

**Southampton City Council
Health Overview and Scrutiny Panel
October 2016**

**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.

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 the Trust has since been informed that the CQC intend to lift the warning notice.

Mazars report: actions and progress (Appendix 2)

SIRI process

- A new oversight process for serious incidents requiring investigation has been established. This new process has greater oversight from the Trusts 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 days have improved from approximately 20% in February 2016 to 94% in September 2016. 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%. 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.

Patient and Family Engagement

- A Family Liaison Officer has been recruited (starting in December) to support families throughout the serious incident investigation process, and a member of the public has been recruited to attend the Mortality Working Group.
- 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 report will be presented to the Board at the end of October.
- Julie Dawes, Interim CEO, is currently meeting with families who feel very strongly about the Trust in order to listen to their individual concerns and understand their individual stories and backgrounds.
- An Interim Head of Patient Engagement and Experience has been appointed to oversee and co-ordinate the development of local and Trust-wide plans for patient involvement.
- A review of the way the Trust is handling complaints is being conducted, with members having been invited to become part of the review group to share their experiences with the Trust and help redesign the process.
- During November, the Trust will be supporting the national #hellomynameis campaign with its own launch event/campaign to embed the practice of introducing themselves to patients, carers and colleagues amongst all staff across the Trust.

CQC report: actions and progress

During September the CQC undertook a follow up inspection across many of our sites and we have been told by the CQC that the warning notice will be lifted.

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.

A 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. Detailed action plans are included as appendices 3 and 4.

In recent weeks, efforts by the Trust have focused on embedding stringent quality management processes across the Trust, and on developing consistent and sustainable patient, family and staff engagement in all Divisions that are aligned to central activities.

Estates improvements

Following the appointment of a ligature manager, who oversees and advises on ligature risks and addressing these appropriately, site specific environmental work plans have been developed for all MH/LD inpatient units, which include actions arising from ligature risk assessments, site visits, and staff feedback. On their recent visit, the CQC acknowledged that there was a good working relationship between Estate and clinical staff and that information sharing had improved.

The majority of patient safety risks specified in the CQC report have been addressed, including the installation of anti-roll guttering on the roof of Melbury Lodge. Further work on Kingsley Ward at Melbury Lodge is planned to commence on 14 November this year to improve patient safety and experience.

Quality Improvement Strategy

- Southern Health NHS Foundation Trust has begun to implement a one-year Quality Improvement Strategy developed to align quality priorities with the Trust Operational Plan, with the first review commencing in November 2016.
- A new Divisional Quality Performance Reporting framework has been launched 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 Directorate level across the Trust. This is supported by a new quality meeting structure and agenda framework and a senior nurse weekly 'Back to the floor' programme.
- Furthermore, a new Business Partner approach is being introduced to the Central Quality Governance Team to strengthen the links and accountability lines between the central team and divisional quality structures, with roles currently being recruited to.

Staff engagement

We have put a number of initiatives in place to support staff through this challenging time 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.
- 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.
- A review of staff feedback mechanisms is underway to determine whether there are sufficient processes in place for staff to escalate matters beyond their line manager.
- We have increased 'back to the floor' days by senior managers and are reviewing our supervision policy.
- Our Interim CEO Julie Dawes has put in place a series of dedicated events across the Trust aimed at listening to staff's views and concerns and answering questions.

Leadership

Following the review by former Interim Chair Tim Smart into Southern Health, which confirmed Katrina Percy in post, she stepped down from her position as CEO on 30 August 2016. Katrina was offered a regional strategic advisory role for 12 months; however, following correspondence received from the public, patients and families expressing their concerns both the Trust and NHS Improvement believed it was no longer possible for Katrina Percy to continue in this role. She left the Trust on 7 October.

Interim Chair Tim Smart resigned on 19 September citing personal reasons. We are working with NHS Improvement to appoint a new Interim Chair as soon as possible, who will then lead the recruitment process for the new substantive Chair and CEO. In the meantime, Malcolm Berryman, as Deputy Chair, will ensure that the duties of the Trust Board are carried out.

Julie Dawes, who joined the Trust as Director of Nursing and Quality in May 2016, has since stepped up as Interim CEO until a new substantive CEO has been recruited. Julie is supported as and when required by Dr Matthew Patrick, Chief Executive Officer, South London and Maudsley NHS Foundation Trust, and Jon Allen, Non-Executive Director and former Director of Nursing at Oxford Health.

The executive team led by Julie Dawes is committed to having an open and listening culture where patient, staff and member/governor views contribute to the running of the organisation.

The current leadership team at Southern Health:

- Chris Gordon, Chief Operating Officer, and Sandra Grant, Director of People and Communications, are both currently on secondment. Chris is working with NHS Improvement but is still involved in our incident review processes during this period. Sandra is leading on strategic workforce development across the

region as part of the emerging Sustainability and Transformation Plan (STP) for Hampshire and the Isle of Wight.

- Jane Pound, a highly experienced human resources professional, is acting Director of People and Communications during this period.
- Sara Courtney is acting up as Director of Nursing and AHPs whilst Julie fills the Chief Executive role.
- Mark Morgan (Director of Operations MH, LD and Social Care) and Paula Anderson (Director of Finance) have joined the team on a permanent basis.
- Chris Ash will concentrate on Strategy, particularly leading STP and Better Local Care, Gethin Hughes will become Director of Operations over both ISDs and Children's Services, and Paul Streat will concentrate on Corporate Governance.
- Dr Lesley Stevens retains her position as Medical Director.

Future work

The severe criticism of the Trust has led it to focus on two priorities. The first has been to significantly improve the services. A great deal of progress has been made and that progress is starting to be recognised by external independent regulatory bodies. However the Trust will make only so much progress by doing better what it has always done. That is why the second priority is so important. As indicated in the outcome of former Interim Chair Tim Smart's review, the Trust needs to establish quickly how services need to change to be more effective for its patients and the public.

To respond to this second priority we are now carrying out a fundamental review of the Trust's "Clinical Strategy", with two purposes. The first is to identify how the services will be best delivered in the future and the second to look at whether the current organisational arrangements need to change to support that clinical strategy.

The current circumstances are causing unnecessary uncertainty and it is important that this clinical strategy work happens quickly so that everyone shares the same expectations of the future and can work towards them. We will set out to both complete the clinical strategy and have clarity about the possible organisational consequences within four months.

We will be looking to clinical leaders in the Trust to develop the strategy, supported by an external expert reference group and working in partnership throughout with people who use services and their families. It will involve a lot of work in a short time and so we have engaged Deloitte LLP to support this work. We are also working with experienced clinicians from Northumberland Tyne & Wear NHSFT, one of the largest Mental Health and Learning Disabilities trusts in England recently rated outstanding by CQC.

Throughout we will work closely with our commissioners and system partners through a steering group, led by the Chairman of the Trust, to ensure partners are fully involved and to encourage support for the strategy by our stakeholders.

The clinical strategy is not an end in itself. Only when implemented will it make a positive difference to people and that implementation will need further clinical, patient, family and stakeholder engagement, planning and effective management.