

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	20 June 2017
Report Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Director of Transformation & Governance

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1. **Summary and Purpose**

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
- 1.2. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.3. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
- 1.4. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
- 1.5. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Topic	Relevant Bodies	Action Taken	Comment
Care Quality Commission (CQC) re-inspection of services	Southern Health NHS FT	Follows on from original CQC report February 2015 (with re-inspections in January and September 2016), and Mazars report published in December 2015 and reviewed by HASC in February 2016.	The CQC's remit was, amongst others, to review the Trust's governance, particularly relating to identifying, reporting, monitoring, investigating and learning from incidents with a particular focus on deaths, and review how the Trust was implementing the action plan required by Monitor (now NHS Improvement) in light of the Mazars review.
Mazars report on 'deaths of people with a learning disability or mental health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015'	CCGs and partner organisations CQC	The HASC has monitored these items since this time – last reviewed September 2016. Southern Health's update report on these issues is attached as Appendix One . This document has four Appendices A – D.	
<i>(Monitoring items)</i>			

Recommendations:

That Members:

- a. Note the update from the Trust.
- b. Request the outcomes of the most recent Care Quality Commission report on the Trust, once available.
- c. Determine a suitable date to further consider progress made against the recommendations of the Care Quality Commission and Mazars report.
- d. Make any further recommendations as appropriate.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2 **Equalities Impact Assessment:** This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

2 Impact on Crime and Disorder:

2.1 This paper does not request decisions that impact on crime and disorder

3 Climate Change:

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impacts have been identified.

**Hampshire County Council
Health and Adult Social Care Select Committee
June 2017**

Southern Health NHS Foundation Trust: Update on progress following the Mazars & CQC reports

Background

Southern Health NHS Foundation Trust provides Mental Health, Learning Disability, Community and Social Care services in Hampshire and Learning Disability services in Oxfordshire.

Fareham and Gosport, North Hampshire, South East Hampshire and West Hampshire Clinical Commissioning Groups all commission mental health and learning disability services from Southern Health. West Hampshire leads on behalf of the other Clinical Commissioning Groups for this contract.

The independent Mazars review in December 2015 found that the Trust's processes for reporting and investigating deaths of people with learning disabilities and mental health needs could have been better, and that families weren't always involved as much as they could have been.

The report looked at the way the Trust recorded and investigated deaths of people with mental health needs and learning disabilities who had been in contact with Southern Health at least once in the previous year, over a four-year period from April 2011 to March 2015. The report did not consider the quality of care provided by the Trust to the people we serve.

In January 2016 the Care Quality Commission (CQC) undertook a follow-up inspection of Southern Health NHS Foundation Trust. This was to review the actions taken since the CQC's comprehensive inspection of the Trust in October 2014 and to examine the Trust's processes for investigating and reporting deaths following the publication of the Mazars report in December 2015.

On 6 April 2016 the CQC announced that it had issued the Trust with a warning notice, highlighting further improvements that needed to be made to our governance arrangements. The full CQC inspection report was published on 29 April.

During September 2016 the CQC undertook a follow up inspection, and as a result lifted the warning notice.

In March 2017 the CQC carried out a week long comprehensive inspection of mental health and learning disability services. The draft report is currently being finalised.

Mazars report: actions and progress (Appendix A)

Serious Incident Requiring Investigation (SIRI) process

- A new oversight process for serious incidents requiring investigation was established soon after the publication of the Mazars report. This new process has greater oversight from the Trust's Executives, including formal sign off of each report, which has led to improvements in the quality of the investigation reports.
- A central investigation team now takes the lead on investigating serious incidents. The team have been fully trained using external experts.
- A new policy for investigating patient deaths has been implemented and this is now reported to commissioners in the weekly governance flash reports.

As a result, SIRI completion rates within the 60 day timeframe have improved, with 100% success for the last 12 months. It should be noted, however, that bereaved families are not always able to participate in investigations whilst still grieving. It is important that families are able to input into investigations when they are ready to do so, even if it's outside the 60-days timeframe.

Deaths are now subject to a review within 48 hours with a target of 95%, which has been met or exceeded three times in the last six months. Continuous monitoring of these statistics is carried out, so that any risks or issues are mitigated and addressed. An audit is performed every month to evidence the rationale for the decision to report as a serious incident or not. CCGs now receive initial reports at 72 hours post incident; these address the immediate actions to address risks.

In order to ensure the effectiveness of the new measures put in place, methods of audit and assessment are currently taking place. An interim assessment into the quality of investigation reports has been carried out by Niche Grant Thornton, and has identified improvements in the narrative and context given in investigations but also highlights some areas where improvements could still be made. These reviews will be continuing with a final assessment report due to be delivered to the Trust Board in the Autumn.

Terms of reference have also been agreed for a project to evaluate the effectiveness of the SIRI investigation team, with initial feedback due to be reported by the end of June.

Patient and Family Engagement

- An Experience, Involvement and Partnership Strategy has been developed (as part of the wider Quality Improvement Strategy) and will soon be launched, to provide a greater focus and drive further improvements in how we engage patients, families and carers across the Trust.

- A Family Liaison Officer has been recruited and uses a referral process to support families throughout the serious incident investigation process. Members of the public have been recruited to attend the Mortality Working Group, and some of the Trust Mortality meetings, and further 'patient partners' are being sought.
- The Trust has commissioned an independent review of family involvement in investigations conducted following a death at Southern Health. The review highlighted the lack of communication with families as a key issue, and identified the need for a culture change across the organisation towards recognising the importance of family involvement in the care of loved ones. The Trust developed an action plan to address the recommendations made in the report, which is attached as Appendix C.
- The Trust has reviewed the training materials, role descriptions and policies for serious incident handling and investigation. Some families have also been involved in this work.
- A network of families has been contacted and consulted about their experiences, and this feedback has been used as part of the action plan (mentioned above).
- A series of survey questions have been agreed with the CQC to ask of families after the incident investigation process has been concluded. The first of these surveys has been completed, which has showed improvements as well as other areas for consideration.
- A forum for families has been established, made up of those who want to support the Trust in making continued improvements in involvement and engagement. To date the group has reviewed Trust policies around incident investigation and duty of candour, and co-designed an information leaflet for patients and their families and carers which explains the investigation process. They have also co-designed the materials for a workshop on confidentiality and information sharing, intended to examine current processes and develop them where possible.
- Julie Dawes, Interim CEO, has met with families who feel very strongly about the Trust in order to listen to their individual concerns and understand their stories and backgrounds.
- The Trust is also supporting the national #hellomynameis campaign with its own campaign to embed the practice of introducing themselves to patients, carers and colleagues amongst all staff across the Trust.

Throughout the process of improving how we engage patients and their families and carers we have developed a network of people to contact for feedback, and are committed to continue growing this network over time.

CQC report: actions and progress (Appendix B)

During September 2016 the CQC undertook a follow up inspection across many of our sites, which resulted in the warning notice being lifted. A further week long inspection took place in March 2017 and we are currently reviewing the draft report for factual accuracy.

A weekly Quality and Improvement Planning and Delivery Group has been established to ensure that the action plans from the Mazars report and CQC inspections are closely monitored and updated. This works alongside the new project management approach to monitoring and reporting progress against the delivery plans has been set up, enabling the Trust to track progress much more efficiently.

The most recent National Community Mental Health survey, which is conducted annually amongst patients and staff across the UK, shows that Southern Health has made significant progress in many areas, including crisis care and support and wellbeing. Our rating of the overall experience is above the national average.

Estates improvements

The Ligature Manager, who was appointed early in 2016, developed site specific environmental work plans for all inpatient and community Learning Disability and Mental Health teams. This year she is working to review each one of these plans to ensure they are progressed and updated as necessary. A Sharepoint site has been created to provide a central location for all ligature risk assessment paperwork and advice, accessible for every member of staff in the Trust. Additional ligature training has been carried out, and a review of the mandatory training package is also underway.

All estates actions on the CQC action plans from the January 2016 and September 2016 inspections will have been completed by the end of this month. A Trust Environment Plan has been written, that includes a quality programme called 'Back to the tools' Launched in November 2016, this involves estates staff going site visits, assessments and checks on a continuing basis, to identify maintenance issues and remedial work for completion. Over 200 actions have been created as a result, which is more than would have been identified using previous processes, and has improved working environments and patient areas. This has also improved staff relations for the estates teams.

Kingsley Ward in Melbury Lodge, Winchester, was closed in November 2017 to allow for planned modernisation of the environment, including redecoration of the ward, the removal of key walls to improve lighting and lines of sight, and some gardening work. Patients were moved for their comfort and safety, and the ward was reopened in March 2017. At Elmleigh in Fareham, more building work has taken place including ensuite bathrooms all refurbished and anti-climb guttering installed.

Quality Improvement Strategy

- Southern Health NHS Foundation Trust is currently reviewing and updating the Quality Improvement Strategy that was launched in 2016.
- The Divisional Quality Performance Reporting framework is continuing, to ensure clear ward to Board visibility of quality performance. A Trust-wide Quality & Safety Pack, which reports against the key CQC questions (safe, effective, caring, responsive, well-led), shows Trust quality and safety measures in detail down to

director level across the Trust. This is supported by a quality meeting structure and agenda framework and a senior nurse weekly 'Back to the floor' programme.

- Every clinical team has its own quality improvement plan as part of the wider strategy, these were seen and noted by the CQC during the March 2017 inspection.
- The Quality Improvement priorities have been agreed for 2017/18, with input from some of our patients and service users, and these are aligned with the five key CQC areas.
- The Central Quality Governance Team now has individual staff aligned to each of the divisions, to strengthen the links and accountability lines between the central team and divisional quality structures.
- A new project will soon begin to appoint Quality Ambassadors across the Trust. The vision is to have one member of staff taking on this role within each team in the Trust, at Health Care Support Worker level, to ensure quality improvement is a focus at team meetings and during other discussions. These ambassadors will receive additional training in quality improvement methodology to allow them to identify actions and embed changes locally.

Staff engagement

We have continued to develop and implement a number of initiatives in place to support staff and increase staff engagement.

- Our 'Your Voice' facility gives staff the opportunity to contact the executive team with questions, concerns or suggestions (anonymously if desired) and receive a reply within seven days. Responses are made public.
- A series of 'Your Voice' staff engagement events, aimed at promoting and evaluating the methods currently used for engagement, and exploring how effective these are in different areas of the Trust.
- The Trust website and intranet site are being separated and the intranet is being redesigned to make it more user friendly and increase accessibility. This project has been carried out using feedback from staff through surveys and workshops.
- The Team Brief monthly email newsletter that is circulated across the Trust has been updated and is now supported with a live briefing session led by Interim CEO Julie Dawes, open for all staff to attend or dial into as a conference call.
- We have also appointed a Freedom to Speak Up Guardian – an independent role dedicated to supporting the Trust to become a more open and transparent place to work by listening to staff and supporting them to raise concerns. Our aim is to create an open and listening culture where patient and staff views contribute to the running of the organisation.
- Our Interim CEO Julie Dawes sends a weekly email to the whole Trust, and has put in place a series of dedicated 'Listening Events' across the Trust aimed at discussing staff's views and concerns and answering questions.
- Using feedback from staff, the Trust values have been refreshed and the annual appraisal paperwork has been updated in line with these, to help staff feel more aligned to the aims of the organisation.

Leadership

We are continuing through a period of change within the leadership at Southern Health, in order to create a strong team to lead the Trust as it moves ahead with developments within the health service locally.

On 25 May Lynne Hunt was appointed as Chair of Southern Health. Lynne has a track record of almost 40 years public service, working in the NHS within mental health services. She began her career as a nurse in Dorset, before moving to London and has held a number of clinical and Board level roles. Most recently she has been Non-Executive Director and Vice Chair of Dorset Healthcare NHS Foundation Trust. Lynne will begin as Chair on Monday July 3.

The process to appoint the new Chair was extensive and involved service users, staff and local partner organisations. A key focus for Lynne in her new role will be to drive forward developments within the Trust that will shape the future of services, as part of the Clinical Services Strategy, and more widely as part of the Hampshire and Isle of Wight Sustainability and Transformation Plan.

The current leadership team at Southern Health:

- The Non-Executive Directors resigned their positions in April 2017, and recruitment will now begin for new candidates.
- The advert for a substantive Chief Executive Officer has been published and it is anticipated that interviews for this role will be held during the Summer.
- Sara Courtney continues to act up as Director of Nursing and AHPs whilst Julie Dawes fills the Chief Executive role.
- Chris Ash ??
- Gethin Hughes is going on a secondment and joining colleagues at Western Sussex Hospitals NHS Foundation Trust to support them as Director of Integrated care. Whilst Gethin is away, Paula Hull (Director of Nursing for the ISD) will be taking on elements of his role and helping support the business units.
- Dr Lesley Stevens is joining the Hampshire and Isle of Wight Sustainability and Transformation Plan as Chief Officer for Mental Health. Dr Sarah Constantine, Clinical Chair of the ISD (Integrated Service Division) will be stepping up into the role of Medical Director on an interim basis.

The future

Southern Health NHS Foundation Trust has now launched its Clinical Services Strategy; a plan for its mental health and learning disability services as well as an assessment of developments in the provision of community physical health services. A four month review was undertaken in support of this strategy, to understand how our services should be configured to best meet the needs of local communities in the future.

To help us do this work, we partnered with experts from a company called Deloitte LLP and Northumberland Tyne and Wear NHS Foundation Trust (NTW). NTW is an organisation providing similar kinds of care to us and rated 'outstanding' by the Care Quality

Commission. We also listened to the views of a variety of people, including health workers and experts, families and the people who use our services, as they are experts in the experience they have had.

The resulting strategy document (attached as Appendix D) contains seven priorities which are now the focus of our work. These include fundamentally improving access to care through a single point of contact, better 24/7 crisis support, greater inclusion of service users in the design and delivery of services, and ensuring people receive a more consistent level of service across Hampshire. They identify developments for those services as well as the organisation, and the overall direction provides for a dynamic and positive future.

In particular, the Board has identified the benefits of much greater inclusion of service users and carers in the organisation as well as in the delivery of services, a systematic quality improvement methodology, the greater integration with primary care, and much greater involvement of clinical staff in the management and organisation of the Trust's services. These plans mark a turning point in the Trust's life and the opportunity to move forward in a different way from the past.