Oxleas NHS
NHS Foundation Trust

56th Meeting of the Council of Governors
Virtual meeting

19th March 2020, 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	Andy Trotter Chair Jo Mant Head of Stakeholder Engagement	-
2	Minutes of the Council of Governors meeting held on 12th December 2019	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	SLP Provider Collaborative	To approve	Azara Mukhtar Interim Director of Finance	**3**
6	NHSE/I Operational Plan 2020-21	To note	Azara Mukhtar Interim Director of Finance	**4**
7	Holding NEDS to account • Governor Board report	To note	Richard Diment Lead Governor	**5**
8	Grant Thornton External Auditor Fee Letter	To note	Azara Mukhtar Interim Director of Finance	**6**
9	Membership Committee • Membership developments	To note	Jo Mant Head of Stakeholder Engagement	**7**
10	Any other business		Andy Trotter Chair	-

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56th Meeting of the Council of Governors
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19th March 2020, 2.30pm – 5.00pm

Item		Purpose	Presented by	Enc.
11	**Advance questions**			-
	Date and Time of the next meeting Thursday 18 June 2020, 2.30-5.00pm Edwards Suite, Holiday Inn Bexley, Black Prince Interchange, Southwold Road, Bexley DA5 1ND			

improving lives

Oxleas NHS Foundation Trust

56th Council of Governors
19th March 2020

Item 2
Enclosure 1

Agenda item	Minutes of the last meeting of the Council of Governors 12th December 2019
Item from	Stephen Dilworth, Acting Chair
Attachments	Minutes of 12th December 2019

Summary and Highlights

Key Benefits:

Recommendation:

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

55th Meeting of the Council of Governors
12 December 2019
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**
John Crowley (JC)	Fola Balogun (FB)	Yvonne Bear (YB)
Sue Hardy (SH)	Marc Goblot (MG)	Richard Diment (RD)
Joseph Hopkins (JH)	Simon Hiller (SHi)	Kate Heaps (KH)
Janet Kane (JK)	Frances Murray (FM)	Carl Krauhaus (CK)
Liz Moss (LM)	Raja Rajendran (RR)	Cassandra Myer (CM)
Frazer Rendell (FR)	Lesley Smith (LS)	Dominic Parkinson (DP)
Sue Sauter (SS)	Tina Strack (TSk)	
Anoop Sekhon (AS)	Claire Wheeler (CW)	
Staff Governors		
Christine Kapopo (CK)		
Jo Linnane (JL)		
Sue Read (SR)		
Rebekah Marks-Hubbard (RMH)		
Suraj Persand (SP)		`
Vicky Smith (VS)		

In attendance

Non-Executive Directors	**Executive Directors**
Steve Dilworth (SDi) Steve James (SJ)	Matthew Trainer, Chief Executive (MT) Iain Dimond, Chief Operating Officer (ID) Ify Okocha, Medical Director (IO) Rachel Clare Evans, Director of Strategy and People (RCE) Jane Wells, Director of Nursing (JW) Michael Witney, Director of Therapies (MW) Jazz Thind, Director of Finance (JT)
Guests	
Simon Henley-Castleden, Associate Director Strategy Development (SH-C) Victoria Ellis, Associate Director Quality Assurance and Improvement (VE) Victoria Saffin, Head of Quality Improvement (VSa)	

Item		Actions agreed at meeting
1	**Apologies** Margaret Cunningham, Kara Lee, Mary Mason, Steve Pleasants, Sharon Rodrigues, Steven Turner, Nina Hingorani-Crain, Suzanne Shale, Amlan Basu, Jo Stimpson.	**Noted**
2	**Minutes of the Council of Governors meeting, 19 September 2019** The minutes were agreed.	**Agreed**
3	**Matters arising** AT thanked SDi for acting as Chair over the last few weeks.	**Noted**
4	**Managing demand** SH-C presented this item. <u>Emergency mental health</u> SH-C gave some background to the current programme of work. The Pre-Assessment Suite (PAS) was a space in Oxleas House where patients were assessed for admission and waiting for beds. It was not appropriate to keep it open as patients were waiting too long for beds in an environment that was not ideal for them. The trust is therefore thinking about how to do things differently to ensure our bed capacity is appropriately utilised and waits in emergency departments are kept to a minimum There are 4-5 themes from our Mental Health Transformation which will help these issues: Most importantly, we need to look at our community capacity and how we work within our community. Over the last few years, there has been an emphasis on beds, crisis care and A&E which has been good, but is not addressing the problem. We need to catch patients earlier in their journey before they need admission to a ward. We are working closely with our primary care colleagues within the primary care networks and other community partners and the voluntary sector, thinking about what we can offer differently in the community and how we can provide services in a more responsive way. Creating more alternatives for patients to the ED, for example, our crisis line. The crisis line has been running for over a year and patients can get advice out of hours and support. We know this has had an impact on the number of people presenting at the ED because they get the advice they need. We have also looked at why people go to the ED in the first place. For some patients, they think that the ED is the only place they can go, so we need to think about raising awareness about alternatives. Data on people attending the departments at the Queen Elizabeth Hospital (QEH) or Princess Royal University Hospital (PRUH), shows that about 50% of those people attending do so via the London Ambulance Service (LAS).	**Noted**

	We are working on having a mental health worker working alongside paramedics to go out in cars to see patients in situ. A pilot has been running in south east London with South London and Maudsley NHS Foundation Trust (SLaM) and this has shown quite a big impact on the number of people being taken into hospital. We are aiming to expand that and reduce the flows into hospital. We are also working with the Metropolitan Police with a CAT car, a police officer with a mental health professional undertaking street triage, to support people in mental health crisis. This launched this week within Oxleas and results are awaited to see how this is impacting on our services. This is one car working across Bexley, Bromley and Greenwich. With regard to these initiatives, we aim to analyse not only the reduction in ED attendances, but what happens to these patients afterwards. If we have less people going into hospital that is a good start. What we then need to do is think about how we pick up people earlier in the journey, so from February 2020, we will have senior nurses with our liaison team in the ED at the QEH. They will triage patients as they arrive so they will be able to assess very quickly whether someone is likely to need further assessment or be supported by our home treatment teams, GP or some other community resource. We are also very conscious that when people are in busy EDs, that's not the best environment for mental health patients as it can be more stressful. We are working with Ben Travis, Chief Executive of Lewisham and Greenwich NHS Trust, to develop a mental health suite in the ED at the QEH which is a space dedicated to patients with mental health needs. Alongside this, we are developing a model of peer support, having people with lived experience in the ED, being part of the resource working with patients. Finally, we are currently looking at our bed usage. The aim of this work is to have less people in our beds, less people waiting in the ED, that more people are looked after in the community in the right way and that if they do get to a crisis point, which we hope we can prevent, they know how to access services. <u>Winter pressures</u> We have some money for additional consultant support over winter. Over the period January-March 2020, we aim to have more consultants working evenings and at weekends. Evenings are one of the times when we see a peak in admissions. JC – I have the right to go to the ED. It feels like "Have you got a mental health issue? Can I get you out?". This is very sensitive. For the person, are they able to assess their physical health need as well as their psychological health need?	

	SH-C – Patients who come to the ED will always be seen by the physical health team first. These are patients who have been triaged by the existing ED and deemed to be a patient with mental health needs only. They then wait for the liaison team to assess them. You're right, I agree we are absolutely accepting it is always a place people will go to and there must be a service in the ED, but we would rather it's a place of choice rather than a place of default. JC – I think there is a social element. What has happened to the crisis cafes - loneliness is an issue. SH-C – There is still a crisis café in Bexley which has been very successful but is probably meeting an unmet need to some extent and not impacting on Oxleas' services because it is often a lower level of need. There are developments such as Lewisham's crisis cafe. We are still looking at what could be developed. What is working well is our SUN project for people with personality disorders. We are working to expand these as they have really had a positive impact on that particular group of patients. MG – Is there any data on whether some of these people are repeat users and, if so, that would imply there is a root cause. It could be there is a failure in the services or other things that keep on driving them to this crisis point and it would make sense to try to get down to the root causes. SH-C – You're absolutely right. Part of our community work is looking at exactly that and how we do that. Our analysis of our admissions is looking at exactly that. We have a group of super-attenders who we are very aware of. These people have bigger issues than we can address within health services. There are others that are quite regular but again, it is often housing, employment, or substance misuse issues. All issues we need to work with partners to address as this has to be a system wide solution. Within the ED, we are trying to have an integrated approach to mental health and we want to expand that in Greenwich to ensure it is included across the whole of the system. JL – Is there any data on the patient experience of being brought into a clinical unit and staying in that environment? I know it is a way of bed management but I wonder if there is any feedback of a person's experience of what it's like? SH-C – I'm sure there is because a similar unit has been running for a couple of years and is held up as a good example of what works very well and patients were part of the design of that. It's a very important part of the patient experience. JL - It's a good opportunity to get the patient experience before designing the service. SH-C – Service users will be involved in the design process.	
5	**Charitable funds** JT provided an update. At the start of the year, the trust had £565k charitable funds to spend. As of 30 September 2019, £84k had been spent, leaving circa £500k available. It is important to spend these monies. JT presented the future structure of the charitable fund. The trust has been considering its charitable funds which were consolidated down to 55 five years ago. The Finance team have worked with fundholders.	**Noted**

There are 23 restricted funds, meaning there is clear stipulation regarding how this money is spent. The trust is working with the Charities Commission to amalgamate the restricted funds, however this is a complex and lengthy process.

There are 32 unrestricted funds which can be used in a more open way. Of these, there are 4 new unrestricted funds – one for each borough and one for Estates. Centrepieces Mental Health Art Project operates as a separate registered charity of the same name and any balance in this restricted fund will be transferred and the charitable fund closed.

Between September 2019 to March 2020, a spend of £161k is forecast and people have been asked to come up with plans to spend these monies.

Trustees (the Trust Board) can overrule fundholders. To date this has not occurred.

The charitable funds accounts are reviewed independently and submitted to the Charities Commission. Internal audit completed a review of the charitable funds financial systems, the outcome of which was significant assurance with minor improvement opportunities.

The Board has approved consolidations.

MT – An example of this is our work with Charlton Athletic Community Trust (CACT). We have paid for a further 3 years project work rather than on a yearly basis.

It is hoped that the new staff assemblies can benefit from the funds to fund projects to improve staff well-being.

The trust's charitable funds are not promoted well either internally or externally and we want to make them more visible. JT and MT are looking at new sources of funding coming into the charity via donations and how these come in, learning from others such as SLaM.

RD – You mentioned monies being spent such as CACT, staff assemblies. How else are the charitable monies being spent?
JT – The Bracton has a sensory garden and people can go and work in it. At Green Parks House there have been environmental improvements.
KH – It's great to see you're developing a charity. You need to be clear what you are fundraising for, the public need to be clear where the money is going and what for. You can't sit on funds and not spend them. I disagree regarding not fundraising for others. We work in partnership and cannot be seen as competing. It would be good to have a conversation.
JT – We have never known anyone say they are fundraising for Oxleas. We need to re-visit what the purpose is and get it out to people. Our staff can fundraise for other charities.
LS – It is great you're investing in the Bracton garden. Are the funds suitable for other occupational therapy activity?

	JT – The fundholders are able to determine how the money is spent.	
6	**Holding NEDs to account** RD presented this item. A key legal responsibility of the Council of Governors is holding the NEDs to account individually and collectively for the performance of the Board. One way to do this is by observing meetings chaired by or attended by NEDs to see how engaged they are. These meetings are also a great way to understand more about the trust. RD urged colleagues to put themselves forward to attend Board sub-committees. It also enables governors to get to know the NEDs. A paper was in circulation for governors to indicate their interest in attending a programme of meetings as observers. Further information will be sent from the Trust Secretary's office. In the papers was a list of sub-committees members of the Council had attended. Governors were asked to report by exception. CW – I echo RD's comments. You see NEDs in action, you learn so much and it gives a real insight into how Oxleas works. Another way for governors to hold NEDs to account is to invite NEDs to talk about their NED activities. SJ was invited to present an update on his work. SJ is the longest serving NED, having been with Oxleas for 7 years. He was previously a NED in Greenwich Primary Care Trust. For the last couple of years, he has also been the Senior Independent Director (SID). The SID role supports the Chair, is a link with governors, attends the Membership Committee, meets governors as much as possible and is a formal link with the Board. If governors had a formal issue with the Chair, these would be addressed through the SID. SJ undertakes the Chair's appraisal. Staff concerns, when not addressed, can come to the SID as part of the Whistleblowing Policy. People do call SJ and it is important that they do. SJ became a member of the Mental Health Act Committee and has a good relationship with the Hospital Managers – these are part of the trust SJ feels should be more visible. They are volunteers who consider if people need to stay in hospital if they have appealed a decision. SJ is a member of the Audit and Risk, Performance and Quality and Infrastructure sub-committees. SJ is the Chair of the Quality Improvement sub-committee. The Qi model gives people the opportunity to do something to make changes for the better, to improve services the trust provides. There is fabulous work going on across the trust. The most impressive project recently for SJ was an admin project reducing waiting times. SJ undertakes NED visits to Bexley services and has spent time in Queen Mary's Hospital. He sees the subject of Queen Mary's pop up on various	**Noted**

	sub-committees. It is a fabulous site and a great example of quality building and partnership working in action. SJ is a strong advocate of asking if people get better as a result of the trust's interventions. SJ gave a personal account of his mother's excellent care received from the trust's district nursing service. JC – Qi does have its critics. SJ – I wouldn't always follow it by the rule. For me, it's important to improve things. Contented staff provide better services. There are criticisms of Qi but rare criticisms of staff improving things. KH – There is a real appetite/wish to enable more people to do more Qi. MT is having an impact on the organisation and change is happening as a result. LS – Is there a piece of work that's been particularly effective? SJ – Many. Violence and aggression in The Tarn led by an occupational therapist resulted in a provable reduction in violence and aggression on the ward. This was better for both patients and staff, agency usage stopped, people want to work there. AT thanked SJ for the tremendous amount of work he undertakes and his real passion for quality and people getting better.	
7	**NED reappointment** SDi and RD presented this item. <u>Re-appointment of NED Yemisi Gibbons</u> The first three year term of office for NED 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 SDi. In light of this, SDi made a recommendation to the NED Nominations Committee to re-appoint Yemisi Gibbons. The committee met on Thursday 29 November 2019 to discuss the proposal and supported Yemisi's re-appointment. AT – SDi and I feel Yemisi has done a really good job. She is really active around the trust and very busy in her professional life. Trying to get the balance is difficult. I recommend we re-appoint, she is a really strong member of the NEDs. She has reflected that she needs a bigger profile amongst governors and is keen to go on more development courses. RD – Colleagues were asked their views. Sometimes people were not as familiar with her work and this point was made. But she most certainly deals with really difficult things extremely well on the committee she chairs. The NED Nominations Committee recommended to the Council of Governors to approve the reappointment of Yemisi Gibbons as a non-executive director for a further three year term of office.	**Agreed**

	The Council of Governors **agreed** to re-appoint Yemisi Gibbons. <u>NHS England/Improvement Chair Development and Appraisal Framework guidance</u> 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. The Council of Governors **agreed** to the proposal to set up a small working group.	
8	**NED Remuneration** RD presented this item. For this item, AT, SDi and SJ left the room. The Non-Executive Director Remunerations Committee met for the first time on 28 November 2019. The committee was chaired by RD and included SDi, Acting Chair, TSk, Elected Governor and YB, Partnership Governor. RCE, Director of Strategy and People, and SBr, 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. <u>Changes to Chair's contracted hours</u> AT 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. This will bring Oxleas more in line with other foundation trusts and reflects that the transition to a new Chief Executive is now complete. <u>Remuneration of Acting Chair</u> RD updated the Council of Governors on the temporary arrangements in place while AT was absent and recommended that SDi's remuneration be increased to the level of the Chair's while he was undertaking the Acting Chair role in light of the greater time commitment and responsibility. JC – Is that not already part of SDi's contract? SBr – It is a separate type of contract. JC – Would someone as an employee be remunerated for acting up as a director? RD – If a NED was off sick we would manage. As this was the Chair, special arrangements were formally made after 6 weeks. As an employee you'd be recompensed. RCE – This is not an employee relationship. JK – For the first 6 weeks is he being paid?	**Agreed**

	SBr –AT was still undertaking the Chair role. This relates to when SDi formally undertook the role of Acting Chair. JC – This does raise a question regarding vulnerability. Is there a structure? SBr – Yes, as vice chair, SDi was already being recompensed for that role and is the nominated person to act up when the Chair is unable to be present. <u>NHS England/Improvement Remuneration for Chairs and Non-Executive Directors Framework</u> There is currently a difference in the remuneration structures of NHS Foundation Trusts and NHS Trusts. As a foundation trust, governors have the authority to set remuneration rates of the Chair and NEDs. Non-Foundation Trusts' rates are set by NHS England. The trust has tried to maintain its offer recognising we want the very best NEDs we can afford. The NED Remuneration 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 NEDs 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 NEDs – particularly as we operate in an area with a high cost of living. As NED Yemisi Gibbons was 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. The Council of Governors **agreed** to the proposals of the NED Remuneration Committee.	
9	**Membership Committee** RM-H presented this item. <u>Membership Committee</u> The Membership Committee met in October 2019. Governors provided positive feedback on this year's AMM held at Charlton Athletic Football Club in September which was attended by over 100 people.	**Noted**

	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 subcommittee planner. <u>Member engagement</u> 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 including 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. CM – What was the proposal to build forensic and prison members? RM-H – To work with the Forensic services at the Bracton Unit. SBr – Raymond Sheehy was very supportive of this new interest group for Forensic and Prisons. If we can work in partnerhip with Bridge to build this that would be helpful. CM – I will see what I can do.	
10	**Quality Improvement** VE and VSa presented this item. <u>Qi annual update</u> VSa gave an overview of Oxleas Qi programme. A clear mandate was agreed in 2016 to create a vision and build the will for Qi. A framework was identified for the trust's QI programme and Qi governance structure established and a team put in place. Courses have been delivered to build Qi capability and there are Qi sponsors in all directorates. The programme has a number of success measures including: • Number of staff trained in Qi • Number of service users involved in Qi • Number of Qi projects by directorate • Number of projects that have achieved their outcome measures • Number of projects that have achieved a return on investment	**Noted**

The Qi programme hopes to achieve:

- Teams engaged in locally led/owned improvement processes
- Consistently improving outcomes across the trust
- High staff engagement
- Systems to drive good clinical decision making
- Improved patient engagement
- SLP Qi Academy
- To become a centre of excellence

External assurance testing

VE informed the governors that 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.

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)

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.

- **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. (Mental Health & 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.

The Council of Governors were issued voting slips to select a local indicator to be sent for testing as part of the external audit for the annual quality report.

27 governors voted. **The selected indicator (12 votes) was option 4:**

Quality Objective 3 (Clinical effectiveness) Ensure we involve patients in planning their care and they have a care plan that is personal to them.

- ***Quality indicator 3.4 To ensure 95% of our patients will have a recorded care plan on RIO. (CPA)***

Quality Report 2019/2020

The Council of Governors received a mid-year progress update on the 2019/20 Annual Quality Report indicators, highlighting 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 31 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.

	Chief Executive update MT presented this item. MT focussed on some key issues from his paper. <u>Start Well Greenwich</u> The Royal Borough of Greenwich had put a contract out to tender earlier this year which impacted on both our health visiting and school nursing services. We put in a bid with Barnardos (which included our Greenwich health visiting services) but the Council's decision was to go with another organisation. There were some issues regarding funding and it was challenging to make the bid work financially. The trust will be hearing the outcome of the Bromley children's contract this week. MT will keep governors informed regarding both contracts. The Council's decision is upsetting for staff who will TUPE across to the new provider and they are being supported through this change. The trust has bid with Charlton Athletic Community Trust for the Young Greenwich contract which includes our school nursing service. This is still under negotiation. <u>Bluebell House</u> Bluebell House is a small service for children with complex needs which closed on 30 November 2019. The families were heavily involved in the planning for this change and we have worked constructively with Greenwich Clinical Commissioning Group. <u>Provider collaboratives</u> As part of the South London Partnership, we are seeking to take on the forensic budget for South London to jointly provide the range of services required locally. We would also take on a commissioning role from NHS England. The partnership would be one of the first to take on this role. A service user had joined MT at a meeting earlier today and had voiced her involvement in decisions about her care, which gave recognition of the trust's values driven, patient centred care. There will be a more in-depth presentation on provider collaboratives at a future Council meeting. <u>Local health economy</u> As a whole, SE London is in trouble financially with a significant deficit as a system. Oxleas is breaking even. This leaves the system with a real problem and JT and MT are talking with commissioners. Working with the Board and Clinical Directors to discuss how we can live within our financial means has helped the trust remain sustainable.	**Noted**

	JT – We are negotiating all contracts in SE London with SlaM. SE London is the only STP to get maximum funding. <u>Trust leadership developments</u> MT welcomed RCE to the trust. This was her first Council of Governors meeting as the new Director of Strategy and People. IO will shortly be joined by two new Deputy Medical Directors, two senior figures working across physical and mental health services. Dr Abi Fadipe and Dr Tom Clark have been appointed to the joint role. Dr Fadipe is currently Clinical Director for our Bromley services and Dr Clark will be joining us from the Princess Royal University Hospital where he is Clinical Director and Transformation lead. LS – The health visitors being TUPE'd, is there an option for them to be absorbed by Oxleas? MT – There may be opportunities for them to take on new roles with us. JW – Where we have vacancies we will do our best to absorb colleagues. Until we know the outcome, it is difficult to put anything in place. RD – The Mental Health Improvement Standard. At the last Council you said CCG self-compliance statements would be published. NHS England offered a 4 week extension to the end of October and CCGs have still not published anything. I understand that NHS England will now publish collectively. JT – We are waiting for the outcome. Nationally, 80% of CCGs are not compliant with the modified options. We are waiting for information on local CCGs and will report back on this. MT – We are getting more money and more investment in services.	
12	**SE London Community Services NHS Long Term Plan submission** ID presented this item. The NHS Long Term Plan (LTP) was published earlier this year and has required the NHS to make significant changes. The Council received a briefing on the changes required of adult community health services. The LTP seeks to make sweeping changes to the relationship between primary care and community services. ID advised how providers are responding to the STP in SE London. There are three components: • Getting help in a timely way when you need it. • Making sure there are no differentials in the way we respond to people whether at home or in a care home. • Being more proactive to help people stay well, stay healthy and stay out of hospital. There is an expectation that a person in physical health crisis will receive a response within 2 hours. People will be supported to get back to their optimum function as soon as possible. Intermediate care will be delivered in people's homes, a shift away from the usual model and reablement –	**Noted**

	packages of care to help people stay at home. The LTP suggests more funding will become available. MT talked about the challenged financial situation in acute trusts. This programme will drive down demand on acute hospitals with a model of integration focussing on no wrong door, reducing unnecessary admissions. There are a large number of people who do not need to be in hospital but remain there due to social care issues. The aim is to have more people at home with support. We need a culture of change to help older people living with frailty and how to support them to stay at home. In SE London, competition between providers is diminishing. In response to the LTP, Lewisham and Greenwich NHS Trust, Guy's and St Thomas' NHS Foundation Trust, Bromley Healthcare and Oxleas are working together to look at what we want to provide to people in SE London. We are able to submit a proposal to become a pilot national accelerator site – a response is awaited from NHS England. Providers have enjoyed the experience and have a model of collaboration we can work with. Colleagues are meeting to define what the core services offer will look like across SE London. ID also wanted to ask the Council their views on how best to engage with the public to gauge their experience. JM and ID had briefly discussed an approach: • General survey to gather experience • Test points through focus groups KH – That was a great presentation. The providers are all NHS, I note other providers have not been approached – care agencies, care homes, hospices. There is an issue regarding organisational memory. We have discussed ideas before and could have used opportunities. There is a difference between frailty and frail people. End of life has been sanitised into frailty. We need to stop using this terminology. Frailty has expanded as a definition. In Greenwich, frailty can relate to people in their 50's. It is a real shame frailty has replaced end of life than being seen as part of the whole group. ID – There are challenging systems around us which are changing so much. Where decisions are made, what sits centrally, what sits locally, working collaboratively. KH – The hospice is doing similar work and we're not talking to each other. If we are both spending money, we should do more. JC – Can you collaborate with CACT regarding the consultation? LS – The crisis café idea – one operates in Bexley with a level of success. The safe café in Dartford was run by service users but due to their own needs, there were not enough people to keep the service running. People want places to go to. ID – We are talking about physical health – these places are in the system	

	thinking. In terms of mental health, we are thinking about what is available. CW – I know the Bridge restaurant works really well. Is there any way of taking learning from that and create something that works.	
13	**Governors activity update** An updated activity report was tabled at the meeting, with more service and governor visits confirmed. This update was noted.	**Noted**
14	**Any other business** AT formally thanked MT for his outstanding leadership and that of the executive. Governors were invited to join AT and the executive for mince pies after the meeting.	
	Date of next meeting: Thursday, 19th March 2020, 2.30-5pm. **PLEASE NOTE CHANGE OF VENUE:** The Community Hub, Greenwich & Bexley Community Hospice, 185 Bostall Hill, Abbey Wood, SE2 0GN.	

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Oxleas NHS Foundation Trust

56th Council of Governors
19th March 2020

Item 4
Enclosure 2

Agenda item	Chief Executive Report
Item from	Matthew Trainer, CEO
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 issue. The Council is asked to receive and note the report.

The key issues in the report are:

- Coronavirus preparations
- Our Next Step Oxleas strategy development
- NHS Staff Survey
- Pre-Admission Suite Inquiry Response

Key Benefits:

Recommendation:

For the Council of Governors to note the report

Trust developments

1. **Coronavirus (COVID-19)**

We have been actively implementing guidance from Public Health England to prepare for the spread of COVID-19 and have set up a taskforce to ensure we protect our patients, staff and the public as far as possible. The steps we have taken include:

- Providing staff with the protective equipment as required
- Our nurses carrying out testing in the community at the homes of those referred by NHS 111
- Setting up a drive-thru testing hub at Queen Mary's Hospital in Sidcup for patients referred by NHS 111 who are able to travel in their own vehicles
- Sharing information with staff about what to do if they suspect they have been exposed to Coronavirus or a patient is showing the symptoms
- Planning how to run services safely if staff numbers are reduced by illness
- Reducing opportunities for cross infection by holding meetings and appointments virtually, increasing remote working and cancelling non-essential visits and meetings

Details are available on our intranet and website and we are updating this regularly.

2. **Our Next Step – 5 year strategy development**

Since mid-November, Oxleas has been undertaking a comprehensive engagement process with our staff, service users, carers and partner organisations to develop our strategy for the next five years. Governors have been involved throughout the process.

We have wanted to be innovative in our approach and to reach out to a wide range of people. We have undertaken a range of activities, including:

- On-line surveys for staff and members, using our network of community contacts
- 5 Closer to Home events in Bexley, Bromley, Greenwich and Kent for staff and members
- Videos with the Chief Executive and others
- Regular interactive webinars with senior leaders to discuss strategic direction and answer questions
- Events for senior staff group, Board awayday and Council of Governors plus discussions with professional network groups and staff networks.
- Feedback forms across the whole organisation
- Our Next Step focus groups in inpatient units and team meetings.

During the second phase, which took place from January until the end of February, we have been hearing from our teams about their priorities and suggestions for actions they would like to see taken. We have also undertaken a wide range of engagement activities with service user groups and individual service users and carers to gather their feedback.

We are still working through the rich feedback we received. Some of the key themes coming through include:

- Improving staff wellbeing
- Demonstrating kindness and respect
- Better access to services and shorter waiting times
- More staff development and training
- More social opportunities for staff
- Increasing use of technology to improve care and patient/staff experience
- Improved systems to support effective working

The information gathered through this engagement process will be combined with other themes emerging from our Board, Executive and wider discussions such as tackling waiting times, reviewing our values and behaviours, innovative use of technology, and further developing our approach to service user involvement.

We have also launched our staff assembly model to create local forums to improve staff wellbeing, support effective engagement and improve working lives. Our launch event on 27 February was signed up to by more than 100 members of staff from across the whole organisation and was actively supported by governors including staff governors and Bromley public governor Frazer Rendell. The energetic event has given the assembly leads a framework to develop their groups locally. Each directorate assembly will be supported with £10,000 of charitable funds to enable well-being activities and projects to take place.

By April, we will have developed the feedback into a set of priorities for action for the coming year. The high level strategy will go to the Board for agreement in May.

3. NHS Staff Survey response

Our 2019 NHS Staff Survey results were published in February 2020. We achieved a 51% completion rate which is the highest ever across the whole organisation and compares favourably with peers.

We perform well, relative to our peers, on some of the key indicators such as staff engagement and quality of care. There is more to do in relation to reducing violence and aggression, bullying and harassment and improving equalities. This feedback fits squarely with the feedback we are receiving from the Our Next Step work around wellbeing and staff experience and will build on programmes we are already developing.

We are also taking forward programmes to improve equalities through the workforce race and disability equality standards in particular tackling the issue of over-representation of staff from black and minority ethnic backgrounds in disciplinary processes.

As well as central initiatives to improve some of the blockers to excellent staff experience, individual directorates will be building programmes of local activity and our new staff assemblies will be key to improving local working lives.

The results will be discussed further at the March Workforce Committee and May Board meeting.

4. Pre Admission Suite Inquiry response

An inquiry was commissioned by the Board of Directors following an urgent enforcement notice on our Pre Admission Suite from the Care Quality Commission in August 2019. The findings of this inquiry were reported to the Board in January 2020 and the Executive team presented the actions they are taking in response to the Board in March. These are summarised below and completion will be overseen by the Performance and Quality Assurance Committee.

A. Risk Management and Reporting

Key finding
Concerns were noted regarding the accuracy and appropriateness of the Datix (incident reporting) system and inconsistent views of risk monitoring and management.

Actions

- Develop senior management team dashboards to include Datix information and highlight risk areas and review risks systematically in directorate Operational Review meetings.
- Review data reporting processes and increase training and support for local risk registers
- Develop risk appetite framework

B. Quality Control

Key finding
Need to develop and monitor quality and performance metrics

Actions

- Implement a revised peer review programme using Quality Improvement methodology

C. Good Governance

Key finding
Lack of systematic approach to developing a governance framework for non-commissioned services.

Actions

- Develop Quality Impact Assessment process
- Develop framework for total quality management

D. Leadership Capacity

Key finding
Limited operational management capacity in Greenwich directorate

Actions

- Leadership structure being reviewed

5. Local developments

Integrated Care Systems commissioner/provider progress

From April 2020, the six Clinical Commissioning Groups (CCGs) in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) will form a single South East London CCG. The CCGs have received confirmation that NHS England has approved the merger application to become South East London CCG on 1 April 2020.

6. Accessible Information Standard (AIS)

We are required to ask all service users, their carers and others who are important in their care (as well as governors and members) about whether they have a disability that means that information that we provide might need to be in another format. For example, if someone has a sight or hearing problem, we need to check with the person if they would prefer the information in large print, or if they perhaps need a hearing loop during their visits to our services. We are required to record this information in our clinical system and share this with others who might be in contact with the person so that their particular communication needs are always taken into account.

In Oxleas, while we have made very good progress with regard to AIS in some service areas like ALD, there is much more work to be done across our other services. A steering group has recently been reconvened under the leadership of our Director of Therapies and lead for patient experience, Dr Michael Witney. The steering group is very well supported by, amongst others, our trust head of equalities and human rights and has representation from each service directorate who are tasked with keeping directorates updated about AIS. We have a clear work plan to improve our performance, including ensuring all our staff are familiar with the AIS requirements and why they are important to meet.

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Oxleas NHS
NHS Foundation Trust

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Item 5
Enclosure 3

Agenda item	SLP Provider Collaborative
Item from	Azara Mukhtar, Interim Director of Finance
Attachments	Front Sheet only

Summary and Highlights

This paper seeks approval to progress the Adult Secure (Forensic) Provider Collaborative from the Council of Governors in order for the collaborative to go live from 1 April 2020.

The paper also seeks approval to be part of the financial risk share (MOU) for the Provider Collaboratives being led by SLaM and SWLStG.

NHS England will be providing further information and running workshops through the mobilisation phase (February and March).

The outcome of negotiations between the three partnership Trusts and NHSE have resulted in a forecast funding gap of £2.5m across the total of all 3 Provider Collaboratives. The gap is fully mitigated in year 1 with varying levels of risk.

If the PC business cases deliver their objectives, then the PC budgets probably contain a lower financial risk than the alternative of not taking them. PCs are the mandated direction of travel for Specialised commissioning, so the only realistic alternative may be delay rather than refusal.

Governance

The Provider Collaborative paper has been through the following Committees:

- Business Executive meeting
- Business Committee
- Board of Directors

Key Benefits:

Recommendation:

The Council of Governors is asked to approve the PC transfer budget which is due to go live in 1st April 2020.

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Item 6
Enclosure 4

Agenda item	NHSE/I Operational Plan 2020-21
Item from	Azara Mukhtar, Interim Director of Finance
Attachments	Front Sheet only

Summary and Highlights

The annual planning round has a longer timeline for 2020/21 than was the case for 2019/20. NHSE/I published the operational planning guidance for 2020/21 on 30 January 2020 detailing the expected delivery from the long term plan and moving forward towards financial balance. Additional technical guidance was published 7 February 2020 with further detail being available the following week.

The Trust plan will form an element of the South East London Integrated Care System (SEL ICS) plan which will include all NHS providers and commissioners in SEL. From 1 April 2020 the six SEL Clinical Commissioning Groups (CCGs) will be merged into a single SEL CCG with six place based teams aligned to the six SEL boroughs. The key national deadlines relate to the submission of the SEL ICS plans with an early draft to be submitted noon 5 March 2020 and a final plan submission noon 29 April 2020.

The SEL ICS submission is made up of the following documents:

- Financial Position
- Capital & Cash Plan
- Operating Bridges
- Efficiency Plans
- Workforce Planning
- Workforce Bridge
- Activity Data

The Trust is intending to create a Trust specific narrative plan to allow the staff, Board and governors to take a forward view of the 2020/21 year. This will need to be set in the context of the SEL ICS plan and narrative and as a result will need to align to the timetable for creation of that system plan. The Trust will have to provide additional Workforce and Member Elections data for the SEL ICS return:

- Finance
- Workforce
- Activity (Out of Area Placements/ Unplanned Emergency Admissions (OOA/UEA) and Data Quality Maturity Index (DQMI) score) other activity is not submitted by the

Trust although we will be held to system performance trajectories on a number of areas which will be submitted by SEL CCG. The Trust received the details of these trajectories 26 February 2020 and are currently reviewing them to assess whether or not we can deliver these within the current proposed offers

- Triangulation template (finance and workforce)
- Supporting narrative (plans for 2019/20 with regards to services; quality; the money and workforce).

As part of the final submission the Trust will, via the financial template, indicate its acceptance or not of the assigned Control Total of £0.02m deficit prior to use of Financial Recovery Fund (FRF).

The key elements of guidance are summarised below together with the Trust timetable incorporating the system timetable to meet national deadlines

Operational

- Mental Health (MH) system leaders should assure that finance, activity workforce plans are triangulated and support the delivery of key transformation programmes
- Providers of MH Community services to put arrangements into place with Primary Care Networks (PCNs) by March 21, to deliver services in an integrated manner
- Reduction on the reliance of Adult Learning Difficulties (ALD) inpatient care
- Community Health (CH) services to continue the implementation of Lord Carter's recommendation with comprehensive data returns and improved responsiveness to deliver Crisis services within appropriate timelines
- NHSE/I to review 'minimum and optimal' spend on digital technology to enable further productivity gains
- Reduce the environmental impact of clinical practices and ensure all new builds/refurbishments are delivered to net zero carbon standards

Financial

- Trusts that breakeven or declare a surplus control total will no longer receive FRF (Financial Recovery Fund) but can become eligible for a reward payment
- Tariff uplift 2.5%
- Tariff efficiency factor -1.1%
- All savings plans to be fully developed before the start of 2020/21 and agreed with Commissioners
- CCGs expected to continue Mental Health Investment Standard (MHIS) investment with NHSE to impose regulatory action with non-compliance
- Increase in employer Pension contributions to continue to be funded centrally in 2020/21
- Pay awards for Local Authority (LA) commissioned service staff to be paid for by LA

System Planning

- All Strategic Transformation Partnerships (STPs) to become ICSs by April 2021 under 'system by default' model with consultation to begin at the end of February 2020. NB SEL is already approved to be an ICS
- System wide ICS governance arrangements to be put into place during 2020 (including partnership board)
- Agreed cross-system financial governance and collaboration
- Streamlined commissioning arrangements including one CCG per ICS
- System level capital plans

Workforce

- An additional £150m available for staff development meaning each Registered Nurse and AHP member has a £1,000 as a development budget over a 3 year period
- Continued improvements in workforce diversity

Financial Recovery Fund (FRF)

- An organisation's total allocated FRF is divided into Organisation FRF and System FRF.
- System FRF: At least 50% of each organisation's FRF allocation will be linked to the system's performance against the system's Financial Improvement Trajectory (FIT). The system's total allocated System FRF will be reduced by £1 for every £1 of system underperformance. The resulting available System FRF will be distributed to the organisations within the system who meet their own trajectories, pro-rata according to the relative size of their FRF allocations. Organisations that fail to meet their own trajectories will not automatically be entitled to their share of that System FRF
- Systems have the opportunity to increase the System Percentage so a higher proportion is linked to system performance.
- Organisation FRF: the remainder of the allocated FRF will be linked to the organisation's performance against its own FIT on a tapered basis. Its allocated Organisation FRF will be reduced by £1 for every £1 of own underperformance.
- Following the Trust's acceptance of the ICS stretched target of £100k, the plan is now to over achieve our plan control total by £100k.

Operational plan Narrative

As a foundation trust we are required to submit an Operational plan narrative. There is a requirement for the narrative to provide a forward view and for it to align with the wider ICS narrative.

National/Internal Timetable

Milestones	Date
Exec Strategic awayday - dedicated on CIPs	28-Jan-20
Publication of technical guidance	07-Feb-20
Weekly Internal deliverables planning meetings	24 Feb to 28 Apr
Plan development	20 Feb to 4 Mar 20
Draft narrative - Internal	21-Feb-20
Strategic Executive team meeting - proposed saving schemes review	25-Feb-20
Weekly CIP meeting to sign-off schemes/Contract sign off	4 Mar to 14 Apr
Outline Financial plan to Board of Directors	05-Mar-20
First submission of draft plan and system led narrative	5 Mar 2020 (Noon)
Business Executive Review - Draft Op plan including narrative	10-Mar-20
Business Committee Review - Draft Op plan including narrative	17-Mar-20
Update Council of Governors	19-Mar-20
National Deadline for 2020/21 contract signature	27-Mar-20
Business Executive Approval - Final Draft Op Plan including narrative	14-Apr-20
Business Committee - Sign off of Op plan and Narrative	21-Apr-20
2020/21 Budget uploads	21-Apr-20
Finalise CIPs and allocate to budgets	21-Apr-20
Extraordinary Board meeting	23-Apr-20
Final submission of operational plan and system led narrative	29 April 2020 (Noon)

Governance

The Operational planning paper has been through the following Committees.

- Business Executive meeting
- Business Committee
- Board of Directors

Key Benefits:

Recommendation:

The Council of Governors is being asked to note the update on 2020/21 operational planning update.

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Oxleas NHS Foundation Trust

56th Council of Governors — Item 7

19th March 2020 — Enclosure 5

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

Summary and Highlights

Governor Board report

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

Board
January – Lesley Smith, Sue Hardy, Simon Hiller
March – Sue Sauter
May – scheduled to be Christine Kapopo, Sue Hardy, Vicky Smith

Business Committee
January – Joseph Hopkins, Rebecca Marks-Hubbard
February – Richard Diment, Sue Read
March – scheduled to be Joseph Hopkins, Annop Sekhon, Vicky Smith

Infrastructure Committee
February – Richard Diment, Frazer Rendell
April – scheduled to be Richard Diment, Vicky Smith, Sue Hardy

Audit & Risk Assurance Committee
January – Rebekah Marks-Hubbard, Sue Sauter
March – scheduled to be Raja Rajendran, Claire Wheeler, Yvonne Bear

Workforce Committee
January – Richard Diment
March – scheduled to be Simon Hiller

Performance and Quality Assurance Committee
January – Richard Diment, Joseph Hopkins
February – Joseph Hopkins, Claire Wheeler, Margaret Cunningham
March – scheduled to be Simon Hiller, Richard Diment

Quality Improvement and Innovation Committee
January – Lesley Smith, Sue Hardy, Suraj Persand
March – scheduled to be Cassandra Myer, Frazer Rendell, Liz Moss

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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Item 8
Enclosure 6

Agenda item	Grant Thornton UK LLP External Audit Fees 2019-20
Item from	Steve Dilworth, Non-Executive Director Azara Mukhtar, Interim Director of Finance
Attachments	Fee Letter

Summary and Highlights

Across all sectors and firms the Financial Reporting Council (FRC) has set out an expectation of improved reporting from all organisations, with all auditors required to demonstrate that additional and more robust testing has been undertaken. For 2019-20 this will mean that three key areas will require additional audit time across the sector and therefore increase the costs for all organisations. These areas include:

I. PPE Valuation – Additional scrutiny on Plant, Property and Equipment valuations (£1,850)

II. IFRS 16 – Operating leases are to be recognised as 'right of use' assets from the 01/04/20 (£800)

III. Overall Quality – The FRC has raised the threshold of what they assess as a good quality audit therefore requiring additional resource (£2,200)

Grant Thornton UK LLP have requested to increase the 2019-20 audit fee by £4,850 + VAT (from £47,500 to £52,350) but are seeking to maintain the cost of the Quality Accounts and Charitable Funds Accounts.

Key Benefits:

Recommendation:

The Council of Governors is being asked to note the update on 2019/20 Grant Thornton external audit fees.

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Azara Mukhtar
Director of Finance
Oxleas NHS Foundation Trust
Pinewood House
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DA2 7WG

27 February 2020

Dear Azara

Audit Fees

I am writing to initiate the discussion in relation to the 2019/20 audit fee for and set out my request for an increase to the 2019/20 audit fee. Given that we are now in our second year of the contract, meaning consideration will need to be given to whether you wish to extend for the plus two years option, I have covered the fee position in respect of those two years also to ensure you are fully informed for the length of the contract.

There are three key areas driving increased audit time across the sector and hence cost. The first is a general raising of the quality bar following the concerns around the financial performance of some recent high profile companies and the criticism of the Financial Reporting Council's role (FRC). Alongside the FRC, other key stakeholders including the Department for Business, energy and Industrial Strategy (BEIS) have expressed concern about the quality of audit work and the need for improvement. The FRC has raised the threshold of what it assesses as a good quality audit. Previously, on a four point scale (1;2a;2b;3) it considered a '2b' to represent a quality audit. Now it has set a 100% target for all audits to achieve a '2a'. Its threshold for achieving a '2a' is challenging and failure to achieve this level is reputationally damaging for individual engagement leads and their firm. Inevitably, I need to increase the managerial oversight to manage this risk. In addition, you should expect the audit team to exercise even greater challenge of management in areas that are complex, significant or highly judgmental which may be the case for accounting estimates, going concern, related parties and similar areas. As a result, you may find the audit process even more challenging than previous audits.

The FRC has determined that auditors need to improve the quality of audit challenge on Property, Plant and Equipment (PPE) valuations across the sector. We will therefore increase the volume and scope of our audit work to ensure an adequate level of audit scrutiny and challenge over the assumptions that underpin PPE valuations. If we identify any concerns, we may engage our own valuer to provide appropriate assurance.

The third area is responding to new accounting standards and local requirements, for example the introduction of IFRS16. I know you have appreciated our responsiveness in the past and I would wish to continue to be able to do this in the future.

Using the rates we quoted in our contract, I have assessed the impact of the above as follows for 2019/20:

Area	Days	Cost £
Raising the quality bar	5	2,200
PPE	3	1,850
New standards/trust developments	1	800
Total		4,850

This would give a fee for the statutory accounts audit for 2019/20 and 2020/21 of £52,350 plus VAT. I would seek to maintain the cost of the quality accounts review and charitable fund independent examination as per our current contract price.

For the two years extension, I have allowed for an inflationary increase as below.

Year	21/22	22/23
	£	£
Audit fee	52,350	53,920
Inflation	1,570	1,620
Statutory accounts audit	53,920	55,540
Potential expansion of VFM scope	5,000 to 15,000	5,000 to 15,000

You will be aware that the National Audit Office is currently consulting on revisions to the Code of Audit Practice. This defines the scope of audit work in the public sector. The most significant change is in relation to the Value for Money arrangements. Rather than require auditors to focus on delivering an overall, binary, conclusion about whether or not proper arrangements were in place during the previous financial year, the draft Code requires auditors to issue a commentary on each of the criteria. This will allow auditors to tailor their commentaries to local circumstances. The Code proposes three specific criteria:

a) Financial sustainability: how the body plans and manages its resources to ensure it can continue to deliver its services;

b) Governance: how the body ensures that it makes informed decisions and properly manages its risks; and

c) Improving economy, efficiency and effectiveness: how the body uses information about its costs and performance to improve the way it manages and delivers its services.

Under each of these criteria, statutory guidance will set out the procedures that auditors will need to undertake. An initial review of arrangements will consist of mandatory procedures to be undertaken at every local public body plus any local risk based work. The consultation is open until 22 November 2019. A new Code will be laid before Parliament in April 2020 and will apply from audits of local bodies' 2020-21 financial statements onwards.

Until the consultation is finalised and more details emerge of what is expected of auditors, it is difficult to cost the impact. However, I appreciate you and the auditor panel want an indication for your decision making. I have therefore noted an estimate in the table above, but at this stage have not reflected this in the revised statutory accounts audit fee quoted in the table.

I hope this is helpful and allows you to make an informed decision. Should you wish to discuss this further, please do not hesitate to contact me.

Yours sincerely

Sarah Ironmonger

Director

For and on behalf of Grant Thornton UK LLP

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Oxleas NHS Foundation Trust

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19th March 2020

Item 9
Enclosure 7

Agenda item	Membership Committee
Item from	Jo Mant, Head of Stakeholder Engagement
Attachments	Front Sheet only

Summary and Highlights

Our Next Step – member engagement
Governors received an update on the trust's Our Next Step service user and carer involvement plan, developed as part of the trust's strategy development work. The involvement plan showed how members had been invited to participate, the wide range of services participating in the survey, and a significant number of third sector organisations including associate members who were promoting the survey through their networks and channels or providing opportunities to talk to their members.

Building service user/carer interest group membership – CYP and Forensic & Prison
Due to the Our Next Step involvement programme, progress had been limited.

A meeting had taken place with the Forensic and Prison senior management team and it was acknowledged that restrictions within the trust's Constitution would limit the eligibility of many service users from becoming members of this interest group.

It was intended to undertake work with the Forensic recovery college based at the Bracton Unit as service users accessing the college may be in a better position to consider membership.

Simon Hiller is interested in setting up a governor meeting to discuss children and young people's membership. If any governors would like to get involved, please let Jo Mant know.

Membership engagement
The trust is planning to participate in the Greenwich Get Together and Armed Forces Day taking place on Saturday, 28 June 2020. Governors are invited to support this event which takes place in the heart of Woolwich.

Key Benefits:

Recommendation:

Governors are asked to note.