

63rd Meeting of the Council of Governors
Virtual meeting

9th December 2021, 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 16 th September 2021	To agree	Andy Trotter Chair	1
3	Matters arising	To note	Andy Trotter Chair	-
4	Executive Nominations Committee <ul style="list-style-type: none"> Appointment of Chief Executive 	To ratify	Andy Trotter Chair	2
5	NED Nominations Committee <ul style="list-style-type: none"> Appointment of new Non-Executive Director Appointment of Senior Independent Director 	To agree and to note	Sue Sauter Lead Governor Andy Trotter Chair	3
6	Lead Governor Report	To note	Sue Sauter Lead Governor	4
7	Membership Committee update	To note	Simon Hiller Membership Committee Chair	5 – TO FOLLOW
8	Chief Executive report	To note	Dr Ify Okocha Interim Chief Executive	6
	10 minute break			
9	Oxleas' Strategy update <ul style="list-style-type: none"> Great Place to Work/ Building a Fairer Oxleas 	To note	Nina Hingorani-Crain NED Rachel Clare Evans Director of Strategy & People	7

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Item		Purpose	Presented by	Enc.
10	Improving the experience of patients with mental health needs in emergency departments through partnership working	To note	Kelly Lewis-Towler , Divisional Director for Operations, Lewisham & Greenwich NHS Trust Iain Dimond Chief Operating Officer, Oxleas	Presentation
11	Comprehensive Inquiry Report – Mr A	To note	Jane Wells Director of Nursing Iain Dimond Chief Operating Officer	8
12	Quality Management Framework <ul style="list-style-type: none"> • Selection of a local indicator for external audit 	To note	Yemisi Gibbons NED Dr Tom Clark Joint Acting Medical Director	9
13	Any other business		Andy Trotter Chair	-
	Advance questions			-
	Date of the next meeting Thursday, 17th March 2022, 2.30pm			

63rd Council of Governors
9 December 2021

Item 2
Enclosure 1

Agenda item	Minutes of the last meeting of the Council of Governors 16 September 2021
Item from	Andy Trotter, Chair
Attachments	Minutes of 16 September 2021

Summary and Highlights

Key Benefits:

Recommendation:

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

62nd Meeting of the Council of Governors
16 September 2021
Virtual meeting

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
Les Clark (LC)	Fola Balogun (FB)	Yvonne Bear (YB)
John Crowley (JC)	Simon Hiller (SH)	Richard Diment (RD)
Margaret Cunningham (MC)	Frances Murray (FM)	Cassandra Myer (CM)
Sue Hardy (SH)	Lesley Smith (LS)	Dominic Parkinson (DP)
Joseph Hopkins (JH)	Steve Pleasants (SP)	Mark Ellison (MEI)
Liz Moss (LM)	Claire Wheeler (CW)	Kara Lee (KL)
Sue Sauter (SS)		Miranda Williams (MW)
Steven Turner (ST)		
Ray Warburton (RW)		
Staff Governors		
Janice Algar (JA)		
Sharon Rodrigues (SR)		
Rebekah Marks-Hubbard (RM-H)		
Stacy Washington (SW)		

In attendance

Non-Executive Directors	Executive Directors
Steve Dilworth (SDi) Steve James (SJ) Jo Stimpson (JS) Suzanne Shale (SSh) Nina Hingorani-Crain (NH-C) Yemisi Gibbons (YG)	Dr Ify Okocha, Interim Chief Executive (IO) Azara Mukhtar, Director of Finance (AM) Rachel Clare Evans, Director of Strategy and People (RCE) Jane Wells, Director of Nursing (JW) Iain Dimond, Chief Operating Officer (ID) Neil Springham, Director of Therapies (NS)

Guests

Lawrence Mack, Service Director Forensic & Prisons (LM)
Michelle Storer, Associate Director of Business Development and Partnerships (MS)
Vicky Woods, Associate Director Quality Assurance and Improvement (VW)
Gemma Murkin, Head of Quality Assurance (Interim) (GM)
Sarah Ironmonger, Grant Thornton (SI)

Item		Actions agreed at meeting
1	<p>Apologies were received from Michael Earnshaw, Mark Ellison, Marc Goblot, Kate Heaps, Carl Krauhaus, Ruvimbo Mutyambizi, Raja Rajendran, Tina Strack, Amlan Basu and Sarah Burchell.</p> <p>AT welcomed governors to the seventh virtual meeting of the Council of Governors. This was being held virtually due to the COVID-19 virus. Governors joined the meeting via MS Teams.</p> <p>Lead Governor election AT highlighted that RD would be leaving the Council of Governors following the AMM on 29 September 2021. AT thanked RD for being an outstanding Lead Governor having served nine years as a governor at Oxleas.</p>	Noted

	AT congratulated SS who had been elected as the incoming Lead Governor with effect from the AMM.	
2	<p>Minutes of the Council of Governors meeting, 18 March 2021</p> <p>Subject to the following amendments requested by AM, the minutes were agreed as correct.</p> <p>Page 6, Building Block Eight: Making best use of resources – Finances</p> <p>Amend NHSIE to NHSE/I.</p> <p>Amend Directors of Finance and Chief Financial Officer to Directors of Finance and Chief Financial Officers.</p>	Agreed
3	<p>Matters arising</p> <p>There were no matters arising.</p>	Noted
4	<p>Chief Executive update</p> <p>AT formally welcomed IO as Interim Chief Executive.</p> <p>IO presented this item, focussing on several items from his report to the Council of Governors.</p> <p>Covid-19</p> <p>We are maintaining infection prevention and control measures. Due to a Covid outbreak affecting some patients and staff, a ward in Bromley was closed to admissions for two weeks.</p> <p>We continue to encourage our staff to receive the vaccine and are offering those who have concerns about health issues specialist advice and support. Our staff vaccine uptake is good, with 80% having received their 1st vaccine and 70% their second.</p> <p>We have been asked by NHS England/Improvement to administer the Covid-19 vaccination to 12-17 year olds in Bexley and Greenwich. This will be taken forward by our Children and Young People Directorate led by Lisa Thompson.</p> <p>We are preparing to roll out our annual flu vaccination campaign for staff. This year's target is 85%.</p> <p>We have contributed to Delivering the COVID-19 vaccine across London evaluation report.</p> <p>Our Greenwich services were presented with a COVID-19 Response Champion award by the Mayor of Greenwich in August in recognition of the role we played in delivering care to patients during the pandemic.</p> <p>Promoting compassionate leadership</p> <p>IO is hosting a session with Michael West, Professor of Organisational Psychology at Lancaster University, to promote compassionate leadership at Oxleas. Governors were invited to attend the session taking place on 28 September.</p> <p>South London Listens</p> <p>Following the successful community event in July involving the South London Partnership, local authorities and community organisations to look at the impact on mental health of Covid, we are working with colleagues to agree a two-year action plan.</p> <p>We will be taking forward our pledges around increasing accessibility of services and cultural awareness and supporting the development of communities through job opportunities, procurement etc through our strategy workstreams.</p>	Noted

	<p>Afghan refugees 700 Afghan refugees arrived in Greenwich and our staff have contributed through volunteering and providing support to those with psychological difficulties.</p> <p>RW: Two points – Michael West has undertaken some wonderful equality impact analysis, it would be worth obtaining this to compare against the backdrop of Building a Fairer Oxleas (BAFO). In the CEO report, it says that visitors are asked to wear masks and staff are asked to do twice weekly lateral flow tests. Do they do the tests? IO: This is what we ask them to do and we are monitoring recording of test results. RD: I've been involved in a discussion concerning care home staff requiring a first Covid vaccine by yesterday to enable them to continue to work. Is anything similar likely to be adopted by the NHS? Do we have contingency plans in place to move to compulsory vaccinations and how would the trust cope regarding workforce numbers? ID: A consultation is live on the subject of mandating Covid vaccines for NHS staff. Up to now, there has been a huge amount of hesitancy in mandating this. Most directorates have some access into care homes and have contingency plans in place. We are plugged into the local borough based multiagency discussions around this.</p> <p>AT thanked IO for his presentation.</p>	
5	<p>External Auditors' update SDi and SI presented this item.</p> <p>SDi introduced SI, the trust's lead auditor at Grant Thornton (GT), our external auditors. GT are now entering their fourth year as our external auditors and over the next 12-18 months we will be reviewing and possibly re-tendering our external auditor provision. SDi explained that governors play an important part in the tendering process for the external auditors, with as a minimum, the Lead Governor invited to participate on the interview panel. In addition, governors approve the final appointment.</p> <p>SI presented the external auditor's update.</p> <p>GT undertook the trust's financial statements audit, giving an unmodified opinion on 28 June 2021, and their value for money conclusion work with a certificate issued in July.</p> <p>The National Audit Office code for all auditors working on NHS audits in relation to value for money has changed this year. GT is now expected to document the trust's value for money arrangements and to provide a commentary on this in relation to financial sustainability, governance and improving economy, efficiency and effectiveness, and for 2021, an additional area relating to Covid-19. No significant weaknesses were identified by GT, but a number of improvement recommendations have been made.</p> <p><u>Financial sustainability</u> The improvement recommendation relates to savings and how the trust develops recurrent and continued savings.</p> <p><u>Governance</u> Two improvement recommendations were made. One relating to the Board Assessment Framework (BAF) and how the trust shows the impact of mitigating controls. The other recommendation relates to management capacity as the trust</p>	Noted

	<p>emerges from the pandemic, to look and refresh the BAF to re-consider key risk areas.</p> <p><u>Performance reports</u> The improvement recommendation suggested performance reports focus on areas that should be of concern to the Board.</p> <p><u>Partnership working</u> The improvement recommendation relates to how information from the Partnership Committees in Common meetings is shared.</p> <p><u>Improving economy, efficiency and effectiveness</u> The improvement recommendation relates to how the trust responds to serious incidents, how we learn and track through actions taken to address and learn from them.</p> <p><u>Covid-19</u> The improvement recommendation relates to how the trust responded to the pandemic and the good practice in place. It was suggested this could be grown and built upon.</p> <p>RW: When you looked at the BAF, did you come across risks that had been risks for years and what did you think about that? Can a risk that's been a risk for ages still be a risk? SI: Some risks will always remain open, it depends on how the trust is updating and responding to them. Some parts of the system will always remain a risk. It would be a concern if risks and controls stayed the same and there was no real update. The trust should make sure there is a clear focus on key risks and what is being done to address those within its control. SDi: Risks have in nature changed over the years and we are now making sure we capture these developments in our BAF. For example, we continue to have financial and recruitment risks but the specific nature of these change. On a fairly recent internal audit report by KPMG, they gave us significant assurance which is the highest mark for our risk maturity and the work done on longevity of risk.</p> <p>AT thanked SI and SDi for presenting this item.</p>	
6	<p>Membership Strategy 2022-24 RM-H presented this item.</p> <p>The development of a new three year Membership Strategy has been overseen by the trust's Membership Committee. The draft Membership Strategy was circulated to all governors as part of its development to enable comments/ contributions from the wider Council.</p> <p>The Membership Strategy has been developed to contribute towards the trust strategy's aims and in recognition of the changes in legislation with the formalising of Integrated Care Systems (ICS).</p> <p>The Membership Committee agreed the draft Membership Strategy on 2 September 2021. The Council of Governors approved the draft Membership Strategy 2022-24.</p> <p>SSh: I'm pleased to see that part of the strategy is looking to boost involvement and co-production using governors as a gateway to that, but also developing it within the executive team as well. I was really pleased to see that and I'm quite optimistic where things may go in the future.</p>	Approved

	AT thanked RM-H and the Membership Committee for their work in preparing the new Membership Strategy.	
7	<p>Oxleas Strategy update RCE presented this item.</p> <p>RCE gave an update on our three year strategy launched in April. Governors were thanked for their engagement and contribution to the strategy development.</p> <p>Our three big priorities – Zero delays, Delivering great out of hospital care and Making Oxleas a great place to work are ambitious in scope and transformative in the care that we provide and the organisation that we are. Designing and delivering the strategy has been a team effort right across the whole Executive. Over the last few months, a lot of work has been undertaken under the leadership of AF and LR on the first two priorities.</p> <p>Building on the point SSh made in the last item, RCE advised that the strategy and its development and delivery are a way to make sure we really embed great service user, patient and carer involvement and co-production in all that we do. Staff must also be actively engaged and involved to deliver the strategy. We want to ensure we make full use of Quality Improvement and all the levers we have to deliver these outcomes. The Board, its committees and the Council of Governors will be kept updated on progress.</p> <p>AT thanked RCE for her presentation, thanking the executive for the huge amount of work involved and acknowledging the demands on all senior executives at the present time.</p>	Noted
8	<p>Building a Fairer Oxleas (BAFO) & Staff Survey NH-C and RCE presented this item.</p> <p>The trust is addressing areas to reduce inequalities as outlined in the report. These workstreams are complex, built up over a period of years and multifactorial, needing a thoughtful approach in order to result in change that is sustainable and meaningful.</p> <p>NH-C continues to be struck by the resolute commitment of the Board, executive and staff to try to address issues and by the thought, care and energy RCE and her team have put into this. The starting point has been to listen to understand issues before tackling them. The focus coming out of this work has been wide, balancing the need for staff to see and feel that things are different on the ground, with the need to drill down into some of the issues to be able to create more structural solutions that will lead to longer term change.</p> <p>RCE added that the trust is required to report publicly on race and disability. They are part of a much bigger picture. We also know that people have differing experiences based on sexuality, gender, or religion and age and we are looking at all experiences as part of our BAFO work. A robust action plan is being developed based on the data within the report but also engagement with staff and our networks. These will feature in our plan for Year 2 of BAFO.</p> <p>AT thanked NH-C and RCE for the huge amount of work being undertaken and asked where they saw the challenges at the present time.</p> <p>RCE advised the biggest area was the overrepresentation of BAME staff in our disciplinary procedures. We have joined an NHSI/E vanguard group looking at best practice. We are working out where our specific issues have been. We are looking at our approach building on 'Just Culture' and how it is embedded, have had some very useful deep dives with our NEDs and discussions at our Workforce</p>	Noted

	<p>Committee. We engage our networks in looking at our performance in order to challenge us in these areas. We want to be in an improved situation by this time next year.</p> <p>AT: How does the trust compare and is this an issue across the NHS? RCE: The trust is middle of the patch and not where we would want to be. There are worse performing organisations, notably some of our neighbouring trusts, but there are a number doing much better than Oxleas.</p> <p>AT: I suggest some time is allocated to further discussion on this at a future Council of Governors to see how we are progressing. RCE: There is something about how we approach different areas. One of the things NHSE/I asked was that we reserve disciplinarys for a very narrow category of cases – that is something that we want to actively consider. We are already trying to make sure that we only go to disciplinary where we are sure we have looked at all the mitigating factors. We try to build that in, but we can be even more consistent on that approach.</p> <p>SS: It’s interesting to hear that you’re looking at the wider views rather than just the disciplinary eg what was underneath that disciplinary, what was the cause and other issues. In my experience it is often a lack of knowledge and training that leads to that disciplinary. Do you think that the shortage of staff, recruitment and Covid has impacted at all? RCE: This is a particularly stubborn thing to fix for all trusts. We have seen in a number of trusts that the overall number of disciplinarys has gone up and this is what we’ve seen. It is difficult to separate the impact of Covid.</p> <p>NH-C: There is value in drilling down into a level of detail. When NEDs have drilled down with RCE it shows a level of complexity and underlying issues being raised. I believe a lot will be addressed through BAFO but some are not going to go away. There is a strong role that the pressures of the pandemic has played and it feels like it has got worse before it gets better but we are on that path to getting better.</p> <p>AT: YG, having looked at the PQAC papers and the report on HMP Rochester, there were a number of issues raised there that came up at PQAC for review. These seem to play into this issue, any thoughts? YG: We did talk about this at PQAC and are aware the working environment in prisons makes it difficult for our staff and there is obviously a link in the way our staff are managed and patient safety. It is something I know LM and the Prison directorate have been working together to try and solve. One of the things that comes up is the fact that especially in prisons, the culture doesn’t necessarily align with Oxleas’ culture so we are trying to level that out. We have got to work better on ensuring we bring our prison staff into the core because, as RCE was saying, a lot of the data shows that those kind of disciplinarys are occurring within our Prisons directorate.</p> <p>RW shared his concerns about the BAFO report noting that, while he felt colleagues were committed to making improvements, he did not consider the issues were being taken seriously enough and that some of the language used in the report and the way information was presented played down the significance and impact on colleagues. He also requested that more attention is paid to equality statements in report front sheets to make sure they are meaningful. AT thanked him for raising these issues.</p> <p>NH-C responded to RW’s comments explaining that the staff survey data was based on the survey that was carried out in Autumn last year. Therefore, it is unlikely to reflect the full range of actions that have been taken under the BAFO work programme. She noted that a lot of the behaviours may be entrenched and accepted by those who have been in the NHS for a very long time, but the conversations the Board have had for the last 12 months have been very open saying this isn’t ok. As someone who is from a BAME background herself, she</p>	
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expressed that she would not be satisfied unless we tackle structural and contributory reasons.

She noted that she is particularly glad that RCE has been able to take forward Operation Cavell with the Metropolitan Police and she will take up RW's comments with RCE.

YG: A quick response to RW's comment regarding the front sheets, thank you for your email with all your questions about PQAC yesterday, I have responded back to you. In relation to the front sheets, it has been mentioned to the relevant authors. There have been some improvements made but obviously we have a way to go with this.

YB: I wanted to pick up on a wider point. I was looking at the WRES indicators 6, 7 and 8 I know the focus of this report is on racial equality but it was quite interesting to read the responses from white colleagues too. Are there any underlying issues that are affecting people from all of society?

RCE: Thank you YB, I think that's a really useful observation and you're right to point it out. When we spent a lot of time last year really listening in depth to the experiences of our BAME staff, we were very clear that the things that they identified needing fixing, we were going to fix for everyone, so these are not interventions which are designed only to benefit particular groups in the organisation, they apply across the board and hopefully, everyone will see the benefits of some of the issues that have been raised.

Our work on tackling bullying and abuse from staff to each other we are trying to take through in a range of ways but probably the clearest is around our behavioural framework. This underpins our new values and sets out very clearly what's acceptable and what is not acceptable so there'll be real clarity about what those expectations are.

When it comes to abuse from our patients, since the beginning of the year we have had a group looking at violence, aggression, hate crime and abuse from patients towards our staff. We've worked with the Metropolitan Police and more widely on Operation Cavell and we're developing our 4 'Ps' approach around prediction, prevention, supporting people and prosecution. We are trying to make sure that we are really clear with patients about what they can expect from us but also what we can expect from them and how we will follow up if there is abuse and bullying against our staff. You're right, this is particularly an issue for some of our BAME staff but does apply right across the board and we need to tackle it accordingly.

LS: I think what you're doing is great. I think we should celebrate the improvement. I thank you for all the hard work that's been put in and I feel really positive. I've been here nine years and these things were raised probably at least three years ago and, as you already mentioned, there's sort of a mindset that operates sometimes within the NHS to put up with things or that things take so long that they'll never get dealt with. I'm really delighted that it's actually progressing and things are being acted upon and there are new fresh mindsets.

AT: And thank you LS, we're going to miss you, you've been a critical friend. You've challenged us and you've been a major part of what we've done over the last few years so thank you for your contribution. I think this is a really good discussion and I think it's right that there's a real challenge on this. We've talked about how important our staff are to us but I want to recognise the work that has been done on this. I think this is a huge commitment and we know there's a lot

	<p>more to be done but I know the passion with which RCE leads this, the personal drive and energy that she puts into it, and NH-C and YG and everybody else that's been involved in this. I want to acknowledge the superb work and effort that's gone on so far without in any way being complacent. We know we've got a long way to go but it's going to keep improving and we will continue to focus on it.</p>	
9	<p>South West England Tender – Prisons LM and MS presented this item.</p> <p>LM's paper presented the direction of travel for new business opportunities for the trust's prison services. This would allow the trust to expand into a new geographical area to provide a fully integrated health and well-being model of care for detainees in south west England prisons. The key benefits for the trust and service users were presented.</p> <p>The project team was given approval by the Business Committee in August via delegated Board authority in July to submit the draft bid response questions.</p> <p>LM advised that he was keenly aware of the risk of isolation from the rest of the trust and would create regional teams with senior management oversight. LM's challenge and for the senior team was to ensure staff within our prisons feel connected to, and part of, the trust.</p> <p>Feedback was awaited on the trust's draft submission, this will be incorporated into the final bid.</p> <p>RW: In your summary you talk about the work to secure Oxleas services in the south west as a business opportunity. I just wonder about that language and is this a business concerned with markets or are we more about services for vulnerable people? LM: We're more about services for vulnerable people but the reason I use 'markets' is because this would take us out of our normal geographical place which is Kent and London. RW: I just wondered LM when you list the key benefits that maybe the first key benefit is 'to secure good health services for prisoners' rather than securing Oxleas as the biggest provider of prison services in the country. LM: Thank you. MS: We did some market analysis about provision nationally of prison healthcare. We feel that the model that we deliver within prisons is a really good one and is very patient-centred and we feel passionate about our patients. We have had some excellent feedback on the services that we do deliver as an NHS trust in comparison to some of our competitor organisations, but absolutely, I do think we keep patients at the heart. AT: It's an interesting point. When the Board has considered such issues, we have discussed whether we can improve the care offered to people under these services. You are right to raise this but this is a snapshot of a huge amount of work that sits underneath that. LM talks about being distant from Oxleas, in the past we've been quite hesitant about going for anything that was not co-terminous with our services. I've been reflecting on this and, if we're confident in what we do and if we think we're good, then I think we can do that in a number of places as long as we have that leadership, management oversight, care for local staff that LM touched on, that will be very much part of how we take this one forward. JC: I was just going to pick up on one point but I was also going to ask LM that in view of the ICS discussion we had earlier, are there opportunities to collaborate with others if we were going forward with the bid?</p>	Noted

	<p>LM: We are collaborating with a number of sub-contractors who we are working with. We still believe in working collaboratively as an approach but we have to have willing partners to join us in that approach.</p> <p>MS: For the south west bid, we hope our collaborations will set us apart from other providers.</p> <p>AM: I wanted to come in on one point RW made. I recognise the tonal aspects that you were raising but as Director of Finance I do think it is incredibly important that we can actually live within the financial envelope of any bids we submit because the impact of not doing so deteriorates quality across the length and time of the overall contract. Therefore, that piece of analysis and making sure that it is actually financially viable is terribly important for the services that we will continue to deliver under the contract. I recognise that may not have been the issue you were raising as it was a tonal point RW, but I think it is important that we always keep that in mind.</p> <p>AT wished LM and MS well with the bid and looked forward to hearing more in due course.</p>	
<p>10</p>	<p>Comprehensive Inquiry Report NS presented this item.</p> <p>NS presented the background to this sad case, the panel's findings and recommendations. The Comprehensive Inquiry Panel was chaired by NS and involved SSh and YB.</p> <p><u>Key learning</u> The older people's mental health demographic continues to evolve in relation to self-harm and suicide risk. Age or cognitive impairment cannot be considered a protective factor to the degree it had been previously.</p> <p>AT asked who was taking forward the recommendations? NS advised that the policy has been addressed. The Nursing Directorate and Aisling Clifford, the new service director in the adult acute and crisis care pathway, will be leading on these.</p> <p>AT: I was just looking at the alternative face mask for example and how practical is that. JW, can you help on this? JW: That was explored by Helen Nicholls, our Prevention of Infection and Control Nurse and there isn't an alternative source. What we've done is strengthened the advice we give to clinicians and highlighted the risks.</p> <p>YB: On the subject of that face mask, are we happy with that answer? I appreciate what you've said that we've done what we can to mitigate the risk but is there not some line with which we could be feeding to PPE procurement? Do we not have a duty of care to pass that up the procurement line? JW: The outcome of all the incident reports are shared with the CCG and with NHS England. Information is shared with the National Patient Safety leads so there is a route to collate emerging information about risks such as these SSh: I have some sympathy for YB's point. I think that we have to do what we can in terms of mitigating the risk through the action of our clinical staff and I am pleased to hear JW say that's now part of our practice. I wanted to comment more broadly on the action plan as this makes some really good points about how the harmed patient pathway which we conceptualised should be implemented. I think what is being proposed there goes into proper depth about what we need to do to support families, patients who survive and staff when something goes wrong. To anticipate that this will be coming forward by January 2022 would be really excellent and put Oxleas at the forefront of trusts who are trying to do better by all those groups of people where there has been harm.</p>	<p>Noted</p>

	<p>CW: In relation to the Delivering bad news training, what would this look like? We almost have an expectation on our mental health staff of having that skill but it actually is a very specific kind of skill. In terms of early intervention, was this something that really triggered Mr A?</p> <p>NS: When we were looking at that, one of the things was it isn't just breaking bad news but it's assessing its impact. It's linked to the idea of really understanding someone's social background and personal history and the kind of triggers that are there for them.</p> <p>JW: One of the areas we're keen to explore is simulation and how we can use different ways of preparing people, practising and learning.</p> <p>SP: A question for the comprehensive inquiry panel, one thing that concerns me that didn't come out is that this gentleman received other bad news that particular day. He then got Covid infection and was then put into this room. I would like to know were the observations then increased for this gentleman as obviously he could become quite unwell quite quickly. But also coming back to the friends and family thing, maybe him having his mobile telephone with him he could have communicated a bit easier with the outside world. I wonder if this was the case in this particular circumstance?</p> <p>NS: Thank you, we did explore those issues. We found the observations were being increased because of the Covid infection. What we wanted to make sure was that those observations were mindful of the impact of the bad news as well. In fact, what happened was there was a very short time between the staff seeing this gentleman and the incident, a matter of fifteen minutes. On an older people's ward there are challenges to using technology to stay in touch with family and friends, that's changing with the demographic. But that is something that had been explored.</p> <p>AT: JW, when will we come back and revisit these recommendations?</p> <p>JW: We usually take the six month report following a presentation to Board to PQAC to update on completion of the actions, and we monitor completion through the Patient Safety Group and also through the Mental Health Safety Forum as we've got a focus on ligature management there.</p> <p>AT thanked governors for their questions on this item. AT thanked the team, NS and SSH for the work gone into this very tragic case.</p>	
<p>11</p>	<p>Quality Management Framework YG, VW and GM presented this item.</p> <p>YG introduced this item. Talking about the serious incident, as was mentioned, the updates do come to PQAC, but we are happy to provide a summary to the Council of Governors as and when we get them so that everyone's informed if that would be helpful.</p> <p>With regard to the Quality Management Framework (QMF) we have previously adopted a QMF approach to help to achieve sustained improvement in quality, safety and experience of the services we provide for patients.</p> <p>VW advised that due to the pandemic, the last two years quality report national requirements have changed. Normally, we are mandated to comply with both, NHSE/I, and NHS Foundation Trust requirements (which includes an auditing function and integration with the trust annual reports) and the statutory Quality Account legislation. Until we receive guidance on the requirements for 2021/22, we are continuing to ensure compliance with both the NHSE/I and statutory requirements are being met.</p> <p>The Council of Governors responsibility regarding the annual quality report was detailed in the paper.</p>	<p>Noted</p>

Selection of a local indicator for external audit

NHSE/I suggests that the local indicator should be selected based on local priorities. The selection of indicators will be completed at the December Council of Governors meeting.

Selection of quality priorities

An overview of the methodology for the identification of Oxleas areas of focus and quality priority identification for 2021/22 was provided. This is a different process from previous years to align with the quality management framework, development of the safety culture and our trust strategy.

20 areas of focus have been identified. These will be monitored through effective quality control and assurance methodologies through the PQAC subgroups and exception reported to PQAC if any concerns arise.

The areas of focus below are the proposed trust quality priorities for 2021/22.

Patient Safety

1. Reducing restrictive practice
2. Physical health care monitoring after rapid tranquilisation
8. Prevention, early identification and management of physical deterioration and sepsis

Clinical Effectiveness

13. Effective risk identification and personalised care planning
14. Physical health care in mental health

Patient Experience

18. Improving patient experience – ensure we meet our patient promise
19. Ensure we involve families, carers and people important to our patients

RW: If the Council of Governors agrees the priorities above, what does that mean for the other priorities?

VW: All areas of focus are monitored through our subgroups. We are selecting ones that will be our priorities for improvement. We have to find areas which have the biggest impact or the greatest risk for the organisation each year. That is why we go through the process of consultation beforehand. From this month onwards, we are looking at the process of how we select our quality priorities for next year making sure we have got the right ones but I can assure you that those other metrics will be monitored to make sure nothing slips away, there is still work going on and they are still priorities for the organisation.

RW: Can I just say that I've seen lots of examples of this and I wonder about these exercises because of course we won't be ignoring the other priorities, we've just been discussing some, so saying that seven areas are more special I just find a funny thing.

VW: This is the mandated guidance. We have to do three from each quality dimension above. We have those key priority areas that we're focusing on and, from next year, as we change to more of a trust-wide approach to quality improvement, we'll be looking at how we can identify those ones that can be real quality improvement projects and can make a big impact and changes to the whole organisation.

RW: I would have thought that number three is very suitable for prisons.

VW: Yes, they've got that as one of their priorities.

RW: Can I say something relating to the previous discussion. In prisons, some prisoners are on constant watch and it might be useful to look at the criteria used for those prisoners when applying to people who might be isolated in our wards.

VW: Thank you, I'll take that back to Christine Kapopo.

	<p>AT: Can you just remind us where this requirement comes from? VW: The statutory guidance comes out of the Quality Accounts legislation.</p>	
12	<p>NED Nominations Committee AT, SDi and NH-C left the meeting for this item.</p> <p>RD presented this item.</p> <p>A comprehensive appraisal process including feedback from governors and board members has been undertaken by AT in relation to SDi and NH-C. In light of this, AT made a recommendation to the NED Nominations Committee to re-appoint both SDi and NH-C. The committee met on Thursday 19 August 2021 to discuss the proposal and supported their re-appointment.</p> <p>Recommendation One The NED Nominations Committee recommends to the Council of Governors to approve the re-appointment of SDi and NH-C as non-executive directors for a further three year term of office each. Approved</p> <p>A comprehensive appraisal process including feedback from governors, board members and wider stakeholders was undertaken by Senior Independent Director SJ in relation to Chair AT. The appraisal was discussed at the NED Nominations Committee on Thursday 19 August 2021 without AT being present. SJ recommended AT's re-appointment and the committee supported this proposal.</p> <p>Recommendation Two The NED Nominations Committee recommends to the Council of Governors to approve the re-appointment of AT as Chair of Oxleas NHS Foundation Trust for a further three year term of office. Approved</p> <p>SJ thanked all governors who participated in the process. Three areas of focus for AT following the appraisal were: playing a key role in partnerships, contributing to the appointment of a new Chief Executive, and making certain the voice of patients and families are front and centre of implementation of the trust strategy.</p> <p>An update was provided on the process to recruit a new NED when SJ leaves in December. The process formally started this week with Hunter Healthcare supporting the trust's recruitment process. The trust is looking for applicants with strong links to the local community and possibly strong links with the voluntary sector. The recommendation to appoint a new NED will come to the December Council of Governors for approval.</p> <p>RD welcomed AT, SDi and NH-C back to the meeting. The Council of Governors looks forward to working with them for the next three years and they were thanked for all they do for the trust.</p> <p>With regard to the appointment of a new NED, AT endorsed RD's comments and said we should be encouraging people who might not see themselves as likely NEDs. If governors know anyone, please encourage them to look at the advertisement, we want people who particularly understand the boroughs in which we work and would add further enrichment to the Board.</p> <p>AT thanked the Council of Governors for their endorsement of SDi, NH-C and himself. The NEDs are a good strong team and AT is very pleased SDi and NH-C will continue.</p>	Approved and noted
13	<p>Holding NEDs to account RD presented this item.</p>	

	<p>RD asked governors to raise any points by exception.</p> <p>RW: Over the past year I've had conversations with a number of NEDs before or after their committee meetings and have found all the NEDs I've spoken to very welcoming and very responsive.</p> <p>RD: We developed this attendance at meetings as part of an Oxleas-based approach when there was no clear guidance on holding NEDs to account. This has worked extremely well and is working better each year. It is an extremely useful way of knowing what's happening in the trust, getting to know the NEDs and makes our jobs as governors and NEDs so much easier by having this partnership of attendance at meetings. I think many trusts could copy Oxleas to their advantage.</p> <p>AT: We have a really good turnout and it's a good challenge as well. It brings the Council of Governors to life as governors' knowledge is far deeper right into the fabric of the organisation. When possible, JM will look at arranging in person governor visits to services which again adds another layer of knowledge and responsibility to the Council of Governors.</p>	
<p>14</p>	<p>Membership Committee update RM-H presented this item.</p> <p>The Membership Committee met on 24 June and 2 September 2021.</p> <p>The Membership Committee received updates from its working groups, considered the draft Membership Strategy, discussed the Membership Committee chair and vice chair, this year's Annual Members' Meeting (AMM) and the Together 21 Festival.</p> <p>A new printed membership newsletter will be launched shortly.</p> <p><u>Membership Committee chair</u> RM-H proposed that from 30 September 2021, SH and SS become chair and vice-chair of the Membership Committee. Agreed.</p> <p>SS: I had a conversation with JM and decided that as I was fortunate to be elected as Lead Governor, it would be good to have somebody else as the chair for the Membership Committee and I'd be happy to be vice chair.</p> <p>AT: That sounds like a good idea.</p> <p>AT observed that the Membership Committee had been very busy and thanked RM-H for the work put into this.</p> <p>RMH: Thank you, it's been a really great role to have. I'm looking forward to SH and SS taking on the roles and offer any help I can give to them.</p>	<p>Agreed</p>
<p>15</p>	<p>Council of Governors developments SBr presented this item.</p> <p>An update was provided on the Governor elections which concluded on 20 July. SBr thanked everybody who stood for election, re-stood and those who are stepping down at the virtual Annual Members' Meeting (AMM) on 29th September 2021. As mentioned earlier, SS has been elected as Lead Governor and will take over from RD at the September AMM. SBr passed on her thanks to RD for his time as Lead Governor and to SS and JC for standing, we look forward to working with SS in the future.</p> <p>Although unable to meet face to face, we have continued with activities to keep governors involved. RD hosted a governors' informal get-together in July where governors enjoyed an update on Oxleas' digital strategy. Governors have also</p>	

	<p>enjoyed an information session on our Volunteer to Work scheme, participated in a 'Can You Understand It' group session and undertook a virtual visit to Greenwich Time To Talk (IAPT Team).</p> <p>AT acknowledged that we would be saying goodbye to a number of governors at the AMM and therefore this was their last Council of Governors. Those leaving the Council included RD, ST, RW, LS, MC and SR and AT thanked them, noting how the Council of Governors continues to develop and to challenge in a positive and supportive spirit for the good of our patients and Oxleas. Those leaving the Council have been part of the development of Oxleas and will be missed.</p>	
<p>13</p>	<p>Any other business</p> <p>AT acknowledged there is a huge amount of work being undertaken internally and externally. The ICS had been discussed at the informal Council and this is still developing. We are keen to play our part, to be good partners and work with the rest of the ICS but at the same time remembering that in the current structure we are still a Foundation Trust and a sovereign organisation, answerable in law for what we do.</p> <p>We are developing our partnership with Lewisham and Greenwich NHS Trust, looking at how we work with them within A&E, intermediate care and other matters, focusing on real matters where we can make improvements.</p> <p>We have a lot more to do with SLaM to develop the mental health collaborative with them.</p> <p>AT thanked the executive team who have been working under extraordinary pressure over the last year. AT thanked NED colleagues who commit their time over and above to Oxleas.</p> <p>AT thanked the Council of Governors for their ongoing support.</p> <p>LM: I just wondered if there were any plans for face-to-face meetings? JW: Covid is increasing and we're seeing a rise in hospital admissions and vaccinations are not protecting everybody from admissions. As healthcare staff we have to abide by the infection prevention and control guidance for health staff and nothing has changed. For the size of this meeting, it would be very difficult to have a socially distanced meeting just yet. Hopefully the situation will improve in some months and we will be able to progress to that. LS: I just wanted to say thanks very much to everybody for making the last nine years so enjoyable and the involvement that I've had. Good luck to all the new governors and the work you've got ahead of you. Thanks to the NEDs who have been very involved and receptive to the questions put forward. Thank you very much for my time. SR: I wanted to say thanks to everybody as well. Being a staff governor, I've really enjoyed three years and especially the development of staff assemblies. I think they're really making a difference to staff wellbeing in our directorate. Thank you to JM for her continued support over the three years. AT: Thank you SR and want to endorse that to JM. JM and Anne Marie Hudson are doing a lot of work behind the scenes and thanks very much for everything you do.</p> <p>AT thanked governors and hoped to see them at the AMM and next Council and Governors meeting in December, and hopefully face-to-face in the future.</p>	
<p>14</p>	<p>Date of next meeting: The next meeting will be held virtually on Thursday, 9 December 2021, 2.30-5pm.</p>	

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9 December 2021Item **4**
Enclosure **2**

Agenda item	Chief Executive Appointment
Item from	Andy Trotter, Chair
Attachments	Front Sheet only

Summary and Highlights

The recruitment for the new Chief Executive for Oxleas NHS Foundation Trust began in September 2021. The advert and job description were agreed at the September Executive Nominations Committee meeting.

Following a detailed assessment of the applications received on 26th October by our Non-Executive Directors, it was agreed that two candidates should be shortlisted.

The appointment process had four stages:

(a) A staff panel involving members of our staff networks, our staff partnership, and our executive directors. The candidates were asked to present on 'How I would ensure great staff experience at Oxleas' and then this was opened up to a 'question and answer' session. The session was chaired by Iain Dimond, Chief Operating Officer. This took place on MS Teams on 19th November.

(b) A stakeholder panel involving stakeholders from our local communities, local authorities, governors, ICS, prison representatives, Shadow Executive, NEDs and others. The candidates were asked to present on 'My approach to delivering excellent partnership working between Oxleas and local stakeholders and communities' and there was then a Q&A session. The session was chaired by Vice-Chair, Steve Dilworth. This took place on MS Teams on 19th November.

(c) A meeting with three of the Chief Executive Officers from our neighbouring trusts – Ben Travis from Lewisham and Greenwich NHS Trust, Vanessa Ford from South West London and St George's NHS Trust and David Bradley from South London and Maudsley NHS FT. This took place on MS Teams on 19th November.

(d) A final interview which took place on Thursday 25th with a panel including Andy Trotter (Chair), Richard Douglas (Our Healthier South East London Chair), Yemisi Gibbons (Non-Executive Director), Jo Stimpson (Non-Executive Director), Sue Sauter (Lead Governor), and Deborah Frimpong (Service User and Carer representative).

The feedback from all stages of the process will be shared at the Executive Nominations

Committee during the week commencing 28/11/2021. The committee will make the appointment to the Chief Executive role subject to the approval of the Council of Governors. Feedback from this committee meeting will be shared with governors and a verbal update given to the meeting.

Key Benefits:

Through a rigorous appointment process, a suitable candidate will be identified to lead the organisation and deliver the organisation's strategy.

Recommendation:

The Council of Governors ratifies the decision of the Executive Nominations Committee on the appointment of the Chief Executive of Oxleas NHS Foundation Trust

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Item 5
Enclosure 3

Agenda item	NED Nominations Committee report
Item from	Sue Sauter, Lead Governor and Andy Trotter, Chair
Attachments	A: Career summaries for proposed appointees B: Senior Independent Director role description

Summary and Highlights

The NED Nominations Committee met on 25 November to discuss the appointment of non-executive directors and a senior independent director. The report below summarises the processes undertaken and the committee's recommendations to the Council of Governors.

1. Non-executive director appointments

Over the past few months, we have been undertaking a recruitment process to replace Steve James as a non-executive director on the Board of Directors as his term of office ends in December 2021. Since, we started the process, non-executive director Amlan Basu has informed Andy Trotter that, due to work pressures, he will not be seeking to continue when his term of office comes to an end in 2022 and would be content to stand down earlier if a replacement NED is found. The Council of Governors therefore has the opportunity to appoint two non-executive directors.

As agreed with the NED Nominations Committee, the opportunity was advertised and a shortlisting process undertaken. Four candidates were invited for interview – a process which involved discussions with stakeholders and a panel interview. Governors were involved in this process. The feedback from these panels was shared with the NED Nominations Committee.

Based on the feedback from the interview process, the committee agreed to recommend to the Council of Governors the appointment of Sophy Proctor and Jim Shaikh subject to Fit and Proper Persons Test due diligence.

Recommendation One

The Council of Governors agrees the appointment of Sophy Proctor and Jim Shaikh as non-executive directors on the Oxleas Board of Directors.

2. Senior Independent Director

Our current Senior Independent Director, Steve James, will finish his term of office at end of December 2021. We therefore need to appoint a new Senior Independent Director.

According to the NHS Foundation Trust Code of Governance, the Senior Independent

Director should be appointed by the Board of Directors in consultation with the Council of Governors. Candidates for this role (description attached) need to be able to demonstrate their independence and that they have sufficient time to meet the additional responsibilities of the role.

Andy Trotter has undertaken an informal discussion with non-executive directors. This identified Jo Stimpson as a potential candidate. He discussed this with the NED Nominations Committee on 25 November 2021 who supported the proposal.

It is therefore recommended that Jo Stimpson is appointed as our Senior Independent Director at our January Board of Directors. The Council of Governors is asked for their views on this proposal.

Recommendation Two

The Council of Governors notes the appointment of Jo Stimpson as our Senior Independent Director and shares any comments.

Key Benefits:

By following a thorough appointment process, an excellent range of skills and capabilities at Board level at Oxleas is maintained.

Recommendation:

Recommendation One

The Council of Governors agrees the appointment of Sophy Proctor and Jim Shaikh as non-executive directors on the Oxleas Board of Directors.

Recommendation Two

The Council of Governors notes the appointment of Jo Stimpson as our Senior Independent Director and shares any comments.

A: Career summaries for proposed appointees

Sophy Proctor

Sophy is currently the Head of Funding (Strategic Programmes) at the National Lottery Community Fund and she has previously been Head of Funding at the Big Lottery Fund. Her earlier roles have included Director at Read Together CIC and Development Director at Polymyalgia Rheumatica & Giant Cell Arteritis.

In a Non-Executive capacity, Sophie has been a Trustee at Hackney Training and Employment Network, and a Non-Executive Director at City and Hackney Urgent Healthcare.

She lives in the borough of Greenwich.

Jim Shaikh

Since August 2020, Jim has been Senior Commercialisation Manager (Technology & Engineering) at Queen Mary Innovation Ltd, University of London following previous roles at the university. His entrepreneurial experience includes inventing and bringing to market Feed Me Bottles and he has a background in engineering in production, research and lecturing.

In a Non-Executive capacity, Jim is a Non-Executive Board Member of the British Library Business & Intellectual Property Centre, and a Parent Governor at Deansfield Primary School. He lives in Wilmington and grew up in south east London.

The role of the Senior Independent Director (SID)

The senior independent director is a non-executive director appointed by the Board of Directors in consultation with the Council of Governors. The senior independent director supports the chairperson and serves as an intermediary for the other directors when necessary. The senior independent director is also available to members of the foundation trust and to governors if they have concerns.

The SID may be, but does not have to be, the deputy chair of the board of directors. The identity of the trust's SID must be included in the annual report.

In addition to the duties described here, the SID has the same duties as the other non-executive directors. The senior independent director receives an additional payment in recognition of this role.

Key duties

Supporting the chairperson

The SID should provide a sounding board for the chairperson and serve as an intermediary for the other directors when necessary.

Leading the appraisal of chairperson

The SID should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of the directors and governors. This should involve holding a meeting with the other non-executive directors in the absence of the chair at least annually as part of the appraisal process.

Communicating with governors and members

The SID should maintain regular contact with governors to understand their issues and concerns. The SID should attend sufficient meetings with governors to listen to and understand their views and concerns. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. If the Council of Governors has any concerns about the performance of the chairperson, they should raise these with the SID in the first instance.

Responding to staff concerns (whistleblowing)

If members of staff have concerns that have not been able to be resolved by line managers or executive directors or are so serious that they cannot be discussed with these people, then they are able to raise them with the senior independent director. The SID is also in regular contact with our Freedom to Speak Up Guardians.

Medical Performance Issues

The SID will be the designated board member under the 'Maintaining High Professional Standards' policy. Specifically the SID will oversee the case manager and investigating manager who are investigating performance concerns relating to medical staff. This will also include assessing decisions to exclude and where necessary considering representations from the medical professional in question about either the exclusion or the investigation.

Process for appointing Senior Independent Director

The SID should be appointed by the Board of Directors in consultation with the Council of Governors. Candidates for the SID will need to be able to demonstrate their independence and that they have sufficient time to meet the additional responsibilities of the role.

Stage 1

Informal discussion between chairperson and non executive directors.

Stage 2

Proposal for appointment to be discussed and agreed by Nominations Committee (which involves both non executive directors and governors).

Stage 3

Proposal for appointment to be noted at Council of Governors and agreed by Board of Directors.

The appointment will be reviewed after a period of three years.

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Enclosure **4**

Agenda item	Lead Governor's Report
Item from	Sue Sauter, Lead Governor
Attachments	Front Sheet only

Summary and Highlights**Holding NEDs to account**

One of the roles of governors of a foundation trust is holding non-executive directors to account, both individually and collectively, for the performance of the board of directors. One way this is put into action is by observing the contributions of the non-executive directors at board meetings and during meetings with governors. At Oxleas, we have encouraged governors to also observe board sub-committees. This provides governors with experience to use when giving feedback on non-executive directors as part of the appraisal process. It also gives governors an opportunity to become more familiar with the work of the organisation and identify topics they may wish to be explored in more depth at council of governors' meetings. Since the September Council of Governors' meeting, scheduled governor observers at the Board and Board sub-committee meetings are listed below.

Board

November – Sue Sauter, Liz Moss

Business Committee

September – no governors scheduled to observe
 October – no governors scheduled to observe
 November – governor unable to observe on day
 December – scheduled to be Tina Strack, Victor Benson

Infrastructure Committee

October – Yvonne Bear, Stacy Washington
 November – no governors scheduled to observe
 December – scheduled to be Sue Sauter, Les Clark

Audit & Risk Assurance Committee

September – Frances Murray
 November – Sue Sauter

People Committee (was Workforce)

November – Simon Hiller

Performance and Quality Assurance Committee

October – Liz Moss, Les Clark, Joseph Hopkins

November – Les Clark, Joseph Hopkins

December – scheduled to be Stacy Washington, Les Clark, Joseph Hopkins

Quality Improvement and Innovation Committee

September – Fola Balogun, Frances Murray

November – Stacy Washington, Les Clark, Simon Hill, Fola Balogun

Partnership Committee

October – Les Clark

November (SLP – Committee in Common) – Simon Hiller

December – scheduled to be Rebekah Marks-Hubbard, Liz Moss

Health and Safety Oversight Committee

November – Sue Sauter, Fola Balogun, Frances Murray, Rebekah Marks-Hubbard

Lead Governor involvement

Appointment of Chief Executive

Governors Michael Earnshaw and Rebekah Marks-Hubbard joined the virtual stakeholder panel for the Chief Executive recruitment on Friday, 19th November.

As Lead Governor, I participated in the interview panel.

The recommendation of the Nominations Committee will be presented to the Council of Governors in December for approval.

Appointment of NED

Governors have been directly involved in both the longlisting and shortlisting of candidates for the NED vacancy.

Governors also participated in the two-stage appointment process in November. The first stage was a joint stakeholder and staff panel involving governors, executive team, shadow executive and our NEDs. The second stage was a traditional interview panel, held in person at Pinewood House and as governor representatives on the NED Nominations Committee, both Joseph Hopkins and I joined Andy Trotter and Dr Ify Okocha on the panel.

The recommendation of the NED Nominations Committee will be presented to the Council of Governors in December for approval.

NED and Lead Governor Briefings

These briefings are an opportunity for the Chair, Andy Trotter to update NEDs and the Lead Governor on trust matters. I attended my first briefing on 9 November 2021.

Board Away Day & Board Development Day

As Lead Governor, I attended the Board Away Day on 12 October 2021 which included a presentation and discussion with ICS colleagues and the Board Development Day on 2 December 2021.

Governor development programme – Cyber Security

Following on from the tips shared with governors recently, we will be offering governors a training/advice session on cyber security provided by our ICT team. A date for this session will be confirmed soon.

Opportunities to visit services

We have maintained a busy schedule of virtual service visits/updates throughout 2021. The 2022 programme is being developed, if governors have any specific requests regarding these, please let me know. All activities will remain virtual until Covid restrictions are lifted.

Key Benefits:

Demonstrates how the Council of Governors continue to hold our non-executive directors to account, individually and collectively, for the performance of the Board.

Demonstrates how the Lead Governor and the wider Council of Governors are fulfilling their duties.

Recommendation:

To note.

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Item 8
Enclosure 6

Agenda item	Chief Executive report
Item from	Dr Ify Okocha, Interim Chief Executive
Attachments	

Summary and Highlights

Oxleas Developments

Our new service directorate structure came into place on 1 October. This brings together similar services across our boroughs and we believe this will help us implement our new strategy and improve service quality and consistency.

The new directorates are:

- **Adult Community Physical Health Services**
Service Director: Sarah Burchell
Clinical Director: To be appointed
- **Adult Community Mental Health Services**
Service Director: Lorraine Regan
Clinical Director: Kemi Mateola
- **Adult Acute and Crisis Mental Health Services**
Service Director: Aisling Clifford
Clinical Director: Ajay Bhatnagar

Which have joined our existing directorates:

- **Adult Learning Disability Services**
Service Director: Lorraine Regan
Clinical Director: Sandra Baum
- **Children and Young People's Services**
Service Director: Lisa Thompson
Clinical Director: Sabitha Sridhar
- **Forensic and Prison Services**
Service Director: Lawrence Mack
Clinical Director: Elizabeth Zachariah

Pressures on services remain high and our new structure is helping us tackle some of these demands in different ways particularly in our adult acute and crisis mental health services and adult community physical health services. We are monitoring waiting times closely and, where possible, bringing in extra staff to help reduce these. As in other parts of the NHS, recruitment of suitably qualified and experienced members of staff can be a problem. In response, we are reviewing job profiles to make them as attractive as possible and our

Making Oxleas a great place to work strategic programme aims to improve recruitment and retention.

Covid-19

As this report is being compiled, new guidance is coming into force nationally to reduce the spread of a new Covid virus variant. This is having a particular impact on travel abroad and we are keeping our members of staff up to date with the latest guidance for NHS services. We continue to monitor cases closely and encourage regular testing for staff and patients. We are also enabling colleagues to be vaccinated against Covid and are offering a range of booster clinics. The Government has recently announced that having two doses of Covid-19 vaccination will be a condition of deployment for health and care social staff from 1 April 2022. The majority of our staff have already had both doses (Current position 75% of frontline staff) and we are supporting those members of staff who have concerns about becoming vaccinated.

Flu campaign

We are asking all members of staff to get vaccinated against flu and have an active campaign across the organisation to enable them to do so. Our flu champions are hosting vaccination clinics and taking vaccines to colleagues' workplaces to make it as easy as possible. The current situation is that 32% of clinical staff have been vaccinated. This activity has been supported this year by an innovative promotional campaign.



Visit <https://vimeo.com/oxleasnhs/come-flu-fighting> to watch our joyous video that has had rave reviews.

Oxleas Strategy 2021-24

We have developed two short films to increase awareness of how we are taking forward two of the big priorities of Our Strategy 2021-24.

1. Achieving zero delays

The amount of time a patient should expect to wait for a service should be well-defined and understood by both patients and staff. Our film explaining this can be viewed at: vimeo.com/oxleasnhs/zero-delays

2. Delivering great out of hospital care

We want to support our service users to have greater choice and control and be supported to live well in our communities. Our film expanding on this can be viewed at: vimeo.com/oxleasnhs/goohc

More information on our third big priority **Making Oxleas a great place to work** will be discussed later in the meeting.

Staff engagement

Through October and November, we promoted the opportunity for staff to give feedback on their experience working at Oxleas through the NHS Staff Survey. We're pleased that over 50% of colleagues took up this opportunity – the highest level for several years. The survey is administered externally and when we receive feedback we will share this with governors.

We have also been running our Trust Recognition Awards and the winners of these will be announced in a special broadcast on Friday 17 December. Many thanks to governors taking part in the judging panels.

Following the success of our Shadow Executive during 2021, we have run an application process for membership of the 2022 Shadow Executive. This will be established for the New Year.

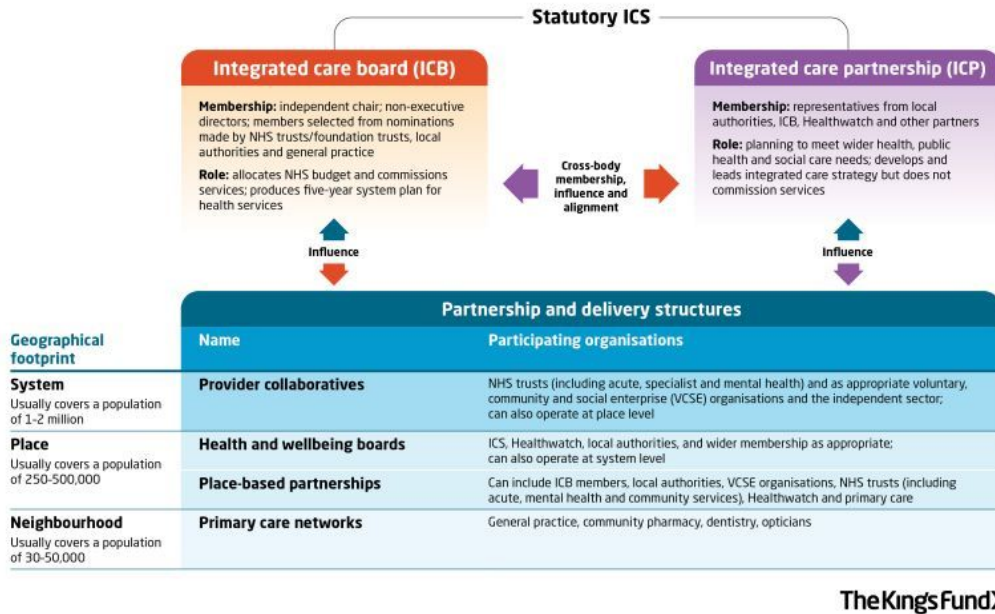
Wider developments

We have been involved as the South East London Integrated Care System Plans are developed both at a regional level and a borough level. Andrew Bland has been appointed as Chief Executive Officer Designate of the South East London System and we congratulate him on this appointment. More details are available at www.ourhealthiersel.nhs.uk

We are watching closely as the legislation moves through Parliament and, as guidance is published nationally, we will consider it and share the implications for us as an organisation.

Integrated care systems (ICSs)

Key planning and partnership bodies from April 2022



The Integrated Care System including Oxleas has submitted a breakeven plan for the H2 financial period (last 6 months of 21/22). Based on our month 7 position, the trust is on track to meet this plan which will mean no financial deficit by the end of this financial year. We will now move to planning for 2022/23.

Key Benefits:

To keep governors updated of developments within Oxleas and wider health economy.

Recommendation:

To note

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Item 9
Enclosure 7

Agenda item	Oxleas Strategy – Making Oxleas a Great Place to Work, including Building a Fairer Oxleas
Item from	Rachel Clare Evans, Director of Strategy and People
Attachments	None

Summary and Highlights

This paper sets out our plans to make Oxleas a Great Place to Work – the third big priority of our Oxleas Strategy 2021 - 2024.

These plans will form part of a wider People Strategy, which will also include wider issues relating to workforce planning, apprenticeships, getting the basics right and more.

This ‘Great Place to Work’ plan captures a number of strands of work around wellbeing, respect, investing in our people, engagement, just culture, values, Building a Fairer Oxleas (BAFO), reducing violence and abuse and more.

Our work on Building a Fairer Oxleas is going from strength to strength. In its second year, we have now retained our focus on race, but are now expanding our focus to include disability, sexuality, gender, age and more.

A detailed action plan was taken to the November People Committee (previously Workforce Committee) meeting to focus on our approach to disciplinary processes and to ensure that our approach is robust, fair and in line with best practice across the NHS.

Key Benefits:

Making Oxleas a great place to work that prioritises fairness has a direct impact on retention of our excellent staff. We know that we will only deliver outstanding care to our patients if we take the best possible care of our staff. There is fierce competition for NHS staff and we need to stand out as an employer of choice.

Recommendation:

The Council of Governors notes the priority to make Oxleas a great place to work and to build a fairer Oxleas and to raise any areas of concern.

Developing Oxleas as a Great Place to Work

Our ambition is to be an employer of choice, a place where staff feel proud to come to work. To be fair and inclusive in everything we do, ensuring our staff members have the support they need to thrive and to deliver the very best patient care. We want every person to be treated kindly, fairly and with care and to feel valued.

We strive to be the best employer we can be, so that we can attract and retain committed and talented staff. We will always prioritise the delivery of flexible, responsive, and well-led services that improve the lives of our patients, but we are just as committed to offering flexibility and support for our hard-working colleagues, to ensure they feel listened to and cared for. We want our staff to feel that their contributions are valued, and they have the opportunity to make real improvements for their services.

We know we will only deliver outstanding care to our patients if we take the best possible care of our staff. We want our people to be given opportunities to develop and thrive and to feel supported to give their best every day. The demonstration of kindness, compassion and respect is essential and our values have been developed to reflect this.

1. Staff Wellbeing

During the large-scale engagement process to determine Our Next Steps, staff wellbeing was identified as a top priority.

In accordance with the ambitions of the NHS People Plan 2020/21, we have appointed a **Wellbeing Guardian** who will be looking at the organisation's activities from a health and wellbeing perspective and acting as a critical friend, to ensure wellbeing is given the same weight as other aspects in organisational performance assessment. We will be launching our **new Health and Wellbeing Champions** in December. These are volunteers from across the workforce who will be able to support the health and wellbeing of our staff members, offering guidance or advice where needed and signposting colleagues to our wealth of support offers, and raising their profile. This will also include encouraging our staff to take the time they need to focus on their own health and wellbeing. Our aim is to have volunteers from across the services who represent the diversity of our workforce and include all levels of seniority.

We are developing a refreshed toolkit for managers to hold **regular Wellbeing Conversations** with staff. These will be regular, supportive, one-to-one conversations focused on looking after their wellbeing. These were particularly important during the pandemic when individual risk assessments were carried out and allowed us the opportunity to tailor our support offer for each individual member of staff. We are developing a **Wellness Action Plan**, which incorporates all elements of wellbeing (mental, emotional, financial, physical, and social).

The Ox already contains a wealth of **information and advice for staff to support and promote health and wellbeing**. South East London has developed an excellent resource to provide professional psychological support for NHS staff and this is being promoted intensively. The national offer also provides some excellent apps and confidential advice lines, offering support to staff who have had a tough day or are feeling worried or overwhelmed, are having difficulty sleeping, would benefit from mindfulness or mediation techniques to reduce stress and build resilience, or need support to manage their finances. We will continue to promote and develop these resources as well as offering flu vaccinations, access to employee support programmes and promoting wellbeing initiatives in local

areas, led by our Staff Assemblies and Wellbeing Champions. We are developing a one-stop shop for easy access to the full range of support on offer, so that busy staff members can easily see what is available. We are also commissioning additional **Mental Health First Aider** training, to ensure volunteers are appropriately supported in this role.

We are committed to **preventative management of ill-health** and will continue to work closely with our Occupational Health provider to ensure timely support and interventions to ensure people can remain in work, with support to manage their health conditions and to ensure that the service meets the needs of staff.

We recognise that people experiencing mental ill health continue to report stigma and discrimination at work. Having signed the 'Charter for Employers Positive about Mental Health', we are committed to creating a supportive and open culture, where colleagues feel able to talk about mental health confidently and can access the appropriate support. A key part of this will be supporting the new Mental Health Staff Network and **supporting all staff to feel comfortable to talking about their own mental health** and tackling stigma.

2. Building a Fairer Oxleas

Oxleas has committed to a sustained focus on improving the experience of different groups within Oxleas. During 2020 and the start of 2021, we had a clear focus on the **experience of our Black, Asian and Minority Ethnic colleagues**. We are continuing this focus but also expanding to include the experience of other protected groups within Oxleas – particularly in relation to **disability, LGBTQ+, gender, lived experience of mental health issues and neurodiversity**.

Building a Fairer Oxleas is at the heart of how we make sure that Oxleas is a great place to work, where our staff feel valued, respected and deliver outstanding care. This workstream has continued to grow and strengthen over the past year, with the core working group including a large number of staff volunteers, Executive and Non-Executive representatives, Service Directors and other senior colleagues. We initially focused on the fairness of processes (recruitment and career progression) and cultural understanding. Entering into the second year of this programme, we have an **ambitious workplan for Year 2** developed in close consultation with our networks, our volunteers, staff partnership and the People Committee. We will be working closely with our senior leaders, our networks and staff members to implement these changes.

A key focus is on ensuring that our approach to disciplinarys is fair and consistent. There is a detailed programme of work to ensure that we apply a 'Just Culture' methodology in a consistent way, and we are involved in the NHS Vanguard programme to ensure that we deploy the very best practice. Our NEDs and BAMEx network play an active role in ensuring that our approach is subject to regular challenge.

3. Investing in Our People

We are passionate about developing our workforce and have an ambitious plan to better support and tailor learning needs at different levels of management –

- **An early leader's programme:** focusing on supporting those in first time/early leadership roles to develop essential management skills and transition from being effective individual

contributors to managing and leading their teams effectively. This is being launched in January.

- **A middle leaders programme:** focusing on developing a modular leadership programme, based on core identified modules (e.g., compassionate leadership, leading effective teams, inclusive leadership, leading with improvement focus, leading with patient experience)
- **A senior leaders programme:** focusing on key elements of the modular programme but with a greater focus on areas such as strategic leadership, systems leadership and integrating strategy with cultures.

Providing support to our Early Leaders has been identified as a key priority. Our Team Leaders and Ward Managers are key in setting the tone for the way teams work and the experience of staff members in these teams. Over the next 3 years, we are committed to supporting all our early leaders, with a focus on leadership development, personal development, personal impact and style, team development, team dynamics, patient experience, quality improvement and influencing for success.

We need to continue to promote the development opportunities we have for staff at all levels. The design of clear career pathways, career conversations and a clear focus on succession planning (as outlined above) will support this workstream.

We know that **compassionate leadership** leads to improved staff satisfaction and engagement. Higher levels of staff satisfaction results in improved patient satisfaction and quality of care. It is evidenced that, adversely, poor leadership can result in work overload and high stress levels. In turn, this results in lower levels of compassion, lower levels of respect and poor quality of care. We need to look after our teams and our staff, so they feel supported and able to give their best. We have launched our Leadership Development programme and will continue to invite guest speakers on key subjects, following the successful talk on Compassionate Leadership by Professor West.

4. Staff Engagement

The most successful organisations are those where staff feel engaged, empowered and valued. Kings Fund research shows that engaged staff are happier in their jobs and this leads to better patient outcomes. Our staff are at the heart of everything we do, so listening to their ideas and suggestions is important to us so that we can improve how individuals and teams work together and therefore improve services.

The heart of effective teamwork is communication. We want to encourage **leaders to take ownership for communication** within their teams. In such a large organisation, team meetings are often the best chance to catch up, share updates, ask questions and share ideas. There is a substantial volume of information being shared and this means that managers need to help highlight the most important and relevant areas for their teams.

Monthly Team Briefings have been introduced to ensure key messages are cascaded throughout the organisation. We know that being able to make suggestions, share ideas and feel listened to is so important. Our leaders need to be highly visible, enthusiastic and supportive, and role model our values. They should understand the daily work of their teams, recognise what team members are doing and celebrate their achievements.

Often the best ideas for improvements come from people who understand the challenges of the job through personal experience. We want our staff to be playing **an active role in shaping our big priorities**, including Achieving Zero Delays and Delivering Great Out-Of-Hospital Care. High-performing teams have the authority they need to make the right decisions, quickly. Decisions should be made as close to the patient as possible and our teams should feel empowered to do so. Our leadership development programmes will continue to support leaders, managers, and teams to continue to build upon their existing communication and engagement mechanisms, to ensure all staff feel their contributions are valued and they are engaged in decision making to ensure we meet the needs of our service users.

Employee feedback is essential in tailoring the support we offer. This is gathered and analysed from various sources throughout the year including the **Annual Staff Survey, Focus Groups and Quarterly Pulse Surveys**. Themes identified by staff as areas for improvement are acted upon, in consultation and collaboration with the individual teams. We need staff to know that contributing their views makes a difference.

We will continue to develop our engagement framework, as an ongoing relationship with our staff. We see staff engagement as a constant process with clear feedback mechanisms, so staff know they have been listened to and their comments will be acted upon. We will listen to staff experience as rigorously as we do our patients.

Our **Staff Assemblies** provide opportunities for Directorates to focus on initiatives that will make the biggest differences to local staff. We have also created a **Shadow Executive** that enables staff from a range of roles across Oxleas to feed into the decision-making process at the Executive and ensure that our decisions benefit from fresh thinking, including from those who are closest to our patients and our front-line challenges.

5. Ensuring staff can raise concerns

The Trust is committed to ensuring that all members of staff are treated with dignity and respect wherever they work, free from undue stress, anxiety or fear of intimidation.

We encourage a proactive approach to the early recognition and speedy and effective resolution of conflict between staff members. We have trained 50 staff members who act as **Peer Facilitators**, who can work with the staff members in conflict to create a safe space for an open and constructive discussion, in an informal setting, with the aim of encouraging both parties to identify solutions to resolve their difficulties.

We aim to promote a culture of openness and transparency whereby staff are actively encouraged to speak out when they have a concern and, by doing so, enabling concerns to be easily resolved. This is supported by our **independent Guardians** and we will continue to review and develop the support options available to staff.

Our **Staff Partnership** team also take a proactive approach – creating a safe space for teams to talk about their experiences and working with senior leaders to find solutions.

Our **new Values** have been designed following extensive discussion and feedback from staff. These are supported by our behaviour framework, which clearly sets out our expectations and our standards. The behaviours framework will be embedded in all our people processes and will support our work to tackle bullying and poor behaviours. This will also be supported by our **Leadership**

programme, will also focus on compassion, how to get the best from people, how to manage difficult conversations and how to manage conflict.

6. Reducing violence and abuse against our staff

There is sometimes a perception that facing violence, aggression and abuse is a part of the day job in a mental health and community trust. We want to make it clear that no-one should have to come to work to be the target of this kind of behaviour. Oxleas does not tolerate violence or abuse against its staff and it takes a strong stand against any racist, homophobic or other discriminatory actions and behaviours. This is one of the key building blocks in our new strategy.

We have a package of interventions in place to reduce the incidence of violence, aggression and abuse against our staff – the **4 'P's of People, Prevention, Prediction and Prosecution and Restorative Justice**. There is a clear focus on prevention, using our values to develop a clear compact with patients and setting expected standards of behaviour. Design approaches are being explored to promote therapeutic and peaceful environments. An awareness of local risk factors and mitigations helps in the prediction of potential incidents and our training and development makes it clear to staff how best to predict and de-escalate violence. A compassionate approach towards our service users will help to reduce potential triggers and visible leadership focussing on pastoral care will enable this.

Quality Improvement initiatives have succeeded in delivering **40% reductions in violence and aggression in some of our most challenging settings**. We are committed to spreading the learning from these interventions to benefit others – 'Keep Me Safe'.

Where there are incidents of this nature, the trust will take definitive action to tackle the issue, with the support of the police and prosecutors, where necessary. There are clear steps for staff in terms of the support options available. Feedback is gathered and lessons learned for the future are shared. We will continue to promote the '**It's Not OK**' initiative in our wards and our teams and will continue to track our progress through the staff survey data. We are working closely with the Metropolitan Police and other police services to ensure that attacks against our staff are approached with the same rigour as attacks against the police (Operation Cavell).

November 2021

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9 December 2021

Item 11
Enclosure 8

Agenda item	Comprehensive Inquiry Report
Item from	Jane Wells, Director of Nursing Iain Dimond, Chief Operating Officer
Attachments	Front Sheet only

Summary and Highlights

This presentation shares the learning from the comprehensive investigation into the death of a service user who died whilst residing in HMP Wandsworth in June 2021.

The investigation panel included:

- Iain Dimond, Chief Operating Officer, Oxleas
- James Lowell, Chief Operating Officer, SLAM
- Jo Stimpson - Non-Executive Director
- Sue Sauter – Governor

Oxleas took over the overall contract for Healthcare at HMP Wandsworth in Autumn 2019. Oxleas delivers primary physical health care at the prison and sub-contracts mental health services to South London and Maudsley NHS Trust (SLaM) and Substance Misuse services to CGL (Care Grow Live).

The report from the inquiry was shared at the November Trust Board. Two subsequent deaths are being reviewed by members of the panel (with the oversight of the panel co-chairs) and actions arising from these will be incorporated into one action plan which will be presented at the January Trust Board.

In the meantime, Oxleas is working closely with colleagues at SLaM to act upon the recommendations of this report. As the lead provider, we are taking steps to ensure that the contract for mental health services is delivered as specified and that quality concerns highlighted by a recent joint HMIP/ CQC inspection are addressed.

Key Benefits:

The paper provides assurance to the Council of Governors that we are reviewing serious incidents to learn lessons and share these.

Recommendation:

To note the learning.

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Item 12
Enclosure 9

Agenda item	Quality Management Framework - Local quality indicator selection
Item from	Vicky Woods Associate Director Quality Assurance & Improvement
Attachments	Front Sheet only

Summary and Highlights

1. Quality priorities 2021/22 -

The following list is the selected quality priorities for 2021/22.

Quality Domain	Quality Objective
Patient Experience	1.1 To ensure 90% of patients who use our mental health service rate our services overall as 'good' or 'very good'
	1.2 To ensure 95% of patients who use our physical health services rate our services overall as 'good' or 'very good'
	1.3 To ensure 80% of patients have their support network identified and noted within their care record (mental health and forensic)
	1.4 To ensure 50% of patients have their support network identified and noted within their care record (Community health services)
Patient Safety	2.1 10% reduction in the use of restraint (baseline 2020/21 figures)
	2.2 Achieve a reduction in Prone restraint
	2.3 Reduced time spent in prone restraint
	2.4 Enable a reduction in disproportionate restraint of BAME service users
	2.5 Ensure 95% physical health monitoring is recorded as per the policy, in the care records following rapid tranquilisation
	2.6 100% of community and MH inpatients with twice daily physical health monitoring for the first 3 days of admission using NEWS tool
Clinical Effectiveness	3.1 95% of patients (where applicable) have an up-to-date care plan, risk assessment and crisis plan
	3.2 95% Care plans address' increased risks identified in the risk assessment.
	3.3 95% Care plans showing evidence of service user involvement in their care plan development
	3.4 To ensure that 95% of Care Programme Approach (CPA) service users have a review of their care plan every six months

2. 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 2021-22 quality priority objectives. Due to changes in legislation during the pandemic, this has not been required for the last 2 Quality reports, however in preparation in case it is re-legislated this year the Council of Governors are requested to select a local indicator for testing.

The auditors have a specific criterion 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 the priorities that are auditable are listed below. 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

Option 1 – 1.3 To ensure 80% of patients have their support network identified and noted within their care record (MH & Forensic)

Option 2 – 1.4 To ensure 50% of patients have their support network identified and noted within their care record (Community health services)

Patient Safety Domain

Option 3 – 2.1 10% reduction in the use of restraint (baseline 2020/21 figures)

Option 4 - 2.2 Achieve a reduction in Prone restraint

Clinical Effectiveness Domain

Option 5 – 3.4 To ensure that 95% of Care Programme Approach (CPA) service users have a review of their care plan every six months

Recommendation:

To review and agree local quality indicator for external assurance by Grant Thornton. The recommended option would be option 5 – 3.4 To ensure that 95% of Care Programme Approach (CPA) service users have a review of their care plan every six months, as this is the same option that wasn't able to be audited over the last 2 years.