith
SE London Integrated Care System
Helensmith321@icloud.com

Appendix 1: What else is in the SE London Adult community services plan?

Our plan contains the following key components.

1. Identify the common patient outcomes that should be offered in each borough.

The core offer is likely to include:

- Anticipatory care, focusing on people living with frailty and/or multiple conditions and putting in place a multi-disciplinary plan for their care,
- The range of services that enable people to stay well; eg: falls risk assessment; screening for memory problems; support to engage in social activities
- What is needed to support frail patients in a health crisis in Bromley
- What is needed for frail patients who need support to maintain daily living skills (reablement)
- The services for long term conditions that should be available

Bromley will not have the resources to put all these services in place quickly; however, there is new monies being made available for community services over the next four years, and – by defining the 'core offer – we will know what service gaps we have in Bromley that we can work towards.

2. Bromley Healthcare will work closely with Oxleas to ensure that our patients using mental health and learning disability services receive high quality physical care, and that patients with physical health conditions receive support with the psychological impact of these conditions, for example, depression or anxiety.

3. We'd like to understand more about health inequalities in Bromley and will commission an academic centre to build 'risk profiles' of people who need a community crisis response. This will help us understand what leads people to use crisis services and whether there are geographical differences in service use.

Implementing the Enhanced Health in Care Homes initiative

National guidance states that the following care elements should be in place in each Care Home.

Care	Sub-element
Enhanced primary care support	Access to consistent, named GP and wider primary care service
	Medicine reviews
	Hydration and nutrition support
	Access to out-of-hours/urgent care when needed
Multi-disciplinary team support including health and social care	Expert advice and care for those with the most complex needs
	Helping professionals, carers and individuals with needs navigate the health and care system
Reablement and rehabilitation	Rehabilitation/reablement services
	Developing community assets to support resilience and independence
High quality end-of-life care and dementia care	End-of-life care
	Dementia care

improving lives

Oxleas NHS Foundation Trust

55th Council of Governors
12th December 2019

Item 13
Enclosure 9

Agenda item	Governors 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 2019. 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.

Recommendation:
The Council of Governors are asked to note.

Governor activity feedback, 12 December 2019

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
Our Next Step Closer to Home event Queen Mary's, Sidcup 18 December 2019	Booked to attend: Richard Diment	Opportunity to help shape the trust's new 5 year strategy by participating in the series of engagement events.
Our Next Step Closer to Home event Bexley 10 December 2019	Booked to attend: Janet Kane Tina Strack Richard Diment	Opportunity to help shape the trust's new 5 year strategy by participating in the series of engagement events.
Our Next Step Closer to Home event Bromley 3 December 2019	Liz Moss	Opportunity to help shape the trust's new 5 year strategy by participating in the series of engagement events.
Our Next Step Closer to Home event Charlton 2 December 2019	Fola Balogun Simon Hiller	Opportunity to help shape the trust's new 5 year strategy by participating in the series of engagement events.
Non-Executive Nominations Committee 28 November 2019	Governor members: Richard Diment- Lead Governor Janet Kane – Elected Governor Joseph Hopkins – Elected Governor	The meeting was convened to discuss the re-appointment of Yemisi Gibbons as a non-executive director and to make a recommendation to the Council of Governors in regard to this.
Non-Executive Remuneration Committee 28 November 2019	Governor members: Richard Diment – Lead Governor (Chair) Tina Strack – Elected Governor Yvonne Bear – Partnership Governor	The meeting was convened to consider changes to the Trust Chair's contracted hours, the remuneration of the Acting Chair and to consider NHS Improvement/NHS England guidance relating to the alignment of remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts.
Our Next Step Closer to Home event Orpington 25 November 2019	Margaret Cunningham	Opportunity to help shape the trust's new 5 year strategy by participating in the series of engagement events.
GLLAB Health and Wellbeing Fair Glyndon Community Centre (Library) 22 October 2019	Jo Linnane & Stakeholder Engagement team	We attended this community event held by GLLAB which focused on the health and wellbeing of their participants as well as employment opportunities.

Events/activities	Attended	Information
Membership Committee Memorial Hospital 17 October 2019	Rebekah Marks-Hubbard Fola Balogun Steven Turner Jo Linnane Sharon Rodrigues Lesley Smith Joseph Hopkins Steve James, NED	Rebekah Marks-Hubbard chaired her first Membership Committee Meeting. All governors are welcome to attend this committee.
Annual Members' Meeting & exhibition 25 September 2019	Richard Diment Fola Balogun Margaret Cunningham Sue Hardy Simon Hiller Joseph Hopkins Rebekah Marks-Hubbard Janet Kane Christine Kapopo Jo Linnane Frances Murray Cassandra Myer Sharon Rodrigues Sue Sauter Lesley Smith Tina Strack Steven Turner	Over 100 people attended our Annual Members' Meeting and exhibition.

2020 Governor/Service Director meetings and governor service visits programme

Meetings/visits	Maximum attendees	Information
Adult Learning Disability services – Lorraine Regan, Service Director meetings and governor service visits		
The Woolwich Centre March 2020	Visit to be confirmed	To receive a directorate update from Service Director and visit Greenwich Adult Learning Disability services at The Woolwich Centre.
Goldie Leigh 10 November 2020 1-3.30pm	Maximum attendees – 7-8	To receive a directorate update from Service Director and visit TOPS and Tall Trees at Goldie Leigh.
Bexley Care services – Sarah Burchell, Service Director meetings and governor service visits		
Queen Mary's Hospital April 2020	Visit to be confirmed	To receive a directorate update from Service Director and visit inpatient wards at Woodlands and Meadowview, Queen Mary's Hospital.
Queen Mary's Hospital October	Visit to be confirmed	To receive a directorate update from Service Director and visit MSK services at Queen Mary's Hospital.
Bromley Adult services – Lorraine Regan, Service Director meetings and governor service visits		
Carlton Parade 11 February 2020 2.30-5pm	Maximum attendees = 7-8	To receive a service update from Service Director and visit Bromley East locality services at Carlton Parade.
Green Parks House 8 September 2020 2-4.30pm	Maximum attendees = 3-4	To receive a service update from Service Director and visit inpatient services at Green Parks House.
Carers – meetings with Lynda Longhurst, Head of Patient Experience and Patient Safety		
Pinewood House 31 January 2020 9.30-11am	Unlimited attendees	To receive an update on carers and patient experience from Head of Patient Experience and Patient Safety.
Pinewood House 29 October 2020 9.30-11am	Unlimited attendees	To receive an update on carers and patient experience from Head of Patient Experience and Patient Safety.
Children and Young People's services – Service Director and governor service visits		
Highpoint House/Park Crescent February 2020	Visit/venue to be confirmed	Introduction to new Service Director and service visit – Highpoint House/Park Crescent .
Bromley 0-4 service July 2020	Visit to be confirmed	To receive a service update from Service Director and visit a service – Bromley 0-4 service (health visiting).
Forensic & Prison services – Keith Soper, Service Director and governor service visits		
HMP Wandsworth 30 January 2020 10am-12md	Maximum attendees = 6	To receive a service update from Service Director and visit health services at HMP Wandsworth – 9am departure by minibus from Pinewood House

2020 Governor/Service Director meetings and governor service visits programme

Meetings/visits	Maximum attendees	Information
Forensic & Prison services – Keith Soper, Service Director and governor service visits		
Memorial Hospital July/September 2020	Visit to be confirmed	To receive a service update from Service Director and visit inpatient forensic wards Hazelwood and Greenwood at the Memorial Hospital.
Greenwich Adult services – Helen Jones, Service Director and governor service visits		
Oxleas House 29 January 2020 9.30-11.30am	Visit to be confirmed	To receive a service update from Service Director and visit inpatient services at Oxleas House.
Memorial Hospital 30 June 2020 2-4pm	Visit to be confirmed	To receive a service update from Helen Jones, Service Director and visit Adult community health services at Memorial Hospital.