

**HAMPSHIRE COUNTY COUNCIL****Report**

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	21 June 2016
<b>Report Title:</b>	Inquiries Received and Action Taken
<b>Reference:</b>	7606
<b>Report From:</b>	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 and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through Local HealthWatch and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
- 1.6. 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.

**Table One: Inquiries Received and Action Taken**

Topic/ inquiry	Source	Action Taken	Comment
Care Quality Commission (CQC) re-inspection of services: urgent care	Portsmouth Hospitals NHS Trust	Follows on from CQC report Summer 2015.	Four conditions have been placed on the registration of the Trust post-inspection.
	CQC	The CQC's report is attached as Appendix One (page 7 on hard copy).	
<p><b>Recommendations:</b></p> <p>That Members:</p> <ol style="list-style-type: none"> <li>a. Note the outcomes of the Care Quality Commission's inspection report on Portsmouth Hospital Trust's Accident and Emergency Department.</li> <li>b. Request the action plan from the inspection report.</li> <li>c. Confirm timings for future monitoring of the progress of actions recommended.</li> </ol>			
Ambulance response times	South Central Ambulance NHS FT (SCAS)	Separate presentations will be received from both SCAS and SECAMB on the day of the meeting.	Item requested following system resilience report raising concerns on ambulance times.
	South East Coast Ambulance NHS FT (SECAMB)		
<p><b>Recommendations:</b></p> <p>That Members:</p> <ol style="list-style-type: none"> <li>a. Note the content of the presentations from the Ambulance Trusts covering the Hampshire area.</li> <li>b. Consider if any further information or a future update is required.</li> </ol>			

Topic/ inquiry	Source	Action Taken	Comment
Care Quality Commission (CQC) re-inspection of services	Southern Health NHS FT  CQC	Follows on from CQC report February 2015.  Southern Health's report on this issue is attached as <a href="#">Appendix Two</a> (page 53 on hard copy), and their action plan as Appendix Three (page 57 on hard copy).  The CQC's main report and appended reports are attached as Appendix Four (page 75 on hard copy).	Please note that as the action plan is updated on a monthly basis, the attached document was last updated at the end of May 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.

**Recommendations:**

That Members:

- a. Note the outcomes of the Care Quality Commission's report monitoring action taken in relation to Southern Health NHS Foundation Trust's original inspection, and the outcomes of the Mazars review.
- b. Further consider progress made at the September 2016 meeting of the Committee.
- c. 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:**

### **0. 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 2016**

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## **Southern Health NHS Foundation Trust: CQC inspection report update**

### **Background**

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.

The follow up inspection focused on the Trust's mental health and learning disability services. In particular the CQC visited our acute mental health inpatient wards, some of our units for people with learning disabilities, the Southampton crisis/community mental health teams and child and adolescent inpatient and secure units.

On 6 April 2016 the CQC announced that it had issued the Trust with a warning notice highlighting further improvements that need to be made to our governance arrangements. Following this, healthcare regulator NHS Improvement took action to enable it to make management changes at the Trust if progress is not made on fixing the concerns raised. The CQC published its full inspection report on 29 April which highlighted a number of actions that needed to take place to address their concerns.

Rightly, the Trust has been under intense public scrutiny in recent weeks and we are acutely aware that public confidence in our services has been undermined. The purpose of this briefing is to provide an update on the actions taken by both the Trust and its regulators to address concerns.

### **Our response to the CQC report**

We take the CQC's concerns very seriously and have been very clear and open that we have a lot of work to do to fully address the concerns raised. Good progress has been made, and we are pleased that the CQC report pointed to a significant amount of progress made in a number of our units. However we accept that the CQC feels that in some areas we have not acted swiftly enough. We acknowledge that there is more work to be done to improve services and are moving at pace to achieve this.

## **Actions taken**

Since the CQC inspection report was published in April the Trust has taken swift action to address the concerns highlighted. Appendix 1 details the full list of actions the Trust is taking.

In addition a number of actions have been taken to improve the Trust's processes for reporting and investigating deaths following the publication of the Mazars report in December 2015 which we reported to the Committee in February. Oversight of the delivery of the improvement action plan is being undertaken by the Serious Incident Oversight and Assurance Committee which meets on a fortnightly basis and reports to the Board.

Deaths are reported under specific categories, reviewed by a senior manager (initial management assessment) and decision made at a 48 hour panel as to whether an investigation is required and at what level; no investigation, local investigation (internal reporting) or serious incident investigation (external reporting).

Since the introduction of the new mortality reporting process in December 2015 (and as of 3 June 2016) there have been 442 deaths, with the 48 hour panel and Initial Management Assessment completed in 100% of cases.

The Trust is also reviewing the current Risk Management Strategy, and is developing a Quality Improvement Strategy. This will ensure that actions taken in response to concerns raised by patients, families, staff, or external reviews and reports, are fully embedded across the organisation.

## **Recent appointments to the Board**

On 3 May 2016 Julie Dawes joined Southern Health as Director of Nursing and Quality. Julie's role has a focus on quality; reviewing and strengthening existing quality structures and arrangements, as well as providing strong professional leadership for nursing and Allied Health Professionals. Julie is also leading on delivery of the improvements following the CQC inspection, and working closely with staff to maintain high levels of patient care. Julie has been qualified as a nurse for 35 years, and most recently was the Director of Nursing and Operations, as well as acting Deputy Chief Executive for Calderdale and Huddersfield NHS Foundation Trust.

On 5 May 2016 NHS Improvement appointed Tim Smart as Interim Chair of Southern Health. As Chair, Tim is working closely with Alan Yates (who was appointed as Improvement Director earlier this year) and our Board to support us in continuing to make the improvements needed to address the CQC's concerns. Tim brings with him a wealth of experience in both the private and public sector. He has led a number of major NHS organisations, which includes being Chief Executive of King's College Hospital NHS Foundation Trust for seven years.

On being appointed Tim was clear that his focus would be on helping to improve the quality of service provision, and in particular the specific improvements required in mental health and learning disability services as well as increasing the confidence that patients have in Southern Health.

Tim is currently undertaking a review of the work carried out across the Trust in response to the Mazars and CQC reports, and of the current governance arrangements. At the end of June he intends to be able to deliver a plan for any further action based on his review findings.

### **Future action**

Southern Health welcomes the opportunity for public debate and scrutiny of the quality of the services we provide. Understandably, some of the recent public scrutiny has related directly to the capability of the Trust's leadership team. Our regulator, NHS Improvement has made clear that they have the powers available to remove members of the Board should they feel that progress is not being made towards addressing the concerns identified.

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