

Hampshire County Council  
Health and Adult Social Care Select Committee  
September 2016

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## **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, Oxford, and Buckinghamshire.

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.

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.

#### **Mazars Report: CCG actions and progress**

In total there are 39 recommendations with nine specific recommendations for Commissioners. Over the last eight months the CCGs have implemented a number of actions to address the commissioning specific actions and these include:

- A move to fortnightly panels to review all serious incidents
- Quality reviews by SHFT and the CCGs of SIRI reports
- Serious incident investigations not meeting the required standard are resubmitted
- Guidance sent to all providers in Hampshire on the standard required for a SIRI. This has clarified the definitions of the time limits required at each stage and when the 60 day completion standard is met and also a checklist which ensures that all SI reports meet the same agreed quality standards to enable the CCG to close it. This also includes areas raised in the Mazars report such as ensuring carers and families are fully informed and involved with the investigation to the degree to which they feel comfortable (Duty of Candour)
- Held a workshop with all relevant stakeholders to design a multi-agency serious incident review protocol and policy
- Setting up quarterly serious incident assurance meetings. The aim of these meetings is to review evidence that the learning from the more complex incidents is being actioned

- Ensured that this year's programme of CCG quality visits covers all community and in-patient settings. Performance against recommendations from serious incident reviews are tested in these visits and any discrepancies are brought into the monthly clinical quality review meeting
- Clarified with the coroner the process following the deaths of people with serious mental illness and/or learning disability. He has confirmed that he investigates if SHFT have followed up any patient that may have been in their care and if not why not
- Engaged in the training of mortality reviewers to pilot a new national mortality review process. The pilot will go live in September 2016
- Attended the Trust's new mortality review meetings
- A joint protocol for transition between children's and adult services has been developed and agreed between Sussex Partnership NHS Trust and SHFT
- Through the transforming care partnership for learning disability and autism, CCGs are encouraging and monitoring the increase of annual health checks by general practice
- Requested service user presentation at clinical quality review meetings to understand more of their views about their care. So far there have been presentations from people experiencing older people's mental health, learning disability and adult mental health

The full CCG Mazar's action plan is included as appendix A.

### **CQC report: actions and progress**

Following the CQC's report of 29 April 2016, the CCG issued a Contract Performance Notice (CPN) on 18 May noting that the report identified a number of areas of concern for which commissioners have previously sought improvement and assurance from the provider in recent years; particularly regarding patient safety, leadership and governance, as discussed at monthly Clinical Quality Review Meetings and at other fora.

Pursuant to the notice three key areas were agreed to address the performance notice and provide assurance:

- Safety, for example management of SIRS and mortality processes
- Governance structures and impact of those on quality
- Leadership portfolios and action to improve quality.

Due to the overlap of some of the recommendations of the Mazars report, the CQC report and the CCG recovery plan, the below key progress points cover the progress that Southern Health has made against all plans. Detailed action plans are included as appendices B and C. 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.

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 and family engagement in all Divisions that are aligned to central activities.

### ***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. Since the new process has been in place, the Clinical Commissioning Groups have seen an improvement in the quality of the investigation reports although it is fully recognised that there is further work to be undertaken by the Trust to ensure all reports are of a high quality.
- 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.

There has been a slight increase in the number of deaths that are recorded as a serious incident, however this is based on data from the first three months of 2016/17 and therefore may be too early to tell if there is a significant increase.

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.

### ***Estates improvements***

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.

The installation of anti-roll guttering on the roof of Melbury Lodge has been completed, and 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.

### ***Patient and Family Engagement***

The Trust has provided the CCG with evidence of increased engagement with families over recent months regarding Duty of Candour.

- A Family Liaison Officer position has been advertised to support families throughout the serious incident investigation process, and a member of the public has been recruited to attend the Mortality Working Group.
- 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 September, 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.

### ***Leadership***

On 30 June, Interim Chair Tim Smart announced the outcome of his review into Southern Health. He concluded that he had found no evidence of any negligence or incompetence of any individual Board member and confirmed CEO Katrina Percy in post.

Katrina Percy has since reflected on the impact the level of public scrutiny on her as an individual has had on the Trust, its patients and its staff, and on 30 August announced that she would step down from her position as CEO of Southern Health.

Julie Dawes, who joined the Trust as Director of Nursing and Quality in May 2016, has stepped up as Interim CEO until a new substantive CEO has been recruited. Julie will be 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.

### ***Future work***

Building on the progress that has already been made, over the coming weeks the Trust will focus on completing the actions of the CQC action plan and the Contract Performance Notice, in particular in relation to improving the safety and quality of care, with the aim to have the CQC warning notice lifted.

Further priorities include the strengthening of clinical leadership within the Trust, as well as improving staff, patient and member/governor engagement. The new leadership team of the Trust is committed to having an open and listening culture where patient, staff and member/governor views contribute to the running of the organisation.