Nottinghamshire Healthcare NHS FT (NHFT): Theemis Review and Improvement Updates

Briefing for Nottinghamshire County Health Scrutiny Committee – 18 March 2025

1. Introduction

This briefing provides an overview of the improvements we have taken as a Trust in response to regulatory feedback and how we are building on this work to meet the specific requirements of the recently published Theemis review in the care and treatment of Valdo Calocane.

2. Background

As previously reported to the Committee, in March 2024 the Integrated Improvement Plan (IIP) was developed by NHFT in response to the Section 48 reports and the Trust entering the NHS Oversight Framework (NOF) segment 4. The IIP was phased to initially fix the Trust's most immediate safety problems, followed by tactical improvements with more sustainable improvements planned to enable the Trust to get 'Back to Good' in the medium to long term.

In January 2025 the Theemis review was published following the independent Mental Health homicide review into the actions of Valdo Calocane (VC) in June 2023. The recommendations from the Theemis review are now being integrated into the IIP as part of the refresh.

3. Updates

3.1 *Theemis Review*

NHS England commissioned Theemis Consulting Ltd to carry out an independent review into the care and treatment provided to VC by NHS services prior to the events in June 2023 with a focus on NHFT. Terms of reference were clearly set out by NHSE and representatives for the families involved for this review to identify learning for NHS delivered care from the care and treatment provided to VC. The investigation covered a period of time from May 2020 to June 2023 and focused on identifying learning at a local, regional and national level to reduce the likelihood of a reoccurrence of the tragic events, see Annex 1.

The Theemis report was published in January 2025 and highlighted a number of missed opportunities with important lessons not just for the Trust but for Mental Health Trusts across the NHS which can be divided into three overarching areas for actions across the whole Trust:

- The delivery of care and treatment to individual patients and their families
- How our services liaise and work together, including information sharing and transitions.
- How we escalate concerns through the organisation such as our governance around risk and safety.

Along with Nottingham and Nottinghamshire ICB the Trust has set out their response to the Theemis report in a joint action plan describing the system's approach to improvement, see Annex 2.

3.2 *Joint Action Plan*

The joint action plan builds on the work already underway to deliver on the Section 48 recommendations to help provide safer, more effective services across the Trust and the system. The action plan addresses 10 recommendations on areas for improvement for the Trust and the system with a number of actions already in progress or complete, some of key actions are noted below, with full details of further plans outlined in Annex 2:

Recommendation	Key actions already in progress
The Trust should ensure that they have implemented the recommendations make by other reviews to date, including from the Serious Incident Report and the CQC.	• Actions from reviews fully implemented • IIP overseen by the Trust Board with a dedicated programme on Patient Safety & Quality Improvement • Executive Oversight Board established
The Trust needs to ensure its Patient Safety Incident Response is in line with NHSE's new Patient Safety Framework (PSIRF)	• Trust published PSIRF policy and plan in April 2024 • Reporting, Management and Learning from Incidents Policy, outlining a patient safety governance process, developed and currently in consultation with key partners • Patient Safety Specialist and PSIRF training programme, supported by the PSIRF training syllabus, in place. • Patient Safety Partner implemented to develop a framework for involving patients in patient safety. • Internal audit of the Trust's implementation of PSIRF being undertaken.
The Trust should define what positive family engagement looks like.	• Associate Director of Participation, Co-Production and Patient and Carer Experience appointed to lead on engagement across the Trust.
The Trust should develop interoperable systems and processes to enable sharing of necessary clinical and risk-related patient data across clinical care settings.	• Continuity of care principles already embedded with private inpatient providers of sub-contracted beds, including access to RiO.
The Trust and the ICB should seek existing expertise in the area of risk and governance within their organisations.	• Trustwide Significant Incident Review Group changed focus to enable improved oversight including safeguarding and legal incidents, sharing learning and agreeing actions with clinical and service leads. • Rapid Improvement Groups established to provide oversight and assurance of improvement plans. • Improvement, Oversight and Assurance Group established with system partners. • Implementation of Safe Now Dashboard.

	• Patient Safety and Learning from Deaths Group established. • Localised Care Group Safety and Experience meetings established reporting to the Patient Safety Group.

3.3 *NHSE Letter to Mental Health Trusts*

Following the publication of the Theemis Review Clare Murdoch, National Director for Mental Health, Learning Disabilities and Autism, NHS England, wrote to all Mental Health Trusts and ICBs across the NHS setting out five key actions each should include in their local action plans, with updated actions plans to be discussed at Trust and ICB public Board meetings no later than 30 June 2025, see Annex 3.

The five key actions and our progress to date against these are outlined below:

Action	Progress
1. Personalised assessment of risk across community and inpatient teams	• Every patient with severe and enduring mental illness now has a risk assessment and safety plan. • Trust Clinical Risk and Safety Policy has been reviewed and updated in line with NICE guidelines and suicide prevention evidence and literature. • Revised Standard Operating Procedure (SOP) incorporated into Community Mental Health Team Operating Framework. • A face-to-face training package on clinical risk, and including harm to others, has been developed and is being rolled out across Mental Health services at speed. This promotes that patients will have risk and safety assessment, formulation, risk mitigation and safety planning which is personalised, mitigates risk and promotes safety. • Families and Carers will be involved in risk and safety assessment, formulation and care and safety plans. • The oversight of risk assessment completion and quality is cited in the Safe Now process and a new indicator is being added in March 24 which details the quality of risk assessments. • The Trust have a Clinical Risk and Safety Panel which details oversees the development of risk and oversight of risk across the organisation.
2. Joint discharge planning arrangements between the person, their family, the inpatient and community team (alongside other involved agencies)	• Patients transferring between services have a robust discharge process. • The Trust is incorporating quality standards for ward reviews and discharge, with the emphasis being on equal partnership.
3. Multi-agency working and information sharing	• Work is being undertaken with Primary Care to ensure joint working protocols are in place, including the use of Shared Care Records.

	• Continuity of care principles embedded with private inpatient providers of sub-contracted beds. • Multi-agency working group to be established by the ICB and the Trust with key partners.
4. Working closely with families	• A 'in-person' patient and carer event was held in Mansfield where leaders co-delivered presentations on healthcare issues alongside people with lived experience. • A Patient and Carer Reference Group has been established to provide input into and oversight of the IIP. • Plans for the Patient Carer Race Equality Framework (PCREF) launched at a Carers and Families event in February attended by 130 local people committed to work with us on these developments.
5. Eliminating Out of Area placement in line with ICB 3-year plans	• Focused on through the IIP and the Finance & Productivity Programme with Out of Area placements significantly being reduced over 2024/25, • Reduction of inappropriate spot purchase beds.

3.4 *Judge-led Inquiry*

In February the Trust was informed that the Government is commissioning a judge-led statutory inquiry into the care, treatment and sentencing of VC. To date no further information on this inquiry has been received by the Trust other than what has been announced in the media. We therefore have no further details on scope, timings, content and expectations. However, we are learning lessons from other Trusts who have been through similar and will be setting up a separate team to ensure we can continue our focus on the improvements.

Additional support has been put in place for the teams most closely affected with the staff involved being linked into psychology and staff wellbeing as a bespoke offer for them. The Trust will continue to provide this support throughout the inquiry period.

3.5 Staff Support

The Trust has a very good general wellbeing offer for our staff including the following:

- VIVUP, an Employee Assistance Programme (EAP) that provides a range of services that can be accessed by all Trust staff for support around anxiety, stress, depression, bereavement, workplace issues, trauma among others.
- Mental Health Crisis Line
- Access to work mental health support service which provides 9 months of support with weekly check-ins and no waiting list. The service offers practical advice and support, including coping strategies, workplace adjustments and plans to return to work.
- Staff counselling which is a confidential service for all staff working for and with a contract of employment with the Trust, and includes face to face or remote

counselling sessions, group work, stress awareness, post incident support and critical incident stress management and trauma work.

3.6 *Working with Partner Organisations*

Partnership working is crucial to the Trust, and from the outset we have welcomed external support to help us make the improvements we need to. In particular, the governance for our plan is underpinned by our Evidence and Assurance Group which is independently chaired by an Improvement Director from a CQC rated Outstanding Trust, and which also has representatives from the ICB, Healthwatch and from Mersey Care who run the services at Ashworth High Secure Hospital.

Part of our plan involves strengthening our partnership working in our local Nottingham and Nottinghamshire system. We already have an active piece of work to improve how we work with GPs and we will be looking to involve all system partners as well as clinicians, patients and carers in our pathway redesign work.

Nottinghamshire Police Force are also key partners and we work together with them, recently to support the introduction in the county of the Right Care, Right Person model being rolled out across all police forces. Nottinghamshire Police have been clear in working on implementation with partners of this initiative, that we start from a good base with strong partnership working across our teams, supported by our work together on initiatives such as Steet Triage.

The Chief Nurse meets with the Deputy Chief Constable each month with a focus on developing senior collaboration and partnership working to support the communities of Nottingham.

The Associate Director of Patient Safety is leading on the following with Nottinghamshire Police:

- **Family Liaison** – to have a process agreed where the Trust can communicate with both effected and victims' families either directly or non-directly.
- **Incident Investigation** – Process which enables the Trust to do an initial review to ensure there are no safeguarding issues that could affect other patients' safety – this is almost impossible to do adequately by a table top exercise only and requires staff clinical leads to be involved.
- **HR Investigations** – A request for a Senior HR colleague to meet monthly with a Police representative to discuss all active HR casework where there is Police involvement, seeking updates that will assist the Trust in timely decision making.

We also welcome the refresh of the Nottingham and Nottinghamshire Integrated Care System Mental Health Board which is now independently chaired by Sir David Pearson. The Trust is an active member of this Board which also includes representation from the police, social care, public health, the voluntary sector and Healthwatch. The work Sir David is leading on identifying priorities for the Board is very aligned to the delivery of our Improvement Plan.

3.7 *Integrated Improvement Plan Refresh*

Since our improvement journey started in March 2024 a number of important developments have taken place including:

- Publication of the Section 48 Report Part 2
- Publication of the Theemis Review
- Announcement of the impending judge-led inquiry
- Interim publication of the Trust's staff survey results
- Various additional CQC inspections and reports

It has also been recognised that the number of projects within the IIP Programmes have increased and there has been "scope creep" with a number of them with increasingly unclear roles, responsibilities and objectives across the IIP Programmes. The Trust has acknowledged that while the first 12 months has been a steep learning curve for all, many of these events, alongside external and internal learnings and reflections, now presents a renewed opportunity to refresh our improvement plan with a clearly defined scope, phasing and roles and responsibilities.

The IIP will continue with the five Programmes already established to ensure a clear focus on key priorities and retaining the momentum on the Section 48 and Theemis recommendations and the Transition Criteria for exit from NOF 4, with the key changes as follows:

- Having a smaller number of transformational projects to enable a more focused delivery plan, from 44 projects overall to around 15 of the most important projects.
- 2 or 3 "priority projects" which are more complex in nature and therefore require additional project resource and organisational resources to deliver.
- Other projects which are equally as important to our improvement plan that will be tracked and monitored within the respective programmes but are less complex in nature and more self-contained within functional areas.

Importantly, deciding on the priority projects has been discussed with our patient and carers, and with our wider colleagues, including a Trust wide poll to help understand what will make the most difference.

The refresh of the IIP will be presented to the Improvement Oversight Committee and the Trust Board of Directors at the end of March for approval.

4. Next Steps

4.1 *Refreshed IIP*

- Once agreement on the refreshed IIP is reached by the Executive Leadership Team and Trust Management Team on 19 March, the proposed framework of the IIP will be presented at the Improvement Oversight Committee on 25 March for a detailed discussion with the wider Board members, including non-Executive Directors.
- The proposed refreshed IIP will be presented at the Board of Directors on 27 March for approval with final sign off required by the Recovery Support Programme and NHSE Region.

- Implementation of the refreshed IIP will include identification of resources and development of the projects using a phased approach to ensure they are fully scoped and designed prior to implementation.

4.2 *Judge-led Inquiry*

- A team will be put in place to specifically lead on the work required for the judge-led inquiry.
- Further details will be shared internally and externally once the Trust has more information

4.3 *Theemis Review*

- The recommendations from the Theemis review will be incorporated into the IIP Programmes.
- Monitoring and reporting on the action plan will be included in the regular Board reports as well as to the Integrated Improvement Portfolio Board and the Improvement Oversight Committee.