Southern Health NHS Foundation Trust

1.	**Introduction**
1.1	Southern Health NHS Foundation Trust provides Mental Health, Learning Disability, Community and Social Care services in Hampshire, Oxford, Dorset and Buckinghamshire. There are approximately 250,000 people accessing its services each year. The trust employs 9000 staff across almost 200 sites.
1.2	In Hampshire there are five Clinical Commissioning Groups that commission healthcare services from Southern Health. Fareham and Gosport, North Hampshire, South Eastern Hampshire and West Hampshire Clinical Commissioning Groups commission Integrated Community services from Southern Health and each has its own contract and quality review meetings on a monthly basis with the Trust. The Integrated Community Services Division within Southern Health provides a range of services in the community to promote physical health and well-being including inpatient services in community hospitals, assessment and diagnostic services, rehabilitation services and community care teams who care for people in their own homes.
1.3	Fareham and Gosport, North Hampshire, North East Hampshire and Farnham, South Eastern 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. There are monthly contract and quality review meetings. Mental health and learning disability services commissioned include adult and older peoples' inpatient services, including in medium and low secure settings; community teams, crisis care, psychological therapies and services for people with learning disabilities.
1.4	The five Hampshire Clinical Commissioning Groups also hold review panels for serious incidents reported by the trust. These panels allow for an in-depth review of the investigation report and ensure that lessons are learnt and appropriate actions are being taken by the trust to prevent further occurrences. Any report not reaching the required standard is returned to the trust.
1.5	All commissioners of Southern Health services including NHS England Wessex and Clinical Commissioning Groups in Oxford and Buckinghamshire meet on a monthly basis to review, discuss and seek assurances in relation to strategic issues affecting all services provided by the trust. This includes monitoring and seeking assurances in relation to the Trust's Care Quality Commission Action Plan plus other key issues like serious incident reporting, pressure ulcers and staffing. The Strategic Oversight Group is currently reviewing the trust action plan in response to the Mazars report and will continue to do so until full assurance is gained. Monitor has been invited to attend these meetings to ensure everyone is working closely together.
1.6	Feedback on the Care Quality Commissions unannounced visit to the Trust starting on the 18th January 2016 and the ongoing monitoring of the undertakings by Monitor will be discussed at the Strategic Oversight Group.

2.	**Integrated Community Services**
2.1	Community Services are commissioned in line with West Hampshire's Out of Hospital Strategy to provide integrated care delivered locally. Services are evidence-based. For all services, there are national and local performance and quality standards, against which performance is monitored monthly and actions identified to ensure continuous quality improvement. The Trust has consistently achieved the national 18 week referral to treatment waiting times targets for non-urgent consultant led treatment, diagnostic waiting times of less than six weeks and delivery of the maximum 4 hour Accident and Emergency waiting times target across its Minor Injury Units. There have been no mixed sex accommodation breaches. The Trust has not consistently achieved the 2 hour target for the community rapid response service. An action plan has been agreed with the Trust and is actively being implemented, with improved performance. There is high occupancy and good utilisation of community hospital beds but delayed transfers remain high. However the Trust is actively working with Hampshire County Council to ensure timely discharge. There have been two 52 week waiting time breaches in 2015-16. An investigation has been undertaken and an action plan developed and implemented to strengthen data management processes. Staffing levels within community care teams remain an issue, with a national shortage of nurses leading to difficulties in recruitment. Staffing levels are actively being monitored via monthly Contract Quality Review Meetings with the Trust. The Trust is working proactively to strengthen relationships with primary care to explore new models of care. Contractual measures have been utilised where necessary to ensure delivery.
3.	**Mental Health and Learning Disability Service**
3.1	The needs of patients are taken very seriously by commissioners. By working extensively with partners, joint strategies have been developed to ensure that support for patients with learning disabilities and mental health issues are in place and we will continue to work with partners to make further improvements in these areas. The model of care for learning disabilities in Hampshire focusses on the strengths and needs of the individual. In contrast with some other areas of the country, there are very few people with learning disability as inpatients, all of whom have a plan to move to a less institutional setting. West Hampshire is an early implementation exemplar for the national integrated personalised commissioning programme. In that sense the commissioned services are ahead of national policy.

3.2	There are a number of performance and quality indicators for mental health and learning disabilities that are reviewed by the Clinical Commissioning Groups on a continual basis. Besides reviewing information provided by Trust, West Hampshire CCG also triangulates information with other local and national data available, for instance information available from Hampshire County Council puts the rate of deaths by suicide for Hampshire between 2012 and 2014 by a proportion of our population slightly lower than the national average (8.2 deaths per 100,000 in Hampshire compared to 8.9 deaths per 100,000 for England). The Public Health Outcomes Framework states that the premature mortality rate for adults under 75 with serious mental health issues (2012/13) for Hampshire remains better than the South East average. Therefore the Clinical Commissioning Groups are assured that overall Hampshire has comparable levels of avoidable mortality than other parts of England. The last performance monthly report for Southern Health's mental health and learning disability services shows that out of 31 key performance indicators that West Hampshire monitors, the trust is not meeting five indicators as detailed below: • Percentage of delayed discharges of the total occupied bed days. (8.2% against a standard of 7.5%) • Improving access to psychological therapies: Percentage of people with anxiety/depression who receive psychological therapies (just under 10% with the aim of 15%) • Un-validated progress notes (should be below 2% and is at 3%) • Timely review of caseload to cluster (categorise): 91.5% with a standard of 95% The CCG has elicited action plans from the trust to recover the performance and has used contractual measures where necessary. In previous months there has been fluctuating performance in the following other areas as well: • Adults and older people on a care programme approach (person centred, co-ordinated review) who are followed up within 7 days of discharge from an inpatient unit (Target = 95%, range from 92% to 100%) • Percentage of people with learning disabilities and mental illness referred receiving first treatment within 7 weeks (target 95%, range 85% to 100%) We continue to manage performance with the trust to improve performance and will be closely monitoring the sustainability of the changes made. Recently there has been a strong focus on repatriating mental health patients being treated out of area as this places an unnecessary burden on relatives. The work that the trust has done has reduced the number of standard acute bed days out of area from 1507 in 2014/15 to 19 to date in 2015/16. For intensive care there has been a less dramatic but still significant reduction of 38% in 2015/16 on the 662 bed days spent out of area in 2014/15.

4	**Mazars Report**
4.1	In December 2015 the Mazars Report into Mental Health and Learning Disability Deaths in Southern Health NHS Foundation Trust was published. The report was commissioned by NHS England following the death of Connor Sparrowhawk in July 2013 in one of the Trust's units in Oxford. The aim of the report was to identify any common themes and trends, any lessons to be learned for providers, commissioners and/or regulators, any unexpected and premature deaths and any contributory factors.
4.2	Commissioners have worked closely with Southern Health over the last couple of months to understand the complexities inherent in the data presented in the Mazars report, looking specifically at the numbers of expected and unexpected deaths. We found that where patients were receiving services from multiple agencies, the attribution of expected, unexpected and avoidable deaths was not clearly articulated. Mazars has noted in their report that a number of service and statistical issues are highlighted within their report and that variation in death rates, for example, will be determined by a range of factors and are not necessarily a consequence of any particular aspect of the Trust's approach.
4.2	The report highlighted a number of concerns notwithstanding the data around expected and unexpected deaths including the quality and timeliness of investigations and reporting and governance mechanisms in place at the Trust.
4.3	In total there are 39 recommendations with nine specific recommendations for Commissioners. The Hampshire Clinical Commissioning Groups fully accept all recommendations and have developed an action plan that is being coordinated by West Hampshire CCG and will be updated on a monthly basis.
4.4	There were 23 recommendations specific for Southern Health, although Commissioners recognise that a number of these recommendations require system wide support. The Trust has already provided evidence of completion of a number of the recommendations including: • A new oversight process for serious incidents requiring investigation. This new process has greater oversight from the Trust's 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 we fully recognise that there is further work to be undertaken by the Trust to ensure all reports are of a high quality. • The trust has set up a central investigation team who will take the lead on investigating serious incidents. The team have been fully trained using external experts. • In December the Trust launched its new policy for investigating patient deaths and this is starting to be reported to commissioners in the weekly governance flash reports. • During the assurance meetings the Trust has provided evidence of increased engagement with families over recent months regarding Duty of Candour. Commissioners are continuing to seek assurances around service user and carer engagement across a number of other areas including complaint management.

	All of the above actions will be monitored closely and external assurance sought regarding implementation and improvements. This assurance will be sought in conjunction with the Trust regulator, Monitor.
4.5	The five Hampshire Clinical Commissioning Groups recognise that there is learning out of this report for all of its providers especially around the serious incident requiring investigation process, greater public and service user feedback and increasing the use of benchmarking data. We will be working with all our providers to ensure that learning is cascaded much wider than Southern Health.
4.6	West Hampshire is also leading on developing a multi-agency serious incident review policy across Hampshire and will work with all health and social care providers to ensure that lapses in care are investigated where necessary. As a Clinical Commissioning Group we have also strengthened our internal processes for reviewing provider investigation reports, and have increased the number of internal serious incident review panels from monthly to twice monthly to ensure timeliness of our response to our local trusts. We will continue to return reports that are not of a high standard and that demonstrate learning.
4.7	Hampshire is a pilot in a three year project being led by Bristol University which aims to help the NHS reduce premature mortality for people with a learning disability. The project will go live in April 2016 although Hampshire as a pilot site is already developing the necessary infrastructure to support the work.
4.8	West Hampshire Clinical Commissioning Group is leading the transforming care partnership for Southampton, Hampshire Isle of Wight, Portsmouth and Specialised Commissioning, with Heather Hauschild acting as Senior Responsible Officer. The aim of this key piece of work is the coordination of a three year plan to move patients from inpatient care into a wide range of supported living arrangements that are more focussed on the lives that people with learning disabilities would like to lead. This work will build on the advances already made in Hampshire towards integrated personalised commissioning as an early implementer site.
4.9	Commissioners had been concerned about the quality of reporting serious incidents at Southern Health for a while and had been working with the Trust on improving the quality and timeliness of the reports. West Hampshire Clinical Commissioning Group in 2013/14 commissioned an Independent Review in to the trust's serious incident requiring investigation process and also supported the trust with further training to improve the quality of the reports. There were a number of recommendations from this report that have been taken forward.
5.	**Conclusion**
5.1	As Commissioners we are concerned about the organisation's ability to maintain current service provision in light of increased scrutiny and oversight from multiple agencies and, as such, we have strengthened our oversight of the provider with monthly strategic reviews instead of quarterly and will undertake a number of assurance visits over the coming months. We will also continue to review all key quality and performance indicators. West Hampshire Clinical Commissioning Group will work with the Trust's regulators, Monitor and CQC to ensure alignment of our actions and oversight and we will also share key pieces of intelligence to support each other's assurance processes.

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