



Southern Health
NHS Foundation Trust

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Suella Braverman MP
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Dear Suella,

We are writing in response to your letters of 5 February this year in which you express your concerns about the performance of Southern Health NHS Foundation Trust.

We welcome your letters and indeed the obvious interest you and your Parliamentary colleagues are taking in this organisation.

As you indicate in your letter the Trust is indeed in the midst of a major transformation programme that began approximately 12 months ago. Before we address the seven areas which you and your colleagues have identified as priority areas for improvement, it is we believe, worth highlighting some of the positive changes that have been implemented over the last year.

During this time a new Executive Team has been appointed which has only been in place since the end of July last year. We have partnered with one of the country's outstanding providers of mental health services, Northumberland Tyne & Wear NHS Foundation Trust, in order to roll out and embed a culture of quality improvement across the organisation. We have recently trained our fourth cohort of staff in quality improvement methodology and now have multiple quality improvement projects up and running across the Trust. The approach we are taking replicates that taken by some of the world's best healthcare organisations and is built on a proven approach that will empower both staff and service users alike.

In part as a consequence of this programme of work we are now seeing service users and carers play a far more prominent role in the design and indeed delivery of services across the Trust. The organisation's commitment to true coproduction and service user/patient engagement is, we believe, also reflected by the recent appointment of two new Service User Involvement Facilitators, one of whom spoke incredibly powerfully at our Board meeting earlier this month. These new colleagues work closely with our Head of Patient Experience, appointed last year who is making a major impact in terms of coordinating all the patient involvement activity which takes place across the organisation. In addition, "A Working In Partnership Committee" has been established which is chaired by a carer and represents the views of the various patient and carer groups working across the Trust.

OUR VALUES



This committee reports directly to the Board and has the mandate to escalate any emerging issues immediately to the Trust Board.

We are also in the midst of major reorganisation of the Trust to ensure that our internal structure better reflects that of the wider system in which we work. We are therefore moving away from the traditional divisional model that divided our mental health and physical health services to one of geographically based directorates that will enable us to deliver integrated, holistic care.

We have begun to appoint to the new leadership positions with each of the directorates being clinically led by a single Clinical Director who will be ultimately accountable for all services within his or her directorate. This model again reflects the structures that you will find in some of this country's and indeed the world's best healthcare organisations. The new structure will be in place by the start of the next financial year.

In addition to the above, transforming the Trust's culture has been a key priority for both of us since we joined Southern in 2017. This is reflected in the organisation's new Values, Vision and Purpose statements. Our aim is to ensure the organisation is characterised by a culture that ensures all our 6,000 staff are truly engaged, valued and empowered. We believe that there is already good evidence to indicate a positive change across the organisation in response to this approach as for example, is demonstrated by the recent Staff Survey results which show that the organisation has improved across multiple domains and that overall staff engagement has increased to put Southern Health in the top third of organisations when compared to our peers. In addition to this we are also now seeing encouraging signs of improvement in vacancy rates, sickness absence rates, turnover rates and Friends and Family test returns.

Clearly, it will take time for an organisation as large as Southern to see its culture change dramatically and in a sustainable manner, however, we firmly believe that the organisation is now heading in the right direction, and that we have in place a firm foundation on which to build. This we would suggest was also the opinion of the CQC which, as you will be aware, inspected the Trust last summer. Whilst our overall CQC rating remains the same, the inspection did identify widespread improvements across the vast majority of our services.

It is also worth noting that in June last year NHS Improvement lifted the undertakings that had been in place following the Mazars report, after an independent audit found significant improvements in the way patient deaths are reported and investigated, and in the way the Trust involves families in this process. In November, NHS Improvement also made the decision that Southern Health no longer needed a higher level of support and oversight and removed the organisation from the category of "challenged providers". These are encouraging signs and we believe demonstrate that our efforts to improve are beginning to make the necessary impact.

In your letter you have identified seven areas which you and your colleagues consider are priorities for improvement. We were somewhat surprised by this list as some of the areas that you have identified lie outside the remit of this organisation for example, the introduction of Independent Medical Examiners. The Trust is undoubtedly committed to this, however, you

will appreciate that for such positions to be truly independent the Medical Examiners cannot be employed by the Trust, but instead by an organisation separate to the Trust. We, along with a number of family members who have suffered bereavements through failings at Southern Health, recently met with Dr Kathy McLean, Medical Director for NHS Improvement and Simon Bennett, Director of Business and Operations, and were informed by them of the national programme to implement Independent Medical Examiners during the course of current calendar year, a programme which we fully support.

You also state that Southern Health should consider the training of GPs in mental health and learning disability. Whilst the Trust fully supports the need for GPs to be better versed in matters of mental health and learning disability we are not, as I am sure you will appreciate, currently commissioned to provide such training. Going forward we would be very willing to provide structured training for GPs assuming that this was commissioned. We would highlight however, that training is already available to GPs not least from certain third sector organisations that for some years have been providing high quality training to both GPs and practice nurses across many parts of the country.

You highlight the need for ring-fenced funding of £5m to be made available to support community mental health services across the Trust. We are somewhat uncertain as to where the figure of £5m has arisen from, however, we do strongly agree with the need for increased funding in community mental health services. This is very much in keeping with the Trust's strategy and our desire to enhance our capacity across all our community services to ensure a more proactive model of care that will reduce demand for inpatient services. We are therefore actively exploring alternatives to inpatient admission and are looking to work collaboratively with a variety of partner organisations to develop recovery/crisis houses along with other innovative approaches to community care across the county.

The Trust is also rolling out the Triangle of Care across all our services, both physical and mental health. This will ensure that carers and service users/patients are fully involved in their care and work collaboratively with clinicians to ensure that treatment and services are individualised and patient centred. We do not accept however, that the current Triangle of Care model is not fit for purpose. The model that we are implementing across the organisation is one which has proven to be highly effective in many similar Trusts across the country. It is fair to say however, that the roll out is in its relatively early stages and ensuring that the approach is embedded is a key priority for the organisation during the next financial year. This will be reflected in our Operational Plan for 2019/20.

We agree with your statement that community health services for both adults and older people are poorly funded. This we consider is a reflection of the historic underinvestment in mental health services that we have seen nationally. As an organisation therefore we welcome the increase in investment promised by the Government and the commitment outlined in the NHS Long Term Plan. We are working extremely closely with our Commissioners and are having constructive conversations regarding how additional funding can be identified for mental health services across Hampshire.

We are similarly working with our Commissioners to ensure that the impact of our services is effectively monitored through a suite of outcome measures. We already use a wide variety of

such measures across our services including patient reported outcome measures. Some services, such as our Improving Access to Psychological Therapies service, already benefit from a comprehensive suite of measures which ensures close scrutiny of performance and therefore improved governance. Work is in progress to ensure that this approach is rolled out across all our services. We are aware that our local commissioners share this ambition and indeed recently met with a number of family members who have lost relatives as a result of the failures in the care provided by this Trust. It should be highlighted however, that nationally, given the nature of mental health conditions, it has proven more challenging than in many other areas of health care to identify true and meaningful outcome measures rather than measures of performance that are primarily a reflection of process.

It is fair to say that the single greatest challenge facing Southern Health at the present time is the number of patients requiring inpatient mental health care who are currently being treated in units away from the Trust. The problem is, as you will appreciate, multifactorial and a reflection in part of a model of community mental health care that is not as contemporary as it should be and currently lacks a comprehensive range of alternatives to admission. During the year ahead this again will be a major focus for the organisation and a priority in our Operational Plan. Recognising the complexity of this challenge we have developed and are now working to a seven point plan:

1. Ensuring effective patient flow (community support, admission, discharge back into the community) and that there is sufficient resource to support this
2. Developing culture and behaviours that result in better management of available beds
3. To fully develop and implement the emotionally unstable personality disorder pathway (recognising that a significant proportion of people with this diagnosis are being supported in an inpatient setting which is not necessarily in line with latest best practice)
4. To develop and embed system-wide resilience and escalation – working with local system partners in health and care.
5. To develop accommodation solutions to prevent admission and aid early discharge.
6. To improve access to longer-term placements, including the rehabilitation pathway
7. To review the system-wide capacity and demand

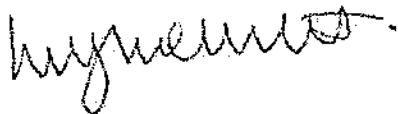
In addition to this we have a daily dashboard which tracks and monitors a number of factors related to our use of beds. This has helped provide additional insight and a more complete picture of the situation, which enables us to understand trends or challenges at an early stage and take appropriate action.

Linked to this work are our efforts with system partners to improve the response across Hampshire and the Isle of Wight to people experiencing mental health crisis. We recently launched a new Mental Health Triage service provided by Southern Health clinicians embedded within the NHS 111 call centre 24 hours a day, seven days a week. Initial results have been promising, with the vast majority of callers receiving the support they need, or referral to appropriate community support, without the need for admission to an acute physical or mental health inpatient setting. We are also developing a new crisis service in Portsmouth and South East Hampshire, in partnership with Solent NHS Trust, which has been co-produced with the close involvement of patients, service users and carers.

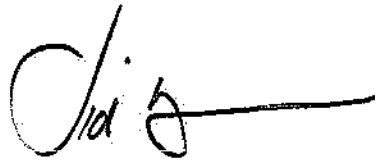
This letter provides a relatively high level summary of what we believe is a comprehensive and far reaching programme of transformation that is currently ongoing across the organisation. We are firmly of the opinion that we are addressing the key priorities for change and the organisation is in a very different place from where it was twelve months ago. We do not underestimate the scale of the challenge that remains. It is of fundamental importance that any changes that are implemented are sustainable, however, we are committed to ensuring that change continues at pace and that as an organisation we are able to provide the people of Hampshire with the high quality services that they require.

We would be very happy to meet with you and indeed all your Parliamentary colleagues in the near future to discuss such matters further. It also goes without saying that you and your colleagues are very welcome to visit our services at any time.

Best wishes.



Lynne Hunt
Trust Chair



Dr Nick Broughton FRCPsych
Chief Executive Officer

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