Agenda
Solent NHS Trust In Public Board Meeting

Monday 4th February 2019 09:30am – 13.05pm
Kestrel 1&2, 2nd Floor, Highpoint Venue, Southampton, Hampshire, SO19 8BR.

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Well Led Domains
1	09:30	5mins	**Chairman's Welcome & Update** • **Apologies to receive** *To receive*	Chairman	-
			Confirmation that meeting is Quorate *No business shall be transacted at meetings of the Board unless the following are present;* • *a minimum of two Executive Directors* • *at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair*	Chairman	-
2	09:35	30mins	**Joint Patient and Staff Story – Sensory Services** *To receive* *Jo Pinhorne and Bev Stratton to attend + patient*	Chief Nurse/Chief People Officer	W7
4	10:05	10mins	**Board reflection on patient story and staff story and discussion**	Chairman	W7
5	10:15	5 mins	***Minutes of Last Meeting and action tracker** *To agree*	Chairman	-
6			**Register of Interests & Declaration of Interests** *To receive*	Chairman	-
7	10:20	5mins	**Matters Arising**	Chairman	-
8	10:25	5mins	**Any Other Business**	Chairman	-
9	10:30	10mins	**Safety and Quality First and Feedback from Board to Floor Visits** – *to receive*	Chief Executive / Chief Nurse	W3
Strategy & Vision					
10	10:40	30mins	**Chief Executive's Report** *To receive*	Chief Executive	W1-W8

11	11:10	30mins	**Performance Report** - *including* • Operational Performance • Quality Performance • Financial Performance • Workforce Performance • NHSI Single Oversight Framework *To receive*	Executive Leads	W5, W6
12	11:40	10mins	**Safe Staffing Six Monthly Report** *To receive*	Chief Nurse	W5, W6
13	11:50	5mins	**Quality Account** *Verbal update*	Chief Nurse	W5, W6
14	11:55	10mins	**Gosport War Memorial Reflection** *To receive*	Chief Nurse	W6
15	12:05	10mins	**Equality, Diversity & Inclusion Annual Report 2018/19** *To receive*	Chief People Officer	W3-6
***Reporting Committees and Governance matters**					
16	12:15	10mins	***People and OD Committee** *To receive verbal update from December 2018 meeting*	Committee Chair	W1-8
17	12:25	5mins	***Complaints Review Panel** *To receive verbal update from December 2018 meeting*	Committee Chair	W5-6
18	---	-----	*** Mental Health Act & Deprivation of Liberty Safeguards Scrutiny Committee Chairs update** *No meeting held to report.*	Committee Chair	W5, W6, W8
19	12:30	5mins	**Finance Committee (non- confidential)Chairs Update** *To receive update from January 2019 meeting*	Committee Chair	W4
20	---	----	***Audit & Risk Committee** *No meeting held to report.*	Committee Chair	W5
21	12:35	10mins	***Assurance Committee** *To receive exception report from Jan 2019 meeting*	Committee Chair	W4, W5, W6, W8
22	---	---	***Charitable Funds Committee Minutes & Chairs update** *No meeting held to report.*	Committee Chair	W4
23	12:45	5mins	***Governance and Nominations Committee** *To receive exception report from December 2018 meeting*	Committee Chair	W4
Any other business					
24	12:50	10mins	**Reflections – lessons learnt and living our values**	Chairman	-

25	13:00	5mins	**Any other business & future agenda items**	Chairman	-
26	13:05	------	**Close and move to Confidential meeting** The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows: "that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'" (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)	Chairman	-

---------- break ----------

The well-led framework is structured around eight key lines of enquiry (KLOEs):

Date of next meeting: 1st April 2019

Minutes

Solent NHS Trust In Public Board Meeting

Monday 26th November 2018 09:30am-13:25pm
The Oasis Conference Centre, Arundel Street, Portsmouth, PO1 1NP

Chair: Alistair Stokes, Chairman (AMS)	
Members: **Sue Harriman,** Chief Executive (SH) **Andrew Strevens,** Director of Finance (AS) **Sarah Austin,** Chief Operating Officer, Portsmouth and Commercial Director (SA) **David Noyes,** Chief Operating Officer Southampton and County Wide Services (DN) **Dan Meron,** Chief Medical Officer (DM) **Jackie Ardley**, Chief Nurse (JA) **Mick Tutt,** Non-Executive Director (MT) (until item 14.2) **Francis Davis,** Non-Executive Director (FD) (from item 5.5) **Mike Watts,** Non-Executive Director (MW) **Stephanie Elsy,** Non-Executive Director (SE) **Geoff Glover**, Interim Deputy Director of People (GG)	**Attendees:** **Matthew Hall,** Deputy Chief Operating Officer, Portsmouth (MH) (until item 16.1) **Rachel Cheal,** Associate Director of Corporate Affairs and Company Secretary (RC) **Jayne Jenney,** Corporate Support Manager and Assistant Company Secretary (JE) **Emma Palmer,** Corporate Support Administrator (EP) **Sadie Bell,** Data Protection Officer and Head of Information (SB) (from item 12) **Katie Griffin** (KG) – PWC (from Item 9.3) **Apologies:** **Jon Pittam,** Non-Executive Director (JPi) **Helen Ives,** Chief People Officer (HI)

1	**Chairman's Welcome & Update, Confirmation that meeting is Quorate**
1.1	Apologies were noted as above. The meeting was confirmed as quorate.
2	**Joint Patient and Staff Story – Sensory Services**
2.1	Due to the unavailability of the patient due to attend, it was agreed to defer until the February meeting.
3	**Minutes of Last Meeting and action tracker**
3.1	The minutes of the meeting were agreed as an accurate record subject to the following changes: 2.1 - change wording to the patient's 'partner' and not wife as stated. 4.3 – change the word 'proudness' to 'pride'. 1.1 – add the name of the CQC representative (Vivien Alexander). 10.8 – change wording relating to 'on behalf of Stephanie Elsey'.
3.2	The following actions were confirmed as complete: 623, 624, 625, 626, 627, 628 and 629.
3.3	<u>Action 625 – Dental Theatre Space</u> DN reported that a waiting list review is being undertaken to understand patient criteria. Consideration is being given to appoint an anaesthetist and there have been good negotiations with the Royal Surrey Hospital to support patient load in the north of the county. DN confirmed that a waiting list reduction is expected. AMS requested that further updates are provided within the Board performance report. AMS asked if the use of a mobile theatre was being considered and DN explained issues associated with their use.

3.4	*FD joined the meeting at this point.* Action 627 – Re: Dental Due Diligence AMS enquired if any major issues were identified during the Dental Quality Due Diligence review. SH confirmed there to be issues around the estate investment required however provided assurance of mitigations in place. Workforce challenges and the need for additional dentists were highlighted. DN informed the Board of the successful recruitment of a dentist and of the service currently exceeding expectations.
3.4	Action 628 – Re: S117 / Mental Health Panels FD recounted the issue at the Mental Health Panel in relation to the apparent pre-screening under taken by the Local Authority in respect of S117. It was confirmed that there was no known change to Local Authorities position in respect of S117, however MT agreed to seek clarification via the forthcoming Bevan Brittan Mental Health network event and provide information back. It was also agreed to discuss further at the February 2019 Mental Health Act Scrutiny Committee. **Action: MT**
4	**Register of Interests & Declaration of Interest**
4.1	There were no further updates to report.
5	**Matters Arising**
5.1	Minutes of last meeting item 5.1 FD commented that both the September and July minutes do not reflect, in his opinion, the discussions held in relation to the requirement for the executive to consider cultural sensitivity. As such, it was suggested that an amendment be made to the September minutes with approval of AMS upon FD sharing notes taken. It was however acknowledged that action had been taken with regards to the Equality Diversity and Inclusion agenda, as discussed at length at the recent Board Workshop. ***Post meeting note:*** FD on email outside of the meeting, also requested amendment be made to section 19.1 of the September 2018 In Public Board minutes.
6	**Any Other Business**
6.1	Community Engagement Committee Terms of Reference The Board reviewed the terms of reference and the following amendments were agreed: • Minutes to be agreed by the Committee and not the Board unless there is a conflict of interest • 1.3 - change wording to 'to reflect the needs of the local community' • Definition of Equality provides Black and Minority Ethnic (BME) as an example and the inclusion of further example groups was suggested. To redefine on pages 1 and 2. • 4 – to change to 'in the absence of the Chairperson, the alternative NED will act at Chair' • It was agreed not to change the format of the document. **The Board approved the terms of reference subject to amendments.**

6.2	Financial Update As agreed at the 18th October Board Seminar, AS confirmed that in light of the Provider Support Funding proposal from NHSI, the Board approved the improved Forecast Outturn by £200k. It was noted that 26 of 46 providers have marginally achieved an improvement in totals which was offset by 11 providers who worsened their forecast outturns.
6.3	Charitable Funds Update It was also agreed at the 18th October Board Seminar to amend the May 2018 In Public Board minutes due to an error within the Charitable Funds paper in respect of the % of allocation to a welfare fund. It was confirmed that the minutes have now been corrected.
7	**Safety and Quality First and Feedback from Board to Floor Visits**
7.1	There were no urgent matters of safety to report.
7.2	Board to Floor Visits Portsmouth South Community Team AMS reported on the visit undertaken with AS to the team and of evidence noted with regards to progress with staffing issues. AS commented on the lack of patient involvement during the visit due to being a community team however informed the Board of good and positive discussions held.
7.3	Dental Services SH briefed the Board on her recent visit with SE to Dental Services in Petersfield. It was noted that clinical areas have been refurbished however reception space remains in need of improvement. AS reported on Solent's involvement in planning meetings with Southern who own the building. It was agreed to seek clarification with regards to Southern's intensions for the site. **Action: AS**
7.4	The Board discussed the format of the Board to Floor report and SE suggested an additional column detailing what actions have been taken as a result of issues raised and for information on feedback provided to the staff concerned. JA to consider how to feedback to services as well as the Board. **Action: JA** DM suggested using the work as part of the learning framework in order to embed changes.
7.5	The Board discussed the possible provision of newspapers to Brooker. AMS suggested using Trust Charitable Funds. It was agreed that FD and DN consider further and look into joining existing subscriptions and JA discuss further with the League of Friends. **Action: FD/DN/JA** **The Board received the report and further update.**
Strategy & Vision	
8	**Chief Executive's Report**
8.1	SH provided material updates following the circulation of the report. Strategic update It was reported that the 10 year plan is expected to be published on 5th December 2018 and will circulate to the Board when received. **Action: SH**

8.2	CQC Inspection SH confirmed receipt of the third letter from the CQC summarising their Well Led inspection findings, which were largely positive. Areas of focus have also been identified and the Trust is to review whilst awaiting the draft report in December.
8.3	Wheelchairs It was noted that the Wheelchair Summit is to be hosted on 31st January 2018 where it is hoped to include partners and stakeholders in discussions on wheelchair issues. Families are also being asked to share their experiences to provide collective learning as a wider system.
8.4	Estates AS updated the Board with regards to the sale of Oakdene. It was noted that a definitive date is not yet known.
8.5	OPMH Beds SH reported on work with Southern Health to focus on Portsmouth SE Hants on the rationalisation of OPMH beds across the south. The closure of Southerns' Beaulieu Ward at the Western Community Hospital was noted.
8.6	Complaints Data SH reflected on the need to include trend data for complaints. An increase in certain areas of complaints was noted. MT suggested that a report is presented to the Jan 2019 Assurance Committee to identify whether there are any trends in relation to the increase in complaints during October, ahead of the full complaints report due in May 2019. **Action: JA and MT to liaise re: Jan 2019 Assurance Committee agenda planning**
8.7	Risk Management Training The latest figure for Risk Management training compliance since the report was published was noted as 42%.
8.8	MT commented on the recent Nursing Times Awards presented to staff members who have also received congratulations from the Mental Health Network and recognition from NHS Federation. SH confirmed that messages have been passed on. AS informed the Board of Sally Kidsley's nomination in the HFMA awards in recognition of service working with finance.
8.9	SA explained the reasons for the Nursing Times Award due to the good work undertaken within care homes. Action: SA to send a video link **The Board received the CEO report and further updates.**
9	**Performance Report**
9.1	AMS enquired when the Mental Health Assessment Unit at Queen Alexandra Hospital is expected to open following the successful capital bid. SH briefed the Board on conversations with Southern to agree and adopt a model design. MH updated the Board on progress, confirming that Southern have agreed to jointly proceed however progress is contingent to Southern recruiting adequate numbers of additional staff nurses.
9.2	AMS asked what the challenges are with regards to the recruiting of registered nurses. MH explained qualifications required and associated challenges. It was noted that alternative options are being considered.

9.3	<u>Mental Health Benchmarking</u> MH provided context in relation to the Mental Health benchmarking data set. MH briefed the Board on the key headlines of data analysis as illustrated in the report including Solent's position in comparison to national averages and other providers. *Katie Griffin joined the meeting at this point.*
9.4	SA queried whether there are any longitudinal studies completed in relation to on-going patient independence and outcomes as a consequence of discharge and low re-admission rates. FD also queried whether there are any differences in relation to patient outcomes as a result of being discharged to different Local Authority footprints. **Action: MH to conduct further research.** FD also queried the commissioning arrangements associated with short term admissions. MH explained the commissioning model.
9.5	MH briefed the Board on considerations being taken in relation to the Older Persons Mental Health model.
9.6	MH briefed the Board on agency within service and the Board acknowledged the challenges associated with recruitment into mental health. JA commented on the changes being made nationally to safe staffing measures – which will in future consider wider safe 'teams' as opposed to just nursing professionals.
9.7	MH reported that the staff satisfaction survey completion is above the national average. Challenges in understanding the Use of Restraint numbers were noted due to difficulties in articulation depending on the staff training model. MT provided assurance that the Mental Health Act Scrutiny Committee has not been alerted to any concerns regarding the use of restraint for a considerable amount of time.
9.8	FD commented on the need to further analyse Equality Diversity and Inclusion in relation to Friends and Family Test responses. **Action: MH to complete analysis** **The Board received the MH deep dive.**
9.9	<u>Portsmouth Care Group</u> AMS commented on being encouraged by the reported out of area placement figure of 0.
9.10	MT reported on his visit to Maples with JPi and the excellent redecoration undertaken incorporating style and sensitivity. MT highlighted the need for similar work in the remaining area of the unit. AS confirmed that the other half of the unit is due to be decorated in the New Year.
9.11	<u>Southampton</u> • DN informed the Board of measures in place to address CAMHs performance concerns including the recruitment of two bank Mental Health Nurses. Improvements to waiting numbers were also noted. • The Isle of Wight mobilisation was noted to have gone well. DN informed the Board of an internal recognition planned to ensure the hard work is recognised. • Training compliance rate was noted as being good.

	• Regarding financial performance, DN reported on discussions with commissioners to address funding gaps in the city. Further detail to be provided during Confidential Board. • DN highlighted concerns regarding the staffing of Primary Care and of options being considered to sustain the service across three separate sites. • FD commented on meetings held within Southampton City Council and praise given in respect of DN.
9.12	<u>Quality</u> • JA informed the Board of a further CQC PIR request received relating to Primary Care data following inspection; no further requests have been made. • The new Family Liaison Manager has settled and is successfully liaising with families with complex issues. • JA informed the Board of one case of reported CDiff. It was noted that the Infection Prevention and Control Team are to share learning due to a delay in isolating the case. • JA confirmed there to be no formal complaint response breaches however there were unusually 2 acknowledgement breaches reported.
9.13	<u>Wheelchairs</u> JA informed the Board of her attendance at a recent Strategy meeting concerning continued waits. The intention to hold a Wheelchair Summit in January 2019 was reiterated
9.14	SE expressed concern in relation to the intended contracting arrangement by the CCGs. SH briefed the Board on escalations made to NHS England and of the Trust's formal response to the Wheelchair PIN. AMS asked if Southampton CCG Lay members are aware of the wheelchair issues. SH to make enquiries. **Action: SH**
9.15	MT referred to the reported Venous Thromboembolism (VTE) in relation to meeting KPI target during the year as detailed in the Single Oversight Framework section of the report. It was requested that JA provide further detail at the January 2019 Assurance Committee. **Action: JA**
9.16	<u>Finance</u> AS explained the month 07 deficit adjustment to £46k due to additional invoices received that will reverse, continued overspend in ICT and agency spend in Portsmouth. Assurance was given that controls are in place to address gaps in Portsmouth that will feed through monthly results.
9.17	<u>Workforce</u> GG introduced himself to the Board and highlighted key areas of the workforce section of the report. • Vacancy levels have dropped by 1.4% since August however it was noted that there remain significant vacancies. GG reported that the Trust is looking into international recruitment to address. • The Board were informed of the decision to support EU nationals with their applications for the pilot scheme. Agency spend continues to be a concern and the average annual staff turnover is 14%. • Statutory and mandatory training compliance is above average the there is a drive to achieve the performance appraisal target. *Sadie Bell joined the meeting at this point.*

9.18	SA commented on the pleasing agency level reduction however highlighted the need to monitor staffing stress levels to avoid an increase in staff turnover. AS commented that pressures will also have an effect on sickness levels. **The Board received the Performance Report and material updates.**
10	**Assurance Committee**
10.1	MT provided a verbal update of discussions held at the November meeting. • The Committee received concerns relating to Wheelchair provision. • Four quarterly reports were received including a focus on 'Learning from Deaths' of which DM provided assurance of website publication as per national expectations. MT informed the Board of his attendance at the Learning from Death Panel to gain an oversight of the process that exceeds expectations of national guidance launched last year. • The Committee were briefed on discussions held at the Quality Improvement and Risk Group (QIR) including the proposed extension to Epi-pen expiry dates. It was also noted that the QIR received a review of sexual assaults within Mental Health services and will receive regular updates. • The Travel and Subsistence Policy was approved and chairs action to approve the Searching Patients, their Property and Inpatient Units Policy was noted. **The Board noted the executive summary of the October meeting and verbal update of the November meeting.**
11	***Mental Health Act & Deprivation of Liberty Safeguards Scrutiny Committee Chairs update**
11.1	MT informed the Board of an internal audit being conducted by PWC to review the effectiveness of the Committee and explained Katie Griffin's attendance at Board to review the escalation of business process. It was noted that a series of 1-1 interviews are also taking place with members of the Committee and feedback from the audit is expected in the New Year.
11.2	• The Committee noted a review of Trust performance against Women in Crisis Report that is in line with work associated with sexual assaults. • The Committee has received notification via Bevan Brittan regarding the passing of The Use of Force Act and it was agreed to take necessary action when timescales for implementation are known. Further discussion is planned for the February meeting. • The date of Paul Barber's Mental Health Act annual law update has been set for 30th May 2019. It has been suggested that the invite is extended to Portsmouth Hospitals, UHS and Southern. **The Board noted the update provided.**
12	**Information Governance Briefing Paper**
12.1	• SB reported that the draft Data Protect Security report is expected by the end of the week however provided assurance of no recommendations identified to date. • SB reported on a link to CGI regarding a delay with the pharmacy system accessing the Trust network due to cyber problems. It was confirmed that Solent ICT are resolving the issue. • It was noted that the Information Security Group are working to increase toolkit compliance. Patient compliance and business analytics are also expected to increase. • Incident numbers have been noted as remaining the same which indicates effective shared learning.

12.2	SB informed the Board of her role as IG Lead to the Sustainable Transformation Partnership (STP) and IG Advisor for Hampshire Health Care Records.
12.3	DN informed the Board of positive comments received from the CQC with regards to IG being a Trust's strength. SH endorsed the point and highlighted the importance of supporting SB and of the need to ensure that Solent safety is a priority.
12.4	RC commented on reported incidents associated with printing and asked if there are plans to move to a managed print solution. DN confirmed this to be the case and it was agreed that DN confirm associated timescales. **Action: DN**
13	**Emergency Planning Resilience Response Annual Report**
13.1	DN informed the Board of the Trust's highest available assurance rating achieved this year and provided an update on three areas of concern that have now been addressed. DN shared a recent successful live incident exercise involving the closing down of services and power failures. The Trust's continued evolvement of capability was noted. DN highlighted emergency resilience used following ICT failure and extreme weather, both of which generated lessons learnt that were incorporated into Trust plans to improve. SH reflected on the significant improvements to processes. **The Board received the annual EPPR report as assurance for an appropriate response to any incidents.**
14	**Winter Planning and Contingencies 2018**
14.1	DN reported that Winter Planning has been adapted from lessons learnt the previous year and is constructed to link with the City and System wide plans. Early warning systems have been included in order to pre-empt system demands. DN informed the Board of arrangements covered including escalation, workforce, absence planning and governance arrangements.
14.2	SA highlighted a different approach being adopted by the Portsmouth system due to significant issues experienced last year. SH informed the Board of a patient flu testing pilot that Portsmouth Hospital Trust are involved in that has reduced the need to isolate patients thus impacting on bed flow. SA to provide further information to the Board. **Action: SA** *MT left the meeting at this point.* **The Board noted the status of the Winter Plan for 2018/19 that has been submitted to NHS England and the work with partner organisations to deliver actions in the plan.**
15	**Professional Leadership Report**
15.1	JA informed the Board of work being undertaken on a joint professional and clinical strategy that will benefit cross learning and joint working.
15.2	AMS made reference to a Health Care Assistant conference organised by the Trust in the past and suggested organising another event. JA to discuss the possibility with professional leads. **Action: JA** **The Board received the report.**

***Reporting Committees and Governance matters**	
16	***Audit & Risk Committee**
16.1	SE informed the Board of amendments required to standing orders as tracked. *MH left the meeting at this point.* RC explained the agreed timescale and process for the annual signing off of accounts. It was noted that an extra-ordinary Board is to be held to ratify accounts on 24th May, between the Audit and Finance Committees.
16.2	AMS referred to the BAF deep dive on third party suppliers and asked if deep dives will be provided on other areas of the BAF. This was confirmed to be the case. **The Board noted the executive summary and further update and approved the amendments to the Standing Orders.**
17	***People and OD Committee**
17.1	There was no meeting held to report. The next meeting is scheduled for 10th December 2018.
18	***Charitable Funds Committee Minutes & Chairs update**
18.1	FD informed the Board of interviews taking place over the next couple of weeks for the agreed position of Honorary Director. It was noted that the Committee Terms of Reference were amended in order to allow the new Director and an Estates representative to join the Committee. **The Board noted the update and approved the Terms of Reference.**
19	***Complaints Review Panel**
19.1	No meeting held since the last Board. The next meeting is scheduled for 4th December 2018.
20	***Governance and Nominations Committee**
20.1	The Board noted the Governance and Nomination exception report. It was noted that a stakeholder event for the Chairman's position is to be held on 11th December 2018.
21	**Finance Committee Chairs Update**
21.1	FD to provide an update during Confidential Board.
Any other business	
22	**Reflections – lessons learnt and living our values**
22.1	The Board reflected on the meeting. It was agreed that the Mental Health Benchmarking report was well received and good discussion held. GG shared his thoughts as a new attendee.

23	**Any other business & future agenda items**
23.1	No further business was discussed and the meeting was closed.
24	**Close and move to Confidential meeting**

Board Part 1

Action no.	Date of Meeting	Agenda item ref:	Concerning	Action detail	Exec Lead / Manager	Completion date	Update
628	24/09/2018	22.2	Mental Health Act & Deprivation of Liberty Safeguards Scrutiny Committee	FD highlighted his concern regarding a possible pre-screening case raised during a recent Managers Hearing in connection with S117 support. SH shared her assumption of positive intent however agreed to make further enquiries regarding the issues raised.	DM		**November update:** MT sought advice from Bevan Brittan extranet and the Mental Health Network with regards to the S117 support concern raised by FD. The following message was circulated to the Board: The relevant extract from Hansard is as follows: 16 Oct 2013: Column 600 - I reassure the House that the definition we are now considering is the result of extensive consultation. In consequence, we have added a positive objective to prevent deterioration as well as preventing re-admission to hospital, and have further changed the clause to remove the definite article when referring to 'the mental disorder', for which the noble Lord made the case in Committee. This is intended to remove any doubt about our intention that the scope of aftercare covers more than just one form of mental disorder, and is not necessarily limited to the specific disorder or disorders for which a person was previously detained under the Act and which gave rise to the right to aftercare.
630	26/11/2018	7.3	Feedback from Board to Floor Visits - Dental Services, Petersfield	It was noted that clinical areas have been refurbished however reception space remains in need of improvement. AS reported on Solent's involvement in planning meetings with Southern who own the building. It was agreed to seek clarification with regards to Southern's intensions for the site.	AS		**January update:** Southern Health is in the process of refurbishing the whole Petersfield site.
631	26/11/2018	7.5	Feedback from Board to Floor Visits - Providing newspapers to Brooker Ward	The Board discussed the possible provision of newspapers to Brooker. AMS suggested using Trust Charitable Funds. It was agreed that FD and DN consider further and look into joining existing subscriptions and JA discuss further with the League of Friends.	FD/DN JA		
632	26/11/2018	8.1	Chief Executive's Report - Strategic Update	It was reported that the 10 year plan is expected to be published on 5th December 2018 and will circulate to the Board when received.	SH		**January update:** Complete
633	26/11/2018	8.6	Chief Executive's Report - Complaints Data	MT suggested that a report is presented to the Jan 2019 Assurance Committee to identify whether there are any trends in relation to the increase in complaints during October, ahead of the full complaints report due in May 2019. JA and MT to liaise re January 2019 Assurance Committee agenda planning	JA/MT		**January update:** Issue considered at January Assurance Committee and assurance was provided that October 2018 increase in complaints was a statistically-not-significant spike' which did not continue throughout the quarter.
634	26/11/2018	9.4	Performance Report - MHA Benchmarking	SA queried whether there are any longitudinal studies completed in relation to on-going patient independence and outcomes as a consequence of discharge and low re-admission rates. FD also queried whether there are any differences in relation to patient outcomes as a result of being discharged to different Local Authority footprints.	MH		**January update:** The Cochrane database (2012) - assimilating findings from all large scale peer-reviewed studies on the subject found that: 1. shorter length of hospital stay is associated with regaining good social functioning. 2. there is no association between shorter LoS and being readmitted, or loss of contact with follow-up. Therefore on cost and outcome terms - a shorter LoS is preferable. On a local level (although this does not constitute 'evidence'), since we have focussed on reducing admission length for people with EUPD - we have had no requirement for moving anybody with this diagnosis to long-term care. When LoS were typically much longer for EUPD, we would tend to place several each year. On FD's point - we are unable to directly compare outcomes between Hants and Ports patients, since we cannot access follow-up information for Hants patients.

635	26/11/2018	9.8	Performance Report - MHA Benchmarking	FD commented on the need to further analyse Equality Diversity and Inclusion in relation to Friends and Family Test responses. MH to complete analysis.	MH		**January update:** This data is not currently provided to us by the analytics company that assembles our reports; but it is a field that is entered as part of the demographic collection on the FFT - so could be reportable. I have requested a bespoke report, but it is not available at this time.
636	26/11/2018	9.14	Performance Report - Wheelchairs	SH briefed the Board on escalations made to NHS England and of the Trust's formal response to the Wheelchair PIN. AMS asked if Southampton CCG Lay members are aware of the wheelchair issues. SH to make enquiries.	SH		
637	26/11/2018	9.15	Performance Report - VTE KPI target	MT referred to the reported Venous Thromboembolism (VTE) in relation to meeting KPI target during the year as detailed in the Single Oversight Framework section of the report. It was requested that JA provide further detail at the January 2019 Assurance Committee.	JA		
638	26/11/2018	12.4	Information Governance Briefing Paper	RC commented on reported incidents associated with printing and asked if there are plans to move to a managed print solution. DN confirmed this to be the case and it was agreed that DN confirm associated timescales.	DN		
639	26/11/2018	14.2	Winter Planning and Contingencies 2018	SH informed the Board of a patient flu testing pilot that Portsmouth Hospital Trust are involved in that has reduced the need to isolate patients thus impacting on bed flow. SA to provide further information to the Board.	SA		**January update**: The point of testing pilot in the urgent care corridor started January and its running for 2 months, with a 30 minute turnaround.
640	26/11/2018	15.2	Professional Leadership Report	AMS made reference to a Health Care Assistant conference organised by the Trust in the past and suggested organising another event. JA to discuss the possibility with professional leads.	JA		

Item 10

NHS Solent NHS Trust

Presentation to	X	In Public Board Meeting		Confidential Board Meeting										
Title of Paper	CEO Report – Feb 2019													
Author(s)	Sue Harriman, Chief Executive Officer													
Date of Paper	25th Jan 2019			**Committees presented**	N/A									
Link to CQC Key Lines of Enquiry (KLoE)	X	Safe	X	Effective	X	Caring	X	Responsive	X	Well Led				
Well Led KLoEs	**W1** Leadership Capacity & Capability	x		**W2** Vision & Strategy	x		**W3** Culture	x		**W4** Roles & Responsibilities	x			
	W5 Risks and Performance	x		**W6** Information	x		**W7** Engagement	x		**W8** Learning, Improvt & innovation	x			
Action requested of the Board	X	**To receive**		**For decision**										
Link to BAF risk	BAF # - As indicated													
Level of assurance *(tick one)*	Sigificant		X	Sufficient			Limited			None				

Where appropriate we have indicated alignment to our key strategic risks as outlined within the Board Assurance Framework (BAF) and / or our operational risks register. A full list of our BAF risks is included for reference under section 6.

1. Our performance

This is covered in full within the integrated performance report, however highlights are also provided below under updates from our Care Groups.

2. Strategic update

Board Succession Planning - Chair

With our current Chairman, Alistair Stokes, retiring 31 March 2019 at the end of his tenure and as part of the appointment process, we hosted a Stakeholder Event on 11th December where shortlisted candidates presented to a range of internal and external stakeholders. Formal interviews were held by NHS Improvement on 11th January 2019 . Following internal approval at NHS Improvement we will be informed of the successful candidate, at the time of writing this paper the final approval had yet to happen, a verbal update will given at Board.

Quality matters

Care Quality Commission, CQC, Report(s)

In October 2018, our Primary Care Services were inspected by the Care Quality Commission (CQC).

We are delighted to announce that our Primary Care Services have been rated at 'Good'. Our results have now been published and can be found here.

This is a fantastic achievement for everyone here at Solent, and I am incredibly proud of everyone involved. The results are a true reflection of how dedicated and passionate we are about giving great care to our patients and service users.

Following our Well Led and inspections within our Child & Family Services, Adult Community Services and Mental Health Services we have conducted the review of the draft reports as part of the Factual Accuracy process and are awaiting the publication of our reports which will arrive at the end of this month.

Wheelchair Update (Ref to BAF# 63)

We continue to work with the local wheelchair provider and the commissioners to reduce the delays experienced by our patients when waiting for the supply of wheelchairs and other bespoke equipment. We are also in continued

discussion with NHS England and NHS Improvement. Further detail is also provided within the Performance report, presented separately to the Board.

Workforce matters

Equality, Diversity and Inclusion

The Trust is making an appointment to a new role of Associate Director, Equality, Diversity & Inclusion. This is a role which further signals the Board's commitment to community engagement, inclusion and diversity, firmly supporting the direction of the 10 year plan in systematically reducing health inequalities.

Nursing retention

We have achieved a significant improvement in the retention of our nursing workforce by reducing nursing turnover from its peak at 21% to 15%.

Apprentices

The annual Solent Apprentice of the Year celebration event will be held this month and we now have c100 apprentices employed with the Trust.

Awards

National Ankylosing Spondylitis Society Award

Claire Jefferies, Physiotherapy Manager and Clinical Specialist in Hydrotherapy and Rheumatology, won the National Ankylosing Spondylitis Society 'You Changed my Life' Award in November 2018. The award was noted by a personal letter from Caroline Dinenage, MP, thanking Claire and who stated that Claire's award was 'a symbol of her life changing work at the Queen Alexandra Hospital as a Physiotherapist Clinical Specialist'.

Royal College of Occupational Therapists (RCOT) awarded funding to run occupational therapy-led vocational clinics in GP surgeries

In November 2018, the RCOT was successful in its bid for support from the Challenge Fund (run by the joint Department of Health and Social Care and Department for Work and Pensions, Work and Health Unit) to run occupational therapy led vocational clinics based in GP surgeries. The pilot schemes will support people with musculoskeletal and/ or mental health problems stay in or return to work. The occupational therapy clinics will use a stepped care model ranging from brief self-management advice to employer liaison and rehabilitation. Each person using the service will receive a personalised Allied Health Professions Advisory Fitness for Work Report which they can share with their GP and employer.

Currently, 93% of GP Fit notes, which are designed to give general rather than job-specific advice, state that patients are unable to work and one third are issued for five weeks or longer (NHS Digital 2017). This vocational clinic initiative will test whether these figures could be improved with earlier, individualised return to work advice from occupational therapists in primary care. The pilot will be delivered in Southampton and South Wales in partnership with University of Nottingham, ourselves and Hywel Dda University Health Board.

Operational matters

NHS 10 year Plan and Operational planning and contracting guidance 2019/2020

NHS England published the NHS Long Term Plan on 07 January 2019. The Plan describes a new service model for the 21st Century, an enhanced focus on prevention, health inequalities and care quality outcomes as well as describing expectations to digitally enable care. The Plan sets a number of workforce related actions and indicates that a supporting new Workforce Implementation Plan will be published shortly. The NHS Operational Planning and Contracting Guidance 2019/20 and supporting technical guidance were also issued in January, describing expectations for NHS delivery in 2019/20, the foundation year for implementation of the Long Term Plan. The guidance covers system planning, the financial settlement, operational plan requirements and the process and timescales for submission of plans. The Trust is developing our operational narrative for the year ahead as well as the required financial and workforce returns. Final submissions are due on 04 April. In advance of that, on 22 February, NHS England will issue a one-year NHS standard contract for 2019/20 (the terms of which are currently out for consultation). The expectation is that all 19/20 contracts between commissioners and providers will be finalised and signed by 21 March 2019.

Breaking Barriers Innovations (BBI)

A number of the team have been in discussions with the BBI team exploring potential opportunities for joint working. Proposals associated with a potential programme of work include 3 different elements as below:

1. 'The HOMES playbook' – this is aimed defining and shaping a strategy for addressing social isolation amongst vulnerable population groups within Portsmouth Multispecialty Community Provider (MCP).
2. 'Thinking it through' BBI programme for mental health
3. Veterans programme

The Board will continue to be updated on any future progress in relation to the above programmes. A further verbal update will be provided at the Board from the Chief Operating Officer Portsmouth and Commercial Director following a recent meeting with BBI.

Southampton and County Services

Adult Southampton

In the Southampton city area we have seen a significant rise in patients needing support with administering insulin, and we are in on-going dialogue with our local Commissioners about how best to support this important patient group, and accommodate this growth in activity. (Ref to BAF# 59)

We are actively contributing to discussions within Southampton about a review of the pathway for Palliative Care in the City. We have also had some recent significant staffing turnover within the team, with all three registered nurses moving on to new roles over the next few weeks. We continue to deliver this service and there has been no detriment to the patients or their care; recruitment is underway to replace those staff who are leaving. (Ref to BAF# 59 and 55)

Our Domiciliary Phlebotomy service are now up to date on their urgent referrals and have a managed backlog of routine referrals waiting to be seen which is being addressed by recent recruitment into a vacant post and with planned additional support from our close partners Southampton Primary Care Limited (SPCL). The service will confirm a revised trajectory for clearing the backlog by the end of February, pending confirmation from SPCL of specific clinic times. The move to an electronic patient record system (TPP/SystmOne) is allowing the service to have greater oversight on the waiting list and measuring demand moving forward. Once the backlog has cleared we can work with the CCG to review the service provision moving forward. (Ref to BAF# 59 and 55)

Primary Care / MPP service line

As highlighted earlier in my report, the recent CQC inspection report for the Solent GP practice was published on 24 Dec, and we are delighted with the inspectors assessment of 'Good' overall and 'Good' in each CQC domain. This reflects positively on our team and the good levels of care they deliver, as well as validating enormous hard work and progress made. Sustainability within our primary care workforce, and GPs in particular, remains an on-going challenge. (Ref to BAF# 55)

The Musculoskeletal Service (MSK) continues to experience pressures where demand, across the region, continues to outstrip projected (and contracted) activity, impacting on our performance including the achievement of referral and appointment targets, which we seek to mitigate by clinical judgement and prioritisation. We deliver this service to a number of CCGs (Southampton, Portsmouth, Fareham and Gosport and South East Hampshire) and there are a range of KPIs for each, but across the region demand continues to grow which challenges capacity and hence waiting times. The service is also experiencing higher than anticipated diagnostic activity which is causing a cost pressure. We continue to engage with commissioning colleagues to address this and to consider sustainable solutions. (Ref to BAF# 59)

Children and Families (West)

We continue to experience very significant estates challenges within the Eastleigh and Southern Parishes geography. As an interim solution we are currently providing services at Kings Community Church at Hedge End (for group work only as there are no clinical rooms at this location). Our team have identified and subsequently ruled out a number of alternative estate solutions to date either due to unsuitability for conversion, or, due to high cost - subsequently we continue to source alternative accommodation options. (Ref to BAF# 27)

Following extended discussion and debate with our Commissioning colleagues, it has been decided that the former Child Outreach Assessment Support Team (COAST) service will not be re-commissioned, since the data collected in the 12 months that the service was in suspension for did not appear to impact adversely on our acute partner, University Hospital Southampton NHS Foundation Trust. We continue the dialogue regarding what service changes elsewhere in the city we might consider as a result of this decision, such as additional children's Asthma nurse capacity, in order to provide sustainability to this area which was previously provided by reaching into to the COAST team. (Ref to BAF# 59 and 55)

Having been challenged for some time now, following some additional investment from our Commissioning colleagues, and successful recruitment to add to the capability of our team, there are early signs of performance improvements against the target set (achieving 89% of referrals to treatment within 16 weeks in December 2018, up from 58% in November) in our Child and Adolescent Mental Health Service (CAMHS) West. There remains work to do and it will likely take several months to fully recover, but we remain on a recovery pathway and the team continue to prioritise both urgent appointments and those waiting the longest. (Ref to BAF# 59 and 55)

Special Care Dental Services

As a result of an options appraisal paper to seek to address the on-going performance concerns we have with regard the number of patients on the waiting list for General Anaesthetic treatments, we are taking action to re-assess patients from the north and west of the county, and allocate space at our Poswillo site (co-located with PHT) for those suitable. This came into effect at the start of January, and has so far enabled 12 patients who were on the Basingstoke area waiting lists to be treated sooner from the Basingstoke list of 103 waiters. We regularly review and clinically triage our waiting lists to mitigate risk. Elsewhere this service continues to deliver very strongly. (Ref to BAF# 59)

Sexual Health Services

Our county wide, highly innovative sexual health service continues to deliver strongly, albeit like many other providers nationally, there remains a challenge in delivering an open access service in a necessarily resource constrained environment, which is a nationally recognised issue which inevitably will present an enduring challenge to deliver a full range of services within budgetary constraint. We are actively seeking a new location for service delivery in both Winchester and Eastleigh (Ref to BAF# 59 and 27)

Portsmouth and SE Hampshire Care Group

Portsmouth Mental health - staffing

The top risk in mental health services remains "staffing", as a result of nationwide shortages of qualified nurses and psychiatrists. Solent currently has seven WTE inpatient mental health staff nurse vacancies and five WTE Psychiatrist vacancies (which equates to 55% of inpatient psychiatrist posts vacant). Safety and service continuity is maintained by the use of long-term agency staff, who are trained and supervised alongside substantive colleagues. Recruitment efforts and social media campaigns yielded some success, with the appointment of 11 WTE staff nurses to inpatient wards this financial year; however there are no appointees now waiting to start. With our current knowledge of planned starters, leavers and internal transfers, 7 vacancies will remain at the end of January 2019 and further improvements are unlikely in the short-term, since no cohorts of students are due to complete training until July 2019. Our workforce plan continues to develop and be implemented; and includes steady recruitment to Band 5 vacancies and roll out of career pathways for those staff below Band 5. We also continue with implementation of the Assistant Practitioner development programme, which aims to replace some vacant registered nurse roles with suitably trained support workers. (Ref to BAF# 59 and 55)

Portsmouth Adult Services – Recruitment and Agency Use in Community Nursing

At present Locality teams have four WTE Band five vacancies - equating to 8% of frontline qualified nursing resource (Band 5 and 6). This causes a capacity pressure in qualified nursing skills of around 40 visits a day which is a significant improvement that can be managed as 'business as usual'. Safety and capacity is maintained by continuous senior nursing review of workload allocation and prioritisation and by "catching up" of non-priority visits at weekends when acute demand is lower. This improved position has been as a result of role redesign – introducing more Health Care Support Worker roles, more Band 6s and converting some Band 5s to specialist technical development roles. A Bank Co-ordinator has now joined the team with responsibility for optimising shift fill to all rostered shifts.

A review of rostering during October improved permanent staff deployment against harder to fill shifts. The service has used no off framework staffing since 1st November 2018, demonstrating an on-going improvement (Ref to BAF# 59 and 55)

Portsmouth Adult Services – Pulmonary Rehabilitation Waiting Times

The number of people waiting over 18 weeks for assessment in South-East Hampshire increased because of a surge of referrals in late Spring and early summer and, issues with staff deployment and the availability of locations with the correct equipment to administer walking tests. The service agreed a plan with South East Hants commissioners to make changes to the assessment pathways, group work programme and clinic time locations to enable better patient prioritisation. Initial indications are that this plan has yielded improvements – cutting waiting list numbers by almost 50% in three months. (Ref to BAF# 59)

Children's Services East – Child and Adolescent Mental Health Service (CAMHS) waiting times

18 week waiting times for high and low priority patients rose slightly between September and November – for high and low priority patients. The service is now fully recruited, but the backlog is not falling as initially predicted. Patients on the waiting list are able to self-escalate, by reporting any change in condition and are reassessed for urgency. Anybody waiting over 18 weeks is held under review and chronicity weighting added to their overall priority score. The service will produce a plan in January to improve their position. (Ref to BAF# 59 and 55)

Portsmouth Adult Services – Jubilee House Length of Stay pressures

A more dynamic approach to patient flow management has not yet resulted in a reduction in average length of stay (remaining above 45 days in December) however, the service now produces three times weekly Estimated Date of Discharge reports highlighting any delays and agreed actions to be taken, with timeframes. (Ref to BAF# 59)
We believe dedicated and continuous social work support along with more medical oversight on a daily basis will improve flow and discussions are in train to achieve both of these interventions

Children's Services East – Paediatric Medical Service Waiting Times

Paediatric medical capacity has continued to be under pressure, although waiting times eased somewhat in December with only 3 patients (<1.5% of new referrals) waiting over 18 weeks. The service has poor resilience, due to small size (6 medical staff), traditional models of working and high new to follow-up ratios. Discussions began in December within the service about re-modelling pathways, matching available resource to demand and reducing out-patient follow-ups. Ongoing talks are being held with Portsmouth Hospitals Trust and Portsmouth City Council and CCG Children's commissioners about an integrated paediatric pathway, which is more likely to yield longer-term sustainable solutions to growing specialist demand for complex paediatric care. (Ref to BAF# 59 and 55)

Finance (Link to BAF#53)

We are on track to deliver our stretch plan of a deficit of £0.4m, which includes additional provider sustainability funding of £0.4m as well as an underlying improvement to plan of £0.2m. The year to date deficit is £0.5m, which is in-line with our reforecast.

However, one of our key assumptions is the final numbers from 2017/18 from NHS Property Services as well as an assessment as to what the value should be for 2018/19. So far, NHS Property Services has been unable to provide values which can be relied upon.

Estates (Link to BAF #27)

Good progress is being made with the redevelopment at the St Mary's and St James' hospital sites and is on track financially and to timelines.

Capital allocation for RSH (Link to BAF #27)

We have been notified that we have been successful in our application for capital for the reconfiguration of inpatient services between the Royal South Hampshire Hospital and the Western Community Hospital. Our Outline Business Case is in the process of being reviewed by NHS Improvement, for subsequent approval by the Department for Health and Social Security.

ICT (Ref to BAF# 13 and Operational Risk Register re: IT)

Key highlights concerning ICT are as follows;

- Patient WiFi was delivered and rolled out across the Trust in December 2018, which met the NHS Digital national deadline
- We have agreed with our ICT partners a 30/60/90 day service improvement plan, which commenced on 21 January 2019, and we have welcomed some new colleagues in our partner organisation to our account
- Isle of Wight Dental IT went live on 1 October 2018, but with a temporary data line solution, which restricted the sending/receiving of X-rays. Permanent data lines are anticipated being set to work with a go-live date at the end of January 2019.

Systems Update

Portsmouth and South-East Hampshire Systems update (Ref to BAF# 58)

Winter pressures

There has been a sustained improvement up to Christmas as a result of additional capacity, however significant demand and acuity increases have created a deteriorating performance for headline numbers although much of the increase in the Portsmouth system is those waiting 0-1 days after being fit to leave.
The system is currently preparing a report to system executives on sustainability.

Multi-speciality Community Provider (MCP) programme

The 4 way partnership (GP alliance, Council, Solent and Portsmouth CCG) have a significant shared transformation programme and some exciting developments for the year ahead, although funding for the programme is not yet fully secured (subject to further discussion in January and February).

Integrated Care Partnership (ICP) programme

The focus for the year ahead is being confirmed over the next few weeks and is likely to be as follows;

- Urgent care capacity and sustaining low numbers of fit to leave in the acute trust
- Reduction in urgent care demand through a sustained approach to non-conveyance of appropriate individuals
- Reduction in outpatient demand
- Remodelling of acute mental health beds
- Provision of CAMHs liaison in acute care

The ICP is bringing together plans from across the system to inform the annual plan and the strategic plan for the system.

Hampshire & Isle of Wight Sustainability & Transformation Partnership (HIOW STP)

The HIOW STP has appointed a new Chair, Lena Samuels who is the current chair of South Central Ambulance Service NHS Foundation Trust. Lena was previously a Non-Executive Director with University Hospital Southampton where she had portfolio responsibility for patient safety, international health and equality and diversity. Lena was a Lay Advisor with Wessex Deanery where she undertook GP recruitment and the assessment of post-graduate doctors in rotation whilst also sitting on the school boards of surgery and emergency medicine.

The Executive Delivery Group of the HIOW STP continues to focus its activities and attention on the wider system reform proposals that have been subject to Solent NHS Board consultation over recent months. Debate continues as partners define how the layers of planning and delivery will work, particular focus has been on the benefits of working at the scale of HIOW, this has been informed by the recent publication of the NHS Ten Year Plan.

The STP has been asked to ensure all organisational plans for 2019/20 are aligned with Local Delivery System partner plans and that these Local Delivery System Plans are aligned with the wider HIOW Plan to ensure there is a single coherent Operational Plan for 19/20 for HIOW.

3. Current news

Current Trust news is available on the trust website www.solent.nhs.uk

4. Complaints and Serious Incidents update

Complaints

The Trust received 14 Formal Complaints in December. Themes of complaints relate to appointments, attitude of staff, clinical concerns and communication. The Complaints Service continues to work closely with service lines to ensure that responses are provided within agreed timescales. At month end no complaints were breached.

Serious Incident (SI) Update

We declared five SI's in November all relating to pressure ulcers and seven incidents requiring SI investigation in December, three of which also related to pressure ulcers; the remaining four relate to, information governance, self-harm and two slips, trips and falls. We have continued to report no breaches to timeframes for investigating and reporting. Further information in relation to Complaints and SIs can be found within the Performance Report, presented separately to Board.

5. Update from the Trust Management Team (TMT) meeting

A TMT meeting was held on 23rd January 2019; a summary of business discussed is outlined below;

- The importance of flu vaccination was emphasised and further communication to be circulated Trust wide
- An update was provided by the CEO, highlights as follows;
    - It was confirmed at the time of the meeting, that the announcement of the new Chair is unknown.
    - Colleagues were thanked for their contribution to the CQC process to date, including the recent factual accuracy process. Primary Care services were congratulated for the positive report published pre-Christmas. It was acknowledged that our Dental and Sexual Health Services are due to be inspected and appropriate support will therefore continue.
    - The publication of the NHS Long Term Plan was acknowledged – implications for Solent and the wider system were explored.
    - An update on the work of the Brexit Task Group was provided and key considerations
- A presentation was provided on the Trusts Community Engagement Strategy by Jon Bashford; which explored what we mean by the terms 'community' and 'engagement', and the key elements of the associated strategy delivery plan. The group debated the need to focus on the best value for money initiatives in terms of investment and benefit, as well as embedding community engagement within the culture of the organisation.
- The Director of Finance provided an update on the recently published Planning Guidance and subsequent allocated Control Total, being break even for 2019-20. Key financial efficiency headlines and implications in relation to Local Authority contracts were shared. The group were informed that contracting offers are due from Commissioners and should reflect requirements of the Long Term Plan. A brief and presentation was also provided in relation to NHS Long Term Plan and Operational Planning and Contractual Guidance 2019/20 expectations and timescales.
- The following updates were provided; workforce, finance, Corporate Programme Management Office, and exception reports given from the ICT Group, Estates, FM & Sustainability Group. The Board Assurance Framework was also considered. Further understanding of the risks associated with the imminent implementation of the Falsified Medicines Directive was acknowledged as being needed.

6. Board Assurance Framework and Operational Risk Register

Board Assurance Framework –the following table summarises the key strategic risks

BAF number	Concerning	Lead exec	Raw score	Mitigated score (Current score)	Target score
63	Third Party Supplier Risks *(links to BAF#13 – ICT and BAF#27 –Estates)*	Sarah Austin	S5 X L4 =20	4x L4 =16	S3 X L2 =6
55	Workforce Sustainability	Helen Ives	S5 X L4 = 20	S4 X L4 = 16	S3XL3 = 9
13	ICT *(links to BAF#63 –Third Party Supplier Risk)*	David Noyes	S4x L4 = 16	S4xL3 = 12	S2 X L3 = 6
58	Future organisational function *(links to BAF#59 – Business as Usual)*	Sue Harriman	L4 X S5 = 20	S4xL3 = 12	L2 X S3 = 6

Operational Risk Register

On 16th January 2019 there were 174 open risks on the Risk Register; this is an increase of 27 risks since the last report. However, 18 risks have been closed as they are either no longer applicable, or have been successfully controlled and mitigated to meet their target risk score.

The most prevalent risks on the Risk Register are:

- Workforce – Staffing (19 risks): risks relate to vacancy levels/ staff absence and difficulties recruiting staff.
- Clinical – Community (22 risks): the majority of these risks relate to clinical capacity and ability to meet rising demand for services.
- Information Technology (46 risks): relating to problems with access to systems and IT connectivity.

High Risks

There are 28 risks scoring 15+ on the Risk Register. These are subject to an on-going review process to sense check the risk scores against the Trust's agreed impact matrix. The Trust Management Team has oversight of these risks and seeks assurance they are being appropriately managed.

A moderate (12) Brexit business continuity risk has been added with an action to review the Trust's business continuity plans to ensure they are adequate.

Risk Training

As at the end of December 2018, 43% of staff had completed the new Introduction to Risk Management Training which was launched on 16th July 2018. This is an increase of 13% since October 2018 and further promotion through Staff News and Managers Matters continues. There will be a review of the training progress, requirements and processes in February 2019.

7. Other matters to report

Sealings

Reference	Description
71	Provision of learning disabilities Integration Provision S75

Signings as reported to Finance Committee since last Board meeting

Reference	Commissioner	Description
CPRO_0189	Southern Health NHS Foundation Trust	Provision of PICU Beds – Extension and Variation to Provision and Costs
CPUR_0104	Solent Mind	Provision of Portsmouth Support and Recovery Service – Extension and Variation to KPI's and costs
ECM_9181 (Sealed)	Brymor Construction Limited	Phase 2 Refurbishment to Block B, St Mary's

Sue Harriman
Chief Executive

Item 11

Presentation to	X	In Public Board Meeting		Confidential Board Meeting							
Title of Paper	Trust Board Performance Report Part I – December 2018										
Author(s)	Alasdair Snell			**Executive Sponsor**	Andrew Strevens						
Date of Paper	25th Jan 2019			**Committees presented**	TMT						
Link to CQC Key Lines of Enquiry (KLoE)	X	Safe	X	Effective	X	Caring	X	Responsive	X	Well Led	
Well Led KLoEs	**W1** Leadership Capacity & Capability		**W2** Vision & Strategy		**W3** Culture		**W4** Roles & Responsibilities				
	W5 Risks and Performance		**W6** Information	X	**W7** Engagement		**W8** Learning, Improvt & innovation				
Action requested of the Board	X	**To receive**		**For decision**							
Link to BAF risk	BAF # ----59---------- Concerning ------Demand and Capacity ---------- or N/A										
Level of assurance *(tick one)*	Sigificant		Sufficient	X	Limited		None				

The purpose of this paper is to provide a monthly overview of performance against the NHS Improvement Single Oversight Framework, key contractual requirements and operational indicators of quality, our workforce, finance and service hotspots.

Board Recommendation

The Board is asked to receive the report.

Assurance Level

Concerning the overall level of assurance the Board is asked to consider whether this paper provides: sufficient assurance.
And, whether any additional reporting/ oversight is required by a Board Committee (s)

Table of Contents

1.1 Business Plan Quarter 3 Report 2018/19

Corporate Programme Management Office (CPMO)

By Aaron Scott and Matthew Rowsell

1. Executive Summary

There were 3 Business Objectives completed in quarter 3 and 37 milestones were met (202 milestones met year to date). There are 55 Business Objectives still active with a total of 173 (46%) milestones left to be completed before the end of March 2019. Currently 29% of all active Business Objectives are experiencing challenges that are causing a slippage in delivery; further detail is provided in section 2.

Following the 6 month reviews of all Business Objectives with Service Lines and Corporate Teams during October 2018, the general trend was that the majority of milestones originally forecasted to complete in quarter 3 needed to be delayed into quarter 4. This was due to a number of reasons including the CQC Well-Led inspection, the impact of winter pressures, particularly on front-line staffing, and key tender events, such as the delay of the HIV tender outcome in Sexual Health.

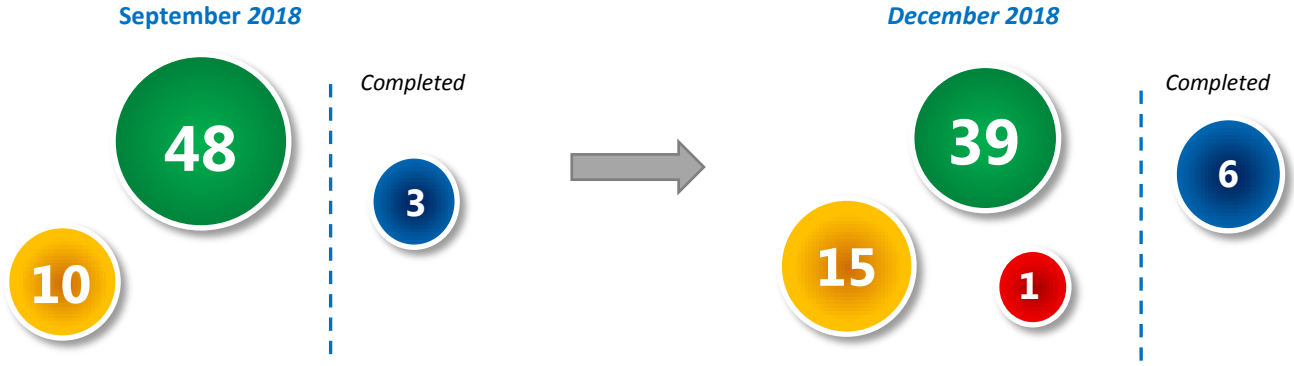
2. Q3 Summary

2.1 Business Objective Progress

Business Objectives are given a 'Red, Amber, Green' status in order to provide a quick reference to the health of the objective.

- **39 Objectives (63%)** are rated as **green,** indicating they are on target for completion by planned dates.
- **15 Objectives (25%)** are highlighted as **amber,** indicating that they are experiencing problems. However there are mitigations in place to prevent the objectives turning red and ensure the objectives are brought back on plan.
- **1 Objective (2%)** is currently rated as **red**. This means that the objective is experiencing issues where insufficient mitigation is in place to be delivered by year-end.
- **6 Objectives (10%)** have successfully met all their milestones and the Business Objectives are now **complete** (shown as blue below).

Figure 1: An overview of the transition of RAGs from Quarter 2 to Quarter 3 for 2018/19:



2.2 Quarter 3 Successes

A total of 3 Business Objectives were completed in quarter 3:

Adults Portsmouth – Commencing in July, Portsmouth Clinical Commissioning Group (PCCG) awarded a 2 year contract to Portsmouth Primary care Alliance (PPCA) for an Integrated Primary Care Service which encompassed Acute Visiting, Enhanced Access and Out of Hours services. The PPCA has worked with Solent to integrate their service into the local delivery system by developing clear pathways and processes for directing appropriate care. The service aims to reduce avoidable hospital admissions and inappropriate attendances as well as improving patients' access and experience of Primary Care. The infrastructure with PPCA and MCP Programme provides the platform for development of the Portsmouth Intermediate Care Service (PICS); a medium-term multifaceted strategy identified in 2019/20 Business Objectives.

Child and Family Services – As a way of improving patient experience where services are delivered by more than one provider at the same time, the Child and Family Service successfully delivered the Enhanced Child Health Visiting Offer (ECHO) programme which enables a more intensive home visiting programme for children up to the age of 5 for our most vulnerable families. Positive feedback has been received from families and staff as well as commissioners for this programme. The service has also made progress through engaging external researchers to support evaluation and research into the success of this programme.

Sexual Health Services – To help manage the increased demand within Sexual Health Services, a Webchat facility was created, which went live in October 2018, in order to provide a safe and secure platform for users to access live chat as well as a 24/7 'need help' function. This functionality has shown that patients are accessing the 'need help' function at a variety of times and about 10-12% of patients are opting to chat to an operator. This service enables harder to reach groups to contact us via Webchat, as many communities still attach stigma to sexual health and therefore may not readily access mainstream services that are available. The success of this facility is currently being analysed and detailed results are expected by February 2019.

2.3 Quarter 3 Special Recognition

Significant progress has also been made against many of the remaining Business Objectives, including the following from Sexual Health which is expected to deliver on schedule above and beyond the original aspirations of the objective:

Sexual Health Services – The team have been working with commissioners and the Electronic Patient Record (EPR) provider to build a pathway and a bespoke system linking the effective results management system with a treatment by post facility. As a result of this work the service have further developed the system to enable clients to be able to access their results online, inform partners of infection and also get the treatment required sent to them by post or collect from a pharmacy. The team are now in the process of building this and even with the extended work and development hope to be ready to deliver at the beginning of April 2019.

2.4 Quarter 3 Issues

The following objective has been escalated to red as this will not achieve the intended outcome by March 2019:

1. Adults Portsmouth – We will develop and roll out the enhanced care home project at scale to include all city wide care homes in partnership with GP's and Commissioners by March 2019:

The team have been working to full capacity; however the gaps in staffing have led to a delay in rolling the team out to further homes. In addition to this, data cleansing issues have put in doubt the success of the pilot of preventing hospital admissions.

In order to successfully complete this objective in the future, the Portsmouth Care Home Steering Group, which monitored the progress of the Enhanced Care Home Team, is expanding its jurisdiction in order to increase oversight which will enable a more joined up approach going forward.

A new Business Case will be presented to the Programme Board in March 2019 which will detail a revised roll-out for the Enhanced Care Home Team and present all Care Home interventions being rolled out across Portsmouth. However, it is unlikely that this roll-out will be achieved in 2018/19 and therefore suggested that the Business Objective is formally put on hold until further notice. As a result this consequently means 2 milestones are deemed as not met without mitigation in place.

2.5 Quarter 3 Challenges

At the end of quarter 3 there were 15 Business Objectives which were considered amber:

1. Adults Portsmouth – Develop and Implement a Long Term Conditions Hub model:

Launch of Long Term Conditions (LTC) Hub pilot delayed until quarter 4 2018/19

The Business Case for the LTC Hub pilot has been agreed by the Multispecialty Community Provider (MCP) Board and Portsmouth CCG's Clinical Services Committee. The implementation work is now underway and the target date for commencement is April 2019.

2. Finance and Performance – Collaborate within the Sustainability and Transformation Partnership (STP) and wider Mental Health and Community partners to ensure we are getting Value for Money in line with the Carter recommendations and the Department of Health Future Operating Model:

There are currently issues with data quality (lack of adequate service line level detail) and conflicting priorities within Procurement. The data requires expert knowledge and resource to interpret.

➡ The team is working with NHS Supply Chain (Future Operating Model) and across the STP to identify the opportunities available. Internally the team are working across multiple functions to improve data and system training.

3. Finance and Performance – Enable access to sources of electronic information for our patients and clients by fully implementing ePrescribing and optimising functionality in SystmOne for clinical areas:

⬅ Due to a new procurement for a Pharmacy Dispensing System, the In-patient e-Prescribing and Mental Health roll-out has been put on hold by the Executive team.

➡ The new system is to enable a joint Solent and Southern Health Pharmacy Team to be set up, which is in progress. The roll out of e-Prescribing for Community Teams, will still be continuing, with three teams starting to pilot the new functionality by February 2019 (Palliative Care, Podiatry and Heart Failure).

4. Mental Health – Work with system partners to improve Mental Health and Primary Care Services:

⬅ Solent continues to work with Southern Health Foundation Trust (SHFT) and Portsmouth Hospitals NHS Trust (PHT) but involvement on this objective has reduced in recent months.

➡ This is now progressing and SHFT / PHT / commissioners and Solent have been involved in setting up a standard operating procedure for this area within PHT. Final position of the area is yet to be agreed within the emergency department, however, regular meetings are now taking place between all stakeholders.

5. Mental Health – Work with Southern Health Foundation Trust (SHFT) to adopt standard approach to beds and bed management:

⬅ SHFT have had some challenges around maintaining the improvements with length of stays.

➡ The current length of stay rates are much lower than what they were at the start of 2018 and there are some progressive discussions taking place with housing providers in Portsmouth and South East Hampshire (PSEH) to support the flow of patients.

6. Mental Health – Review and redesign evidence based pathways for those with Unstable Personality Disorder:

⬅ This objective was led by South East Hampshire commissioners however has experienced delays partly due to transformation programmes taking precedence. A pathway has been developed and this now needs to be mapped against resources required to identify the gap. However, following a meeting with commissioners, it has been acknowledged that achieving a gold level service may not be possible due to current resource available.

➡ Work can be undertaken regarding sharing resources and training opportunities for staff so when combined, we will be able to utilise our collective resources to improve outcomes for this patient group. The service line will have to agree if this continues to be a priority for 2019/20.

7. Mental Health – Develop and implement phase 1 of a sustainable workforce plan:

⬅ As the result of increased levels of patient acuity and complexity, along with a high vacancy rate for certain hard-to-fill roles, particularly Band 5 Mental Health nurses, there is a significant reliance on additional staffing solutions on a monthly basis.

➡ The implementation process has included roster management improvements, skill mixing to operate across inpatient areas, a review of the competency framework for nursing roles up to Band 7, new development pathways for nursing associate and foundation degree trainee roles to commence in April 2019 and the introduction of an Occupational Therapy Co-ordinator.

8. People and Organisational Development (OD) – Increase staffing capacity through effective workforce planning, talent attraction, development and retention:

⬅ Workforce Mangement Information (MI) / e-rostering metrics are not yet driving improvement in processes that ensure effective deployment of staff. Workforce and finance business planning continues to be embedded in operational delivery but is inconsistent across all service lines – both in terms of the ability to effectively plan the deployment of workforce within budget and the ability to develop new models / skill mixing. Support from corporate continues however, and needs to be enhanced in 2019/20 to support all services to move forward at the same pace.

➡ Skilled resource gaps have presented significant difficulties in the ability of corporate services to support the service lines with e-rostering and workforce MI but this has now been resolved. More effective roster management practices have seen a reduction in off framework agency usage in some teams over the last few months. Business and workforce planning for the People and OD team for 2019/20 contains a request for investment / restructuring to drive the continued shift in the People Services operating model.

9. People and Organisational Development – Increase leadership capability at supervisory management levels using a talent development framework and core people management competency:

⬅ Due to staffing constraints at senior level in the People and OD team, milestones have been moved to year end or will be incorporated into next year's business plan.

➡ Excellent progress has been made at the local level and in partnership with services to invest in bespoke leadership development and team building, which continues. Significant investment in communication, engagement and leadership has continued aligned to the CQC programme of work and the outcomes of this are evident in the Friends and Family Test. Restructuring of the team in 2019/20 will create a role focused on leadership and engagement, which will reduce the reliance on other senior members of the team and create additional capacity and capability for delivery.

10. People and Organisational Development – Improve employee engagement and wellbeing through continuous involvement, and collaboration in the delivery of organisational development and workforce change programmes:

⬅ Implementation of the Equality, Diversity and Inclusion (EDI) action plan has not fully met expectations due to staffing issues in our corporate team and the availability of deep expertise in both patient and public involvement and EDI to support our services in delivery. The work planned for employee and organisational resilience to support our Great Place to Work programme is unlikely to be ready for delivery this year due to staffing constraints at senior level in the People and OD team but will be incorporated into our 2019/20 delivery plan.

➡ Two board workshops have taken place along with significant learning from the NHS programmes the team have been participating in. This has led to recruitment of new resource and commitment to development of new strategies alongside an agreed number of focused priorities, which support the Equality Delivery System 2 (EDS2) and Workforce Race Equality Standard (WRES). The resilience work is critical and being developed in conjunction with an external partner for delivery next year.

11. People and Organisational Development – Increase our brand presence and strengthen our reputation as a provider and employer of choice using creative and digital marketing solutions aligned to the Trust's vision and values:

⬅ Staffing issues within the Communications team this year have led to milestones being moved to year end or being incorporated into the 2019/20 plan. Progress against the digital milestones (intranet, internet and microsites) are the most impacted as they require dedicated focus to programme manage.

➡ Additional resource has been allocated to the team to support Press Relations and Media Management and have fostered closer working with HIOW Communications teams to create more joined up opportunities around key issues such as winter pressures and care pathways. Furthermore, support to the end-to-end CQC programme of work required flexibility in the approach to planned milestones across various elements of the business plan in order to reallocate key resources to support other work streams. However, in doing so the team have worked to achieve relevant and positive outcomes for planned business objectives in different ways, as demonstrated by the "be proud, be passionate, be honest, be yourself" campaign.

12. Primary Care Services – Enhance communication, technology and digital offer to facilitate better access to information, online referral systems and to support self-management / empowerment:

⬅ This programme is an interdependency of the Trust website development which required additional support from the service in order to progress.

➡ Development work has now commenced however this delay has caused a slippage in delivery.

13. Primary Care Services – Will resolve Solent's diagnostic contracting issues with support from Commercial:

⬅ Discussions regarding our preferred solution are ongoing with the Salisbury, Wight and South Hampshire Domain NHS Trust (SWASH) consortia, causing delay in anticipated timeline for resolution.

➡ Solution has been approved internally and the Commercial Team are leading discussions with the SWASH consortia. We anticipate resolution by the end of the financial year.

14. Child and Family Services – Service Line infrastructure developments will support delivery of our key business objectives:

⬅ The timescales for the progression of this objective largely sit outside of service line control.

➡ East Therapies are undertaking some pilot work in this area to support roll-out in the future across the service line. First report to Service Line Board is scheduled for February 2019.

15. Child and Family Services – There will be an improved staff and patient experience of the delivery of children's services healthcare:

⬅ Due to the Care Quality Commission (CQC) inspection progress on this objective has been delayed.

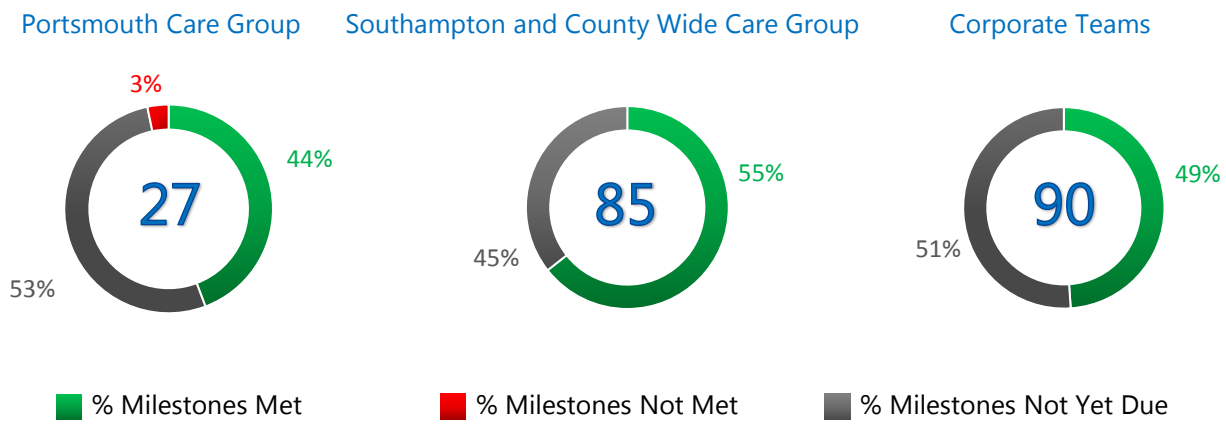
➡ Patient Friends and Family Test (FFT) results remain high and Staff FFT results are improving particularly in Southampton. Plans are in place for bringing this objective back on track for completion by March 2019.

2.6 Milestone Progress

Since April 2018, a total of 202 (53%) Business Objective milestones have been met. After quarter 3 in 2017/18, Solent had met 68% of the total milestones for the year and 12% were not met. Although comparatively the number of milestones met for quarter 3 2018/19 has decreased, less than 1% of milestones were not met without sufficient mitigation in place. This demonstrates that in 2018/19 where milestones have not met their original target dates, there has generally been improved project management activities to ensure the milestones do not significantly impact delivery of the objectives.

From a total of 375 milestones, there are 173 (46%) that remain to be completed across 55 Business Objectives before the end of March 2019. The charts below (Figure 2) illustrate the number of milestones that have been met at the end of quarter 3 across our 3 Care Groups and Corporate Teams with a percentage breakdown of milestones met / not met / not yet due:

Figure 2: An overview of the current milestone status:



N.B. 6 Child and Family milestones met cover both Southampton and Portsmouth Care Groups.

3. Additional 2018/19 Projects

3.1 Integrated Care Partnership

Solent NHS Trust is fully engaged in the Portsmouth and South East Hampshire Health Integrated Care Partnership (ICP), and alongside other partner organisations we are contributing to the system operating plan.

Programme boards have now been created for each work stream within the ICP (Urgent Care, Elective Care, Mental Health, Community Health and Care, and Children's Services). Solent CPMO is directly involved with the Mental Health work stream with partner organisations lending Project Management Office (PMO) support to the other programmes.

Workshops have taken place to gather and determine a contributory project list for the area from each organisation and a benefits realisation workshop was completed for these projects. Quarter 3 saw an open forum in Portsmouth to discuss and share knowledge surrounding MCP (Multispecialty Community Providers) and the ICP Programme.

Quarter 3 also saw how financial plans and Business Information can be brought together for the work streams to ensure that the ICP operating plan is robust and achievable. This work will continue into Quarter 4 as an on-going process as more data becomes available.

4. Final Quarter

4.1 Business Objective Progress

There are 55 Business Objectives which are still being monitored and have milestones yet to be completed. Following the 6 month review of all Business Objectives, Solent gained a more realistic vision for the final two quarters of 2018/19 which could enable higher productivity and increased benefits realisation at year end. Providing milestones are met on time, it is forecasted that the remaining 54 (discounting the 1 red Adults Portsmouth objective) Business Objectives will complete by March 2019.

4.2 2019/20 Business Objective Planning

Service Lines and Corporate Teams will be presenting their 2019/20 Business Plans to the Executive team at the end of January 2019. Following this the CPMO will be able to start preparing for 2019/20 reporting through the use of Verto, the Trust's cloud based project management solution.

4.3 2019/20 Cost Improvement Plan (CIP) / Equality Impact Assessment (EQIA) Process

All 2018/19 CIPs have been uploaded onto Verto in order to provide a single version of the truth at any given time and this now provides greater accuracy with monthly CIP reporting. The Trust will be holding an EQIA day, with commissioners invited, in February 2019 which will allow Service Lines to present their CIPs against their respective 2019/20 Business Plans following Executive review.

2.1 Solent NHS Trust Performance Report - Operations December 2018/19

Activity

			Same Period 2017/18
14,071	New Referrals in month*		13254
68,744	Attended Contacts in month*		61070
2,908	DNA'd Appointments in month*	4.0%	3353
18	Delayed Patients in month (DTOCs)		26
324	Delayed Days in month		397
13,520	Discharges in month*		12638

Key Performance Indicators

266	KPIs due in month
198	KPIs achieved in-month

CQUIN Schemes

15	CQUIN schemes
23	Milestones due YTD
23	Milestone Achieved YTD

2	Contract Performance Notices (CPN) open

* Data reported for Community and Mental Health Services only. IAPT, Substance Misuse and Specialised Services data not included.

Hotspots

Wheelchair provision delays

Contract Performance Notice - Southampton Behavioural Change Service

Contract Performance Notice - Southampton Domiciliary Phlebotomy Service

CAMHs Southampton Waiting List and Vacancy Pressures

MSK Diagnostics Breaches

Temporary Staffing in Portsmouth Care Group

Increased Insulin Provision in Community Nursing

Pulmonary Rehabilitation Capacity & Demand

Increasing patient activity/demand

Primary Care 'Good' CQC Rating

2.2 Performance Subcommittee Exceptions

Portsmouth Care Group

The national shortage of Band 5 Registered Mental Health Nurses (RMN) is having a considerable impact on the Mental Health Service, and recent statistics show the rate of graduation of RMN's is lower than that of retirement across Hampshire. The service line is looking at skill mix options and safe staffing modelling to create a long term sustainable model. Temporary staffing is currently being used to manage the increase in acuity, causing a cost pressure to the service.

Temporary staffing usage has also risen within the Adults Portsmouth service line during the winter months to support winter pressures, with the OPEL status often at 4 at the acute trust. However, the proportion of off-framework agency has reduced significantly over the last month due to processes implemented within Community Nursing and this challenging achievement should be recognised.

The proportion of patients receiving a VTE assessment remains below target for the third consecutive month. This is an issue on the Adult Mental Health wards, and as a result the service line are reviewing processes and addressing how to resolve this in the long-term. Performance in the community wards remains strong. Achievement of this metric is being monitored through the performance governance structure and further details can be found within the Quality section of the report (section 3.2).

Waiting times for the Secondary Care Psychological Therapies service currently have the highest number of patients waiting more than 18 weeks for their treatment this financial year. The service has robust processes in place to ensure all patients are reviewed on a regular basis to ensure patient safety is maintained. The service is currently investigating alternative ways to manage the service as the demand has been continually increasing beyond the current funded establishment for some time now.

The waiting times for Pulmonary Rehabilitation services continue to be a concern as demand continues to increase. Service changes to patient pathways are planned which aim to reduce the waiting times as well as reducing the cost of venue hire.

Southampton & County Wide Care Groups

CAMHS waiting times improved in month 9, in part due to additional investment into the service. The service is working hard on keeping to the trajectory to meet the contracted access times. The service are working closely with commissioners, however the hard-to-fill vacant posts are still creating challenges for the service.

The contract performance notice from SCA for our Behaviour Change service is ongoing. We are continuing discussions with commissioners regularly to provide assurances on mitigations on performance against very challenging public health services. The service provision end date has been extended from 16 January 2019 until 31 March 2019.

We are continuing to submit fortnightly updates against our action plan for our Domiciliary Phlebotomy service contract performance notice with Southampton CCG and meet with them to discuss progress and options for the service delivery going forwards. Current progress has seen concerns from GP's around delayed appointments reduce significantly and the service have mobilised to an electronic patient record system which should aid the flow of patients.

As discussed in section 3.2, work is ongoing with our commissioners to mitigate the delays in wheelchair provision from Millbrook Wheelchair Services (MWS) however delays in provision and subsequent harm to patients is still an issue and is being closely monitored and highlighted to commissioners.

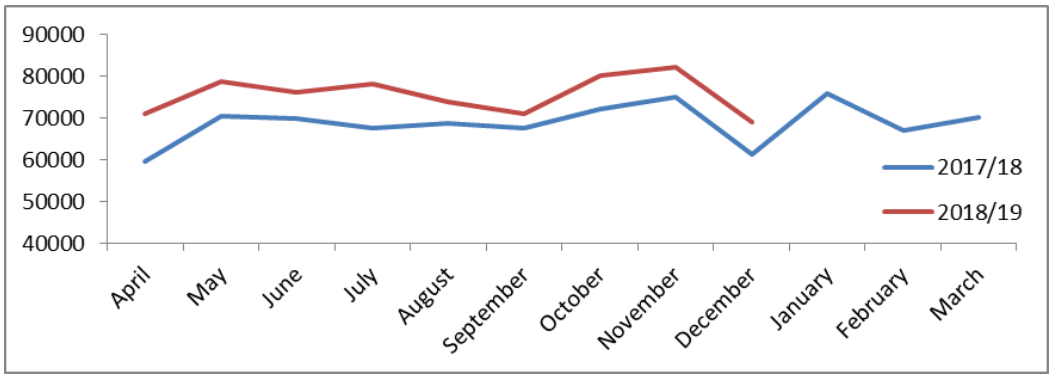
A low number of 6 week diagnostic test breaches for our MSK services, has caused the Trust to meet its 99% target by 1%. This is the second consecutive month the target has been missed and the issue is being raised formally with our sub-contracted providers Inhealth, to resolve as a matter of urgency.

The Southampton system change to the provision of insulin has incidentally increased the required provision from our community nursing service. As a consequence, the number of visits and durations of visits has increased and will continue to increase, as per the national trend. The service are reviewing the situation jointly with our commissioners to look at a sustainable solution moving forwards, as currently this is causing a staffing and financial pressure.

Organisational and Regulatory Performance

Trust Wide

The number of face-to-face contacts reported so far in 2018/19 in Community and Mental Health services has increased by 11% from the same period during 2017/18.



NHS Improvement Single Oversight Framework

The Trust has continued to achieve a level 2 on the NHS Improvement scale, where level 1 is the best and level 4 the most challenged. This is a good position for the Trust.

The Organisational Health Domain has seen a decline in performance as the winter months have set in, with staff sickness being over threshold for the third consecutive month. This has also impacted the usage of temporary staffing, and as such a noticeable rise has been seen during November and December. Further information on workforce performance is in section 5.2.

The Use of Resources score has returned to a level 2 in recent months. This is due to the deficit from financial plan being regained in the past two months. The Trust has not met 6 indicators in the Quality and Operational metrics – including the challenging Mental Health Scores from Friends and Family Tests, which has shown a decrease in month to 88%, and the 6-week wait for diagnostic procedures, which has failed to meet the 99% target for two consecutive months. The deterioration of the quality metrics are discussed within section 4.2 Quality Commentary.

The overall performance against the Single Oversight Framework remains positive, and can be seen in detail in section 6.1.

3.1 - Quality Performance — December 2018/19

Serious Incidents

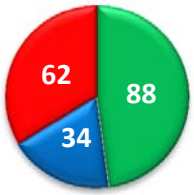
7	Serious incidents occurred in month
5	More year to date than 17/18
2	YTD Healthcare Infections / Cdiff / MRSA
0	YTD Safety compliance breaches

Pressure Ulcers in Solent Care

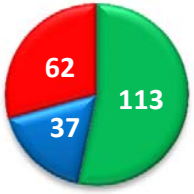
27 Occurred in month

8 More than same month 17/18

2017 / 18 YTD



2018/ 19 YTD



Grade 2
Grade 3
Grade 4

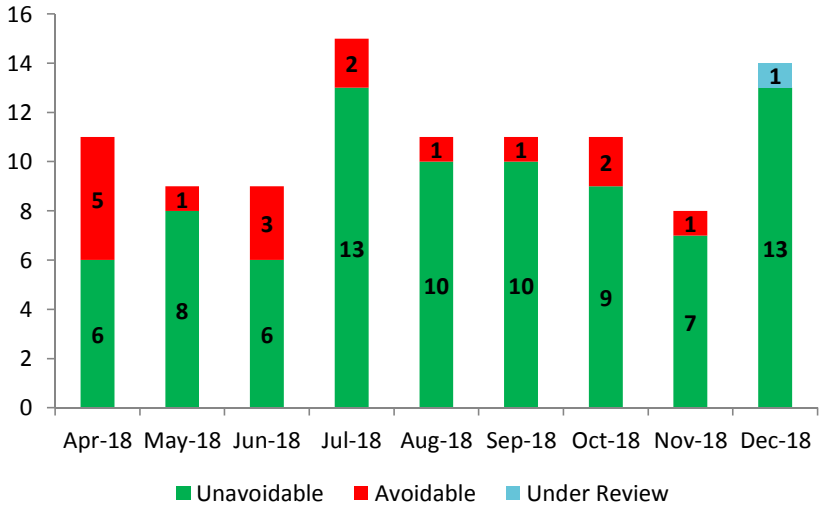
Friends and Family Test

1571	Responses received
128	Less than same month 17/18
96%	Positive ratings %
2%	Negative ratings %

Formal Complaints

14	Complaints received in month
17	Required response in month
1	Breaches in month

Grade 3 & 4 - Avoidable / Unavoidable



3.2 Chief Nurse Commentary – December 2018

Events to Note

CQC Comprehensive Inspection Report 2018
We completed the factual accuracy return on 8 January 2019, and at the time of writing the report, the expected publication is the end of February 2019.

CQC Primary Care Report 2018
In October 2018, our Primary Care Services were inspected by the Care Quality Commission (CQC). We received the final report in December 2018 and the services have been rated at 'Good'.

Appointment – Head of Risk and Litigation

The new Head of Risk and Litigation has now started with the Trust and will be leading the further development of the risk management framework, the Ulysses system and our Coroner's Inquest and litigation processes. The Quality Systems Officer started in December 2018 and will oversee the day to day use of the Ulysses system.

Infection Prevention and Control
1 case of C Difficile was confirmed in Portsmouth following transfer from another provider, the second case this year across the Trust. The Infection Control team supported the ward and will be providing an update once they have concluded their review of this case.

Venous Thromboembolism (VTE) Prophylaxis
Following a fall in compliance of VTE assessment across Mental Health inpatient services since October 2018, the service line has been reviewing current processes and are beginning to implement revised actions that should improve performance moving forwards. However, performance across our community inpatient wards has improved in recent months. The progress was received at QIR and discussed at Assurance Committee.

Complaints Update

The PALs and Complaints team have successfully launched the module on Ulysses to manage complaints which will improve the monitoring and reporting processes.

A total number of 14 formal complaints, were received in December 2018 which is a reduction compared with the previous month. The themes of complaints related to appointments, attitude of staff, clinical queries/concerns and communication. At the end of December 2018 there were 32 Open Complaints.

	Formal Complaints December 2018		
Service Line Breakdown	Complaint	Professional Feedback	Total
Adults Portsmouth	1	1	2
Adults Southampton	1	1	2
Children's Services	0	1	1
Mental Health Services	3	1	4
Primary Care	4	0	4
Specialist Dental Service	0	1	1
Total	**9**	**5**	**14**

Southampton Exception Narrative

- There were 3 complaints closed in November 2018, one of which was delayed due to a request for further information so that a full and comprehensive response could be provided. The complainant was kept fully involved in the process.
- One service concern was escalated to a complaint as the complainant was not satisfied with the initial response from the GP surgery.

Portsmouth Exception Narrative

- There are no reported exceptions for Portsmouth in this reporting period.

Learning from December's closed complaints included the following:

- A review of system and process related to the prioritisation of patients that are transferring to other services.
- A review of procedures to ensure that patients will not be discharged from the ward unless the appropriate seating (or suitable alternative), is available at the discharge location.
- A clinical peer review is to be undertaken to ensure that all staff are maintaining Trust standards of record keeping.
- After concerns were raised about the care programme, a service line is to include the introduction of regular multi-disciplinary reviews for all complex cases.

A total of 25 Service Level concerns were received in December 2018, which is comparable to the numbers received in November 2018 (22).

In Q3 2018/19, the Trust received a total of 147 contacts which was comprised of 54 Complaints and 93 Service Concerns. This compares favourably with the same reporting period in 2017/18 when 170 cases were recorded (46 complaints and 124 Service Concerns).

During December 2018, a total of 235 new contacts were recorded by the PALs and Complaints Team. This related to 14 complaints; 25 service concerns; 61 advice and signposting queries (both internal and external) and 135 plaudits were received.

Incident Updates

- Overall incident reporting for the Trust has maintained consistent.
- All services review incidents through their service line governance processes and report by exception to QIR. Themes and trends are reported in the quarterly report.
- All pressure ulcers reported in December as grade 3 and 4 were confirmed as unavoidable.

Pressure Ulcers

There have been 99 grade 3 & 4 pressure ulcers reported year to date and all have been reviewed at the Trust Pressure Ulcer Panel. The majority have been confirmed as unavoidable and those identified as avoidable are investigated as a Serious Incident. The data indicates that there is a pressure ulcer under review for December as the case is currently under review by the panel to assess if it was avoidable or not.

In November there was an overall reduction in the number of grade 3 and 4 pressure ulcers reported with no grade 4's being reported in Portsmouth. Further analysis of the data and review of reporting processes has concluded this to be an accurate picture.

In December there is slight variance in numbers of grade 3 and 4 pressure ulcers reported with Southampton reporting 9 and Portsmouth reporting 5. However Portsmouth have reported higher numbers of grade 2 pressure ulcers with 8 reported in December while Southampton reported 4. This variance will continue to be monitored.

The Board are asked to note that the revised national guidance in relation to categorisation of pressure damage is in the process of being implemented across the Trust. This will have an impact on the reporting with the terminology of avoidable and unavoidable no longer being used as well as the introduction of an additional category of 'Deep Tissue Injury' being added. As a result we anticipate a reduction in the number of Grade 4 pressure ulcers reported. Training commenced in the autumn in preparation for the change but we are anticipating some variance in reporting during January, February and March while staff become familiar with the new guidance.

Portsmouth Exception Narrative

Medication

November: The majority of the medication incidents within Solent Care relate to the inpatient wards on the Adult Mental Health Service. A more detailed analysis of these medication incidents will feature in the Quarter 3 Quality and Professional Standards report.

There were nine medication incidents in Adults Portsmouth, all with the exception of one, relate to Community Nursing; it has not been possible to identify any themes or trends for the remaining incidents.

December: Our Adult Mental Health inpatient unit reported incidents relating to record keeping, missed doses and transcribing errors. With the exception of one (which was graded as minor) these are all validated as no harm. The service are working with staff to improve documentation as it has been noted that many of the incidents reported are due to patients declining medications rather than an actual missed dose.

Solent Pharmacy Services reported 7 incidents all but 1 was validated as no harm with one near miss: the near miss related to a final dispensing check.

A further 7 incidents related to Adults Portsmouth and these were all validated as no harm, apart from 1 near miss.

Southampton Exception Narrative

Medication Incidents

November: The majority of the medication incidents occurred within Southampton adults inpatient wards. The remaining incidents, occurred within Children and families and Primary Care. There are no themes or trends to report.

December: 13 medication incidents attributed to Solent were graded as no harm with the exception of 1 near miss which related to dispensing and was resolved by communicating with another provider.

Falls

December: One inpatient fall resulted in moderate harm; an incident review meeting was held and it was determined that the patient has been correctly risk assessed as high risk and correct risk management and actions had been taken. Therefore this incident did not meet the SI criteria as it did not occur due to our provision or omission in care provided.

Wheelchairs Update

We continue to work with the local wheelchair provider and their commissioners to reduce the delays experienced by our patients when waiting for the supply of wheelchairs and other bespoke equipment. We are also in discussion with NHS England and NHS Improvement. Those waiting are risk assessed and reviewed

frequently to reduce any harm as a result of long waits; this is also being raised through the formal quality contracting process with the CCG.

We are working with patients who want to tell their stories through the use of videos, which we will bring to board and share with all stakeholders. The Chief Nurse is discussing with the commissioners the development of a learning event/ summit.

We have identified 2 people to undertake a 6 month secondment to act as patient advocates/liaison with Millbrook, one is seconded from the children and families' and the other is from adults' services. We continue to provide letters for all patients on the waiting list and those joining; clearly identifying how to contact Millbrook Wheelchair Services (MWS) (the leaflet provided by MWS will be included). The letter includes how we can support our patients while they wait and how they can escalate if their needs change. Since issuing the letter, patients and parents have contacted the Chief Nurse raising their on going concerns. These have been forwarded to the CCG for action, at the same time providing an offer of support.

On-going governance and management continues, clinical leads respond to patient queries with regard to clinical care provided by Solent and liaise with MWS on a patient by patient basis. Staff continue to monitor and report incidents where it is considered harm has occurred as a result of delays.

Serious Incident (SI) Update

- Five serious incidents were declared in November 2018 and seven were declared in December 2018 (See below)

	SI's Reported			
	Portsmouth	Southampton	Total	Comments
November 2018	4	1	5	4 SI's related to pressure ulcers
December 2018	6	1	7	3 SI's related to pressure ulcers

- There were no SI breaches reported in November and December. All current investigations have not reported any concerns with meeting agreed deadlines. One extension was agreed by the CCG in Portsmouth for an SI due to challenges in securing engagement with an acute partner.

- The logging spread sheet has now been transferred into a live Verto database and continues to monitor learning and changes required as identified from SI's and the Learning from deaths process.

Friends and Family Test (FFT)

Portsmouth Exception Narrative

November: 25/30 respondents would be extremely likely or likely to recommend and 1 extremely unlikely response. There were 4 'neither likely nor unlikely' responses (national FFT methodology is that 'neither likely/unlikely and don't know' are non-scoring responses). A 'deep dive' into the free text comments suggest there were a total of 30 comments with a mainly complimentary theme, e.g. 'everyone is so kind and helpful'; 'I cannot praise the staff enough, very special people'. The 1 respondent who said 'extremely unlikely' did not provide any feedback. There were two further comments around 'staff spending more time on the ward rather than in the office' and 'helpful to have an out of hours contact number in case calls are missed'. Clinical teams have been alerted to this and requested to action however these respondents said 'extremely likely' and 'neither unlikely/likely' to recommend respectively.

Portsmouth Inpatients:

In December, 26 FFT responses were received. From those received, 20 people said 'extremely likely/likely to recommend, 2 of those said 'neither likely/unlikely', 4 'unlikely' to recommend.

No trends or themes were received for the 4 people who said 'unlikely', however the wards have been made aware.

Community:

The drop in the number of returns received for the community teams in December 2018 are consistent with those received in December 2017, thus suggesting it may be seasonal.

From the 365 responses received, 353 of those said they would be 'extremely likely/likely' to recommend, 7 people said 'neither likely/unlikely', 5 people said 'unlikely/extremely unlikely' to recommend.

No trends or themes were received for the 5 people who said 'unlikely', however the wards have been made aware with any actions being forwarded.

Southampton Exception Narrative

November 2018- No exceptions noted.

Southampton Inpatients:

The response rate in December 2018 was lower than average with 10 responses being received. Two wards missed the cut-off point for returning data in December; this has therefore been input as January 2019.

From the 10 FFT responses received, 9 of those said they would be 'extremely likely/likely' to recommend the ward, 1 person said 'neither likely/unlikely' to recommend, taking the percentage to 90% ('neither likely/unlikely' is a non-scoring question).

The 1 person who said 'neither likely/unlikely' to recommend, was happy with the care they received and saw improvements in their mobility.

Community:

The drop in the number of people responding to the FFT in December may have been due to the holiday period. The Primary Care Service, submitted data after the cut-off point; this data will be entered as January 2019.

From the 490 responses received, 477 of people said they would be 'extremely likely/likely' to recommend, 10 people said 'neither likely/unlikely', 3 people said 'unlikely/extremely unlikely' to recommend. 94% of those patients felt they had confidence in care, felt listened to and knew who to contact.

Quality Account

Quality Account

The timetable for producing the 2018/19 Quality Account has been agreed and contributors have commenced collating relevant information ready for submission towards the end of the financial year. There will be a focus on making the Quality Account more relatable, with a bottom-up approach including stories and examples of how quality improvement initiatives and programmes in services have benefited patients and carers during the year. We will be using the Quality Framework – Safety, Effectiveness and Experience (SEE) to shape the priorities. The annual priorities for improvement are currently being developed by clinical services and will be submitted by the end of February for approval by Quality Improvement and Risk Group (QIR) and the Assurance Committee in March. We have also taken the opportunity to involve commissioners much earlier in the process and will be liaising with them in the coming months to agree the quality priorities.

4.1 - Financial Performance

December 2018/19

Performance

£125k Surplus in Month

£4k Adverse to plan

£524k Deficit YTD

£26k Favourable to plan

£371k Deficit Year End Forecast (adj) *

£600k Favourable control target

*Solent has submitted a revised forecast outturn, which is a £371k adjusted deficit, £600k favourable to plan (£200k stretch target and £400k PSF incentive)

Purchase Orders and Debts

Eligible invoices raised in month **1170**

1082 Purchase orders raised in month

Purchase orders raised in month against eligible invoices **92%**

£3,303,296 Total debt month end

£831,085 Total debt over 90 days month end **25%**

Savings

£5,297,000 Savings Target YTD

£4,343,000 Savings Delivered YTD

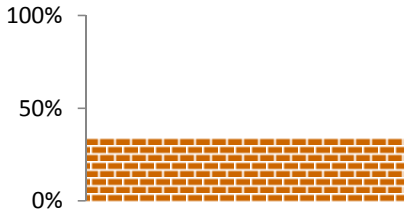
£3,796,000 Savings Delivered YTD QIA'd

82% Savings Achieved

Capital Finance Summary

£3,141,000 YTD Spend

£9,325,000 Year end plan



33.7% Spend against year end plan

4.2 Finance Commentary

Month 9 Results

The Trust is reporting an in-month adjusted surplus of £125k for month 9, £4k adverse to plan and a year to date adjusted deficit of £524k, £26k favourable to plan. The Trust is in line with expectations for the revised FOT submitted at month 6 (£0.4m adjusted deficit after the additional PSF of £0.4m and an in year improvement of £0.2m) and has recognised £248k Provider Support Funding (PSF) in month and £1.3m YTD.

Some services, mainly Adults Portsmouth, Mental Health and Childrens East, have plans to reduce recruitment and agency spend in the last quarter, to help bring their positions closer to their planned positions. Discussions are ongoing regarding particular services being behind plan; particular pressures lie in Southampton and Portsmouth Care Groups as well as ICT. NHS England has agreed additional income to reflect the costs of delivering the Dental contract.

CIPs

CIP delivery in month 9 was £519k, £231k adverse to plan. YTD the adverse variance is £954k due to under delivery in pay and non-pay schemes. It is recognised that delivery of CIPs is difficult in the current climate; extra effort is being applied to put all CIP schemes through the QIA process, with the majority now approved.

Capital and Cash

Year to date capital expenditure at month 9 is £1.1m. Projects totalling £4.8m have been approved and in most cases are in progress; however £1.4m of this spend has been deferred into 2019-20.

The Trust is budgeted to receive £5.5m PDC funding for Phase 2 project at St Marys and St James hospitals, £2.1m of which has been spent YTD.

The cash balance at 31 December 2018 was £15.1m.

Aged debt

Debt over 90 days overdue has remained static month on month. The Trust are working closely with SBS, setting priorities of debt to chase (generally highest value and oldest debt) and finance are working with services to clear queries/provide further backup where required.

5.1 - Workforce Performance — December 2018/19

There were **2,945.0** FTE in post this month, which equates to 3,559 staff in post.

A decrease of **5.1** since last month

90% YTD mandatory training compliance

94% YTD information governance training completed

85% YTD appraisals completed

Bank and Agency

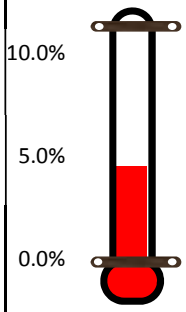
28,997 Hours requested in month

17,721 Hours filled by bank in month **£249,783**

9,448 Hours filled by agency in month **£246,918**

1,827 Hours requested not filled

In month, Solent are above agency ceiling by **£91,027**



4.5%

Sickness & absence in month

Last month, the rate was **4.6%**

95.2% *budgeted establishment (FTE) worked in month*

4.8% *vacancy factor*

FTE Posts **149.6**

12 month rolling turnover is **14.0%**

30 (25.8FTE) new starters in month

42 (35 FTE) leavers in month

5.2 – People & OD Commentary

Sustainable Workforce

Our vacancy factor in December was 4.8%, which has increased slightly since October. The number of full time equivalents (FTE) in post for December was 2945, a decrease of 10 FTE since October.

Ongoing work to reduce agency spend (particularly within Portsmouth Adults) in the last two months has meant that spend has reduced from £431K in October to £366K in December, a decrease of £65k. This is currently £91k over the Trust's monthly agency cap compared to £156K in October.

Average annual staff turnover is consistent at 14% and we have achieved a significant improvement in nursing turnover, which is currently 15.2%, and down from 21% when it was at its peak.

Workforce planning for the next three years is currently underway in services, aligned to the business planning cycle. Plans are being triangulated with 19/20 financial planning and will cover sustainable staffing, education & development, bank and agency forecasts and costing.

Following on from our recent digital recruitment campaigns, our partners Crunch have nominated us for two awards. We are delighted that we have been shortlisted for both awards; The Firm In House Recruitment Network - 'Innovation of the Year' Award, and the Online Recruitment Awards 2019 - "Best use of online recruitment in the public sector."

During November and December, as part of our preparedness for Brexit, we participated in the Home Office EU Settlement Scheme Health and Social Care Pilot. 155 members of staff (including Bank) were initially identified as eligible for the voluntary scheme; this was reduced to 137 following further information on their citizen status. All 137 staff and their managers received written guidance on how to apply, an HR point of contact and two information sessions were held. The EU Settlement Scheme and other Brexit workforce implications are being assessed and monitored through the People and OD Committee.

Learning & Development

The annual statutory and mandatory training compliance rate is 90.4% for December against a target of 90%. Learning from the CQC inspection will be implemented so that we start to monitor compliance for professional groups as well as service lines.

The Mental Capacity Act trainer has been appointed and is starting in February 2019, which will consistently enable application of learning into practice. A Trust wide training plan is in development to include simulation and testing of competencies in practice.

The improvement plan for bank statutory and mandatory training has concluded, staff working clinical shifts via the internal bank are now 100% compliant. A programme is now in place to ensure this is sustained; a new model of training over a three year cycle has been implemented.

Both Information Governance (IG) and Performance Appraisal (PA) are returned to 0% on 1 April at the start of each financial year. The IG compliance rate for December is 93.8% verses a full year target of 95%. The PA completion rate has increased from 79% in October to 85.2% in December. We will now be implementing a targeted compliance effort to address the shortfall.

We are pleased that work has commenced on a new education and training centre in Portsmouth as part of the St. Marys Hospital campus redevelopment. The purpose built centre will include conference facilities for up to 65 people, with two clinical training suites, an e-learning suite and three private study rooms. Completion is expected in June 2019.

Leadership, Culture & Values

The Associate Director post for Equality, Diversity & Inclusion (EDI) has been advertised following discussions at Board level about our priorities for the year ahead and the development of our new EDI strategy.

The 2019 NHS Staff Survey ended on 30 November. Our response rate was 59%, an improvement of 4% from 2017. The full results of the survey will be published in early March 2019.

Health and Wellbeing

We have a challenging national target to vaccinate 75% of frontline workers against flu. At the end of December 2018, 66.7% of front line workers have been vaccinated, which compares favourably with other local Trusts. 172 frontline workers have told us they are declining to be vaccinated. Occupational Health and peer vaccinators across the Trust continue to encourage more uptake.

As part of our Flu campaign in 2018/19, we have taken part in the Unicef #jabforajab initiative which helps to keep vulnerable children healthy and well during winter.. At the end of December, we had donated 1500 jabs to children in other countries.

The Occupational Health & Wellbeing Service is currently preparing to undergo SEQOHS reaccreditation. SEQOHS stands for 'Safe, Effective, Quality, and Occupational Health Service' and is a professionally-led accreditation scheme. It is based on a set of standards for Occupational Health services in the UK and originated following Dame Carol Black's review 'Working for a healthier tomorrow' which advocated clear standards of practice and formal accreditation of all providers who support people of working age. Occupational Health services must demonstrate their adherence to the SEQOHS standards across six domains. Inspectors visit on 19 March 2019.

Communication & Engagement

Staff were encouraged to talk openly to CQC inspectors about working for Solent and the services we provide, and were encouraged to "Be Proud, Be Yourself, Be Passionate and Be Honest." Due to the success of this approach it will remain as a principle going forward.

During December 2018, we celebrated the difference Solent employees make at Christmas through our proactive #CareatChristmas campaign. Employees shared their personal stories and reflections about keeping people safe, well, and at home, at Christmas. These were shared on our social media channels and contributed to a high engagement score for December on both Facebook and Twitter. The campaign also saw an increase in media coverage with articles in the Portsmouth News and Daily Echo; we also received significant airtime on BBC South and Wave 105. Furthermore, we saw coverage in the Daily Echo regarding the additional investment from the Department of Health into the Western Community Hospital and the Solent NHS Trust Nursing Times Awards winners.

6.1 NHS Improvement Single Oversight Framework

The Single Oversight Framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework was introduced on 1 October 2016, at which point the Monitor 'Risk Assessment Framework ' and the TDA's 'Accountability Framework ' no longer apply. The Framework uses five themes: 'Quality of care'; 'Finance and use of resources'; 'Operational performance'; 'Strategic change'; and 'Leadership and improvement capability'. The 'Quality of care', 'Finance and use of resources' and 'Operational performance' themes contain a list of metrics, however not all of these have nationally measured thresholds. Where internal, aspirational thresholds exist, these have been included below, highlighted in grey. The 'Operational performance' metrics do not provide a performance assessment, however NHS Improvement state that they will consider whether support is required to providers where performance against the 'Operational Performance' metrics:

● for a provider with one or more agreed Sustainability and Transformation Fund trajectories against any of the metrics: it fails to meet any trajectory for at least two consecutive months
● for a provider with no agreed Sustainability and Transformation Fund trajectory against any metrics: it fails to meet a relevant target or standard for at least two consecutive months
● where other factors (e.g.. a significant deterioration in a single month, or multiple support needs across other standards) indicate we need to get involved before two months have elapsed.

Providers will be placed in a segment based on NHS Improvement's assessment of the seriousness and complexity of any issues identified as per the table below:

Segment	Description
1	Providers with maximum autonomy: no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance.
2	Providers offered targeted support: there are concerns in relation to one or more of the themes. We've identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.
3	Providers receiving mandated support for significant concerns: there is actual or suspected breach of licence, and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements.
4	Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The Provider Regulation Committee has agreed it meets the criteria to go into special measures.

Please note that Solent does not have any Sustainability and Transformation Fund trajectory metrics.
For some indicators, no definition has been confirmed by NHS Improvement. Our interpretation has been applied in the below.

Quality of Care Indicators

Organisational Health

Internal aspirational thresholds are highlighted in grey

Indicator Description	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Staff sickness (in month)	4%	5.2%	4.3%	4.2%	4.2%	3.7%	3.6%	3.7%	3.7%	3.9%	4.3%	4.6%	4.5%
Staff turnover (rolling 12 months)	12%	14.1%	14.4%	14.2%	14.2%	13.9%	13.9%	14.0%	14.1%	14.1%	14.0%	14.0%	14.1%
NHS Staff FFT	40%			69.0%						71.2%			
Proportion of Temporary Staff (in month)	6%	6.0%	5.9%	6.0%	5.6%	4.9%	5.7%	5.9%	5.9%	5.8%	5.7%	6.1%	6.2%

Caring

Indicator Description	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Written Complaints		18	22	20	19	27	17	20	18	12	24	17	13
Staff Friends and Family Test Percentage Recommended - Care	80%			84.0%			84.0%			84.7%			
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Scores from Friends and Family Test - % positive	95%	96.2%	96.2%	95.9%	95.4%	96.4%	96.4%	96.0%	96.1%	95.9%	96.6%	96.4%	96.0%
Mental Health Scores from Friends and Family Test - % positive	95%	95.6%	84.3%	80.5%	74.7%	71.2%	88.3%	89.0%	85.7%	100.0%	90.6%	91.0%	88.0%

Effective

Indicator Description	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	95%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	97%	100%
% clients in settled accommodation		71%	70%	71%	74%	75%	80%	79%	79%	82%	83%	84%	85%
% clients in employment	5.0%	5.0%	5.0%	5.2%	4.4%	5.0%	5.8%	6.0%	5.9%	6.7%	6.2%	5.5%	4.8%

Safe

Indicator Description	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Occurrence of any Never Event	0	0	0	0	0	0	0	0	0	0	0	0	0
NHS England/ NHS Improvement Patient Safety Alerts outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assessment	95%	96.0%	95.0%	92.0%	91.0%	99.0%		91.0%	98.0%	96.0%	93.0%	94.0%	92.0%
Clostridium Difficile - variance from plan	0	0	0	0	0	0	0	0	0	0	1	0	1
Clostridium Difficile - infection rate	0	0	0	0	0	0	0	0	0	0	1	0	1
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E.coli) bacteraemia bloodstream infection	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0
Admissions to adult facilities of patients who are under 16 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	0

Operational Performance Indicators

Indicator Description	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	99.4%	99.4%	99.7%	99.5%	99.8%	99.4%	99.7%	99.1%	99.4%	99.6%	99.7%	99.6%
Maximum 6-week wait for diagnostic procedures	99%	100%	100%	100%	99%	99%	100%	100%	100%	97%	99%	96%	98%
Inappropriate out-of-area placements for adult mental health - services - Number of Bed Days	0	0	0	0	0	21	71	122	116	19	0	0	0
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50%	40.0%	83.0%	100.0%	75.0%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%	100.0%	60.0%
Data Quality Maturity Index (DQMI) - MHSDS dataset score	95%			86.2%									
Improving Access to Psychological Therapies (IAPT) / Talking Therapies													
- Proportion of people completing treatment who move to recovery	50%	57.8%	57.6%	58.2%	51.1%	56.1%	60.4%	61.9%	58.7%	61.2%	55.9%	59.7%	55.3%
- Waiting time to begin treatment - within 6 weeks	75%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
- Waiting time to begin treatment - within 18 weeks	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Use of Resources Score

A few financial metrics will be used to assess financial performance, with a score from 1 (best) to 4 (worst) being assigned to each metric. These scores will be averaged across all metrics to derive a 'Finance Score' score for the organisation. An overall score of 3 or 4 in this theme will identify a potential support need, as will providers scoring a 4 against any individual metric.

Indicator Description		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Capital service capacity	Financial Sustainability	2	2	2	2	1	0	1.2	1.4	1.5	1.5	1.8	1.9
Score		*3*	*2*	*2*	*2*	*4*	*4*	*4*	*3*	*3*	*3*	*2*	*2*
Liquidity (days)	Financial Sustainability	-14.7	-10.7	-6.7	-6.2	-6.7	-6.8	-6.5	-5.9	-5.4	-5.7	-2.7	-3.4
Score		*4*	*3*	*2*	*2*	*2*	*2*	*2*	*2*	*2*	*2*	*2*	*2*
I&E Margin	Financial Efficiency	-0.9%	-0.7%	0.4%	-0.9%	-1.3%	-1.4%	-1.2%	-1.0%	-1.0%	0.9%	-0.5%	-0.3%
Score		*3*	*3*	*2*	*3*	*4*	*4*	*4*	*3*	*3*	*3*	*3*	*3*
Distance from financial plan	Financial Efficiency	0.1%	0.2%	1.3%	0.3%	0.2%	0.1%	0.1%	0.1%	0.1%	-0.2%	0.0%	0.1%
Score		*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*2*	*1*	*1*
Agency spend	Financial Controls	42%	43%	38%	24%	37%	34%	35%	38%	39%	43%	42%	37%
Score		*3*	*3*	*3*	*2*	*3*	*3*	*3*	*3*	*3*	*3*	*3*	*3*
Use of Resources Score		3	2	2	2	3	3	3	2	2	3	2	2
RAG		R	G	G	G	R	R	R	G	G	R	G	G

6.2 NHS Provider Licence - Self Certification 2018/19

No.	Requirement	Response (Confirmed /not confirmed)	Assurance (or in the case of non-compliance, the reasons why)	Risk and mitigating actions to ensure full compliance
Condition G6 – Systems for compliance with licence conditions				
1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	The Board is not aware of any departures or deviations with Licence conditions requirements. The effectiveness of internal control systems and processes are reviewed on an annual basis and documented within the Annual Governance Statement as presented to the Audit & Risk Committee and incorporated within the Annual Report. In addition, assurance to the Board is supported by opinions from Internal Auditors and External Auditors. Annually the Trust declares compliance against the requirements of the NHS Constitution	
Condition FT4 – Governance Arrangements				
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	The Board is not aware of any departures from the requirements of this condition. The Board considers and adopts corporate governance standards, guidance and best practice as appropriate.	
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed	The Board is not aware of any departures from the requirements of this condition. The Board considers and adopts corporate governance standards, guidance and best practice as appropriate, including that issued by NHSI.	
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation	Confirmed	The Board is not aware of any departures from the requirements of this condition. On an annual basis the Trust has implemented a process of governance reviews (via the Governance and Nominations Committee) including; - Reviewing composition, skill and balance of the Board and its Committees - Reviewing Terms of Reference - The completion of an Annual Report for each Board Committee incorporating a reflection on the achievement of objectives and business conducted in year. A mid-year review of each Committee is also conducted. The Composition of Committees is also kept under constant review to take into consideration and periods of unscheduled /planned leave, the impact of vacancies effecting quorarcy as well as any recommendations made following Internal Auditor (or other external review) – including the outputs of the Audit concerning the effectiveness of the Assurance Committee and Quality Improvement and Risk Group. The Trust's wider governance structure is also regularly considered and refreshed to ensure efficiency and clear lines of reporting.	

No.	Requirement	Response (Confirmed /not confirmed)	Assurance (or in the case of non-compliance, the reasons why)	Risk and mitigating actions to ensure full compliance
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements. .	Confirmed	For 2017/18 The Trust achieved a £0.7m surplus against an agreed deficit control total of £1.5m. External Auditors issued an unqualified Value for Money opinion and an unqualified opinion concerning the Trust's financial statements for the year 2017/18. For 2018/19 Our agreed control total is £1.0m deficit. At month 6, a revised forecast of £0.4m was submitted; the movement of £0.6m is made up of an internal improvement of £0.2m, which creates £0.4m of additional PSF. Internal control processes has been established and are embedded across the organisation as outlined within the Annual Governance Statement. The agreed annual Internal Audit programme deliberately focuses on key areas where testing may identify the need for strengthened controls. The Board is not aware of any other departures from the requirements of this condition.	Concerning CQC compliance: We continue to address actions and monitor compliance with requirements made following our 2016 comprehensive inspection and subsequent inspections.
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	The Board is not aware of any departures from the requirements of this condition. The Trusts' goals; Great Care, Great Place to Work and Great Value for money, demonstrate the organisations focus and emphasis on 'quality' being the overriding principle for everything we do. The Board's agenda has a notable weight towards quality of care, supported by data and information owned and presented by the Executive Directors. There is clear accountability for quality of care throughout the organisation from executive leadership by the Chief Nurse working with the Chief Medical Officer. Concerning Board level capability – All positions are substantively filled and qualifications, skills and experience are taken into consideration together with behavioural competencies as part of recruitment exercises for any vacancy. The Executive team will be undertaking a 360 degree team appraisal during 2018/19. Established escalation processes allow staff to raise concerns as appropriate.	
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	The Board is not aware of any departures from the requirements of this condition. Details of the composition of the Board can be found within the public website. Qualifications, skills and experience are taken into consideration, along with behavioural competencies as part of any recruitment exercise for Board vacancies.	

Solent NHS Trust

Presentation to	X	In Public Board Meeting		Confidential Board Meeting					
Title of Paper	Safe Nurse Staffing – six monthly report								
Author(s)	Associate Director of Professional Standards and Regulation		**Executive Sponsor**		Chief Nurse				
Date of Paper	December 2018		**Committees presented**		QIR, Assurance Committee and Board				
Link to CQC Key Lines of Enquiry (KLoE)	X	Safe	X	Effective	X	Caring	X	Responsive	X	Well Led
Well Led KLoEs	**W1** Leadership Capacity & Capability		**W2** Vision & Strategy		**W3** Culture		**W4** Roles & Responsibilities	
	W5 Risks and Performance	X	**W6** Information	X	**W7** Engagement		**W8** Learning, Improvt & innovation	
Action requested of the Board	X	**To receive**		**For decision**				
Link to BAF risk	BAF # 57 Concerning: Quality Governance, Safety and Professional Standards ---------- or						N/A	
Level of assurance *(tick one)*	Significant		Sufficient	**X**	Limited		None	

The purpose of this paper is to provide the required six monthly update on the nurse staffing position within the inpatient wards/units directly provided by the Trust. The staffing position within the community teams is also reviewed within this report.

Introduction

This report aims to provide the Board with;

- Assurance that nurse staffing levels within each ward/unit are appropriate to meet the needs of patients and service users in our care and explain the approaches in place to monitor and manage staffing levels.

- Details of the Trusts' progress against National Quality Board (NQB) guidance.

- The Board is asked to note the current reported position and endorse the action being taken to maintain and monitor safe staffing levels.

Background

The Trust is required, as outlined in the NQB Guidance, to report to Board on safe nurse staffing every Six months. The last report was presented in July 2018 covering the period December 2017 to May 2018. This report covers the time period June 2018 to November 2018.

The Trust continues to meet the requirements within the regulatory framework for publication of staffing levels. In-patient data is published via an upload to Unify each month and a monthly summary is submitted to commissioners and uploaded to the Trust internet as required. Service Line Professional leads report by exception to the Quality Improvement and Risk, (QIR), group which reports in turn to the Assurance Committee and onto the Board.

Current Position

The Trust continues to work with services to ensure staffing levels are appropriate to meet the identified needs of patient/service users. National monitoring mandates a focus on appropriate skill mix and the level of nursing staff are appropriate to provide safe and effective care and reflect the acuity and dependency needs of individual patient groups.

However, Solent recognises that safe staffing must also acknowledge the contribution other disciplines, within the overall establishment, make to ensure that clinical teams deliver safe,

effective and high quality care in an increasingly complex environment. During this reporting period the Trust has been required to report Care Hours per Patient Day (CHPPD) and to include any AHPs in the planned staffing levels where they are permanently part of the ward roster.

In October 2018 NHSI published two further guidance documents:

- Care hours per patient day (CHPPD): guidance for mental health and community trusts
- Developing workforce safeguards; supporting providers to deliver high quality care through safe and effective staffing

The Trust is required to consider this guidance and plan to implement across services. Work is underway with service lines to consider the implications and develop an implementation plan. The next steps will be agreed with each service line in the January 2019 safe staffing meetings.

Safe staffing reviews, which were introduced by the Chief Nurse in February 2018, have continued and now meet every 4 weeks. These meetings concentrate on patient levels, staffing issues, rostering, bank and agency, mandatory training, turnover, sickness management, recruitment and staffing related incidents. The aim is to understand the challenges teams are facing and to support resolution.

These discussions have proven very useful and there is engagement from the team managers which has led to constructive discussions and resolution of issues. A theme identified has been that where there are roster champions in place as part of the admin team, rosters are managed more effectively with data being input in real time as well as achieving roster approval within agreed timescales. A crucial element of this is the clinical oversight and sign off by the clinical manager. The benefits are that this reduces the need to unlock rosters to make adjustments, reduces errors leading to over or under payments and means that clinical staff are not spending excessive amounts of time completing rosters, freeing the time for clinical care.

Work is continuing to identify a suitable acuity and dependency tool. Keith Hurst & Shelford Group has been working in collaboration with NHSI to develop an acuity and dependency tool for Mental Health services including Learning Disabilities with an expected release date of early November 2018. However this has been delayed and at time of writing is still unavailable, therefore the Trust has been unable to progress with implementation at this time.

Whilst the trust has not adopted a formal acuity & dependency tool, Neurological wards are currently using a national tool & other services are using local adapted tools, clinical judgement & other quality indicators to assess acuity & dependency.

The Trust previously considered implementation of the SafeCare module to support delivery of CHPPD and formalise recording of patient acuity and dependency. A decision on this has been put on hold pending the introduction and review of the acuity and dependency tools being developed by NHSI.

In-patient units

The Trust has continued to comply with the requirement to upload safe staffing data, via Unify, with details of the staffing position in each of the in-patient areas and uploading the reports onto the internet has been consistently achieved. The reports at ward level outline the actual numbers of staff on duty each shift and compare this with the planned levels awarding a RAG rating which has been nationally defined. For the unify report the information is presented as a percentage compliance against planned, the data for this reporting period is included in **appendix 1** for reference.

The data demonstrates that some teams continue to experience difficulties achieving planned staffing levels and where they are under plan it is in the main due to sickness levels and vacancy factor. Where wards are over plan this is linked to either increased acuity and dependency levels or

because it is more appropriate to adjust the skill mix and have staff available who know the ward and the patients rather than rely on agency staff who are not familiar with the clinical area. November, September and August respectively were the most challenging months in this reporting period.

All clinical areas actively manage staff sickness and employ a number of strategies to successfully recruit to vacancies. The mental health wards face particular challenges and continue to develop their plans to introduce band 4 roles which will be underpinned with a clear competency framework in an attempt to target those hard to recruit to areas and in line with nursing associate development.

Oakdene continues to be an area of concern in relation to safe staffing and have continued to experience some instances of red and amber staffing. The reasons for the difficulties remain staff sickness combined with difficulty recruiting to vacant positons; however it is pleasing to note the team have successfully recruited to some vacant posts with staff joining the team in November and will be reflected in the December 2018 data.

As reported previously some areas continue to achieve above 95% planned staffing on the majority of occasions. This will be achieved through a number of actions, but mainly due to good roster management, including managing annual leave, low sickness and turnover rates.

The table below summarises the incident reporting in relation to key indicators which are considered when looking at safe staffing. There was an overall increase in the number of incidents reported in this period compared to the previous six months with 500 and 455 reported respectively.

Ward	Assault - Non-Physical	Assault - Physical	Medication Errors / Management	Pressure Injuries	Pressure Ulcers	Slips, Trips And Falls	Grand Total
ADP Spinnaker Ward			16	19	6	15	56
ADS Fanshawe Ward		4	10	5	3	24	46
ADS Lower Bramble Ward	1			4		2	7
ADS Snowdon Ward			7		1	23	31
ADS The Kite Unit	9	24	12			6	51
MHS Oakdene	13	4	3			4	24
MHS The Limes	10	33	25			52	120
MHS The Orchards Acute - Hawthorn	16	21	39			10	86
MHS The Orchards PICU - Maples	28	26	20			3	77

The review of incidents has shown a large decrease in the number of overall physical assaults, down from 203 to 112 from the previous reporting period with Maples down from 108 to 26. This reduction will in part be due to increased training provided to staff in Mental Health services. The analysis does not identify any direct links to staffing levels however from January 2019 staffing related incidents, for example, numbers of cancelled clinics due to lack of staff, will be reviewed with each service as part of the safe staffing meetings.

There has been a slight decrease in the number of reported slips, trips and falls within the Limes in this reporting period down to 52 from 66 in the previous reporting period. This will continue to be monitored through the safe staffing meetings.

During the reporting period June 2018 to November 2018 there were 6 formal complaints received which related to the inpatient wards a reduction of 1 from the previous reporting period with 3

service concern recorded, an increase of 2. The complaints are spread across the services as outlined in the table below with Hawthorns the area receiving the highest number of complaints. The analysis does not at present identify any correlation to staffing level.

Ward	Number of complaints relating to clinical care	Number of Service concerns	Themes
Jubilee House Continuing Care		1	Concerns relating to end of life care
Spinnaker Ward (SMH)	1	1	Patient fall after discharge
			Clinical management of care
			Property has gone missing
			Poor communication
			Deflated mattress
The Orchards Acute - Hawthorn	2	1	Patient escape from secure ward.
			Unauthorised sharing of patient details
Grand Total	**3**	**3**	

Community Teams

The community teams across Southampton and Portsmouth continue to review the national and local information available to support safe caseload management and to identify safe staffing levels. This work is not yet developed nationally.

The community nursing service in Southampton has developed a demand and capacity tool to calculate daily demands and the capacity to respond by utilising resources effectively across teams. The tool will provide the teams with accurate and consistent information regarding current demand with supporting algorithms to aid decision making at different levels of increased demand. This will enable the service to use staff effectively across teams and to escalate appropriately where demand exceeds capacity and the service determines the situation is unsafe.

Portsmouth community nursing team are currently reviewing this tool and there are plans for the professional lead from Southampton to share this with other service line leads as there may be an opportunity for wider adoption in Solent.

Children's services matron has undertaken a caseload review using an adapted acuity and dependency tool. This is in the early stages of development but has identified some aspects of care that could be carried out by introducing skill mix under a clear competency framework. This work will continue to be progressed.

Primary care services continue to experience difficulties in recruiting GPs and have continued to recruit to Advance Nurse Practitioners as well as locum GPs. Accessing suitably qualified practice nurses is also difficult as the service in unable to compete with commercial/non NHS organisations. This is a position also experienced within specialist dental services and will be a focus of discussion for both service lines in the January 2019 safe staffing meetings.

Bank and Agency Usage

Demand for Bank has continued to increase over the last 6 month period. Highest demand remains within Mental Health Services in Portsmouth, this is attributed to hard to fill vacancies for registered mental health nurses, continued high levels of cover required for patients requiring 1 to 1 nursing and high levels of acute admissions to the mental health wards.

Demand remains static for the Community Nursing Team in Portsmouth; however a higher percentage of this demand is now covered through framework agencies. Southampton Community

Nursing have continued to reduce demand and agency usage is now minimal, this has been achieved through focused scrutiny on rosters and staffing levels, successful recruitment projects including recruitment fairs and university open days for nursing students.

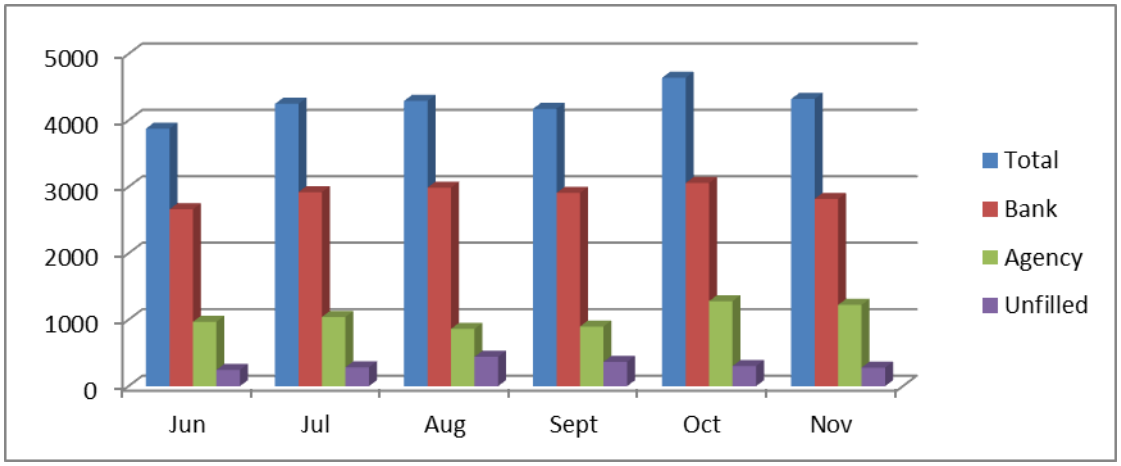
Over the last 6 months we have been working alongside our more specialist services delivering bespoke bank recruitment or framework agency placements when required. The Bank team also continue to have rolling recruitment in place for Nurses and HCA.

Current focus is the further reduction of off framework agency usage. Bank Office are currently engaging with new framework approved agencies with plans in place for bank shifts to be escalated to them in early 2019. Following a 2 month trial period contracts will be raised with the successful agencies.

The below table highlights level of Bank & Agency requests for clinical areas for June 2018 – Dec 2018

Clinical Jun 18 - Nov 18	Req	Bank	%	Agency	%	Unfilled	%
AMH SERVICES	6648	3814	57%	2470	36%	364	7%
PORTSMOUTH ADULT SVS	4939	2298	47%	1856	38%	785	15%
PORTSMOUTH CHILDREN SVS	726	726	100%				
SOUTHAMPTON ADULT SVS	4793	2929	61%	1155	24%	709	15%
PRIMARY CARE	1787	1787	100%				
SOUTHAMPTON CHILDREN SVS	994	979	99%	15	1%		
SEXUAL HEALTH SERVICES	323	323	100%				
TOTALS	20210	12856	64.00%	5496	27.00%	1858	8%

This table demonstrates level of Bank/Agency requests over last 6 month period.



Roster Quality

Work continues with services to improve roster quality through the safe staffing meetings and by providing one to one/team support. Whilst more services are producing rosters within the expected timescales, 6 weeks ahead, there are still improvements to be made to the quality of rosters produced, as well as the real time rostering. Following the introduction of Safe staffing meetings with the Chief Nurse there is now more scrutiny of rosters and this is followed up directly with action plans including service and roster review sessions. This will continue to be a key focus through the coming months to ensure our roster compliance continues to improve across all service areas.

There has been a delay in delivering new training sessions for managers but these are scheduled to begin in January 2019. Agency spend continues to be a key driver in keeping a focus on the requirement for improvement across our clinical areas.

Conclusion/Next Steps

Positive progress continues to be made in strengthening the approach the Trust is taking in relation to understanding the staffing position across the organisation. The recent workforce focussed discussions with services has further improved the level of understanding and the inter dependencies across some teams. However it is recognised that work needs to continue and the improvements made to date need to be sustained.

Although seeing a reduction in turnover across the Trust, and more specifically within the nursing workforce, concern remains regarding the ongoing challenges in both recruiting and retaining staff. This is a particular concern across mental health services and the continued reliance on temporary staffing to ensure safe staffing levels remains a pressure. The system introduced by the Chief Nurse has supported closer scrutiny of staffing levels and will support effective clinical decision making. A number of innovative approaches to recruitment are being trialled and their effectiveness will be monitored.

Based upon the data and information available it is difficult to evidence patient harm as a direct result of staffing levels. However, service managers remain diligent and are continuing to work with professional and workforce leads to focus on retaining staff with the necessary skills and competence to meet the increasingly complex patient needs as well as recruiting into current vacancies. Introduction of a safe staffing dashboard is being considered with professional leads.

The work on agreeing the appropriate acuity and dependency tool for services will continue and it is hoped that a solution for the majority of services will be agreed in the next reporting period and will be complimented by the process for achieving professional sign off for establishments already in place.

Key Priorities for the next six months:

- To develop, agree and implement the appropriate acuity and dependency tool for each area.

- To focus on the implementation of the new guidance
- To develop a Red flag/safe staffing dashboard to highlight staffing issues

Board Recommendation

The Board is asked to note this report and support the priorities identified

Assurance Level
Concerning the overall level of assurance the Board is asked to consider whether this paper provides:

- Significant, sufficient, limited or no assurance

And, whether any additional reporting / oversight is required by a Board Committee(s)

Appendix 1

Ward Name	Main two specialties S1	Jun-18 Day Fill Rate Registered	Jun-18 Day Fill Rate Care Staff	Jun-18 Night Fill Rate Registered	Jun-18 Night Fill Rate Care Staff	Jul-18 Day Fill Rate Registered	Jul-18 Day Fill Rate Care Staff	Jul-18 Night Fill Rate Registered	Jul-18 Night Fill Rate Care Staff	Aug-18 Day Fill Rate Registered	Aug-18 Day Fill Rate Care Staff	Aug-18 Night Fill Rate Registered	Aug-18 Night Fill Rate Care Staff
ADP Jubilee House Continuing Care	315 - PALLIATIVE MEDICINE	123.9%	112.9%	95.1%	170.0%	105.1%	124.9%	76.3%	185.5%	99.1%	133.6%	87.1%	169.4%
ADP Spinnaker Ward	315 - PALLIATIVE MEDICINE	99.3%	108.7%	101.7%	96.7%	99.4%	116.8%	98.4%	103.2%	89.7%	114.2%	98.4%	103.2%
ADS Fanshawe Ward	314 - REHABILITATION	98.0%	101.7%	101.7%	96.7%	97.4%	101.1%	100.0%	100.0%	95.5%	100.5%	100.0%	100.0%
ADS Lower Brambles Ward	314 - REHABILITATION	96.7%	110.5%	100.0%	100.0%	98.1%	107.8%	100.0%	100.0%	97.4%	113.4%	96.8%	104.8%
ADS Snowdon Ward	314 - REHABILITATION	79.2%	128.0%	100.0%	105.0%	72.6%	143.9%	103.2%	95.2%	69.4%	151.0%	122.6%	90.3%
ADS The Kite Unit	314 - REHABILITATION	109.2%	97.1%	100.0%	150.0%	110.5%	92.3%	100.0%	148.4%	100.8%	100.4%	100.0%	151.6%
MHS Oakdene	710 - ADULT MENTAL ILLNESS	78.0%	105.0%	120.0%	100.0%	76.1%	104.8%	119.4%	100.0%	81.3%	109.7%	122.6%	100.0%
MHS The Limes	715 - OLD AGE PSYCHIATRY	92.8%	102.2%	90.0%	112.5%	93.0%	101.9%	93.5%	124.2%	86.0%	104.8%	96.8%	108.1%
MHS The Orchards Acute - Hawthorn	710 - ADULT MENTAL ILLNESS	89.2%	133.3%	113.3%	101.1%	91.1%	180.6%	101.6%	157.0%	91.1%	148.4%	96.8%	124.7%
MHS The Orchards PICU - Maples	710 - ADULT MENTAL ILLNESS	149.2%	110.0%	230.0%	156.7%	147.6%	104.0%	229.0%	133.3%	135.5%	101.2%	216.1%	132.3%

Ward Name	Main two specialties S1	Sep-18 Day Fill Rate Registered	Sep-18 Day Fill Rate Care Staff	Sep-18 Night Fill Rate Registered	Sep-18 Night Fill Rate Care Staff	Oct-18 Day Fill Rate Registered	Oct-18 Day Fill Rate Care Staff	Oct-18 Night Fill Rate Registered	Oct-18 Night Fill Rate Care Staff	Nov-18 Day Fill Rate Registered	Nov-18 Day Fill Rate Care Staff	Nov-18 Night Fill Rate Registered	Nov-18 Night Fill Rate Care Staff
ADP Jubilee House Continuing Care	315 - PALLIATIVE MEDICINE	100.0%	125.7%	95.6%	150.0%	99.5%	117.1%	90.3%	140.3%	113.8%	90.0%	86.7%	161.7%
ADP Spinnaker Ward	315 - PALLIATIVE MEDICINE	88.0%	120.0%	100.0%	100.0%	92.3%	123.2%	100.0%	103.2%	70.5%	113.1%	100.0%	100.0%
ADS Fanshawe Ward	314 - REHABILITATION	95.3%	100.6%	101.7%	100.0%	100.0%	98.9%	106.5%	100.0%	100.7%	97.4%	103.3%	98.3%
ADS Lower Brambles Ward	314 - REHABILITATION	95.3%	110.0%	100.0%	98.3%	96.8%	108.2%	100.0%	104.8%	98.8%	98.3%	100.1%	100.2%
ADS Snowdon Ward	314 - REHABILITATION	81.7%	141.3%	136.7%	98.3%	107.3%	120.6%	96.8%	93.5%	70.5%	94.5%	103.2%	98.3%
ADS The Kite Unit	314 - REHABILITATION	110.8%	90.0%	100.0%	148.3%	108.1%	94.8%	100.0%	150.0%	93.8%	91.9%	100.2%	151.4%
MHS Oakdene	710 - ADULT MENTAL ILLNESS	71.3%	106.7%	130.0%	96.7%	76.1%	104.8%	122.6%	101.6%	73.0%	99.0%	55.2%	96.7%
MHS The Limes	715 - OLD AGE PSYCHIATRY	92.8%	101.1%	100.0%	106.7%	95.2%	111.6%	93.5%	122.6%	94.5%	101.4%	84.5%	106.5%
MHS The Orchards Acute - Hawthorn	710 - ADULT MENTAL ILLNESS	82.5%	156.1%	106.7%	126.7%	101.6%	140.3%	114.5%	120.4%	83.9%	107.2%	97.2%	158.8%
MHS The Orchards PICU - Maples	710 - ADULT MENTAL ILLNESS	86.1%	106.7%	108.3%	107.5%	95.2%	123.8%	109.7%	133.1%	72.6%	112.7%	94.2%	150.0%

Item 14

Presentation to	[x] In Public Board Meeting		[ ] Confidential Board Meeting						
Title of Paper	Gosport War Memorial Review								
Author(s)	Angela Anderson, Associate Director Professional Standards		**Executive Sponsor**		Jackie Ardley, Chief Nurse				
Date of Paper	January 2019		**Committees presented**						
Link to CQC Key Lines of Enquiry (KLoE)	[x] Safe	[x] Effective	[x] Caring	[x] Responsive	[x] Well Led				
Well Led KLoEs	**W1** Leadership Capacity & Capability		**W2** Vision & Strategy		**W3** Culture		**W4** Roles & Responsibilities		
	W5 Risks and Performance		**W6** Information		**W7** Engagement		**W8** Learning, Improvt & innovation		
Action requested of the Board	[x] **To receive**		[ ] **For decision**						
Link to BAF risk	BAF # 57 Concerning Quality Governance, Safety and Professional Standard or N/A [ ]								
Level of assurance *(tick one)*	Sigificant		Sufficient	**X**	Limited		None		

The purpose of this paper is to provide assurance to the Board in relation to the actions taken in response to the Gosport War Memorial Independent Panel Report published in June 2018.

Background

As a learning organisation Solent NHS Trust is committed to taking all available opportunities to learn and improve in order to continue to deliver high quality, safe care to patients and their families.

In September 2018 following an initial review of the report the Board received assurance that having completed an initial review of the report there were no immediate risks identified which required any immediate actions to be taken. The Board were also made aware of the programme of work planned in response to the findings in the report.

In January 2019 Solent Board received a presentation which provided an update on progress against the actions agreed in September 2018.

Learning from Gosport War Memorial

Following the publication of the Gosport War memorial Independent Panel report the Government considered the findings and provided a response to the report in November 2018. They identified three key themes and so this report will provide assurance under each of these themes.

Listening to patients, families and staff:

In line with the Trust values listening to patients, families and staff is at the centre of what we do. As an organisation we invite feedback from patients and their families in a variety of ways. Patients and families provide feedback to our teams using the National Friends and family feedback (FFT). We

have consistently performed well with more than 95% of people stating they are extremely likely or Likely to recommend Solent services. We have also received year to date 1097 unsolicited plaudits which has exceeded the full year plaudits from the previous two years.

Our PALS team support patients and families to make a complaint when they have concerns about the care they or a family member has received. We offer the opportunity for local resolution meetings to take place between the patients and their family and the service involved, where this is agreed by the complainant. This approach has proven successful with most people reporting that they feel listened to and that their concerns have been addressed.

Where we have identified harm has occurred we follow the Duty of Candour guidance and invite patients and families to fully participate in the investigation process including contributing the questions they would like answered as part of the investigation. The Trust has recently introduced the role of a Family Liaison Manager and this individual is the single point of contact for the patient and family supporting them through the investigation process.

An important element of the events in Gosport was the way in which staff concerns were addressed. Solent NHS Trust is one of the first NHS organisations to appoint an Independent Freedom to Speak Up Guardian which ensures there is no conflict of interest when dealing with staff concerns.

In our recent survey of frontline staff 99% of staff indicated they were aware of the Freedom to Speak Up Guardian, how to access the guardians and the associated policy. The lead guardian completes an annual report and the report presented to Board in 2018 indicated good engagement from staff.

The staff in Solent have a number of opportunities throughout the year to provide feedback from which the Trust can learn and improve. There are three formal opportunities to complete the staff friends and family survey as well as participating in the National staff survey. Year on year the Trust has seen the engagement score increase and it is anticipated this trend will continue when the results of the 2018 survey are received.

The staff friends and family test results from September 2018 indicate the majority of staff, 71%, would be extremely likely or likely to recommend Solent as an employer. This is a 7% increase from the same period in 2017.

In response to the key actions outlined in the government response to the Independent Panel report the Trust Lead Guardian and the team will continue to engage with the regional and national networks. Regular updates will be provided to the Board and an annual report provided in line with national guidance and best practice.

Ensuring care is safe:

In order to ensure the care we provide is safe it is necessary to have strong governance systems in place and a positive reporting culture where actions are taken when errors occur. The Trust Quality Framework identifies the formula for providing great care with three components; Safety is paramount; Effectiveness is measured; Experience of patients and staff guide us.

The governance structures across the Trust are strong with clear lines of accountability. Incidents and concerns are discussed at team and service level governance meetings. These groups feed into the service line governance groups which are chaired by the Clinical Directors. Service lines report into the Trust Quality Improvement and Risk group which in turn reports to Assurance committee and onto the Board.

The Trust has a strong reporting and learning culture with a focus on providing safe care. In the recent survey of frontline staff the majority of staff indicated that they felt able to challenge poor practice of senior clinicians working both within and outside of Solent. This view is supported when considering the results of the 2017 staff survey where there was a 3% increase in responses indicating that they were aware of managers 'taking action around near misses' as well as a 4% increase in people feeling they get 'feedback on changes made in response to reported errors'.

A slightly smaller number reported that they felt free to challenge poor practice within their team and this is an area which we will explore further with colleagues. In discussion with the clinical matrons they shared a number of approaches being used within their teams to support learning and improvement in practice at all levels. For example in one of the adult community nursing teams there is system of peer review where one member of the team, for example a band 3 support worker, will work alongside a colleague which could be a band 6 registered nurse and using a clinical judgement tool, for consistency, will feedback their observations. This review includes a review of the documentation completed by the staff member.

A key feature in Gosport was the prescription and administration of opioids in the absence of appropriate clinical justification. In Solent the Medicines Management group is responsible for ensuring that there are clear policies and procedures in place to support staff to manage medicines safely. This group considered the Independent panel report and confirmed that the pharmacy team provide direct support to the wards and will identify any issues or concerns during their ward visits. It was noted by the group that they could improve the level of support provided to one of the ward areas and as a result a pharmacy visit to the ward concerned now occurs with a visit by a pharmacist 3 times per week and a visit by a medicines management technician 3 times per week and where possible the visits are completed jointly. Prescriptions are screened and medicines reconciliation (MR) completed for each patient. The Trust MR target of 80% is exceeded with a year to date average of 96% achieved for inpatient wards. The pharmacy team is able to directly counsel patients and provide medicines information advice to doctors and nurses on the wards including on safe and secure handling of medicines.

There is a programme of audit relating to medicines management in place and there is a twice yearly monitoring of controlled drugs (CDs) which include a stock check/balance. In addition the wards undertake a stock check on a weekly basis and any discrepancies reported and fully investigated. The Trust also has access to a Controlled Drug Accountable Officer who has supported with investigations and has provided advice and support when needed. The last audit was completed in June 2018 and the audit findings presented to MMG in September 2018. There was no balance discrepancies found during this period of audit – the records of controlled drugs were found to match the stock in the cupboard. The main area identified for improvement related to record keeping. To address this focus on record keeping is now included in the new training module and it was agreed that any areas using CD's should complete this training.

The medicines management group in their review identified that whilst the Trust has good CD audit processes, they were not designed to pick up subtle changes in usage patterns. Therefore the group has supported a proposal from the Chief Pharmacist to implement a software system, ADiOS, to enable this level of monitoring and a more proactive approach to detecting any changes. This is currently being progressed in the Trust. This system will be progressed in summer 2019 following upgrade of the current pharmacy JAC software which is necessary for running of AdioS.

Many of the patients who died in Gosport War Memorial during the period reviewed by the Independent Panel were cared for on the end of life pathway when in fact they had been admitted

for rehabilitation. In Solent decisions regarding care are taken in partnership with patients and families and the Multidisciplinary team (MDT). The Trust has an End of Life Policy which reflects what is expected in the different clinical areas when supporting patients and families during this difficult time. A supporting end of life care strategy is currently in development using a co-production approach with patients, families and staff.

The clinical matrons have confirmed that only patients who are confirmed as approaching end of life are prescribed opioids for administration via syringe driver. There is clear guidance in place for staff and the guidance directs staff to use the analgesic ladder to inform symptom management and escalation when required.

Solent NHS Trusts focus is on learning from events that have gone wrong as well as from positive events. An example of the latter is the end of life care workshop held in September 2018 where a mother shared the positive experience her family had when her daughter was dying. This involved excellent partnership working between the Community Children's Nursing team ad Chestnut Tree Hospice.

The Trust has implemented the Learning from Deaths programme and all patient deaths have a mortality review completed with an emphasis on what can we learn from the care provided to the patient. The learning from these reviews is shared at the monthly Learning from Deaths panel. If a review indicates the need for a more thorough review or investigation then a strategy meeting is held and a decision taken as to the level of investigation required. All deaths which are investigated as a Serious Incident (SI) or High Risk Incident (HRI) are presented to the same panel and the learning is recorded on the Verto learning log with review dates to ensure the change made has had a positive impact on the experience of patients, families and staff.

Identifying and addressing problems in care:

As an organisation and as registered practitioners we have a duty of care to our patients to ensure that they receive safe care and that we escalate concerns internally and to the appropriate professional body where indicated.

Within Solent NHS Trust nurses and Allied Health Professionals (AHPs) are professionally accountable to the Chief Nurse. Each service line has a Professional Lead who is a registered practitioner and who can support managers to both assess and review competence and to determine if there is a need to consider fitness to practice. The Professional Lead has access to advice and support from the Associate Director for Professional Standards & Regulation and from the Chief Nurse

Traditionally professional leadership has focused on nursing and medical staff through the Chief Nurse and Chief Medical Officer. However in recognition of the diverse workforce Solent introduced a 0.5WTE professional lead role for AHPs and this role supports colleagues across the Trust as well as advising the Chief Nurse on issues relating to AHPs.

The Trust has an active AHP forum and Matron's forum both of which considers contemporary issues facing the professions and have recently agreed a formal process for managing professional concerns which will be shared with managers in January 2019. These forums also facilitate sharing of ideas and learning from different experiences relating to professional practice. There is also a Professional Advisory Group (PAG) which meets with the Chief Nurse quarterly to consider professional issues affecting teams and ensuring the voice of our professions are heard at Board level.

As part of any investigation process consideration is given as to whether there are likely to be any fitness to practice concerns identified as part of the investigation. If this is the case a separate HR investigation is commissioned and will be considered outside of the SI process. All referrals to professional bodies for nursing and AHP staff are sent from the Chief Nurse.

All medical staff are managed by the Clinical Directors who link directly with the Chief Medical Officer where concerns are identified. The Chief Medical officer meets regularly with medical colleagues across the Trust and meets on a one to one basis with Clinical Directors.

Conclusion

Gosport War Memorial is an example where an organisation or institution failed to protect vulnerable patients and failed to listen to patients, families, carer's and staff when concerns were raised. There were multiple missed opportunities to hear what was being shared and respond to the concerns which led to the unnecessary death of so many people. However, Gosport is only one of a number of events in the history of the NHS where a lack of openness and honesty, a lack of supervision and governance has led to unnecessary harm to patients. It is essential that Gosport is not seen as a point in time that has a conclusion, instead it is a springboard for organisations to reflect, change and remain vigilant particularly when experiencing unprecedented pressure and demand for services. It is critical for Solent and other NHS organisations to continue to build a culture where support and challenge is encouraged and where we work in partnership with patients, families and our staff to ensure the care we provide is of the highest quality and is safe.

The review undertaken to date as a result of the Gosport War Memorial report has indicated that there is good governance and a culture where staff feel able to raise concerns. There are systems in place for patients and their families to raise concerns and clear systems and processes to fully investigate these. The recent introduction of the family liaison manager role and the Independent Lead Guardian will further enhance this and improve how we learn and improve based on feedback from our communities. There is a clear process in place to manage staff performance and to address fitness to practice concerns in line with professional body guidance.

However there remains work to do and the following will be completed as a result of the work undertaken to date:

- Complete the case note review and analysis in February 2019
- On completion of the case note review analysis and follow up surveys produce a report combining the survey/audit data and the case note review data and agree further actions
- Implement the 'ADIoS' software to support more proactive monitoring of CD supply and usage
- Complete the review of the syringe driver checklist and guidance which is currently going through Trust governance processes
- Develop through the matron's forum a toolkit of resources to facilitate improved Professional assertiveness
- Continue to develop through our learning framework the sharing of learning and changes made as a result of learning from deaths

Board Recommendation

The Board is asked to;

Note the report, the assurance provided and the work to be continued.

Solent NHS Trust

Item 21

Exception and recommendation report

Committee /Subgroup name	**Assurance committee**	**Dates of meeting**	17th January 2019
Chair	**Mick Tutt**	**Report to**	Trust Board

Key issues to be escalated

We received the following:-

- a brief up-date on **CQC activity** – following the visits to Core Services, ahead of the Well-Led Inspection week in November '18, and the receipt of draft reports; for Factual Accuracy Check, in late December '18. It was noted that the final reports would be available late February '19 and agreed that the actions arising would be considered by the March '19 Quality Improvement & Risk group and Assurance committee

  the confirmation of a 'Good' rating for the Primary Care service was noted – and the service were commended for the work undertaken to achieve this rating

- on-going action taken to address the **concerns raised by continued problems experienced with the** (3rd party) **Wheelchair provider**
  these continued to include the facilitation role played by Solent – when in receipt of comment and concern regarding the 3rd party provider, and the completion of Investigations into historic harm experienced

  the dynamics of the on-going relationship between people requiring a 3rd party service, Solent – as referrers to that 3rd part service, and commissioners of the 3rd party service were explored and Board members may wish for further information in this regard during the confidential discussions later

- exception-reporting from our Chief Operating Officers included an up-date on the potential quality risk, identified by the CQC visits to core services, for our **Health Visiting service** in **Portsmouth**. The risk has arisen as a consequence of commissioning decisions and had resulted in a review of current activity, with the intention of addressing the concerns raised by the CQC; by the end of February '19

  we also heard about other commissioning decisions, with regard to our Sexual Health and Childrens' Outreach & Support services – which, again, may impact on the experience of people accessing the services. We were, therefore, briefed on the actions being undertaken to mitigate the impact for people and the services

Decisions made at the meeting
It was agreed that:- The following were ratified by the Committee following approval via chair's action:- ➢ **Policy for the Development and Implementation of Procedural Documents (aka Policy on Policies)** ➢ **Policy for Management of Diarrhoea and Vomiting** ➢ **Emergency Lockdown Policy** ➢ **Clinical Excellence Awards Policy** The following policies were ratified:- ➢ **Energy and Water Policy** ➢ **First Aid at Work Policy** ➢ **Local Counter Fraud, Bribery and Corruption Policy** ➢ **VIP Visitor Policy** The Committee also noted the decision to extend the Special Leave Policy to February 2019
Recommendations to the Trust Board
The Board are asked to ➢ **note the issues set out above**
Other risks to highlight (not previously mentioned)
None of note

Exception and recommendation report

Item 23

Solent NHS Trust

Committee /Subgroup name	Governance and Nominations Committee	**Date of meeting**	4th February 2019
Chair	Alistair Stokes, Chairman	**Report to**	Board

Key issues to be escalated

No issues to be escalated.

Decisions made at the meeting

- The Committee reviewed Board Committee membership and it was agreed not to make any changes at this stage and a further review will be undertaken once the new Trust Chair is settled into the role. Membership and Lead NED roles are summarised on the following page.
- The possibility of the recruitment of a Chief Information Officer following comment from the Secretary of State was discussed and it was agreed that further consideration is required by the Executives.
- The Committee were briefed on the likely formalisation of the Portsmouth and South East Hampshire System Convener role in the New Year and implications.
- The departure of the Mental Health Act and Mental Capacity Act Lead was noted and consideration was given to the future management arrangements for the role. It was agreed that further consideration is required by the Executives.
- The Committee discussed the tenure renewal of the Deputy Chair and SID roles due to expire in February 2019 and it was agreed to extend the current tenure periods until 12th July 2019 (the next Committee meeting date) at which point the new Chair will take a view.
- It was agreed that further consideration with regards to the timing of the next stage of Well Led Development reviews be conducted at the July 2019 meeting to coincide with consideration of the CQC Well Led report outcomes and to allow the incoming chair to take a view.
- An update was provided with regards to the recruitment process for the Chairman position.

Recommendations to the Board

No recommendations of concern for the Board were made at the meeting.

Other risks to highlight (not previously mentioned)

No risks to raise

Committee membership –December 2018

Director	Board	Finance Committee	Remuneration Committee	Assurance Committee[1]	MHA Scrutiny Committee	Governance and Nominations Committee	Audit and Risk Committee	Charitable Funds Committee	Community Engagement Committee	People and OD Committee	Complaints Review Panel
Alistair Stokes	Chair	-	Member	-	Member (AHM)	Chair	-	-	-	-	-
Mick Tutt	Member	-	Member	Chair	Chair	Member	-	Member	-	-	-
Jon Pittam	Member	-	Member	As appropriate/ available	Member (AHM)	Member	Chair	-	-	-	-
Francis Davis	Member	Chair	Member	Member	Member (AHM)	-	-	Chair	Member	Member	-
Mike Watts	Member	Member	Chair	Member	-	-	Member	-	-	Chair	-
Stephanie Elsy	Member	Member	Member	-	-	-	Member	-	Chair	Member	Chair
Quorum	At least 2 NEDs inc. Chair or nominated Deputy	2 NEDs	3 NEDs	NED Chair + 1 other NED	NED chair +1 other NED	1 NED	At least 2 NEDs	1 NED	1 NED	NED Chair + 1 other NED	----
Exec Sponsor	CEO	Director of Finance	Chief People Officer	Chief Nurse	Chief Medical Officer	CEO / Ass. Director Corp Aff.	Director of Finance	COO S'ton	Chief Nurse	Chief People Officer	Chief Nurse
Frequency of meeting	Every 2 months	Every 2 months	At least 1 per year + as req[d]	6 times per year from 1st April 2019	Quarterly	At least twice per year	Quarterly	Quarterly	Quarterly	Quarterly	Quarterly

NED lead roles

Director	Deputy Chair *	Senior Independent Director *	Health & Safety (inc. security)	Associate Hospital Manager	Patient Experience	Patient Safety (inc. mortality)	Safeguarding (Adults & Children)	Whistleblowing / Freedom to Speak Up lead	Procurement	Emergency Planning Resilience and response	NED oversight of Medical Fitness to Practice issues
Alistair Stokes			✓	✓			✓	✓			
Mick Tutt	✓			✓		✓		✓			
Jon Pittam		✓		✓				✓ *(nominated)	✓		
Francis Davis				✓				✓			
Mike Watts				TBC				✓			✓
Stephanie Elsy				TBC	✓			✓		✓	

*Roles of Deputy Chair and Senior Independent Director (SID) current tenure expiry: 12th July 2019

[1] There is an open invite for all NEDs to attend Assurance Committee; however core membership is 1x NED Chair plus 1x NED