

Health Overview and Scrutiny Panel

Thursday, 9th December, 2021
at 6.00 pm

PLEASE NOTE TIME OF MEETING

COUNCIL CHAMBER – CIVIC CENTRE

Members

Councillor Prior (Chair)
Councillor Bogle (Vice-Chair)
Councillor Guest
Councillor Stead
Councillor Professor Margetts

Contacts

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 2.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
- (iv) Any beneficial interest in land which is within the area of Southampton.
- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
 - (a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
 - (b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

DATES OF MEETINGS: MUNICIPAL YEAR 2019/2020

2021	2022
1 July	10 February
2 September	7 April
21 October	
9 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 2)

To approve and sign as a correct record the minutes of the meeting held on 22 October 2021 and to deal with any matters arising, attached.

7 STAGE 2 INDEPENDENT INVESTIGATION REPORT: 'RIGHT FIRST TIME' - BACKGROUND AND TRUST RESPONSE

(Pages 3 - 36)

Report of the Chair requesting that the Panel considers the actions that Southern Health NHS Foundation Trust has taken already and where further work will be undertaken to realise the ambitions of the Stage 2 report.

8 COVID-19 PLANNING

(Pages 37 - 38)

Report of the Chair requesting that the Panel consider the verbal update from the Director of Public Health on Covid-19 planning in Southampton.

9 INTEGRATED CARE SYSTEM DEVELOPMENTS

(Pages 39 - 48)

Report of NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing an update on the development of the design of the Hampshire and Isle of Wight Integrated Care Partnership and Integrated Care Board.

10 MONITORING SCRUTINY RECOMMENDATIONS

(Pages 49 - 52)

Report of the Service Director, Legal and Business Operations, updating the Panel on the responses received to recommendations from previous meetings.

Wednesday, 1 December 2021

Service Director – Legal and Business Operations

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 21 OCTOBER 2021

Present: Councillors Prior (Chair), Bogle (Vice-Chair), Guest, Stead and Professor Margetts

12. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting on 2 September 2021 be approved and signed as a correct record.

13. **FIVE YEAR HEALTH AND CARE STRATEGY 2020-2025 - PROGRESS UPDATE**

The Panel considered the report of NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing the Panel with an update on progress with regards to the delivery of the agreed objectives within the Southampton City Health and Care Strategy 2020-2025

Councillor White – Cabinet Member for Health and Adult Social Care, Stephanie Ramsey – Managing Director, Southampton, Hampshire, Southampton and Isle of Wight CCG, Donna Chapman – Deputy Director of Integration, Southampton, Hampshire, Southampton and Isle of Wight CCG, Dr Debbie Chase – Director of Public Health, SCC and Moraig Forrest-Charde - Associate Deputy Director, Integrated Commissioning Unit were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- Whether the CCG had continued its emphasis on the Southampton Place within the strategy;
- The governance arrangements for overseeing the strategy;
- The progress and performance against key measures within each of the 4 priorities within the Strategy
- The metrics being used to ascertain the potential success of the strategy;
- What adjustments to targets have been required to ensure that the strategy is still deliverable despite the impacts of the covid pandemic;
- Efforts to address pressures on the delivery of the strategy caused by workforce issues;

RESOLVED that Panel requested that the data outlining the key workforce challenges in Southampton's health and care system is provided to the Panel.

14. **PRIMARY CARE UPDATE**

The Panel considered the report of NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing the Panel with an update on the latest developments in primary care in Southampton.

Stephanie Ramsey – Managing Director, Southampton, Hampshire, Southampton and Isle of Wight CCG, Phil Aubrey-Harris - Deputy Director for Primary Care, Southampton and Josie Teather-Lovejoy - Senior Commissioning Manager, Primary Care, Southampton were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The recent release of Government funding to enable additional face to face appointments. The Panel explored how the funding would help patients to access these appointments, whether there was a reluctance of GPs to undertake these appointments, whether face to face appointments were the most effective way of helping patients;
- The perceived difficulties in getting an appointment and the numbers of appointments provided to the public over the past 12 months; and
- How the primary care system was planning for Winter pressures;
- The potential to improve the primary care estate in the east of the City.

RESOLVED that the Panel requested that they are provided with the Southampton GP practice results from the annual patient survey. The Panel have requested that a summary of key issues relating to patient experience is attached to the findings.

15. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel considered and noted the report of the Service Director, Legal and Business Operations, updating the Panel on the responses received to recommendations from previous meetings

Agenda Item 7

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	STAGE 2 INDEPENDENT INVESTIGATION REPORT: 'RIGHT FIRST TIME' - BACKGROUND AND TRUST RESPONSE		
DATE OF DECISION:	9 DECEMBER 2021		
REPORT OF:	COUNCILLOR PRIOR CHAIR OF THE HEALTH OVERVIEW AND SCRUTINY PANEL		
<u>CONTACT DETAILS</u>			
Author	Title:	Scrutiny Manager	Tel: 023 8083 3886
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STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
<p>On 6th February 2020 the Independent Investigation Report (Mr Nigel Pascoe, QC) was published. The report concerned the tragic deaths of five people who were in the care of Southern Health NHS Foundation Trust in the period 2011-2015, and the Trust's response to the families of those who died.</p> <p>It was recommended in the Stage 1 Report that a second review should be undertaken. Its purpose was to examine the progress that the Trust had made as well as looking to recommend further improvements for the Trust to achieve the "Gold Standard" and to "Get it right first time, every time".</p> <p>The Stage 2 report was published by NHS England and Improvement on 9 September 2021 and titled "Right First Time".</p> <p>The briefing paper attached as Appendix 2 summarises the actions that the Trust has taken already and where further work will be undertaken to realise the ambitions of the Stage 2 report.</p>			
RECOMMENDATIONS:			
	(i)	That the Panel considers the actions that Southern Health NHS Foundation Trust has taken already and where further work will be undertaken to realise the ambitions of the Stage 2 report.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To enable the Panel to scrutinise Southern Health NHS Foundation Trust's response to the recommendations within the Stage 2 report.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	Attached as Appendix 1 is an Executive Summary of 'Right First Time', the Independent Review into Southern Health NHS Foundation Trust. The report		

	is available in full on the Trust's website, alongside the public statement issued by the Trust at the time of publication. https://www.southernhealth.nhs.uk/about-us/news-and-views/second-stage-review-southern-health-published-today	
4.	Attached as Appendix 2 is a briefing paper that summarises the actions that Southern Health NHS Foundation Trust has taken already and where further work will be undertaken to realise the ambitions of the Stage 2 report.	
RESOURCE IMPLICATIONS		
<u>Capital/Revenue</u>		
5.	N/A	
<u>Property/Other</u>		
6.	N/A	
LEGAL IMPLICATIONS		
<u>Statutory power to undertake proposals in the report:</u>		
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
<u>Other Legal Implications:</u>		
8.	N/A	
RISK MANAGEMENT IMPLICATIONS		
9.	N/A	
POLICY FRAMEWORK IMPLICATIONS		
10.	N/A	
KEY DECISION		No
WARDS/COMMUNITIES AFFECTED:		None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Executive Summary – 'Right First Time': Independent Review into Southern Health NHS Foundation Trust	
2.	Briefing paper - Stage 2 Independent Investigation Report: 'Right First Time' Background and Trust response	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

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'RIGHT FIRST TIME'

INDEPENDENT REVIEW INTO SOUTHERN HEALTH NHS FOUNDATION TRUST

Executive Summary

1. This independent investigation was set up to consider the circumstances of the deaths of five people between October 2011 and November 2015, which occurred whilst they were under the care of Southern Health NHS Foundation Trust ("SHFT").
2. The Chair, Nigel Pascoe QC, was appointed in 2019, to undertake a paper-based investigation, to consider the internal and external investigations of those five deaths and the steps recommended or taken to prevent their re-occurrence. This culminated in a written report in February 2020, which made specific recommendations, including the establishment of a, *"limited public investigation that is specific and focussed in nature"*. The purpose was to address and resolve the issues that could not be considered fully on a paper review. Thus, the paper Review and subsequent report became Stage 1.
3. Stage 2 proceeded on the basis of the specific policy areas that had been identified at Stage 1. A Panel of three members was appointed to sit alongside the Chair. They received a wide and diverse body of evidence from service users, carers and family members; SHFT; the CCG; NHSE/I; and independent experts and highly-experienced individuals. The public hearings took place over a seven-week period.
4. The Panel understand and respect the decision of the five families who participated at Stage 1, not to participate at Stage 2. The Panel's unanimous view was that it was, and remains, in the wider public interest for Stage 2 to proceed.
5. The Panel's focus at Stage 2 has been on: where SHFT were in 2019, where SHFT are today in 2021 (two years later), and where SHFT should be, with a view to future reform and improvement.

6. The Panel have, on the evidence received, formed their own independent views and conclusions on these key questions and the evidence received. They have then proceeded to make 39 Recommendations and 9 Learning Points on the policy issues of complaints handling, communication and liaison, independent investigatory structures, action plans and supervisory structures with the CCG. They also cover the 'additional themes' identified by the Panel. These are intended to move forward a process of constructive and necessary reform.
7. In conclusion, the Panel have formed the view that, in the last two years, there has been evidence of improvement by SHFT towards increased engagement with service users, carers and family members. But these changes have not been universal in their impact and the evidence, taken as a whole, suggests that they have not always happened to the standards expected, or in some cases, at all.
8. Therefore, the Panel is driven to conclude that there is a real need for continuing systematic and practical reform in SHFT, to fill significant gaps and resolve difficult issues.
9. The Panel have concluded that SHFT has some way to go in its journey to address all of the policy areas in the terms of reference if it has a chance of meeting the fundamental need to 'get it right first time', every time.
10. The Panel has identified good work in progress in SHFT and thus it has rejected wholesale and undiluted attacks made on SHFT. However, there is a necessity for further strategic and practical change, in order for there to be far-reaching and consistent reform which is in the greater public good. The proof of good intentions will be their successful implementation.

Recommendations

The Panel has set out below its Recommendations and Learning Points.

Complaints Handling

Complaints Handling Policy, Procedure and Process

1. SHFT's Complaints, Concerns and Compliments Policy and Procedure documents should be urgently reviewed and reformed. They should be combined into a single document. The policy should prioritise service users and paid and unpaid carers, including family members. SHFT should work with these groups to co-produce it. It must be clear, straightforward and in an easily understood format. All members of staff must undertake mandatory training on the new Policy and Procedure.
2. SHFT should clarify what complaints management system is actually in place in the organisation, whether this is centralised or locally managed, and further go on to ensure the system is publicised and shared in clear language with staff, service users, family members and carers.
3. SHFT should clarify and define the role of PALS and if proceeding with it, co-design and co-produce a strategy and implementation plan for its development throughout the organisation. The service must be accessible, supportive and responsive to service user and carer needs.
4. SHFT should urgently implement a process to monitor the quality of the investigation of complaints, complaint reports and responses and the impact of recommendations from complaints. That system should test the extent to which outcomes and judgments are evidence-based, objective and fair.
5. SHFT should re-develop its Complaints Handling leaflet so that it reflects the complaints process, outlines expectations and timelines for service users, family members and carers. It must be co-designed and co-produced with these groups. The documents should be widely available to all in paper and digital format.

Response to Complaints

6. During the investigation of complaints, SHFT should offer the opportunity for face-to-face meetings as a matter of course. These meetings should provide the time to discuss with complainants about how they wish their complaint to be handled and a timeframe for a response should be agreed. SHFT should maintain communication with the complainant throughout, with a full explanation for any delays.

Support for Complainants

7. SHFT should ensure that all complaints which go through its complaints handling process have access to advocacy services where required. SHFT should be alert to the importance of perceived independence of representation. Therefore, it should look to Third Sector organisations to facilitate access to advocacy services, or signpost their availability to complainants. This should be co-ordinated so as to be part of the complaints handling process.

Communication, Liaison and 'Care for the Carer'

Culture, Attitudes and Duty of Candour

8. There is a vital and continuing need for SHFT to re-build trust and confidence with the population it serves. To achieve this end SHFT should continue its move away from a past unresponsive culture and defensive language. Today, SHFT acknowledges the need to balance accountability and responsibility by ensuring that it meets the Duty of Candour and admits its mistakes. To achieve this, SHFT needs to ensure all staff are trained and understand the Duty of Candour and take a positive pro-active approach in all future engagement with families, carers, and service users, to ensure that their needs are met.

Communication and Liaison with Service Users, Carers and Family Members

9. SHFT should co-produce with service users, carers and family members, a Communications Strategy to identify a 'road map' for improving communications. This should include, but is not limited to, mandatory training on communication across the whole of SHFT, including improving internal communications and the development of a

protocol setting out how SHFT will provide support to its service users, carers and family members. It should create specific roles to provide this support. SHFT recruitment processes should include good and effective communication skills criteria for all roles at every level of the organisation.

Communication and Liaison with Carers

10. SHFT should develop a Carers Strategy, in which the aims and actions are understood and are to be articulated by carers, working together with staff. As a minimum, these actions should be reviewed annually at a large-scale event with carers at the centre. In future, carers must have the opportunity to articulate their needs and the actions needed to address them. Part of this process should be the enhancement and wider use of the Carers Communication Plan, which must be underpinned by relevant training.
11. SHFT should ensure all staff are rapidly trained to understand the Triangle of Care and that these principles are clearly communicated across SHFT to all staff to ensure greater awareness. The Quality Improvement methodology should be used to measure the impact of the Triangle of Care.
12. SHFT should set up regular localised drop-in sessions and groups for carers (as well as virtual sessions for remote carers), to provide support and advice in order to meet local needs. These sessions and groups should include ongoing peer support.

Support for Service Users, Carers and Family Members

13. SHFT should strengthen its links with the local Hampshire Healthwatch to ensure that the voices of service users, family members and carers are heard locally. This relationship should be formalised and monitored through a quarterly feedback session between SHFT and Hampshire Healthwatch, with a written report that is publicly available.

Information Sharing

14. SHFT should pay due regard to the 7th and 8th principles of the UK Caldicott Guardian Council in (i) recognising the importance of the duty to share information being as important as the duty to protect patient confidentiality and (ii) ensuring that service users are informed about how their confidential information is used. Through training, supervision and support, staff need to be empowered to apply these principles in everyday practice and SHFT should be transparent about how it does so.

Communication between Primary and Secondary Care and Internal Communications

15. SHFT should seek to improve both the quality of the handover and the sharing of information between clinicians involved in patient care to include nursing, medical, therapy and pharmacy staff. This should extend, where relevant, to all care settings including SHFT and General Practices across its divisions.

Measuring Impact

16. SHFT must make swifter progress in developing the Patient Experience Dashboard to ensure that it is able to triangulate data and information effectively. It should consider using the data from the Triangle of Care processes to inform this Dashboard. It should also implement specific audits of carer feedback at a local level.

Investigations

Incident Investigation Policy, Procedure and Processes

17. SHFT should adopt the Patient Safety Response Incident Framework and National Standards for Patient Safety Investigations (published by NHSE/I in March 2020) for reporting and monitoring processes, when they are introduced nationally.

18. It is recommended that future NHS patient safety frameworks for Serious Incidents should acknowledge and incorporate the different needs of patient groups, such as those with physical and/or mental health conditions and/or learning disabilities and including the unique context in which the incident took place.

Independence

19. SHFT should provide a clear and transparent definition of 'independence' and an open and accessible explanation about its processes for ensuring its investigations are independent. The definition and explanation should be available to service users, carers and family members and staff. SHFT should also set out criteria which indicate when an independent and external investigation in respect of a Serious Incident will be conducted and who, or which organisation, will commission it.
20. In the case of an enquiry into a Serious Incident that requires an external independent investigation, there should be a fully independent and experienced Chair, the background and qualities of whom should be specific to the facts of the case subject to investigation.

Support for Service Users, Carers and Family Members during the SI Investigation Process

21. Following a Serious Incident, SHFT should ensure that families, carers and service users with limited resources, can access external legal advice, support, or advocacy services, as required. Due to potential conflicts of interests, SHFT should not fund such support services directly, but should explore options with local solicitor firms and Third Sector or not-for-profit organisations to facilitate access or signpost their availability.

Investigation Officers

22. The job description for SHFT's Investigation Officer role should include specific qualities required for that post. The minimum qualities should include, integrity, objectivity and honesty.
23. SHFT should develop a more extensive Investigation Officer training programme, to include a shadowing and assessment process. Service users, family members, carers and clinical staff should be involved in the development of this programme. It should include, but is not limited to, regular refresher training, a structured process for appraisals, a continuous professional development plan and reflective practice. This will ensure continuous quality improvement in the centralised investigations team.

Investigation Reports

24. SHFT should urgently change and improve the Ulysses template for investigation reports to ensure that all completed investigation reports are accessible, readable, have SMART recommendations and demonstrate analysis of the contributory and Human Factors.
25. All completed investigation reports in SHFT should explicitly and separately document the details of family and carer involvement in the investigation, in compliance with any data protection and confidentiality issues or laws.

Sharing Learning

26. SHFT must share learning more widely throughout the whole organisation and ensure that staff have ready access to it. The Trust should ensure staff attend learning events to inform their practice.

Feedback

27. SHFT should have in place, as a priority, a mechanism for capturing the views and feedback of the service user, family member and carer about the entire SI investigation process. This should be monitored at regular intervals for learning purposes and should be shared with the central investigations team and the Board.

Monitoring and Quality Assurance

28. SHFT should improve the quality of the Initial Management Assessments that are provided to the 48-hour Review Panel to ensure that the decision-making process for the type of investigation required is robust, rigorous and timely. This should be done through a systematic training model and quality assurance mechanisms should be put in place.
29. SHFT should produce a quarterly and annual Serious Incidents Report, which should provide a mechanism for quality assurance. It should be presented to the Board and

available to the general public, in compliance with data protection and confidentiality laws.

30. The SHFT Board and the Quality and Safety Committee should receive more information on the degree of avoidable harm and the lessons learnt, through regular reporting. Thereafter, that information should be discussed by the Board and shared through the Quality Account and Annual Report and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative analysis of all incidents, but it should also reflect a thorough qualitative analysis to identify the relevant themes of current errors and future themes for learning.

Medical Examiner

31. SHFT should recognise, implement and develop the role of the Medical Examiner, in line with forthcoming national legislation and guidance.

Patient Safety

32. SHFT should examine the potential of expanding and bringing together the Patient Safety Specialists into a team, led by a Director of Patient Safety, from the Executive level.
33. SHFT should develop a co-produced Patient Safety Plan, which includes a long-term strategy for the recruitment of Patient Safety Specialists and Patient Safety Partners and a commitment to continuous improvement.

Supervisory Structures

34. The CCG should monitor its contract with SHFT with demonstrable rigour and patent independence.
35. The establishment of the newly formed Integrated Care System provides an opportunity to strength the service delivered by the shared specialist Mental Health and Learning

Disability Team. Therefore, the team should be acknowledged and embedded in the ICS in the next 12 months.

Action Plans

36. All Action Plans that are created by SHFT, at any level of the organisation, should include a deadline and the name of an individual(s) and their role, who is responsible for taking forward the action indicated. They must be monitored to ensure they have been implemented and shared for learning.

37. SHFT should introduce a Board-level monitoring system for action plans and the implementation of recommendations made during investigations. That process should require tangible evidence to be provided of actions of improvement and learning. That process should be documented and reported on regularly.

Just Culture and Accountability

38. SHFT should adopt the NHS Just Culture Guide and put in place an implementation plan to ensure its uptake through its ongoing organisational development and staff training programme. It should ensure that it is well placed within the SHFT recruitment strategy and within all induction programmes for all staff, to particularly include substantive and locum medical staff.

Leadership, Succession and Strategy Planning

39. SHFT should work to ensure that the membership of its sub-committees and its Staff Governors is increased and diversified, so that it better represents the population it serves. It should work with its Governors to do so. This should form part of a long term strategy and the impact of it should be measured, monitored and reported on through formalised structured processes.

Learning Points

Complaints Handling

1. SHFT should avoid terms such as 'upheld' or 'not upheld' in all complaint investigation reports and response letters.

Communication, Liaison and 'Care for the Carer'

2. SHFT should consider more effective mechanisms to respond to the immediate needs of carers. That could include a possible helpline or other technical aid in order to lead to a practical response.
3. SHFT should work harder to ensure that compassion and respect is reflected in every verbal, written response and communication it has with service users, carers and family members.
4. SHFT should take a 'team around the family' approach to providing support to families and carers and actively recognise that carers and families are often valuable sources of information and they may be involved in providing care and also in need of support.

Investigations

5. SHFT should consider the use of recognised mediation services to resolve outstanding issues with families who have disengaged within the last two years.
6. SHFT should review its 'Being Open' Policy to ensure that it is fit for purpose and actively promote it to staff, service users, carers and family members, in digital and paper formats.

Action Plans

7. SHFT should involve service users, family members and carers in the writing of action plans across all investigations. Where requested and the appropriate consent is in place, they should be provided with regular updates on the implementation of the action plan.

Quality Improvement

8. SHFT should ensure that staff members and volunteers across all levels of the organisation and a diverse range of service users, carers and family members are part of the Quality Improvement projects and SHFT's journey of improvement.

Leadership, Succession and Strategy Planning

9. SHFT should increase its annual and quarterly reporting by committees and divisions. The reporting should be more accessible to the public it serves.

Conclusions

1. The Panel appointed to conduct the Stage 2 Review into Southern Health NHS Foundation Trust have found a mixed picture.
2. In the last two years, there has been a welcome move towards increased engagement with service users, carers and family members. There have been Quality Improvement projects, co-production work, regular invitations for service users, carers and family members to present at Board meetings, amongst other improvements, which are identified in this Report. Whilst this is admirable progress, there is absolutely no room for complacency.
3. Why not? The bottom line is that those changes have not been universal in their impact. The Panel heard examples from individual service users and carers which suggested that change has not happened to the standards expected, or in some cases, at all.
4. Further, on the evidence, the Panel is driven to conclude there is a real need for continuing systematic and practical reform in SHFT. There are still significant gaps to be filled and some difficult unresolved issues. These are matters of concern.
5. Faced with that reality, the Panel have made 39 recommendations and 9 practical learning points for SHFT, the CCG and wider NHS to consider. These are intended to move forward a process of constructive and necessary reform.
6. The Panel have concluded that SHFT has some way to go on its journey to address all of the policy areas in the Terms of Reference. The 'gold standard' and areas of improvement that participants identified have not yet been achieved. There is still a fundamental need to get it right first time, every time.
7. The Panel have been able to identify good work in progress and a real commitment from a number of SHFT participants across the organisation. In that respect, the Panel has rejected wholesale any undiluted attacks made on SHFT.

8. But in the last analysis, the Panel is certain that further strategic and practical change is necessary in the greater public good and they consider that the present management does recognise the need for reform. The proof of good intentions will be their successful implementation.

Chair: Nigel Pascoe QC

Panel Members:

Dr Mike Durkin OBE MBBS FRCA FRCP DSc

Professor Hilary McCallion CBE

Priscilla McGuire

23 July 2021

Stage 2 Independent Investigation Report: ‘Right First Time’ Background and Trust response

1. Background

1.1. On 6th February 2020 the Independent Investigation Report (Mr Nigel Pascoe, QC) was published. The report concerned the tragic deaths of five people who were in the care of the Trust in the period 2011-2015, and the Trust’s response to the families of those who died.

1.2. Three of the patients had been under the care of the Community Adult Mental Health Services, one under the care of the Community Older People’s Mental Health Services and one was living at home with support of the Trust’s then, Social Care Division.

1.3. The Trust had engaged with the families of the five patients but was unable to address their concerns in the period up to 2019.

1.4. The Trust sought the advice of NHS England/Improvement (NHSEI) to consider what else might be done to work with the families. NHSEI suggested that they would liaise with the families. It was then agreed with the families that there should be an independent review of all the investigations that had already been undertaken.

1.5. Mr Nigel Pascoe, QC was commissioned by NHSEI to undertake an Independent Review of the Trust’s response to each of the five deaths.

1.6. The Stage 1 Review Report, published on 6 February 2020, was very critical of the Trust. The Trust accepted in full the Stage 1 Review Report findings and issued full and unreserved apologies to each of the families.

1.7. It was recommended in the Stage 1 Report that a second review should be undertaken. Its purpose was to examine the progress that the Trust had made as well as looking to recommend further improvements for the Trust to achieve the “Gold Standard” and to “Get it right first time, every time”.

1.8. The scope of this second stage review, as set out in the Terms of Reference, was to cover the following policy areas:

1. Reviewing the need for a new independent investigative process
2. The handling of complaints
3. Communication and liaison with families
4. Action plans
5. Supervision by West Hampshire CCG of those issues.

1.9. The second stage review took place between 4th March 2021 and 29th April 2021. The Panel was chaired by Mr Nigel Pascoe, QC supported by three independent experts: Dr Mike Durkin, former National Director of Patient Safety at NHSEI, Dr Hilary McCallion, former Executive Director of Nursing and Mental Health Nurse, and Priscilla McGuire, Ofsted Inspector, CCG Vice-Chair and a Patient and Public Voice Partner.

1.10. The Panel heard written and verbal evidence from 53 witnesses, including users and others with experience of engaging with the Trust, professional experts and Trust staff. The Panel took place virtually online due to the Covid-19 pandemic restrictions.

1.11. Following the Panel hearings, the Stage 2 report was published by NHS England and Improvement on 9th September 2021 and titled “Right First Time”. The report is available in full, and as a summary, [on the Trust’s website](#), alongside the public statement issued by the Trust at the time of publication.

1.12. Upon publication of the Stage 2 report, the Trust wrote to stakeholders including the Chairs of local Overview and Scrutiny Panels to inform them of the publication and outline the Trust’s response and next steps.

1.13. The Trust Board has accepted the Stage 2 report in full.

2. Trust response

2.1. The first and second stage reports acknowledge the progress that has been made by the Trust since 2015.

2.2. The table below summarises the actions that the Trust has taken already and where further work will be undertaken to realise the ambitions of the Stage 2 report. The table is set out against the specific *recommendations* and *learning points* described in the report.

2.3. Progress towards the completion of the actions set out below will be monitored by the Trust Board and its sub-committees.

Recommendations		
R1	SHFT's Complaints, Concerns and Compliments Policy and Procedure documents should be urgently reviewed and reformed. They should be combined into a single document . The policy should prioritise service users, family members and carers. SHFT should work with these groups to co-produce it. It must be clear, straightforward and in an easily understood format. All members of staff must undertake mandatory training on the new Policy and Procedure.	The Trust’s procedure and practice for dealing with complaints has already been revised. The practice now is that frontline service managers and clinicians respond the same day by contacting the complainant, clarifying what it is that they are unhappy about, agreeing timescales and what needs to be done to achieve resolution. 87% of all complaints in 2020/21 were completed through early resolution at source. For all complaints that were escalated the response time has reduced from a median of 57 days (March 2020) to a median of 14 days (October 2021)
R2	SHFT should clarify what complaints management system	

	is actually in place in the organisation, whether this is centralised or locally managed, and further go on to ensure the system is publicised and shared in clear language with staff, service users, family members and carers.	<p>The Trust's Policy will now be revised to reflect current practice. The policy is being co-produced with the Working in Partnership Group. Implemented by 31.01.2022</p> <p>Action: Director of Allied Health Professionals and Nursing</p> <p>The Trust is a pilot site for the new complaints standards issued by the Parliamentary and Health Service Ombudsman (PHSO).</p>
R3	SHFT should clarify and define the role of PALS and if proceeding with it, co-design and co-produce a strategy and implementation plan for its development throughout the organisation. The service must be accessible, supportive and responsive to service user and carer needs.	<p>The Trust has worked with carers and service users and will be launching a Carers and Patients Support Hub in January 2022. This will replace and enhance the existing Patient Advisory and Liaison Service (PALS) and will be supported by staff previously engaged in administering the complaints process. Implemented by 31.01.2022</p> <p>Action: Director of Allied Health Professionals and Nursing</p>
R4	SHFT should urgently implement a process to monitor the quality of the investigation of complaints, complaint reports and responses and the impact of recommendations from complaints. That system should test the extent to which outcomes and judgments are evidence-based, objective and fair.	<p>Complaints reports and responses are quality assured by Executive Directors/Chief Executive. A comprehensive report on complaints is scrutinised by the Quality and Safety Committee. Since January 2021 we put in place a follow up contact with people who have complained to gain feedback; these surveys and the qualitative information are fed into the Patient Experience and Caring Group on a quarterly basis.</p>
R5	SHFT should re-develop its Complaints Handling leaflet that reflects the complaints process, outlines expectations and timelines for service users, family members and carers. It must be co-designed and co-produced with these groups. The documents should be widely available to all in paper and digital format.	<p>We will co-produce this with the Working in Partnership Committee and will be available in a range of formats. As the Carers and Patients Support Hub develops it will be a point of connection to local communities and will be able to connect with a range of people who use our services including those traditionally less engaged. Implement by 28.02.22.</p> <p>Action: Director of Allied Health Professionals and Nursing</p>
R6	During the investigation of complaints, SHFT should offer the opportunity for face-to-face meetings as a matter of course. These meetings should provide the	<p>As part of our changed practices around working with complainants, we offer the opportunity for face-to-face meeting. Our routine practice now includes earlier intervention by our clinical teams, dialogue directly with people to</p>

	time to discuss with complainants about how they wish their complaint to be handled and a timeframe for a response, should be agreed. SHFT should maintain communication with the complainant throughout, with a full explanation for any delays.	understand their preferences for resolution and putting these in place, regular keeping in touch during the response and improving the way we communicate our findings.
R7	SHFT should ensure that all complainants that go through its complaints handling process, have access to advocacy services where required. SHFT should be alert to the importance of perceived independence of representation. Therefore, it should look to Third sector organisations that it can facilitate access or signpost their availability for complainants. This should be co-ordinated so as to be part of the complaints handling process.	Access to advocacy services will be promoted through the revised complaints handling leaflet and the Carers and Patients Support Hub. Implement by 28.02.2022 Action: Director of Allied Health Professionals and Nursing
R8	There is a vital and continuing need for SHFT to re-build trust and confidence with the population it serves. To achieve this end SHFT should continue its move away from a past unresponsive culture and defensive language. Today, SHFT acknowledge the need to balance accountability and responsibility by ensuring that it meets the Duty of Candour and admits its mistakes. To achieve this, SHFT needs to ensure all staff are trained and understand the Duty of Candour and take a positive pro-active approach in all future engagement with families, carers, and service users, to ensure that their needs are met.	The Duty of Candour is promoted in staff training and in practice. It will be scrutinised by the Quality and Safety Committee and is always considered as part of investigations.
R9	SHFT should co-produce with service users, carers and family members, a Communications Strategy to identify a 'road map' for improving communications. This should include, but is not limited to, mandatory training on communication across the whole of	Work has been done to co-produce more effective communication channels with service users, carers and family members. The Trust has specific roles to support engagement and communication with service users, carers and families

	<p>SHFT, including improving internal communications and the development of a protocol setting out how SHFT will provide support to its service users, carers and family members. It should create specific roles to provide this support. SHFT recruitment processes should include good and effective communication skills criteria for all roles at every level of the organisation.</p>	<p>Communication skills training modules are already available. All existing training will be reviewed to ensure that communication skills are included appropriately. Implemented by 28.02.2022</p> <p>Action: Chief People Officer</p>
R10	<p>SHFT should develop a Carer's Strategy, in which the aims and actions are understood and are to be articulated by carers, working together with staff. As a minimum, these actions should be reviewed annually at a large-scale event with carers at the centre. In future, carers must have the opportunity to articulate their needs and the actions needed to address them. Part of this process should be the enhancement and wider use of the Carer's Communication Plan, which must be underpinned by relevant training.</p>	<p>Our carers action plan is aligned to the Hampshire Joint strategy for Carers and the Southampton strategy for carers. Our plan was co-produced with a variety of stakeholders, particularly the Families Carers and Friends group who have oversight and monitor the plan. The action plan is a 'live' document and actions are added based on feedback and any issues highlighted to us by our carers.</p> <p>The use of Carers Communication Plans will be continuously monitored.</p> <p>We are currently working with partners in Hampshire on the joint strategic plans for carers. We have a project underway currently looking specifically at engagement with lesser heard carers, e.g. military families, carers from rural areas, gypsy and traveller community, black and minority ethnic communities and young carers. We are also just starting a project to look at discharge and the effects on carers. We are strengthening our work with voluntary sector organisations to enable all of this work, and carers themselves are leading on aspects of the projects.</p>
R11	<p>SHFT should ensure all staff are all rapidly trained to understand the Triangle of Care and that these principles are clearly communicated across SHFT to all staff to ensure greater awareness. The Quality Improvement methodology should be used to measure the impact of the Triangle of Care.</p>	<p>The Triangle of Care is only one approach of supporting carers but it is a platform for engagement with carers.</p> <p>An increased number of Triangle of Care workshops have been offered and options for attending sessions out of hours and via webinar. 10 carers leads have been trained to deliver the training from January 2022. An introduction module to give all staff an understanding of the principles and process is available online from</p>

		<p>January 22. In addition, the principles will be included in local induction from January 22. The introduction of Esther coaching will further enhance and reinforce the Triangle of Care principles.</p> <p>Esther Improvement Coaches are specially trained dedicated members of staff who support the development of other staff to create a culture of continuous improvement to ensure person-centred care. User involvement is integral to the model, building a network around the patient including family, friends and key staff.</p>
R12	<p>SHFT should set up regular localised drop-in sessions and groups for carers and remote carers, which provides support and advice to meet local needs, to include ongoing peer support.</p>	<p>There are several groups already in existence, in addition the Carers and Patients Support Hub will be launched in January 2022. The service will provide single point of contact for issues and concerns, with a hub and spoke model for outreach and drop-in sessions. The hub will include peer/ carer volunteer support and voluntary sector partners will be invited to run support sessions</p>
R13	<p>The Panel recommends that SHFT strengthens its links with the local Hampshire Healthwatch, to ensure that the voices of service users, family members and carers are heard locally. This relationship should be formalised and monitored through a quarterly feedback session between SHFT and Hampshire Healthwatch, with a written report that is publicly available.</p>	<p>The Trust has a good relationship with Hampshire Healthwatch, including meetings with the Trust Chair and Chief Executive. We are also committed to continuing to build our relationships with Southampton and Portsmouth Healthwatch's, recognising the important role they play in ensuring patient voices are heard. Formal feedback from Healthwatch's will always be made available on the Trust's website.</p>
R14	<p>SHFT should pay due regard to the 7th principle and 8th principle of the UK Caldicott Guardian Council in recognising the importance of the duty to share information being as important as the duty to protect patient confidentiality. Through training, supervision and support, staff need to be empowered to apply these principles in everyday practice and SHFT should be transparent about how it does so.</p>	<p>The Trust continues to stress the duty to share information being as important as the duty to protect patient confidentiality. The Information Governance Training will include specific examples linking to these principles. In learning from events and the subsequent learning across the Trust we will look for evidence of the principle being upheld, highlight good practice and encourage a closer understanding where practices are not so good. We will continue to ensure carers forums are attended by senior clinical leaders and share learning from these events widely. This will form part of ongoing</p>

		<p>monitoring. This is a continuous area of development and improvement.</p> <p>Implemented by 28.02.2022</p> <p>Action: Chief Medical Officer</p>
R15	<p>SHFT should seek to improve both the quality of the handover and the sharing of information between clinicians involved in patient care, to include nursing, medical, therapy and pharmacy staff. This should extend, where relevant, to all care settings, including, SHFT and General Practices across its divisions.</p>	<p>This is an important aspect of the daily routines of all clinicians and will always be a priority for continuous improvement. This recommendation is highlighting the need to improve communication between clinical colleagues, which is an area we have strived hard recently to improve, have a lot more developments planned, although remain cognisant that this journey of improvement is likely to always be able to be improved.</p> <p>We can divide the communications into internal and external communications. Internal includes within teams such as across the multidisciplinary team, and also other services within Southern Health, for example at times we need excellent communication to follow a person from community, through a crisis into hospital and then back home into the community again. External is communication with other people outside Southern Health, to include but not limited to groups such as GP's, social services, pharmacy, acute hospitals, care homes etc.</p> <p>Internal communication is being improved by many workstreams a few examples are included: strengthening the multidisciplinary team meeting, better operability and access to RIO (our clinical system where we record clinical notes), dedicated time to handovers and established methodology to make the handover process more productive, use of Rio mobile and Rio on our physical health wards, prioritising the further development of Risk and Care plans.</p> <p>External communications have also been improved for example– a pharmacy review of all medications prior to discharge including direct communication with GPs, timely use of redesigned discharge summaries, engaging with interoperability opportunities which allow different clinical systems across the health and care sector to digitally exchange information in</p>

		<p>real time (NHSX are leading on legislative work to accelerate this interoperability work nationally).</p> <p>As a general comment, we appreciate the importance of communication not only with colleagues but with people themselves, their friends, family and carers and to this end we ensure all doctors have a required reflection and discussion each year in their appraisal about their communication skills. We will look to echo this opportunity to all our staff, both clinical and non-clinical.</p> <p>Our progress to improve communication will come directly from seeing communication issues mentioned less in complaints and Serious Incidents. There are opportunities to listen to patients, families and carers view on communication via various surveys and direct requests for feedback.</p>
R16	<p>SHFT must make swifter progress in developing the Patient Experience Dashboard to ensure that it is able to triangulate data and information effectively. It should consider using the data from the Triangle of Care processes to inform this Dashboard. It should also implement specific audits of carer feedback at a local level.</p>	<p>Feedback is already sought and shared from carer groups, carer leads (within the divisions) and surveys,</p> <p>The Patient Experience dashboard is in place and presented at the Quality and Safety Committee on a quarterly basis. The measures are under review and will continue to be developed.</p>
R17	<p>SHFT should adopt the Patient Safety Response Incident Framework and National Standards for Patient Safety Investigations (published by NHSE/me in March 2020) for reporting and monitoring processes, when they are introduced nationally.</p>	<p>Agreed. The framework has been released and NHS England are working with early adopter sites, we are not one of those. The final framework and standards will be informed by the early adopter sites and released in Spring 2022 and organisations are then expected to transition to this.</p> <p>In advance of this we have been developing our own processes to prepare for readiness and as part of this gained the accreditation (October 2021) for the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN)</p>
R18	<p>It is recommended that future NHS patient safety frameworks for</p>	<p>Agreed. We will align our plans and processes to the national Patient Safety Response Incident</p>

	Serious Incidents should acknowledge and incorporate the different needs of patient groups , such as physical health, mental health and learning disability and the unique context in which the incident took place.	Framework and National Standards as mentioned above. Our investigation process will be flexible so it can be tailored to individual requirements with relevant experts from the services. Implemented by 31.3.2022. Action: Chief Medical Officer
R19	SHFT should provide a clear and transparent definition of 'independence' and an open and accessible explanation about its processes for ensuring its investigations are 'independent'. The definition and explanation should be available to service users, carers and family members and staff. SHFT should also set out criteria which indicate when an independent and external investigation in respect of a Serious Incident will be conducted and who, or which organisation, will commission it.	The Trust recognises the importance of perception when considering independence and has a tiered approach to reflect the degree of independence needed according to the particular circumstances. This approach has been included in the updated (October 2021) Serious Incident Policy. New patient and family leaflets will be co-produced including a clear explanation of our approach. Implemented 31.01.2022 Action: Chief Medical Officer
R20	In the case of an enquiry into a Serious Incident that requires an external independent investigation, there should be a fully independent and experienced Chair , the background and qualities of whom should be specific to the facts of the case subject to investigation.	This is current practice and external investigation standards including Trust Independent and NHS Independent statements have been made clear within the Policy.
R21	Following a Serious Incident, SHFT should ensure that families, carers and service users, with limited resources, can access external legal advice, support, or advocacy services , as required. Due to potential conflicts of interests, SHFT should not fund such support services directly, but should explore options with local solicitor firms and Third sector or not-for-profit organisations, to facilitate access or signpost their availability.	The Trust will ensure signposting advice is included in the complaints and serious incident investigation processes as well as via the Family Liaison Officers (we have successfully recruited a further 2 posts) and The Carers and Patients Support Hub. Implement by 31.01.2022 Action: Director of Allied Health Professionals and Nursing
R22	The job description for SHFT's Investigation Officer role should	Job descriptions have been revised in line with other job descriptions within the Trust and reflect

	include specific qualities required for that post. The minimum qualities should include integrity, objectivity and honesty.	the skills, experience, qualities and values required for all roles.
R23	SHFT should develop a more extensive Investigation Officer training programme, which includes a shadowing and assessment process. Service users, family members, carers and clinical staff should be involved in the development of this programme. It should include, but is not limited to, regular refresher training, a structured process for appraisals, a continuous professional development plan and reflective practice. This will ensure continuous quality improvement in the centralised investigations team.	Revise our training package for Investigation Officers in line with the national offering, co-produce with the support of the Family Liaison Officer and set up a Peer Review network including patient and family feedback to support their development. Implement by 31.03.2022 (may be impacted by the timing of the national offer) Action: Chief Medical Officer
R24	SHFT should urgently change and improve the Ulysses template for investigation reports to ensure that all completed investigation reports are accessible, readable, have SMART recommendations and demonstrate analysis of the contributory and Human Factors.	The Ulysses template has already been amended as part of the Serious Incident Review Accreditation Network (SIRAN) accreditation, which was successfully achieved in October 2021.
R25	All completed investigation reports in SHFT should explicitly and separately document the details of family and carer involvement in the investigation, in compliance with any data protection and confidentiality issues or laws.	This is current practice and is a requirement of the completion of documentation.
R26	SHFT must share learning more widely throughout the whole organisation and ensure that staff have ready access to it. The Trust should ensure staff attend learning events to inform their practice.	The Trust has a range of “Learning from Programmes” including Hot Spots, Learning Matters and Governance Snapshots which are available to all staff on intranet. Trust wide Learning from Events group and specialty level groups are in place. We are currently working with the National Air Traffic Control Services (NATS) on translating lessons into learning, behaviour and culture change. This is an area for continuous and further improvement.

R27	SHFT should have in place, as a priority, a mechanism for capturing the views and feedback of the service user, family member and carer about the entire SI investigation process . This should be monitored at regular intervals for learning purposes and should be shared with the central investigations team and the Board.	The Trust has a mechanism but is seeking to establish an independent means of feedback. Implement by 28.02.2022 Action: Director of Allied Health Professionals and Nursing
R28	SHFT should improve the quality of the Initial Management Assessments (IMAs) that are provided to the 48-hour Review Panel to ensure that the decision-making process for the type of investigation required is robust, rigorous and timely . This should be done through a systematic training model and quality assurance mechanisms should be put in place	We have undertaken a value stream mapping exercise as part of our redesign of the mortality processes which is due to complete in December 2021. A working group chaired by the Patient Safety team is in place to develop the IMA training process An internal target of 2-3 working days will be put in place rather than the "48 hour" rule to ensure focus is on the quality of decision making. We have reviewed the Chair and core membership of reviews to ensure a smaller/ more consistent number of trained chairs and consistency of group membership. Implementation by 31.03.2022 Action: Director of Allied Health Professionals and Nursing
R29	SHFT should produce a quarterly and annual Serious Incidents Report , which should provide a mechanism for quality assurance. It should be presented to the Board and available to the general public , in compliance with data protection and laws.	This is current practice and reports are presented at the Trust Quality and Safety Committee and reported annually through the Trust Quality Account.
R30	The SHFT Board and the Quality and Safety Committee should receive more information on the degree of avoidable harm and the lessons learnt , through regular reporting. Thereafter, that information should be discussed by the Board and shared through the Quality Account and Annual Report and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative	This is current practice with 'near misses' reported in our quarterly serious incident reports. This is an area for continuous improvement and learning. The Learning from Deaths quarterly report is scrutinised by the Quality and Safety Committee and discussed by the Board.

	analysis of all incidents, but it should also reflect a thorough qualitative analysis to identify the relevant themes of current error and future themes for learning.	
R31	SHFT should recognise, implement and develop the role of the Medical Examiner, in line with forthcoming national legislation and guidance.	Agreed, we are currently developing a roll out plan with other NHS partners. Lymington New Forest Hospital is due to start in December 2021. Progress is being discussed at the Learning from Events Meeting to update teams. The full plan will come to Clinical Effectiveness Group in January 2022 prior to going to Quality and Safety Committee in February 2022. Implementation by 31.03.2022 Action: Chief Medical Officer
R32	SHFT should examine the potential of expanding and bringing together the Patient Safety Specialists into a team, led by a Director of Patient Safety, from the Executive level.	The Trust has a wider Patient Safety Team who support the Patient Safety Specialist and are led by the Director of Patient Safety.
R33	SHFT should develop a co-produced Patient Safety Plan , which includes a long-term strategy for the recruitment of Patient Safety Specialists and Patient Safety Partners and a commitment to continuous improvement.	We have a Patient Safety Commitment 2018-25 in place which was co-produced in 2018 and refreshed in April 2021 in consultation with service users and families.
R36	All Action Plans that are created by SHFT, at any level of the organisation, should include a deadline and the name of an individual(s) and their role, who is responsible for taking forward the action indicated. They must be monitored to ensure they have been implemented and shared for learning.	This is current practice and action plans are monitored at the appropriate part of the organisation. This may be divisional or at a Trust wide forum including Board Committees where appropriate. Where possible we are trying to ensure action plans are streamlined and outcome focused.
R37	SHFT should introduce a Board-level monitoring system for action plans and the implementation of recommendations made during investigations. That process should require tangible evidence to be provided of actions of improvement and learning. That process should be documented and reported on regularly.	The Learning from Events Forum provides a key role in ensuring actions of improvement are undertaken and learning is shared widely across the organisation. This is attended by Patient Safety Leads. Themes from this and our serious incident reporting also are considered by the Quality and Safety Committee and the Board where appropriate.

R38	SHFT should adopt the NHS Just Culture Guide and put in place an implementation plan to ensure its uptake through its ongoing organisational development and staff training programme. It should ensure that it is well placed within the SHFT recruitment strategy and within all induction programmes for all staff, to particularly include substantive and locum medical staff .	Agreed. We will review, refine and deliver Just Culture implementation plan in line with NHS Just Culture Guide ensuring it is embedded in all our people processes Implemented by 31.03.2022 Action: Chief People Officer
R39	SHFT should work to ensure that the membership of its sub-committees and its Staff Governors is increased and diversified, so that it better represents the population it serves. It should work with its Governors to do so. This should form part of a long term strategy and the impact of it should be measured, monitored and reported on through formalised structured processes.	The Board have made it very clear over a number of years that diversity and inclusion is a foundation on which we build our people and services. The Board recognises fully the challenges of workforce and health inequalities that exist with our society and Trust and are committed to addressing these. The Board set an aspiration to be representative of our diverse communities at all levels by 2024. Plans to deliver this have been progressing and reviewed with progress being made against the 2019 baseline. Work will continue with the appointment of a new Associate Director of Diversity and Inclusion now in post and a recent development audit to help continue our progression. We are also taking an active role in the Integrated care System with the Chief People Officer taking on the Senior Responsible Officer leader role for Hampshire & Isle of Wight.
Learning Points		
L1	SHFT should avoid terms such as 'upheld' or 'not upheld' in all complaint investigation reports and response letters.	We ceased this practice in late 2019 / early 2020.
L2	SHFT should consider more effective mechanisms to respond to the immediate needs of carers. That could include a possible helpline or other technical aid in order to lead to a practical response	The Carers and Patients Support Hub mentioned previously will be in place to support carers. The support hub will provide a text messaging service as well as phone line.
L3	SHFT should work harder to ensure that compassion and respect is reflected in every verbal, written response and communication it has with service users, carers and family members.	We agree and believe we have already made significant steps of improvement. The feedback we seek from people who have been connected to investigations will provide ongoing feedback in this regard.

		<p>We are currently undertaking a pilot with the Parliamentary and Health Service Ombudsman (PHSO) which includes monitoring and evaluating quality of communication with services, families and carers regarding complaints and investigations. We will implement recommended changes following this work.</p> <p>Implemented by 31.10.2022</p> <p>Action: Director of Allied Health Professionals and Nursing</p>
L4	SHFT should take a ‘team around the family’ approach to providing support to families and carers and actively recognise that carers and families are often valuable sources of information and they may be involved in providing care and also in need of support.	We have several families and carers groups in place and the Carers and Patients Support Hub will provide specific support to individuals. Wider outreach sessions will be developed in the community.
L5	SHFT should consider the use of recognised mediation services to resolve outstanding issues with families who have disengaged within the last two years.	The Trust has appropriate mechanisms in place. The Trust would always consider independent support and encourage advocacy.
L6	SHFT should review its ‘Being Open’ Policy to ensure that it is fit for purpose and actively promote it to staff, service users, carers and family members, in digital and paper formats.	Agreed. We will review the policy and ensure it is fit for purpose, available in different formats and we will actively promote it. Implemented by 31.01.2022
L7	SHFT should involve service users, family members and carers in the writing of action plans across all investigations. Where requested and the appropriate consent is in place, they should be provided with regular updates on the implementation of the action plan.	This is current practice. We offer this opportunity within our current processes already where we have carried out investigations.
L8	SHFT should ensure that staff members and volunteers across all levels of the organisation and a diverse range of service users, carers and family members are part of the Quality Improvement (QI) projects and SHFT’s journey of improvement.	Agreed. Our Quality Improvement (QI) Programme has previously trained staff at all levels in the organisation who have worked alongside > 150 patients, their families and carers on specific projects. We will continue with this approach as we re-energise our QI programme and move to the next stage of its development.

L9	SHFT should, overall, increase its annual and quarterly reporting by committees and divisions to be accessible to the public it serves.	<p>Agreed. We will review the current reports that are available to the public, identify where there are gaps and implement changes. Implemented by 31.03.2022</p> <p>Action: Deputy Chief Executive</p>
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Note: Recommendations 34 and 35 relate to the Clinical Commissioning Group and Integrated Care System so have not been included in this table.

3. Further information

- 3.1. The full report (including an Easy Read version) and the Trust's public statement (issued on the day of publication), can be found on the Trust website here: <https://www.southernhealth.nhs.uk/about-us/news-and-views/second-stage-review-southern-health-published-today>
- 3.2. Additional information, including the Terms of Reference for the review, can be found on the NHSE/I website here: <https://www.england.nhs.uk/south-east/publications/ind-invest-reports/southern-health/>

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Agenda Item 8

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	COVID-19 PLANNING		
DATE OF DECISION:	9 DECEMBER 2021		
REPORT OF:	COUNCILLOR PRIOR CHAIR OF THE HEALTH OVERVIEW AND SCRUTINY PANEL		
<u>CONTACT DETAILS</u>			
AUTHOR:	Title:	Scrutiny Manager	Tel: 023 8083 3886
	Name:	Mark Pirnie	
	E-mail	Mark.pirnie@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
At the request of the Chair, the Director of Public Health has been invited to provide the Panel with a verbal update on Covid-19 planning in Southampton.	
RECOMMENDATIONS:	
(i)	That the Panel consider the update from the Director of Public Health on Covid-19 planning in Southampton.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the Panel to scrutinise Covid-19 planning in Southampton.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	No alternative options have been considered.
DETAIL (Including consultation carried out)	
3.	Reflecting the detection of the Omicron variant and announcements relating to additional measures to prevent the spread of the virus, the Chair has requested that the Director of Public Health provides the Panel with an update on Covid-19 developments in Southampton.
4.	To provide context to the discussion a coronavirus infographic report is published weekly to help inform members of the public of the current coronavirus situation in Southampton. This report can be found at: https://data.southampton.gov.uk/health/disease-disability/covid-19/covid-19-updates/ (scroll down to visualisation and click on LINK on the far right hand side)
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
5.	Not applicable
<u>Property/Other</u>	
6.	Not applicable.

LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	The management of risk as it relates to Covid-19 is a key consideration of the Local Outbreak Engagement Board.
POLICY FRAMEWORK IMPLICATIONS	
10.	None.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	None

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	N/A

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	INTEGRATED CARE SYSTEM DEVELOPMENTS
DATE OF DECISION:	9 DECEMBER 2021
REPORT OF:	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CLINICAL COMMISSIONING GROUP

<u>CONTACT DETAILS</u>		
Executive Director	Title	PAUL GRAY EXECUTIVE DIRECTOR OF STRATEGY
Author:	Title	PAUL GRAY EXECUTIVE DIRECTOR OF STRATEGY

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
This paper provides an update on the development of the design of the Hampshire and Isle of Wight Integrated Care Partnership and Integrated Care Board.		
RECOMMENDATIONS:		
	(i)	That the Panel notes the development of the Hampshire and Isle of Wight Integrated Care System and the development of local arrangements for Southampton.
REASONS FOR REPORT RECOMMENDATIONS		
1.	The legislative process to put ICSs on a statutory footing is underway and, if approved by Parliament, we anticipate ICSs to become statutory organisations from April 2022.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	The COVID-19 pandemic has proved how greater collaboration across organisations and communities can drive improvements and quicker solutions to our challenges in health and care. This has been demonstrated locally and we are excited by the prospect of adopting the advantages new legislation creates for us. At the heart of the new legislation is putting Integrated Care Systems (ICSs) on a statutory footing.	
4.	<p>The Health and Care Bill is currently making its way through Parliament. Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:</p> <ul style="list-style-type: none"> • An Integrated Care Partnership (ICP): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. 	

	<ul style="list-style-type: none"> An NHS body, the Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
5.	N/A
<u>Property/Other</u>	
6.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	N/A
<u>Other Legal Implications:</u>	
8.	N/A
RISK MANAGEMENT IMPLICATIONS	
9.	N/A
POLICY FRAMEWORK IMPLICATIONS	
10.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Development of the Hampshire and Isle of Wight Integrated Care System
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Other Background documents available for inspection at:	

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	

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Development of the Hampshire and Isle of Wight Integrated Care System

December 2021

Introduction and context

1. The COVID-19 pandemic has proved how greater collaboration across organisations and communities can drive improvements and quicker solutions to our challenges in health and care. This has been demonstrated locally and we are excited by the prospect of adopting the advantages new legislation creates for us. At the heart of the new legislation is putting Integrated Care Systems (ICSs) on a statutory footing.
2. Integrated Care Systems were established to bring together local authorities, providers and commissioners of NHS services and other local partners to plan and improve health and care services to meet the needs of their population. The core purpose of an Integrated Care System is to:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money
 - Support broader social and economic development

As it stands Integrated Care Systems are voluntary groups of partners. The new legislation will make these statutory for its members.

3. The Health and Care Bill is currently making its way through Parliament. Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:
 - An Integrated Care Partnership (ICP): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.
 - An NHS body, the Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).
4. This paper provides an update on the development of the design of the Hampshire and Isle of Wight Integrated Care Partnership and Integrated Care Board.

Hampshire and Isle of Wight Integrated Care Partnership

5. Integrated Care Partnerships will play a critical role in supporting ICSs to achieve their ambitions, facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies. Integrated Care Partnerships' central role is in the planning and improvement of health and care. In Hampshire and Isle of Wight the Integrated

Care Partnership will support local partnerships and coalitions with community partners.

6. Integrated Care Partnerships will be established by the Integrated Care Board and local government as equal partners. The Integrated Care Partnership for Hampshire and the Isle of Wight will be a joint committee between Southampton City Council, Hampshire County Council, Isle of Wight Council, and Portsmouth City Council.
7. The Integrated Care Partnership will be required to develop an integrated care strategy to address the broad health and social care needs of the population in Hampshire and Isle of Wight, including determinants of health such as employment, environment, and housing issues. The strategy must set out how the needs assessed in the Joint Strategic Needs Assessments are to be met by the NHS and local authorities. Under the new legislation, the NHS and local authorities will be required by law to have regard to the Integrated Care Partnership's strategy when making decisions.
8. There is flexibility for a high level of local decision making about the design and development of the Integrated Care Board, building on the following high level requirements:
 - Members must include local authorities that are responsible for social care services in the ICS area, and the local NHS.
 - In addition, members may be drawn from health and wellbeing boards, other statutory organisations, voluntary, community and social enterprise sector partners, social care providers and organisations with a relevant wider interest, such as employers, housing and education providers and the criminal justice system.
 - The Integrated Care Partnership must involve the local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area. In Hampshire and Isle of Wight, there are four Healthwatch organisations based on local authority areas.
9. It is expected that membership of the Integrated Care Partnership will:
 - be representative of the different population groups it serves to ensure involvement of those who are best placed to respond to the diverse health and care needs of the respective population groups
 - provide sufficient capacity of partners to contribute effectively
 - evolve over time
10. All ICSs are required to have at least an interim Integrated Care Partnership up and running from April 2022, with a chair and a committee of statutory members as a minimum. It is expected that these interim arrangements will have developed into substantive arrangements by September 2022 and that the Integrated Care Partnership will develop its first Integrated Care Strategy by March 2023.
11. In Hampshire and Isle of Wight the NHS sees the opportunity for the Integrated Care Partnership to support us to make a step change in improving health

outcomes, tackling the complex challenges we face, influence the wider determinants of health and broader social and economic development, and genuinely integrating care. By working with all partners, it can drive and deliver improvements for local communities, including at a neighbourhood level.

12. The development of the Hampshire and Isle of Wight Integrated Care Partnership has been discussed with local authority representatives and it is proposed that a Design group will be established between Local Authority and NHS representatives between now and March 2022. This group will help define the structure, ambition and role of the Integrated Care Partnership, as well as its specific membership and governance arrangements.

Hampshire and Isle of Wight Integrated Care Board

13. The Integrated Care Board (ICB) is the statutory organisation that sets NHS strategic priorities for Hampshire and Isle of Wight, allocates NHS resources, leads integration in the NHS, and has oversight of NHS delivery. Current CCG functions will transfer to the Hampshire and Isle of Wight Integrated Care Board, as will staff, assets and liabilities of NHS Hampshire, Southampton & Isle of Wight CCG and NHS Portsmouth CCG.
14. Unlike the Integrated Care Partnership, where there is considerable opportunity for local flexibility, the functions and responsibilities of the ICB are defined by the Health and Care Bill and by NHS England. A summary of these functions is available in Appendix 1. The Board includes:
 - A chair and chief executive. Lena Samuels was appointed as chair designate in summer 2021 and we are pleased to confirm Maggie Maclsaac has been appointed as Chief Executive-designate of the ICB. Maggie Maclsaac is a nurse by background and graduate of the NHS management training scheme. She has more than 20 years of Board experience at both local and regional level, working in roles in provider Trusts, health authorities and most recently within clinical commissioning.
 - Non-executive directors. In Hampshire and Isle of Wight we have proposed three non-executive directors, one more than the statutory minimum of two. The recruitment process for these roles will be underway shortly.
 - Executive Directors. Statutory guidance prescribes the core roles of Chief Finance Officer, Chief Medical Officer, Chief Nursing Officer. There will also be a Chief People Officer. The Chief Executive and Chair have flexibility to add further roles.
 - Partner Members. Partner members are full members of the unitary Board, individually, collectively with other directors and corporately accountable for the performance of the organisation. Partner members bring knowledge and perspective from their sector, but do not act as delegates of those sectors. The ICB is expected to have at least three partner members, to represent the primary care sector, NHS providers, and local authorities.

Next steps to develop the ICS

15. We are currently planning our arrangements for April 2022, which includes:
 - Refresh core ICS purpose and vision, and agree strategic ambitions
 - Initial ICP arrangements agreed, including membership and principles for operation, with clarity on ICP requirements, governance, process and purposes explicitly stated, and clear outputs produced for ICS governance and/or safe transition workstreams to enact.
 - ICB arrangements agreed, with membership, terms of reference, governance, reporting, committees and assurance processes in place, and clear outputs produced for ICS governance and/or safe transition workstreams to enact.
 - Arrangements agreed at 'place' including boundaries, leadership arrangements, vision and strategy in each place
 - Provider collaboratives established, with clear leadership structures, 'form' and representation
 - ICB functions and decision map prepared and ready to be adopted, including clear articulation of nature, shape and functionality at all levels of the ICS
 - Develop a system financial framework based on agreed underlying financial principles. Establish Financial Governance arrangements within ICS including Accountability Framework and Scheme of Delegation to system/place.
16. We plan to have more details on these in the new year.

Southampton local developments

17. As the HIOW ICS is developed in preparation for April 2022, building on the success of local places based on Local Authority boundaries will be essential to the future success of the system.
18. Southampton has benefitted from close collaboration between the NHS, local authority and the voluntary and community sector for many years. The changes in legislation provide an opportunity to expand the existing joint commissioning arrangements between NHS Hampshire, Southampton and Isle of Wight CCG and Southampton City Council, and the success of Better Care Southampton which has led to wider planning across health and care in the city.
19. Governance arrangements are currently drafted for a Southampton partnership board, which will have providers and voluntary sector members in addition to the ICB (as it will be from April 2022 subject to legislation) and Southampton City Council. This board will take on functions currently undertaken by the Joint Commissioning Board.
20. The Integrated Commissioning Unit, set up in 2014, has played a vital role in supporting the city's population, bringing services together and finding solutions quickly and effectively. This team and its work will continue into the new arrangements described above.

21. An opportunity has been identified to recruit a jointly appointed leadership role for the Integrated Commissioning Unit between the CCG and Southampton City Council, replacing the current Director of Quality and Integration role. The recruitment process for this director-level role is nearing its conclusion. The roleholder, when in post, will ensure strategic leadership and collaboration between health and social care in the city remains during the upcoming legislative changes.
22. Each local area within the CCG has a Managing Director role. The recruitment process for the substantive Managing Director role for Southampton is underway. This role is currently filled on an interim basis by Stephanie Ramsey. This post holder will jointly manage the Integrated Commissioning Director with the council's Executive Director for Well-being (Health & Adults) as well as the wider functions of the CCG including primary care, planned care, medicines management, quality and system resilience.

Appendix 1: Nationally defined functions of the Integrated Care Board

1	Developing a plan to meet the health and healthcare needs of the Hampshire and Isle of Wight population, having regard to the Hampshire and Isle of Wight Integrated Care Partnership's strategy.
2	Allocating resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). Financial rules will apply to ensure delivery of key national commitments, such as the Mental Health Investment Standard and the primary medical and community health services funding guarantee.
3	Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
4	Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.
5	Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including: <ol style="list-style-type: none"> a) putting contracts and agreements in place to secure delivery of its plan by providers b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and

	funded nursing care, and agreeing personal health budgets and direct payments for care.
6	Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.
7	Leading system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
8	Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.
9	Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.
10	Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.
11	Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.
12	Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	MONITORING SCRUTINY RECOMMENDATIONS		
DATE OF DECISION:	9 DECEMBER 2021		
REPORT OF:	SERVICE DIRECTOR - LEGAL AND BUSINESS OPERATIONS		
<u>CONTACT DETAILS</u>			
Executive Director	Title	Deputy Chief Executive	
	Name:	Mike Harris	Tel: 023 8083 2882
	E-mail	Mike.harris@southampton.gov.uk	
Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail	Mark.pirnie@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.			
RECOMMENDATIONS:			
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.		
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.		
RESOURCE IMPLICATIONS			

<u>Capital/Revenue</u>	
5.	None.
<u>Property/Other</u>	
6.	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	None.
POLICY FRAMEWORK IMPLICATIONS	
10.	None
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Monitoring Scrutiny Recommendations – 9 December 2021
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Equality Impact Assessment and Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 9 December 2021

Date	Title	Action proposed	Action Taken	Progress Status
21/10/21	5 Year Health and Care Strategy – Progress report	1) That data outlining the key workforce challenges in Southampton’s health and care system is provided to the Panel.	This information will be provided to the Panel by the February meeting of the HOSP.	
21/10/21	Primary Care update	1) That the Panel are provided with the Southampton GP practice results from the annual patient survey. The Panel have requested that a summary of key issues relating to patient experience is attached to the findings.	This information will be circulated to the Panel in advance of the 9 December meeting of the HOSP.	

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