

## Agenda

### Solent NHS Trust In Public Board Meeting

Monday 1<sup>st</sup> April 2019 09:30am – 13:05

Kestrel 1&2, 2<sup>nd</sup> Floor, Highpoint Venue, Southampton, Hampshire, SO19 8BR.

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Well Led Domains
1	09:30	5mins	<b>Chairman's Welcome &amp; Update</b> <ul style="list-style-type: none"> <li>• Apologies to receive</li> </ul> <i>To receive</i>	Chair	-
			<b>Confirmation that meeting is Quorate</b> <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> <li>• a minimum of two Executive Directors</li> <li>• at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair</li> </ul>	Chair	-
2	09:35	30mins	<b>Patient Story – Mental Health In Patient follow up story</b> <i>To receive</i>	Chief Nurse/Chief People Officer	W7
3	10:05	10mins	<b>Board reflection on patient story and discussion</b>	Chair	W7
4	10:15	5 mins	<b>*Minutes of Last Meeting and action tracker</b> <i>To agree</i>	Chair	-
5			<b>Register of Interests &amp; Declaration of Interests</b> <i>To receive</i>	Chair	-
6	10:20	5mins	<b>Matters Arising</b>	Chair	-
7	10:25	5mins	<b>Any Other Business</b>	Chair	-
8	10:30	10mins	<b>Safety and Quality First and Feedback from Board to Floor Visits – to receive</b>	Chief Executive / Chief Nurse	W3
<b>Strategy &amp; Vision</b>					
9	10:40	30mins	<b>Chief Executive's Report</b> <i>To receive</i>	Chief Executive	W1-W8

10	11:10	30mins	<b>Performance Report - including</b> <ul style="list-style-type: none"> <li>Operational Performance</li> <li>Quality Performance</li> <li>Financial Performance</li> <li>Workforce Performance</li> <li>NHSI Single Oversight Framework</li> </ul> <i>To receive</i>	Executive Leads	W5, W6
11	11:40	10mins	<b>Staff Survey Results 2018</b> <i>To receive</i>	Chief People Officer	
12	11:50	10mins	<b>Information Governance Briefing Paper</b> <i>To receive</i>	COO Southampton and County	
13	12:00	10mins	<b>Report on 18/19 Flu Campaign for Employees</b> <i>To note</i>	Chief People Officer	
<b>Reporting Committees and Governance matters</b>					
14	12:10	5mins	<b>Mental Health Act &amp; Deprivation of Liberty Safeguards Scrutiny Committee Chairs update</b> <i>To receive update from 28<sup>th</sup> February 2019 meeting</i>	Committee Chair	W5, W6, W8
15	12:15	5mins	<b>Audit &amp; Risk Committee</b> <i>To receive update from 7<sup>th</sup> February 2019 meeting</i>	Committee Chair	W5
16	12:20	10mins	<b>People and OD Committee</b> <i>To receive update from 15<sup>th</sup> March 2019 meeting</i> <i>To also include:</i> <ul style="list-style-type: none"> <li>Equality Diversity and Inclusion (EDI) Sub-Committee Minutes – to receive</li> </ul>	Committee Chair	W1-8
17	12:30	5mins	<b>Finance Committee (non- confidential)Chairs Update</b> <i>To receive update from 22<sup>nd</sup> March 2019 meeting</i>	Committee Chair	W4
18	12:35	5mins	<b>Assurance Committee</b> <i>To receive update from 21<sup>st</sup> March 2019 meeting</i>	Committee Chair	W4, W5, W6, W8
19	12:40	5mins	<b>Complaints Review Panel</b> <i>To receive update from 9<sup>th</sup> March 2019 meeting</i>	Committee Chair	W5-6
20	----	---	<b>Charitable Funds Committee Minutes &amp; Chairs update</b> <i>Next meeting to be held on 23<sup>rd</sup> April 2019</i>	Committee Chair	W4
21	----	---	<b>Governance and Nominations Committee</b> <i>No meeting held since last</i>	Committee Chair	W4
22	12:45	5mins	<b>Freedom to Speak Up Quarterly Oversight Meeting – Terms of Reference</b> <i>To approve</i>	Committee Chair	W4
<b>Any other business</b>					
23	12:50	10mins	<b>Reflections – lessons learnt and living our values</b>	Chair	-
24	13:00	5mins	<b>Any other business &amp; future agenda items</b>	Chair	-
25	13:05	---	<b>Close and move to Confidential meeting</b> 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	Chair	-

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

<b>1</b> Is there the <b>leadership capacity and capability</b> to deliver high quality, sustainable care?	<b>2</b> Is there a clear <b>vision</b> and credible <b>strategy</b> to deliver high quality, sustainable care to people, and robust plans to deliver?	<b>3</b> Is there a <b>culture</b> of high quality, sustainable care?
<b>4</b> Are there clear responsibilities, <b>roles</b> and systems of accountability to support good governance and management?	<b>Are services well led?</b>	<b>5</b> Are there clear and effective processes for managing <b>risks</b> , issues and <b>performance</b> ?
<b>6</b> Is appropriate and accurate <b>information</b> being effectively processed, challenged and acted on?	<b>7</b> Are the <b>people</b> who use services, the public, <b>staff</b> and <b>external partners engaged</b> and involved to support high quality sustainable services?	<b>8</b> Are there robust systems and processes for <b>learning</b> , continuous <b>improvement</b> and <b>innovation</b> ?

**Date of next meeting:**

- 24<sup>th</sup> May 2019 – Extra Ordinary In Public Meeting 1pm – 1:30pm to specifically approve Trust Accounts, Annual Report and Quality Account
- 3<sup>rd</sup> June 2019 – In Public Board Meeting

## Draft Minutes

### Solent NHS Trust In-Public Board Meeting

Monday 4<sup>th</sup> February 2019 09:30am-13:25pm

Kestrel 1&2, 2<sup>nd</sup> Floor, Highpoint Venue, Southampton, SO19 8BR

<b>Chair:</b> Alistair Stokes, Chairman (AMS)	
<b>Members:</b> <b>Sue Harriman</b> , Chief Executive (SH) <b>Andrew Strevens</b> , Director of Finance (AS) <b>Sarah Austin</b> , Chief Operating Officer, Portsmouth and Commercial Director (SA) <b>David Noyes</b> , Chief Operating Officer Southampton and County Wide Services (DN) <b>Dan Meron</b> , Chief Medical Officer (DM) <b>Jackie Ardley</b> , Chief Nurse (JA) <b>Mick Tutt</b> , Non-Executive Director (MT) <b>Francis Davis</b> , Non-Executive Director (FD) <b>Jon Pittam</b> , Non-Executive Director (JPi) <b>Mike Watts</b> , Non-Executive Director (MW) <b>Stephanie Elsy</b> , Non-Executive Director (SE) <b>Helen Ives</b> , Chief People Officer (HI)	<b>Attendees:</b> <b>Rachel Cheal</b> , Associate Director of Corporate Affairs and Company Secretary (RC) <b>Jayne Jenney</b> , Corporate Support Manager and Assistant Company Secretary (JE) <b>Jo Pinhorne</b> , Operations Director, Adults Southampton (JPin) (item 2 only) <b>Beverley Stratton</b> , CIS East Sensory Service (BS) (item 2 only) <b>Julia Watts</b> , Team Manager (item 2 only)  <b>Apologies:</b> No apologies were received.
<b>1</b>	<b>Chairman's Welcome &amp; Update, Confirmation that meeting is Quorate</b>
1.1	No apologies were noted and the meeting was confirmed as quorate.
<b>2</b>	<b>Joint Patient and Staff Story – Sensory Services</b>
2.1	<p>JA introduced the team and service user, Simon to the Board.</p> <p>Simon briefed the Board on activity surrounding his diagnosis of meningitis following an ear infection and a fall and provided detail on the extensive services used through his journey of recovery. Simon reported on later suffering a stroke and of the rehabilitation treatment received.</p> <p>Simon reported on the creation of his own development plan during therapy treatment at Snowdon and of feeling listened to during this time. His consistent determination to return home was highlighted. The Board was informed of the care provided at home and of his referral for further facial therapy.</p> <p>Simon briefed the Board on his visit to Ophthalmology where vision loss was diagnosed and of his own request for a vision impaired certificate.</p> <p>The quality of care provided by Sensory Services and the achievement made to ensure he was safe and confident outside of his own home was highlighted.</p> <p>The Board was briefed on the excellent work of the Vocational Rehab Service.</p> <p>Simon informed the Board of his unsuccessful attempts to return to work and of the decision made to take early retirement. Simon highlighted his current work within schools once a week on sight awareness activities to enable people to see the world in a different way.</p>

2.2	Julia Watts (JW) briefed the Board on the journey to revolutionise the service as part of the Better Care Programme. Her role as Team Manager and the structure and purpose of the team was explained. A significant reduction in waiting lists following integration was noted.
2.3	Bev Stratton commented on how rewarding her role is and provided an example of care provided to a service user with a hereditary eye condition who is able to walk certain routes when previously had not left the house for 10 years.
2.4	JA thanked Simon for sharing his story and for his honesty and reflection on how he feels today.
2.5	AS commented on the story being helpful due to current discussions with commissioners regarding rehab intervention.
2.6	JPi commented on the amount of different services used during treatment and asked if there were any issues with the flow of care received. Simon confirmed the only delay to be the diagnosis of sight loss and the need to seek further help. Simon reiterated the excellent service provided by Adrian and Bev within the team.
2.7	SH commented on the motivational account of events provided by Simon and of his desire to be involved in his care. SH asked if Simon's contributions and questions were listened to. Simon confirmed this to be the case and provided an example.
2.8	DM asked if the Trust was always available to support Simon's mental wellbeing during treatment. Simon confirmed this to be the case and highlighted the excellent guidance and encouragement given.
2.9	FD asked if friends and family shared his opinion of the care provided. Simon confirmed that his husband agrees with the standard of care provided and also felt very supported and listened to during his treatment.
2.10	AMS thanked Simon and colleagues from the Sensory Service team for attending and wished him well on behalf of the Board.
<b>3</b>	<b>Board Reflection on patient story and staff story and discussion</b>
3.1	The Board reflected on the story received. The apparent seamless journey of care for a complicated range of needs was acknowledged.
3.2	MW asked why the care provided was a unique approach. SA explained differences in the Stroke Service in Portsmouth and suggested sharing the pathway across areas. SH commented that the recently published 10 year plan provides the opportunity to collaborate with partners to co-produce.
3.3	RC asked if there is similar appetite to receive patient stories at system meetings. SH confirmed the intention to recently hear about wheelchairs however explained there to be delays due to potential commissioner concerns.
3.4	The Board thanked JA for organising such a good example of a patient story. It was noted that the next story will focus on a complaint and the learning achieved as a consequence.

<b>4</b>	<b>Minutes of Last Meeting and action tracker</b>
4.1	Minutes of the November meeting were agreed subject to minor amendments.
4.2	The following actions were confirmed as complete: 628, 630, 632, 633, 634, 635, 636, 637, 638, 639 and 640.
4.2	<p><u>Action 632 – 10 Year Plan</u> It was noted that the 10 year plan is to be discussed at the March Board workshop. SA suggested inviting the wider leadership team. MT also confirmed that the quality implications of the plan are being reviewed at the Assurance Committee later in the year.</p> <p>JA informed the Board of a Health Care Assistant conference arranged on 10<sup>th</sup> May to celebrate nursing.</p>
4.3	<p><u>Action 636 – Wheelchairs</u> It was explained that the wheelchair summit was delayed due to a commissioning challenge of co-production. It was noted that JA has now taken responsibility for planning. JA also informed the Board of a service user and family video created that is to be shared with commissioners.</p>
<b>5</b>	<b>Register of Interests &amp; Declaration of Interest</b>
5.1	There were no further updates to report.
<b>6</b>	<b>Matters Arising</b>
6.1	FD reported that interviews for an honorary charitable funds director were unsuccessful. Further enquiries are being made with regards to recruiting to the post.
<b>7</b>	<b>Any Other Business</b>
7.1	No further business was requested.
<b>8</b>	<b>Safety and Quality First and Feedback from Board to Floor Visits</b>
8.1	There were no urgent matters of safety to report.
8.2	<p><u>Board to Floor Visits</u> <u>Diabetes Resource Centre</u> SE briefed the Board on her recent visit to the Diabetic Resource Centre and highlighted the positive impact on the wellbeing and health of people using the glucose monitoring patches.</p> <p>MT commented that a presentation on the use of patches was given at the Research Conference last year.</p> <p>SE highlighted the significant number of people with diabetes in Asian communities that have small numbers accessing the service. FD offered to assist and encourage access through community leaders. FD also explained possible reasons for the service not being accessed.</p>

8.3	AS explained the location of the Resource Centre at the basement of the RSH, in response to an enquiry made by AMS.
8.4	JPi requested further dates of Board to Floor visits for the remainder of the year. JA to liaise with Moira Black who is now leading on arrangements and provide information with the minutes of the meeting. <b>Action: JA</b> <b>The Board noted the update.</b>
<b>Strategy &amp; Vision</b>	
<b>9</b>	<b>Chief Executive's Report</b>
9.1	<u>Board succession planning</u> It was noted that the appointment of the new Trust Chair will be announced during the Confidential meeting with formal communications circulated later today. SH thanked AMS on behalf of the executive team for his leadership since 2011 and wished him well for the future. AMS reciprocated with thanks.
9.2	<u>CQC</u> SH highlighted the overall 'good' assessment for Primary Care. The final report will be published week commencing 25 <sup>th</sup> February 2019 and will be received at the same time as national communications. AMS asked if a quality summit is still planned. JA confirmed plans to arrange for July 2019.
9.3	<u>10 Year Plan</u> SH explained the constricted time period for planning and discussions with commissioners to agree an operational contract for 19/20. The Board was informed of changes to marginal rate tariff and investment promises for some services. Delays in the release of original offers were highlighted as being due to Brexit conversations. It was also noted that the Trust has been asked to link with individual delivery systems including Hampshire and Isle of Wight STP.
9.4	SH reported that Brexit is a new risk on the Corporate Risk Register. DN to discuss further during the confidential meeting.
9.5	<u>Breaking Barriers</u> MT commented on being impressed with the Trust looking to increase availability with vulnerable groups within the programme. SA explained hers and SH's responsibilities. It was noted that the programme is currently at an informal stage with communications being circulated to seek interest in creating a centre of excellence in Portsmouth. SA reported on intentions to expand the programme and of learning and financial opportunities for the Trust.
9.6	FD made reference to the role of Director of Performance and Innovation within another Trust who is a specific Board champion and asked if this is the expectation of each Solent executive. SA confirmed it to be a past consideration and commented on the need to encourage skill set across the organisation as well as executives.

9.7	<p>SE asked if the programme is sponsored by NHSi. SA explained the contribution made by Solent and other organisations.</p> <p>MT highlighted conversations held with Lena Samuels from South Central Ambulance Service (SCAS) regarding how lay members and NEDs can get involved across the catchment area.</p>
9.8	<p>MT took the opportunity of thanking AMS on behalf of the Board for his guidance, challenge and support over the years as Trust Chair and wished him well in his retirement.</p> <p>JPi endorsed MT's comments and highlighted the Trust's good, sustainable position which is a credit to the leadership of AMS.</p>
9.9	<p><u>Wheelchairs</u></p> <p>JPi asked if sufficient feedback was being received with regards to the safety of the wheelchair service JA confirmed staff attendance and concerns raised at regular meetings. In addition, JA reported on being contacted by service users for assistance in raising issues and concerns. It was noted that no serious incidents have been raised however long delays are continuing to be reported. MT also provided assurance that regular updates are provided at the Assurance Committee.</p>
9.10	<p>HI informed the Board of a discussion held at the Executive meeting with Clinical Directors regarding Wheelchairs and whether issues have been raised via the Freedom to Speak Up route. It was agreed that JPi and SH consider a potential escalation process. <b>Action: JPi / SH</b></p> <p>DN reported that he and SA are monitoring the service and confirmed waiting times to be steadily worsening. SA informed the Board that data of the Hampshire Equipment Store is also being monitored due to a lack of responsiveness. SA explained the funding arrangements of the different sources.</p>
9.11	<p>SE asked if consideration has been given to the reputational issue to the Trust and if there is a plan to mitigate. It was confirmed that reputational risk has been recognised.</p> <p>SH confirmed that evidence has been catalogued carefully and a case could be presented if necessary.</p>
9.12	<p><u>Apprentices</u></p> <p>The Board discussed Trust apprentices and their successes in gaining professional skills. The Board were informed of an upcoming celebration event for Apprentices and were invited to attend. Challenges associated with nursing supply were acknowledged and HI briefed the Board on engagement with Further Education establishments.</p> <p>The Board discussed student placements and how to provide high quality training.</p>
9.13	<p><u>Board Assurance Framework (BAF)</u></p> <p>AMS commented on the importance of ensuring risks have appropriate mitigating actions. The Board were informed of the role of the Audit Committee in relation to testing the effectiveness of the BAF. <b>The Board noted the Chief Executive update.</b></p>



10	Performance Report
10.1	<p><u>CPMO Report</u> AS reported on close work with ICP and STP particularly around mental health that has highlighted a risk within the Portsmouth system – it was agreed that further discussion be held within the confidential board meeting.</p>
10.2	SA quantified the red areas reported for Portsmouth including delays in the implementation of the Care Home project and explained the impact on admission avoidance.
10.3	It was agreed that Chief Operating Officers provide narrative of their interpretation of the gaps in information provided going forward.
10.4	JPI referred to the reported increase in contacts to 12% and asked if this was a continuing issue. AS explained the significant increase and it was agreed to review further at the Finance Committee.
10.5	<p><u>Care Group - Portsmouth</u> The reduction in framework agency use was noted as encouraging. SA acknowledged however, the need to use on an exception basis. There were no additional updates to highlight.</p>
10.6	<p><u>Care Group – Southampton</u></p> <ul style="list-style-type: none"> <li>• DN reported a spike in insulin requirements due to a growth in the cohort of patients and changes to GP thresholds. Ongoing negotiations with the CCG regarding additional funding were highlighted.</li> <li>• DN updated the Board on improvements to domiciliary phlebotomy provision and of work to be taken on by SPCL.</li> <li>• DN briefed the Board on a Palliative Care pathway review and of a recent meeting with the CEO of Mountbatten to discuss a potential partnership.</li> <li>• The excellent CQC results for Primary Care were noted. DN highlighted however, ongoing concerns with regards to the workshop, in particular GPs.</li> <li>• The impact to KPI numbers due to MSK provision was acknowledged.</li> <li>• Early signs of improvements in CAMHs, West as a result of additional workforce recruitment were noted.</li> <li>• DN highlighted a change in referral criteria to help reduce waiting numbers for General Anaesthesia and of other potential methods to improve further.</li> </ul>
10.7	<p><u>Quality</u></p> <ul style="list-style-type: none"> <li>• JA informed the Board of an unannounced Mental Health Act CQC visit undertaken and of exceptional practice witnessed in Hawthorns Ward. Estates issues were noted as being highlighted by the CQC however were resolved by the Trust within 24 hours.</li> <li>• JA reported on two Quality Impact Assessments (QIAs) planned for insulin and End of Life Pathway.</li> <li>• Ben Heaton (BH) was noted as being the newly appointed Head of Risk. MT reported on BH’s attendance at the last Assurance Committee and of his intention to attend each meeting going forward.</li> </ul>

10.8	<p><u>Finance</u></p> <ul style="list-style-type: none"> <li>AS confirmed that the Trust is on track to deliver the forecast outturn of 400k deficit.</li> <li>It was noted that the Finance Committee has discussed a recent letter received from NHSi regarding potential additional funds.</li> <li>AS confirmed the signing of documents relating to the disposal of Oakdene and the good progress with timing and financial arrangements for the redevelopment of St James and St Marys.</li> </ul>
10.9	<p>RC asked if the Board could assist in reducing the number of reported aged debtors. AS provided assurance that good progress is being made.</p>
10.10	<p><u>Workforce</u></p> <ul style="list-style-type: none"> <li>HI reported on a review undertaken with the Commercial Team on bank staff provision and the difficulties faced due to the small size of the Trust. HI highlighted collaborative work being undertaken within the STP to look at negotiating agency rates across Hampshire that could increase buying power.</li> <li>It was noted that the Trust remains over the set NHSi agency cap however a significant improvement to agency expenditure was highlighted.</li> <li>Improvements to nursing turnover were noted.</li> <li>A good level of statutory and mandatory training compliance was noted.</li> <li>Possible investment in the appraisal logging system is being considered within business planning to mitigate ongoing issues.</li> <li>HI informed the Board of individual flu vaccine appointments being offered to increase numbers.</li> </ul> <p>JPi asked why staff are choosing not to have the vaccine. The Board discussed possible reasons.</p> <ul style="list-style-type: none"> <li>Key risks including the use of E-rostering and deficit staff deployment were highlighted. It was suggested that updates be included in future Board papers.</li> <li>Hi informed the Board of recent media coverage that has been a reputational boost to the Trust.</li> </ul>
10.11	<p>The successful appointment of a Mental Capacity Act trainer was noted. AMS also highlighted the departure of the Mental Health Act Lead at the end of the month. The Board acknowledged their appreciation for the contribution made to the quality of the Mental Health service and of the continued support given in training Associate Hospital Managers.</p>
10.12	<p><u>Single Oversight Framework</u></p> <p>It was agreed that the report provides sufficient assurance of performance against operational indicators of quality, workforce, finance and service hotspots.</p> <p>SH asked if there has been an adjustment to the controlled total. AS confirmed plans to break even.</p> <p>Improvements planned for Venous Thromboembolism (VTE) risk assessment and third party in health diagnostics were noted</p> <p><b>The Board received the report and further update.</b></p>

<b>11</b>	<b>Safe Staffing Six Monthly Report</b>
11.1	<ul style="list-style-type: none"> <li>• JA highlighted a decrease in the number of physical assaults at Maples.</li> <li>• A review of Mental Health roles and responsibilities was noted.</li> <li>• The Board was informed of an increase in the number of HCSWs in post.</li> <li>• JA referred to the number of red RAG rated fill rates in November and provided assurance of mitigation by senior leaders.</li> </ul>
11.2	The Board discussed safe staffing reporting. JA confirmed improvements to monitoring however acknowledged that further improvements could be made to the existing report.
11.3	SH informed the Board that consideration is to be given to safe and effective staffing in the event of a no deal Brexit scenario. <b>The Board noted the report and agreed to support the key priorities for the next six months.</b>
<b>12</b>	<b>Quality Account</b>
12.1	JA confirmed that the update regarding the development of the Quality Account is included within the Performance Report. JA confirmed positive engagement with commissioners and Health Watch during the process.
<b>13</b>	<b>Gosport War Memorial Reflection</b>
13.1	JA informed the Board of work identified to be carried out within the conclusion of the report.  MT referred to a recent Learning from Deaths Panel attended that reviewed a more detailed analysis. An increase in governance was also evident to reduce the risk of reoccurring concerns.
13.2	SE asked how the staff survey feedback could assist with addressing culture issues in some remaining areas. SH acknowledged there to be continued issues however specific areas have not yet been identified. HI explained mechanisms in place through the Engagement Plan and COO visits to reach out to teams. HI also informed the Board that high levels of absence and turnover are reviewed as well as self-referrals into Occupational Health. It was acknowledged that there is always a risk.
13.3	AMS highlighted potential risks and difficulties in observing lone working staff. SA confirmed supervision practices and of additional feedback received from service users and their families.
13.4	JA clarified that the reported syringe driver checklist review relates to an inpatient setting and Solent are able to provide robust assurance of governance processes.
13.5	It was noted that the Trust is developing an End of Life Strategy in a co-produced way. <b>The Board noted the report and assurance provided.</b>
<b>14</b>	<b>Equality, Diversity &amp; Inclusion Annual Report 2018/19</b>
14.1	HI shared with the Board, the meaning of the colours of the Lesbian, Bi-sexual, Gay, Trans-gender (LBGT) flag in recognition of LBGT history month.

14.2	<ul style="list-style-type: none"> <li>• HI reported that the workforce profile is stable however not representative of the diversity of Trust communities.</li> <li>• Outcomes of the patient survey data from the Friends and Family Test indicated that 7% were not White British and therefore clearly an area for further attention.</li> <li>• Changes to the staff survey data regarding types of discrimination to be discussed in further detail within confidential meeting (as annual staff survey results currently embargoed).</li> <li>• Continued issues with the non-disclosure of information were acknowledged.</li> <li>• The Board Members ethnicity was explained as being detailed in red due to the data requirement amendment.</li> </ul>
14.3	<p>FD commented on the lack of BME data detailed within the report, especially for the cities in Hampshire. FD commented that comparison with the whole of the South in the report may be misleading. HI confirmed intentions to include more detailed analysis of the JSNA within future reports. HI reported that 16% of Portsmouth City were white not British and 23% of Southampton city were white not British. This is higher in children and young people.</p>
14.4	<p>It was agreed to discuss key priorities at a future Board Workshop. Matters for consideration were discussed.</p>
14.5	<p>Transgender service user needs were noted as not being met. SA suggested a review in partnership with other agencies to achieve better results.</p> <p>It was agreed that the Equality and Diversity Group seek people who are already working on such cases for sharing with the Trust. It was agreed that FD and SE assist by introducing to other groups.</p>
14.6	<p>The Board noted a significant BME shortfall across the NHS as detailed within the NHS Data Analysis Report 2018.</p>
14.7	<p>SE praised the standard of the report presented and acknowledged the amount of work to do in order to improve Trust performance. SE asked if all staff are required to complete the online equality training module. HI reported the Trust target to be 90% and confirmed that training is fully embedded within corporate inductions.</p>
14.8	<p>SE highlighted a gap in Board member BME. It was agreed that HI and SH discuss further in relation to positive action and NHS Improvement Board appointments.</p> <p>The Board were informed of steps taken to actively promote diversity and seek applications during recruitment processes.</p>
14.9	<p>SE highlighted to the Board sensitivities associated with gender re-assignment issues.</p>
14.10	<p>HI commented on the need to address health inequalities within BME communities and other protected characteristics, create an implementation plan and consider leadership. Further discussion to be held at a senior leadership away day in March.</p> <p>FD commented on the difficulties in addressing issues particularly in Hampshire and commented on the positive steps the Trust is taking.</p>
14.11	<p>SA highlighted the need to also consider Veterans as a group from an equality perspective and other groups such as carers.</p>

14.12	DM highlighted that the Trust is working from the heart of the organisation to create an environment that allows individuals to be who they are. <b>The Board noted the report.</b>
<b>*Reporting Committees and Governance matters</b>	
<b>15</b>	<b>People and OD Committee Chairs update</b>
15.1	MW briefed the Board on discussions held at the last meeting. The Committee agreed to receive three regular items going forward: <ul style="list-style-type: none"> <li>• The accuracy of the Health Roster including what is and is not working well and how to ensure the process is embedded across the organisation.</li> <li>• Brexit and the effect on staffing</li> <li>• To learn and understand the impact on workforce following initiative for people to take time for themselves. The Committee will be looking for evidence of more support needed.</li> </ul> <b>The Board noted the update.</b>
<b>16</b>	<b>Complaints Review Panel Chairs update</b>
16.1	SE reported that the panel's new terms of reference have been agreed. It was also noted that further amendment is required of the Complaints Policy prior to being agreed.
<b>17</b>	<b>Mental Health Act &amp; Deprivation of Liberty Safeguards Scrutiny Committee Chairs update</b>
17.1	There was no meeting held to report. The next meeting is scheduled for 28 <sup>th</sup> February 2019.
<b>18</b>	<b>Finance Committee (non-confidential) Chairs update</b>
18.1	There were no matters to report.
<b>19</b>	<b>Audit and Risk Committee Chairs update</b>
19.1	There was no meeting held to report. The next meeting is scheduled for 7 <sup>th</sup> February 2019.
<b>20</b>	<b>Assurance Committee Chairs update</b>
20.1	Changes to the frequency of the Committee to bi-monthly were noted.
20.2	Concern was raised regarding a Health Visiting risk that had been highlighted by the CQC and not identified internally. SA provided assurance of not being concerned and reported on local authorities' progress with regards to Health Visiting funding shortages. JA confirmed that three quality impact assessments (QIA) have been carried out and no issues identified. It was noted to be a theoretical risk and confirmed as a national issue.  SH highlighted that the information was from the original CQC report and further background data during the factual accuracy report has since been provided. <b>The Board noted the exception report and further update.</b>

<b>21</b>	<b>Charitable Funds Committee Chairs update</b>
21.1	There was no meeting held to report. The next meeting date is yet to be scheduled due to a delay in the recruitment of an honorary director.  FD confirmed that charitable funds are available for spending.
<b>22</b>	<b>Governance and Nominations Committee Chairs update</b>
22.1	<b>The Board noted the Governance and Nominations Committee exception report.</b>
<b>Any other business</b>	
<b>23</b>	<b>Reflections – lessons learnt and living our values</b>
23.1	AMS requested that the Board reflect on both meetings during the confidential meeting.
<b>24</b>	<b>Any other business &amp; future agenda items</b>
24.1	No further business was discussed and the meeting was closed.
<b>25</b>	<b>Close and move to Confidential meeting</b>



# CEO Report – In Public Board

Date: 22 March 2019

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.

## Section 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.

## Section 2 – Strategic Update

### Board of Directors

We are delighted that Catherine Mason joins us from 1 April 2019 as our new Chair. Catherine was previously a Non-Executive Director of University Hospital Southampton NHS Foundation Trust, and has a wealth of experience working in the transport, consumer good and healthcare sectors. We look forward to welcoming Catherine to the organisation.



### Quality Matters

#### Overview and CQC inspection ratings

<b>Overall Good</b> <a href="#">Read overall summary</a>	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

#### CQC inspection ratings

At the last Board meeting, we informed the Board of the achievement of our Primary Care Services being rated as ‘Good’ by the Care Quality Commission (CQC) following their inspection in October 2018. Further to our Well Led inspection and inspections within our Child & Family Services, Adult Community Services and Mental Health Services we are delighted that the CQC have rated our services ‘Good’ overall and that we have been rated ‘Outstanding’ in the ‘caring’ domain.

The improvement in rating is a tribute to the work that everyone has put in, across the Trust. Every day, as CEO, I see, and hear, examples of innovative and inspirational patient care, and I know these ratings are well deserved. The outstanding caring domain reflects how well we involve and treat people with compassion, kindness, dignity and respect.

The CQC repeatedly praised us for the commitment we show to patients, commenting that: *“staff were kind, caring and treated patients with dignity and respect, and patients spoke of the positive care they received from staff.”* They said people *“involved patients, and those close to them, in decisions about their care and*



*treatment.”* They were also very complimentary of our culture, and said that people were proud to work for the Trust: *“There was a positive organisational culture, which supported openness and transparency”* and staff *“spoke highly of their leaders.”*

Our clear, ambitious vision to make a difference by keeping more people safe and well in the community, and the active role we take in joining up, and shaping, future care were cited by the inspection team as examples of ‘outstanding practice’. They were also highly complementary of the holistic approach we take to ensuring that both physical and mental health are considered equally, the strong leadership and development within the organisation, and our learning and quality improvement culture.

We were praised for areas where we perform amongst the best in the country: the take-up for the National Child Monitoring Programme, our results in the National Institute of Health Research’s annual league tables, and our compliance with Information Governance. The work of our Children’s Services, to involve young people in the development of services through Young Shapers, was mentioned as exemplary.

We will continue to learn, improve and develop as we strive to be an ‘outstanding’ organisation. There will always be areas where we can do better to ensure we provide the very best services, and we welcome the CQC findings in these areas. We will evaluate these over the coming weeks and will take action to address any areas for improvement.

As I read the report I feel incredibly proud; proud to lead an organisation where people strive to provide exceptional care, keeping people safe and well in the community, and proud to lead an organisation which has improvement at its core. These ratings are testament to the efforts and commitment of everyone in “Team Solent”.

We look forward to welcoming CQC colleagues back to the Trust to conduct their inspections of our Sexual Health Services and Specialist Dental Services at some time in the future.

## Workforce Matters

We recently won an Onrec Award for ‘The Best Use of Online Recruitment in the Public Sector’ category. Congratulations to the Recruitment and Communications team for their innovative work in this areas.

The annual flu campaign closed with a front-line vaccination rate of 73.5%. Although slightly short of the 75 target, this is an increase of 2.5% from last year, which is an excellent result from our Occupational Health team in support of our service lines.

The Annual Staff Survey report is presented to the Board this month in relation to our staff survey results. Our 2018 NHS Staff Survey results have improved for the third year in a row.

## Veteran Update

Solent is leading a Portsmouth Military Mental Health Alliance to deliver new services to Armed Forces, Veterans and families. The programme is part of our Forces4Change Charter.

The Alliance which includes Solent Mind, Society of St James, Princess of Wales Rifle Regiment, Portsmouth CCG and ExForcesNet has been awarded £697,188 over two years from the Armed Forces Covenant Trust fund for the provision of 3 services; a veterans service in the Wellbeing Centre, an armed forces curriculum in the Recovery College and a Quick Reaction Force to respond to individuals in crisis.

We are also bidding for further matched funding during March and further updates will be given on contemporary issues within the confidential Board meeting.

## Section 3 - Operational Matters

### Southampton and County Services

#### Adults Southampton

As previously reported, in the Southampton city area we have seen a significant rise in patients needing the support of our community teams with administering insulin. We are working with our Commissioner colleagues in order to formulate a sustainable and safe way to manage this issue into the future (since predictions indicate that we will continue to see growth in this area), and in the meantime are close to an agreement to resource the additional capacity already required to ensure patient safety and good standards of care. Whilst there is a current financial risk, the service remains safe. (Ref to BAF#59)

Our Domiciliary Phlebotomy service are now up to date on urgent referrals and have managed to clear all but 4 outstanding routine referrals all of whom are booked in to the service week commencing 18th March. Having achieved this turnaround the service is on a much better footing, including full adoption of electronic patient records and a fully recruited team. (Ref to BAF#59)

#### Primary Care / MPP service line

Sustainability within our primary care workforce, and GPs in particular, remains an on-going challenge, and we are conducting some internal work to formulate a future strategy regarding how we will configure and deliver our primary care offer in the future. This will be reviewed by the COO towards the end of April – the service remains safe in the meantime. (Ref to BAF# 55)

#### Children and Families (West)

Given the continued estate challenges with the Eastleigh and Southern Parishes geography, the estates team continue to investigate suitable alternative locations (although the market is currently limited). In the meantime, we continue to work in interim sites for group work locations in both Chandlers Ford and Hedge End and continue to lack adequate estate for clinical work. (Ref to BAF# 27)

The previously reported recovery of performance for our Child and Adolescent Mental Health Service (CAMHS) West service continues, with the team achieving a very commendable 99% of referrals to treatment within 16 weeks in February. There is still work to do in this important area to ensure sustainability and resilience, but the turnaround in performance is very pleasing. (Ref to BAF#59)

#### Special Care Dental Services

As previously reported, as a result of an options appraisal which addressed on-going performance concerns regarding the number of patients on the waiting list for General Anaesthetic treatments, we took action to re-assess patients from the north and west of the county, and allocate space at our Poswillo site (co-located with Portsmouth Hospitals Trust, PHT) for those suitable.

This has so far enabled 28 patients who were on the Basingstoke area waiting lists to be moved to Winchester for treatment and Winchester patients moved to the Poswillo list, resulting in less travel for patients – this is from an original list of 103 waiters. We regularly review and clinically triage our waiting lists to mitigate risk. (Ref to BAF# 59)

Mobilisation of our service on the Isle of Wight has continued to progress well, with estates work underway at the time of writing. Following a successful 90 day review this challenging mobilisation will now be treated as Business as Usual.

#### Sexual Health Services

We are actively seeking a new location for service delivery in both Winchester and Eastleigh due to the current

estate being suboptimal (Ref to BAF# 59 and 27)

## Portsmouth and SE Hampshire Care Group

### Portsmouth Adults – Jubilee House

The service continues to work to improve compliance with Mental Capacity Act principles and the promotion of autonomy and independence. The service line have a comprehensive action plan that has been approved by the Trust Head of Compliance and will be overseen by the service line Integrated Governance Group. (Ref to BAF# 57)

### Portsmouth Mental Health – Medicines Management - CQC Regulation 12

The full CQC Inspection report highlighted that action must be taken under Regulation 12 – “Safe care and treatment of patients detained under the Mental Health Act”. In particular CQC noted that medications management was not always safe in the acute wards for adults of working age and governance systems relating to the prescribing and medicines management had not sufficiently identified prescribing risks to patients. A full response has now been submitted to CQC in relation to Regulation 12, which addresses issues of staff training, medicines management protocol and electronic record keeping. We have proposed to CQC that all actions relating to this Regulation will be completed by 29<sup>th</sup> August 2019.

To provide on-going governance and oversight of medicines management issues in the Mental Health Service Line the Deputy Chief Pharmacist has established a monthly Mental Health Medicines Management Group, which reports to the Trust Medicines Management Committee – this group commenced in December 2018 and has now met three times. (Ref to BAF# 57)

### Portsmouth Health Visiting – new birth visits

As part of a review of CQC evidence a potential quality risk for Health Visiting was identified. The national standard is for a new birth visit to occur at 14 days, however, Solent services in Portsmouth are commissioned to visit at 22 days – irrespective of level of identified prenatal risk. This has the potential for delay in identifying developmental or parenting issues in the period between midwife discharge and first Health Visitor visit. The service has now reconsidered the balance of risks associated with the current service delivery standards for new birth visits and amended its approach. New birth visits for families in the highest risk/highest need category “Universal Partnership Plus” are now offered a 14 day birth visit, with exceptions to completion recorded and reported at “Children’s Board” – the service line governance meeting. (Ref to BAF#59)

## Finance

The Trust is showing a YTD deficit of £0.4m, which is in line with our stretch forecast out-turn. We remain confident that the full year out-turn will be a deficit of £0.4m, £0.6m better than our original plan; this improvement will be additional internal savings of £0.2m and £0.4m PSF under the £2 for £1 NHS Improvement scheme.

## Estates

The work on the redevelopment of St Mary’s and St James’ hospital sites remains on track, financially and to timescales. Board members are welcome to visit the construction site at St Mary’s.

## ICT

We are continuing to work with our ICT partners on a 30/60/90 day service improvement plan, which commenced on 21 January 2019. We are now at the 60 day mark and are in the process of reflecting on progress against the plan to date.

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. The permanent data lines were fully operational in February enabling full X-ray functionality.

## Complaints and Serious Incidents

### Complaints

Feedback from patients helps us to continue to improve and so themes from complaints are monitored and changes are made in response to concerns raised. The themes identified in the complaints in this month have related to the quality of clinical care, poor communication including attitude of staff and confidentiality and finally access to appointments.

In response to complaints services have identified a number of improvements they will be making which include:

- Following a complaint in podiatry which related to the team being unable to access swab test results, the service have been given full access to the system and are now able to access results promptly which means they can respond appropriately to patient's needs.
- Following complaints regarding how staff communicate with patients, people in teams have been reminded of the importance of making sure they make reasonable adjustments and consider individual patient's needs.

### Serious Incidents

The Trust continues to perform well in relation to managing the Serious Incident Investigation and during February five serious incident investigations were completed within the 60 day timescale for investigation. All investigations invited participation from patients and families as appropriate and in line with Duty of Candour requirements. The investigations identified the following themes:

- Communication between the acute care provider's and Solent requires improvement during patient handover
- The importance of one clinician leading the patient's care- case management
- Lack of clarity around staff's roles when providing patient care
- Evidence of lack of patient handover between teams within Solent.

Some examples of improvements which have been made as a result of the learning from incidents are summarised below:

- Adults Southampton have discussed the issues identified as part of the investigation and with colleagues in the acute hospital team and as a result changes to the X-Ray reporting process have been made which will improve outcomes for patients in the future.
- After an incident in Sexual Health Services which highlighted that the health advisors required more training, the service have planned a 2 day training event for Health Advisors and will feedback to panel in September regarding the impact of the training on patient care.

## Section 4 - Systems Update

### Portsmouth and South-East Hampshire Systems update

System OPEL (Operational Pressures Escalation Levels) status was maintained at a consistently lower level throughout January 2019 and most of February, compared to the same period in 2018. However, the situation deteriorated during half-term week at the end of February – leading to several days of OPEL 4 escalation in the subsequent two weeks and the Medically Fit for Discharge list rising to over 200 for the first time in over six months. The contributory factors were a lack of social care capacity during half-term week – including care agency staffing, which led to a cohort of medically fit patients waiting for social care and a peak in emergency demand and associated admissions.

This much lower level of OPEL 4 days overall in Winter 18/19 appears to be directly related to the provision of 30 additional care spaces by increasing therapy and nursing staffing in PRRT (Portsmouth Rehabilitation and

Reablement Team), the continuation of the Community End of Life Team and additional transitional home care capacity. Jubilee and Brooker Units also created nine additional “surge” beds, by improving length of stay. Additionally, two temporary beds were opened in Spinnaker Ward, as part of agreed escalation plans. All of the escalation bed-based and community capacity created internally and by the system-wide “Winter Plan” has been continuously in operation since the first week in January.

Contractual negotiations to establish a higher baseline level of staffing for PRRT and community end of life care are on-going and based on the level of inherent need that has been revealed by improved patient flow this Winter.

#### Other material issues to report

The Multispecialty Community Provider (MCP) programme has agreed priorities and funding for 19/20 of just under £1m to take forward projects including:

- Musculoskeletal (MSK) triage for GP practices (ensures first contact with physios to release GP time)
- Intermediate care developments including paramedic support for nursing services to improve the capability of the team to manage complex acute patients
- Care home intervention team- to ensure residents have proactive care plans
- Leg ulcer and Long Term Condition (LTC) hubs- to provide specialist focus out of hospital
- Further integration of social and community care

The Integrated Care Partnership (ICP) programmes have a number of priorities that impact the Care Group including

- Continuation of winter capacity to ensure early discharge from hospital
- Child & Adolescent Mental Health (CAMHS) services in Portsmouth Hospital Trust (PHT) emergency department
- Development of community neighbourhood models
- Admission avoidance

These programmes are captured in an operating plan for the ICP, and these are being taken further into a 5 year strategic plan with support from PWC.

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

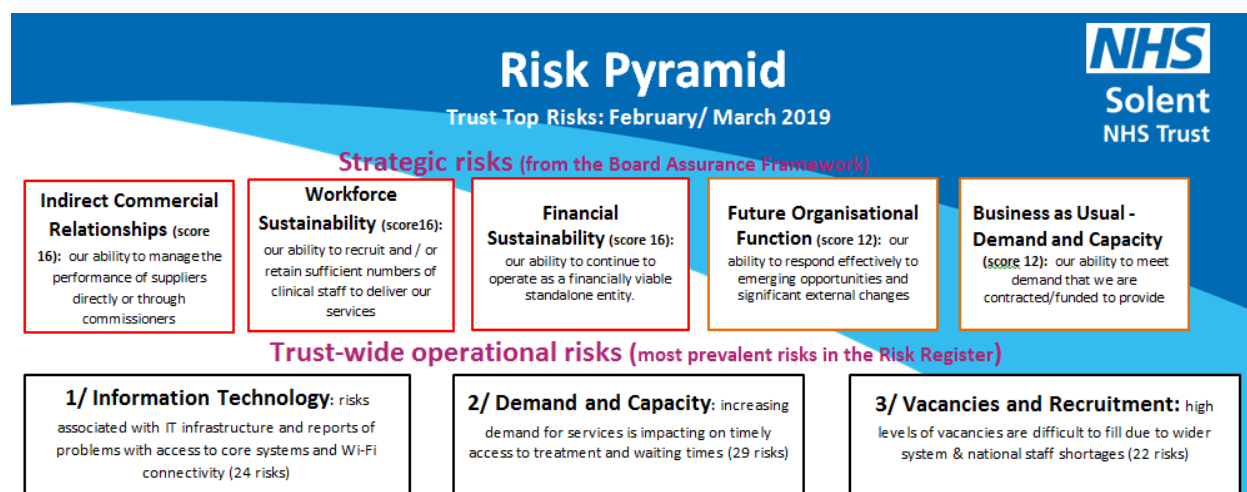
The Executive Delivery Group of the HIOW STP continues to meet monthly, most recently considering the implications of the recently published NHS Ten Year plan. A further programme of work has commenced to consider the next phase of developmental work for partners in the HIOW STP. This will include when and how the STP will become an Integrated Care System in line with the expectations of the Ten Year Plan. At the same time partners in local systems called ‘Integrated Care Partnerships’ (ICP) continue to work together closely to consider how services can be aligned across organisations to create seamless pathways of services for citizens. To support this integration of services each ICP will submit an Operational Plan that aligns to individual organisational plans whilst coming together to ensure joined up services and system financial sustainability.

### Section 5 – Update from Trust Management Team (TMT) meeting

Due to timing, a verbal update will be provided summarising business discussed at the recent TMT meeting (27<sup>th</sup> March 2019).

## Section 6 – Board Assurance Framework and Operation Risk Register

As summarised within our Risk Pyramid our top risks are as follows:



The Trust's top risks are highlighted in the Risk Pyramid above. Items of note are:

- All of the IT risks have now been reviewed, and re-allocated to appropriate systems such as Verto which accounts for the previous increase and subsequent decrease in the numbers recorded in Ulysses.
- Three Directorates now have wheelchairs as one of their top 3 risks in the risk pyramid (Adults Portsmouth, Adults Southampton and Child & Family Services).
- The Risk Management Training module is now working. All those who have attempted the module since the national ESR issue have turned green on the matrix. All those who completed the training up to now should also be showing green as all the competences have been manually uploaded. It will be reported on in this month's workforce report.

The full Board Assurance Framework is presented to the Confidential Board meeting.

However, as demonstrated within the risk pyramid above, this month we have:

- Reinstated BAF#53 'Financial Sustainability' (residual risk score **S4 X L4 =16**) in light of the risk that the Trust is unable to demonstrate it can continue to operate as a financially viable standalone entity.
- Increased BAF#59 in relation to 'Business as Usual – Demand and Capacity' residual score to **S4XL3 = 12** in recognition of the risks associated with rising demand and the current contractual mechanisms

## Section 7 – Other matters to report

### Sealings and signings

#### Sealings

Reference	Description
74	Sale transfer - Oakdene (Sealed)

#### Signings as reported to Finance Committee since last Board meeting

Reference	Commissioner	Description
ECM_9218	Solent NHS Trust as commissioner	Provision of Enhanced Community Domiciliary Capacity

<b>Presentation to</b>	<input checked="" type="checkbox"/> In Public Board Meeting		<input type="checkbox"/> Confidential Board Meeting	
<b>Title of Paper</b>	Trust Board Performance Report – February 2019			
<b>Author(s)</b>	Alasdair Snell		<b>Executive Sponsor</b>	Andrew Strevens
<b>Date of Paper</b>	22/03/2019		<b>Committees presented</b>	TMT
<b>Link to CQC Key Lines of Enquiry (KLoE)</b>	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability		<b>W2</b> Vision & Strategy	
	<b>W5</b> Risks and Performance		<b>W6</b> Information	<input checked="" type="checkbox"/>
<b>W3</b> Culture			<b>W7</b> Engagement	
	<b>W4</b> Roles & Responsibilities			<b>W8</b> Learning, Improv & innovation
<b>Action requested of the Board</b>	<input checked="" type="checkbox"/> <b>To receive</b>		<input type="checkbox"/> <b>For decision</b>	
<b>Link to BAF risk</b>	BAF #59 concerning Demand and Capacity			
<b>Level of assurance (tick one)</b>	Significant		Sufficient	<input checked="" type="checkbox"/>
			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.



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## 1.1 Solent NHS Trust Performance Report - Operations

February 2018/19

Activity		Same Period 2017/18
<b>15,729</b>	New Referrals in month*	<b>14472</b>
<b>71,032</b>	Attended Contacts in month*	<b>66989</b>
<b>2,855</b>	DNA'd Appointments in month* <b>3.8%</b>	<b>3353</b>
<b>35</b>	Delayed Patients in month (DTOCs)	<b>30</b>
<b>508</b>	Delayed Days in month	<b>570</b>
<b>14,155</b>	Discharges in month*	<b>12933</b>

### Key Performance Indicators

**217** KPIs due in month  
**159** KPIs achieved in-month



### CQUIN Schemes

**15** CQUIN schemes  
**28** Milestones due YTD  
**TBC** Milestone Achieved YTD



**1** Contract Performance Notices (CPN) open

### Hotspots

Southampton Behavioural Change Service

Wheelchair provision delays

VTE Assessment

CamHS Portsmouth Waiting List

Dental Off-Framework Agency Usage

Pulmonary Rehabilitation Capacity & Demand

IAPT Information Governance Breaches

Hampshire Liaison and Diversion Demobilisation

Secondary Care Psychological Therapies Waiting Times

Contract Performance Notice - Southampton Domiciliary Phlebotomy Service

MSK Diagnostics Breaches

CAMHS Southampton Waiting List and Vacancy Pressures

Finance Forecast Outturn

'Good' CQC Rating with 'Outstanding' for Care

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

## 1.2 Performance Subcommittee Exceptions

### Portsmouth Care Group

The Improving Access to Psychological Therapies (IAPT) service has reviewed trends and themes after a number of Information Governance breaches have occurred in recent months. In February, the service implemented a range of improvement actions, relating to accurate patient identification, printing, stationary use, consent recording and manual checking.

Following the loss of the Hampshire Liaison and Diversion (HLDS) service contract, the Mental Health Service Line have worked with the new provider and have successfully identified a solution for the safe transfer of patient information. This will ensure the care of vulnerable patients is maintained during the handover and after service cessation. Solent is committed to ensuring the safety of the service users during the transition and has agreed clinical pathways that link HLDS to Solent and Solent MIND provided mental health services in Portsmouth.

Waiting times for the Secondary Care Psychological Therapies service have seen a slight reduction in the overall size of the waiting list as well as the number of patients waiting more than 18 weeks. The service continues to ensure that all patients are reviewed on a regular basis to confirm that the service offer is meeting their clinical needs.

The waiting times for Pulmonary Rehabilitation services have not shown any significant change over the past quarter. The service are currently trialling changes to group programme provision, in order to increase the amount of new patient slots available. The effectiveness of this approach will be formally evaluated at the end of Q4.

The number of patients waiting to access the CAMHS service has been increasing gradually over recent months. The majority of patients are being seen within 5 weeks for their Options assessment (86%), however when referred onto the Neurodevelopmental team, waiting times are currently exceeding 18 weeks in the majority of cases (75%). The risk to patients waiting for this length of time is mitigated in that all patients, carers and parents are able to contact the services Single Point of Access, to request assistance within 72 hours should they need urgent support.

### Southampton & County Wide Care Groups

CAMHS waiting times have continued to improve in February, with 99% of patients seen within 16 weeks, as a result of the 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 continue to create challenges for the service.

The contract for our Behaviour Change service is due to cease at 31 March 2019. Work is ongoing to safely demobilise the service with both SCA and Southampton City Council. The staff within the service have now been formally placed at risk and alternative recruitment options are being investigated for the affected staff.

Performance in the Domiciliary Phlebotomy service has improved significantly with the additional capacity provided by SPCL. The most recent update on our action plan to Southampton City CCG details the reduction in the backlog, with only two patients remaining. Following the reduction of this backlog, the service will begin to market themselves back out to GP's again to increase the referral rate through to the service.

Following three months of below-target performance against the 6 week waiting time for diagnostic tests, performance has achieved 99% during February. A meeting has taken place with our sub-contracted providers Inhealth, who have provided sufficient assurances that the previous issues have now been resolved or mitigated against in future. Performance is expected to continue to achieve target in future months.

Nursing vacancies within the Dental service have resulted in the use of off-framework agency staff due to the specialised nature of the service. A long term plan to address this is being identified so that off-framework agency usage is kept to a minimum.

There continues to be a growth in the number of referrals received across Southampton and Portsmouth Care Groups, causing a subsequent increase in patient contacts. This is causing a pressure on service capacity and is being discussed with our commissioner partners during the 2019/20 contract negotiations.

## Regulatory Performance

### **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 continued to see raised levels of sickness over the winter months, with staff sickness being over threshold for the fifth consecutive month. The Trust turnover has also hit the highest rate seen over the past 12 months (14.4%) Usage of temporary staffing has improved during January and February and has returned to being within the 6% threshold. Further information on workforce performance is in section 5.2.


The Use of Resources score continues to consistently achieve a level 2 for the fifth consecutive month. This is reflective of the performance against the financial plan. The Trust's performance against the Quality and Operational metrics has improved significantly this month, with just two metrics under-performing. The Mental Health Scores from Friends and Family Tests and VTE Risk assessments both remain below target; however performance has improved over the past three months. The quality metrics are discussed in more detail within section 3.2 Chief Nurse Commentary.

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

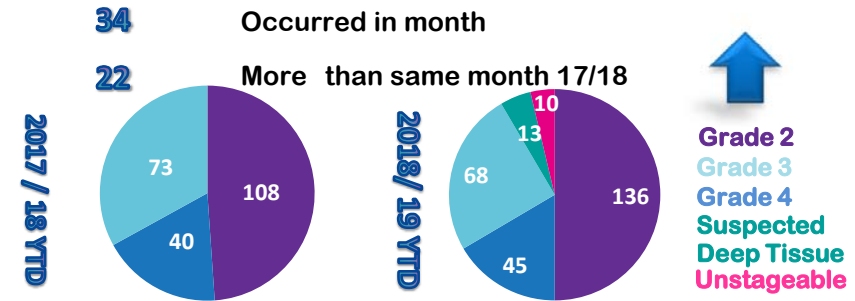
## 2.1 - Quality Performance

February 2018/19

### Serious Incidents

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

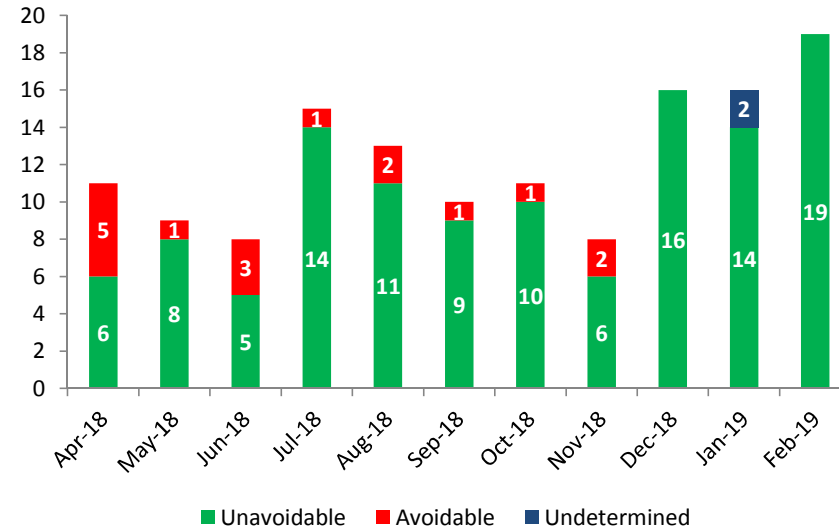
### Pressure Ulcers in Solent Care



### Friends and Family Test

- 2784** Responses received
  - 810** More than same month 17/18 
  - 97%** Positive ratings %
  - 1%** Negative ratings %
- 

### Grade 3 & 4, Suspected Deep Tissue & Unstageable - Avoidable / Unavoidable



### Formal Complaints

- 14** Complaints received in month
- 16** Required response in month
- 0** Breaches in month

## 2.2 Chief Nurse Commentary – February 2019

### Events to Note

- Further to our Well Led inspection and inspections within our Child & Family Services, Adult Community Services and Mental Health Services, we are delighted that the CQC have rated our services 'Good' overall and we have been rated 'Outstanding' in the 'Caring' domain. The improved rating is a tribute to the work that everyone has put in across the Trust. The Outstanding Caring domain reflects how well we involve and treat people with compassion, kindness, dignity and respect.
- The Trust's Learning Disability team are leading the development of the Trust strategy in response to the 'Learning Disability Improvement Standards', published by NHS Improvement (NHSI) in June 2018.
- NHS England and Public Health England launched the National Cervical Screening campaign on March 5 2019. The campaign will highlight the risks of cervical cancer and preventative benefits of screening, whilst encouraging women of all ages to respond to their letter and if they have missed previous invites, to book a screening appointment. As well as aiming to improve understanding and informed uptake of cervical screening across England, it is hoped the campaign will contribute to the prevention of cervical cancer. We will, as an organisation, be proactive in our support of this campaign.

### Complaints Update

In February 2019, the Trust received 14 formal complaints, two of which were professional feedback. These are broken down by service line in the table below:

Service Line	Complaint	Professional feedback	Total
Adults Portsmouth	3	0	3
Adults Southampton	0	1	1
Childrens Services	3	0	3
Primary care	3	1	4
Sexual Health	3	0	3
	12	2	14

Six complaints related to concerns about quality of clinical care received whilst the remainder were a mix of concerns regarding communication, access to appointments, attitude of staff and two complaints relating to confidentiality which were raised by different members of the same family.

One complaint received was not responded to within the agreed Trust target of three working days. The delay occurred because the complaint was sent directly to the service and not immediately forwarded to the complaints team. As soon as it was received by the team the acknowledgement was sent to the complainant.

All complaints were completed within agreed timescales.

In February 2019, following receipt of the response to their complaint, additional queries were received from three complainants, and in line with normal practice, these three complaints were re-opened and actions taken by services to address the additional concerns.

In February 2019, 36 service concerns were received compared with 29 in January 2019. There were no themes or trends identified that would require more detailed analysis. The number of service concerns received remains variable month on month and the increase is in line with normal variance.

## Incident Updates

There have been no significant changes to the number of incidents reported in February 2019 with 96% being classified as 'no harm' or 'near miss' following the validation process.

Performance in relation to compliance with hand hygiene and MRSA screening remains above the Trust target of 90%, at 95% and 99% respectively.

In February 2019 the areas where action and further analysis was required are as follows:

### Information Governance (IG) Breaches

- An increase in Information Governance (IG) breaches was noted in December 2018 and January 2019 with a slight decrease in February 2019. To date there has been a higher number of IG breaches reported against the same period in 2017/18. None of the incidents reported in February 2019 have required escalation to a Serious Incident or the Information Commissioners office.
- The areas in the last three months which have reported the highest numbers of IG breaches are Adult Services Southampton and Children's Services, East & West.
- The concerns regarding the increase have been discussed at performance review meetings and are being closely monitored with ongoing support from the IG team.

### Venous Thrombo-Embolism (VTE) Assessment

- The February 2019 performance in relation to VTE assessments has dropped to 93% and is below the Trust target of 95%. The areas which have contributed to this Trust position are Mental Health Services and Adult Services Portsmouth.
- In Adult Services Portsmouth, the delay in reporting is attributed to the fact that when a patient is admitted on a Friday afternoon and there is no weekend medical cover, there is occasionally a delay in completing the assessment.
- Mental Health services continue to have difficulty in this area and actions to address this are being taken forward by the Clinical Director.
- The position will continue to be monitored through the Quality Improvement and Risk group and further actions taken if sustained improvement is not achieved.

### Health Care Acquired Infections (HCAIs)

- There were no incidences of HCAIs in January or February 2019.
- There have been two healthcare acquired infections year to date. Both were Clostridium difficile infections (CDI). A case of CDI occurred in September 2018 on Lower Brambles ward, and the second case occurred in December 2018 on Jubilee ward. Both have been investigated and actions taken to address with identified learning.

## Pressure Ulcer (PU) Monitoring

### National changes to PU reporting

- Trusts across England have been using different definitions of pressure ulcers and different definitions of categories of pressure ulcers resulting in inconsistency in reporting and an inability to benchmark for quality improvement.
- In June 2018, NHSI published a report 'Pressure Ulcers: Revised definition and Measurement'. There are 30 recommendations in the NHSI report, including the use of their definition of pressure ulcer and the use

of the EPUAP (2016) classification system of categories 1,2,3,4, unstageable and suspected deep tissue injury. It is recommended that these 6 categories will be adopted across the country by April 2019.

- The recommendations in the document are designed to support a more consistent approach to the definition and measurement of pressure ulcers at both local and national levels across all trusts.
- In order to prepare the Trust for implementation, a gap analysis was carried out by Tissue Viability and the Quality and Professional Standards team. This identified a number of areas that would need to be altered as a result and an implementation plan was agreed and some of the actions taken are as follows:
  - ✓ In December 2018, a revised Tissue Viability training programme was delivered to staff across Solent sites including community nurses, inpatient staff, children's nurses and urgent response. This has included training presentation, Pressure Ulcer Reporting Flow Chart and Pressure Ulcer recognition poster. An online presentation is being developed.
  - ✓ Incident reporting on Ulysses has been amended to reflect the additional categories of recording, i.e., the addition of unstageable and also suspected deep tissue injury which were not previously recorded by the Trust.
  - ✓ The Tissue Viability Policy, Pressure Ulcer SOP, pressure ulcer review paperwork and care plans have been updated to reflect the changes.
- In January 2019, Pressure Ulcer reporting in Solent switched from 4 categories to the recommended 6 categories. The period from January to 31 March is viewed as a transition period and it is expected that the new recording will be consistently applied from 1 April 2019 in line with the NHSI requirement to fully implement changes from this date.
- In addition to the changes to the categories to be recorded, NHSI recommended that the terms avoidable and unavoidable will no longer be used and the focus will be on the learning. The result of this will be that all Pressure Ulcer incidents will be investigated to support organisational/system learning. Instead of focusing on if the incident was avoidable, teams will be required to assess level of harm which will be consistent with other categories of patient safety incidents.
- As a result of these changes, the Trust anticipates that the number of pressure ulcer incidents will change with the expectation that local and national reporting numbers will increase. It should be noted that the Tissue Viability experts in Solent believe we will see a reduction in the number of grade 4 Pressure Ulcers but an overall increase in numbers due to the new categories now being recorded. This means that our reporting will be more accurate and consistent. These changes will enable us to benchmark against other areas of a similar population, helping us to improve quality and provide better outcomes for patients.

### Pressure Ulcers Incidents

- Taking into consideration the changes in reporting described above, the introduction of additional categories and that the Trust is in a transition period, it is not possible to accurately compare current performance with the performance up to end of December 2018.
- There has been a month on month reduction, January and February, in reported category 4 Pressure Ulcers and this is in line with what is expected with the changes currently being implemented.
- In February, overall there has been an increase in the number of reported pressure ulcers reported. The area where the increase is most notable is for category 2 and 3 pressure ulcers and the new category of suspected deep tissue injury with 5 reported under this category. All of the category 3 pressure ulcers have been reviewed at Pressure Ulcer Panel and have been determined as unavoidable.
- The category 2 pressure ulcers occurred within Community Nursing and Inpatient Services and no trends or themes have been identified.

## Wheelchairs Update

- The Trust continues to keep a focus on the issues for patients in relation to the provision of wheelchairs with services continuing to monitor (via both a local database and Solent's incident reporting system) and escalate via Service Lines any issues associated with the provision of wheelchair services
- To enable the ongoing review and to progress this work further, an Interim Programme Manager has been assigned to support this work alongside the appointment of two 0.40wte Senior Quality and Risk Leads for Wheelchair Services (Adults and Children) for a period of 6 months and all have commenced in post.
- A Wheelchair Services performance report is produced and discussed internally at Solent's Performance Review Meetings (PRM) on a monthly basis. It has been identified that this report has been pulling both open and closed cases to date. From March 2019 onwards, the report will be refreshed retrospectively to reflect open cases only. This equates to a shift of 33 fewer cases outstanding in January 2019 to a revised total of 186 patients (101 of which are reported as Red cases based on the agreed RAG rating).
- In addition, links have been established with the Performance Team to pull a revised activity report via Viewpoint (to ensure consistency) which will include an analysis of patients identified of concern by Service Line. This alongside the existing RAG rating will identify (by locality and patient age) the number of weeks waiting and those patients Solent have identified with perceived harm. A proposed process for reporting and escalation will be developed enabling a detailed narrative to accompany the Performance Report.

## Serious Incident (SI) Update

The improvements made to the system are showing sustained improvement in the management of SI's within timescale with no reported breaches in February. Two SI's were raised in February 2019.

During February 2019 five Serious Incident investigations were completed as detailed below:

Category	Number of
Unexpected Death	1
Treatment Delay	1
Pressure Ulcer	2
Slips/Trips and Falls	1

The completed investigations identified the following themes:

- Communication between the acute care providers and Solent requires improvement during patient handover.
- The importance of one clinician leading the patient's care- case management.
- Lack of clarity around staff's roles when providing patient care.
- Evidence of lack of patient handover between teams within Solent.

Examples of the changes implemented as a result of learning from SI panel are:

- Adults Southampton have discussed the issues identified as part of the investigation and with colleagues in the acute hospital team. As a result, changes to the X-Ray reporting process have been made which will improve outcomes for patients in the future.
- After an incident in Sexual Health Services, which highlighted that the health advisors required more training, the service have planned a 2 day training event for Health Advisors and will feedback to panel in September regarding the impact of the training on patient care.





## For Information: Commissioner Scorecard Narratives

### Southampton Exception Narrative

#### Category 2 Pressure Ulcers

There has been a notable increase in the number of Pressure Ulcers reported as a Category 2. On review, no trends or themes have been identified.

#### Category 3 and 4 Pressure Ulcers

A slight increase in the numbers reported of category 3 and 4 Pressure Ulcers in our care, all of these have been reviewed at pressure ulcer panel and are agreed as unavoidable.

#### Medication

The number of medication incidents in Solent care remains consistent, all but one were validated as no harm or a near miss. Initially, three incidents were reported as minors. After further investigation, two were revalidated as no harm. The one minor incident relates to syringe driver set up and incorrect dosage during preparation, this was recognised the following day and resolved.

### Portsmouth Exception Narrative

#### Pressure Ulcers

Category 2 Pressure Ulcers reporting increased in month. On review these occurred within Community Nursing and Inpatient Services and no trends or themes have been identified.

#### Medication incidents

The number of medication incidents within Solent care remains consistent with all incidents validated as no harm or near misses. Five incidents were initially validated as minor incidents however all of these have been revalidated following further information and are now recorded as no harm.

#### SI Extension

One extension was requested to ensure the patient's relative could contribute to the investigation following an initial meeting in which they raised some concerns and further areas for the investigation that had not been previously accounted for.

#### Mixed Sex Breaches

The scorecard highlights a mixed sex breach, however on further investigation this is a "walk through" breach and not a mixed sex accommodation sleeping breach.

3.1 - Financial Performance

February 2018/19



Performance

**£50k**  
£3k

**Surplus in Month**  
Favourable to plan



**£404k**  
£13k

**Deficit YTD**  
Favourable to plan



**£371k**  
£600k

**Deficit Year End Forecast (adj) \***  
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 **908**

**865** Purchase orders raised in month

Purchase orders raised in month against eligible invoices **95%**

**£6,802,875** Total debt month end

**£909,559** Total debt over 90 days month end **13%**

Savings

**£6,848,000**

Savings Target YTD

**£5,539,000**

Savings Delivered YTD

**£4,892,000**

Savings Delivered YTD QIA'd



**81%**  
Savings Achieved

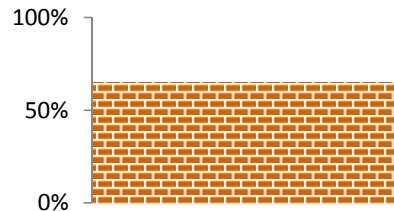
Capital Finance Summary

**£5,882,000**

YTD Spend

**£9,054,000**

Year end plan



**65.0%**  
Spend against year end plan

## 3.2 Finance Commentary

### Month 11 Results

The Trust is reporting a year-to-date (YTD) performance in line with the revised plan. However, the performance has been impacted by a deterioration in the performance of Sexual Health (activity levels are lower than planned) being offset by additional income from other commissioners (Dental and Southampton Care Group). Some service lines had plans to reduce recruitment and agency spend in the last quarter, to help bring their positions closer to their planned positions; this has happened, but not to the extent expected and work is still being done to reduce this down further.

The Trust is on course to deliver the revised forecast outturn (FOT) submitted at month 6 (£0.4m adjusted deficit after the additional Provider Support Funding (PSF) of £0.4m and an in year improvement of £0.2m) and has recognised £1.8m of PSF YTD.

However, there are a number of risks and mitigations that broadly cancel each other, including redundancy costs due to the cessation of the contract for Behaviour Change (Southampton) and the upcoming closure of the food production service at St James'. There remain risks in the final reconciliation of the 2017/18 costs with NHS Property Services; to date we have received inconsistent information and an absence of back-up to support charges. A recent FOI request for information on rate rebates for properties we lease from NHS PS has been declined on the grounds that disclosure "into the public domain would or would be likely to prejudice the prevention of crime in that releasing the addresses and credit amounts, including public organisations and corporate bodies, of properties which have a historic credit managed by NHS Property Services would increase the likelihood of credits being claimed fraudulently." A robust challenge to the ICO will be made regarding the matter.

### CIPs

CIP delivery in month 11 was £712k, £75k adverse to plan. YTD the adverse variance is £1,309k, mainly 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

YTD capital expenditure at month 11 is £2m. Projects totalling £4.8m have been approved and in most cases are in progress; however £979k 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, £3.9m of which has been spent YTD. This project is on plan (financially and to timescale).

The cash balance at 28 February 2019 was £13m. The Trust received £1.1m for the sale of Oakdene in February 2019.

### Aged debt

Debt over 90 days overdue has increased by £78k since December. Action has been agreed for long-standing debts and in most circumstances settlements have been agreed. Aged debt should reduce significantly in March 2019. As at 28 February, SHL (commissioners of our Behaviour Change service in Southampton) owed the Trust £96k for invoices over 90 days; this should be settled but it remains a risk that further action may be required.

4.1 - Workforce Performance

February 2018/19

There were **2,939.2** FTE in post this month, which equates to 3,558 staff in post.  
 A decrease of **12.5** since last month

- 90%** YTD mandatory training compliance
- 95%** YTD information governance training completed
- 91%** YTD appraisals completed

Bank and Agency

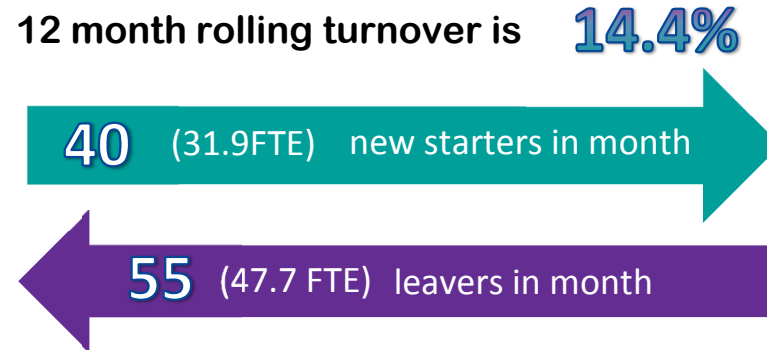
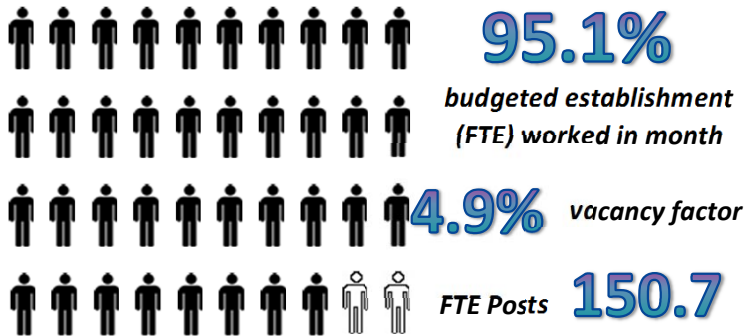
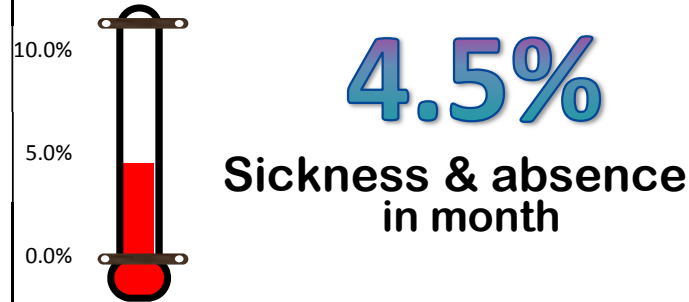
**28,885** Hours requested in month

**19,776** Hours filled by bank in month **£274,045**

**8,052** Hours filled by agency in month **£200,279**

**1,827** Hours requested not filled

In month, Solent are above agency ceiling by **£4,491**



## 4.2 – People & OD Commentary

### Sustainable Workforce

Our vacancy factor in February was 4.9% this is within target and has remained broadly consistent since December 2018. The number of full time equivalent (FTE) in post for February was 2,939, a decrease of 6 FTE since December.

Work to reduce agency spend has continued, and coupled with successful recruitment to vacancies in Community Nursing, a reduction of £86k has been realised since December. The agency spend in February was £280k, which is £4.5k over the Trust's monthly agency cap. This is the lowest expenditure on agency since March 2018 and compares favourably with February 2018, when the spend was £366k.

The e-rostering improvement programme is well underway with Primary Care complete and Adult Mental Health now coming online. This is a significant transformation project requiring dedicated resources from service lines and corporate.

Average annual staff turnover is broadly stable at 14.4% and we have achieved a significant improvement in nursing turnover, which is currently 14.8%, within target, and down from 21% when it was at its peak. The Retention QI Programme will continue through 2019/20.

Following on from our recent digital recruitment campaigns, our partners Crunch nominated us for two awards. We were delighted to win the Online Recruitment (OnRec) Awards 2019 in the category of "Best use of online recruitment in the public sector". The second award ceremony will take place in March via The Firm In House Recruitment Network - 'Innovation of the Year' Award.

As part of our Brexit contingency planning, we continue to engage with EU nationals in our workforce to support their applications for UK settled status.

Workforce planning continues alongside 2019/20 financial planning and will cover sustainable staffing, education & development, bank and agency forecasts and costing. Each service line will present a refreshed workforce plan at the Workforce Planning Sub-Committee on 18 April 2019. This feeds into the Position Control and Data Integration Programme for 2019/20.

A deep dive into the workforce sustainability BAF risk will take place in June 2019 and this has been supported by a recent Board workshop on STP Workforce developments, which included discussion on the national workforce implementation plan to support the Long Term Plan.

### Learning & Development

The Information Governance (IG) compliance rate for February is 95.1% which has successfully met the full year target of 95%. The annual statutory and mandatory training rate is 89.7% for February against a target of 90%. The Performance Appraisal (PA) completion rate has increased from 85.2% in December to 90.7%, still short of our target of 95%. We know from local intelligence that appraisals have taken place but the recording system continues to be a significant barrier to effective compliance and reporting. Investment in a new online learning management system is being considered in business planning for 2019/20. Both IG and PA are returned to 0% on 1 April at the start of each financial year.

The Apprenticeship Awards 2019 have taken place, celebrating the achievements of our clinical and business apprentices. Winners in each of the three categories (Clinical, Business, and Peer) were considered for the overall Apprentice of the Year award, which was won by Joanna Winska, a Business Administration Apprentice who works at Nicholstown GP Surgery. Joanna will be nominated for “Inspirational Apprentice” in the Health Education England “HEAT” Awards.

Following extensive engagement, a revised Performance Appraisal form will be utilised in 2019/20 to encourage more meaningful performance and career discussions. The aim is to have greater transparency around career aspirations and opportunities and in so doing increase retention.

## Leadership, Culture & Values

Our 2018 NHS Staff Survey results have improved for the third year in a row. 59% of people responded to the survey, which is the highest rate in five years. The results show that we are amongst the best when compared with other combined mental health and community trusts in the country. We are one of the top performing trusts for six key themes. Our results were summarised in an accessible infographic and is appended to the Annual Staff Survey Report.

An Equality, Diversity & Inclusion (EDI) action plan has been presented to the People & OD (POD) Committee and we have appointed Pamela Permaloo-Bass to the role of Diversity & Inclusion Strategic Advisor, which she will take on alongside her existing role as Independent Freedom to Speak Up Guardian. The EDI Sub-Committee minutes have been included in the papers for information to the Board as agreed.

There is a leadership away day on 28 March which is dedicated to developing personal accountability whilst shaping strategic OD priorities for the Trust, using the principles of adaptive leadership. Planning is also underway for our third cohort of senior leaders going through the Leading with HEART development programme.

There will be a strategic roundtable hosted by the Chair of the POD Committee and the Chief People Officer with senior managers from service lines and corporate services in June/ July which will address the burning workforce issues that the NHS is facing; themes, papers and articles have already been shared with the POD Committee.

## Health and Wellbeing

The 2018/19 flu campaign has come to a close. 73.5% of our frontline people received the vaccine, higher than in any previous year, and with a small shortfall against the target of 75%.

The results and feedback from our 2018 campaign will help to inform our planning for 2019, where the national target has been raised to 80%, with the aim of a continuous improvement in our uptake of the influenza vaccine to help protect patients and employees from this harmful virus.

The Occupational Health service is in the process of assessment for the Safe, Effective, Quality Occupational Health Service (SEQOHS) reaccreditation. SEQOHS a set of standards and a voluntary accreditation scheme for occupational health services in the UK. Accreditation is the formal recognition that an occupational health service provider has demonstrated that it has the competence to deliver against the measures in the SEQOHS standards.

The NHS Staff and Learners' Mental Wellbeing Commission report has been discussed by the Health & Wellbeing Sub-Committee and recommendations will be shared with June POD Committee, which will also include input from the Thriving at Work Review. The annual Health & Wellbeing plan will incorporate the mandated SDIP for Metal Health Wellbeing and will build on the significant activity already in place to support mental health and wellbeing at work.

## Communication & Engagement

During February, we shared our CQC inspection outcome and there was significant engagement across social media where people shared their pride and sense of achievement. We have continued with our engagement events, another CuriosiTea hosted by our CEO, Sue Harriman, was held on 31 January. People from a range of services were able to take time to share their stories.

We have continued to increase our media presence across a range of channels. In January we were pleased to feature on BBC South Today and Radio Solent celebrating Mental Health Nurses Day. The Sexual Health Online Conversation was launched on Wave 105 and Breeze, and our Estates and FM teams at Western Community Hospital were included in BBC South Today as part of a winter preparedness feature.



## 5.1 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.

## 5.1 NHS Improvement Single Oversight Framework

Organisational Health													
Internal aspirational thresholds are highlighted in grey													
Indicator Description	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Staff sickness (in month)	4%	4.2%	4.2%	3.7%	3.6%	3.7%	3.7%	3.9%	4.3%	4.6%	4.5%	4.9%	4.5%
Staff turnover (rolling 12 months)	12%	14.2%	14.2%	13.9%	13.9%	14.0%	14.1%	14.1%	14.0%	14.0%	14.1%	14.1%	14.4%
NHS Staff FFT	40%	69.0%						71.2%					
Proportion of Temporary Staff (in month)	6%	6.0%	5.6%	4.9%	5.7%	5.9%	5.9%	5.8%	5.7%	6.1%	6.2%	5.7%	5.9%

Caring													
Indicator Description	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Written Complaints		20	19	27	17	20	18	12	24	17	14	16	14
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%	95.9%	95.4%	96.4%	96.4%	96.0%	96.1%	95.9%	96.6%	96.4%	96.0%	97.1%	97.2%
Mental Health Scores from Friends and Family Test - % positive	95%	80.5%	74.7%	71.2%	88.3%	89.0%	85.7%	100.0%	90.6%	91.0%	88.0%	84.7%	90.9%

Effective													
Indicator Description	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	95%	100%	100%	100%	100%	100%	98%	100%	100%	97%	100%	100%	100%
% clients in settled accommodation		71%	74%	75%	80%	79%	79%	82%	83%	84%	85%	84%	84%
% clients in employment	5.0%	5.2%	4.4%	5.0%	5.8%	6.0%	5.9%	6.7%	6.2%	5.5%	4.8%	5.2%	5.0%

Safe													
Indicator Description	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
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%	92.0%	91.0%	99.0%		91.0%	98.0%	96.0%	93.0%	94.0%	92.0%	91.0%	93.0%
Clostridium Difficile - variance from plan	0	0	0	0	0	0	0	0	1	0	1	0	0
Clostridium Difficile - infection rate	0	0	0	0	0	0	0	0	1	0	1	0	0
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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	99.7%	99.5%	99.8%	99.4%	99.7%	99.1%	99.4%	99.6%	99.7%	99.6%	99.3%	99.0%
Maximum 6-week wait for diagnostic procedures	99%	100%	99%	99%	100%	100%	100%	97%	99%	96%	98%	97%	99%
Inappropriate out-of-area placements for adult mental health - services - Number of Bed Days	0	0	0	21	71	122	116	19	0	0	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%	100.0%	75.0%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%	100.0%	60.0%	50.0%	100.0%
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%	58.2%	51.1%	56.1%	60.4%	61.9%	58.7%	61.2%	55.9%	59.7%	55.3%	62.3%	50.2%
- Waiting time to begin treatment - within 6 weeks	75%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	99.7%
- 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		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Capital service capacity	Financial Sustainability	2	2	1	0	1.2	1.4	1.5	1.5	1.8	1.9	2	2
Score		2	2	4	4	4	3	3	3	2	2	2	2
Liquidity (days)	Financial Sustainability	-6.7	-6.2	-6.7	-6.8	-6.5	-5.9	-5.4	-5.7	-2.7	-3.4	-4.8	-5.2
Score		2	2	2	2	2	2	2	2	2	2	2	2
I&E Margin	Financial Efficiency	0.4%	-0.9%	-1.3%	-1.4%	-1.2%	-1.0%	-1.0%	0.9%	-0.5%	-0.3%	-0.3%	-0.2%
Score		2	3	4	4	4	4	4	2	3	3	3	3
Distance from financial plan	Financial Efficiency	1.3%	0.3%	0.2%	0.1%	0.1%	0.1%	0.1%	-0.2%	0.0%	0.1%	0.0%	0.0%
Score		1	1	1	1	1	1	1	2	1	1	1	1
Agency spend	Financial Controls	38%	24%	37%	34%	35%	38%	39%	43%	42%	37%	30%	25%
Score		3	2	3	3	3	3	3	3	3	3	3	2
Use of Resources Score		2	2	3	3	3	3	3	2	2	2	2	2
RAG		G	G	R	R	R	R	R	G	G	G	G	G

## 5.2 NHS Improvement Single Oversight Framework

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
<b>Condition G6 – Systems for compliance with licence conditions</b>				
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	
<b>Condition FT4 – Governance Arrangements</b>				
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 quoracy 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	<p>The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(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;</p> <p>(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);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(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</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	Confirmed	<p>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.</p> <p>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.</p> <p>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.</p> <p>The Board is not aware of any other departures from the requirements of this condition.</p>	Concerning CQC compliance: We continue to address actions and monitor compliance with requirements made following our 2016 comprehensive inspection and subsequent inspections.
5	<p>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:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(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</p> <p>(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.</p>	Confirmed	<p>The Board is not aware of any departures from the requirements of this condition.</p> <p>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.</p> <p>The Board's agenda has a notable weight towards quality of care, supported by data and information owned and presented by the Executive Directors.</p> <p>There is clear accountability for quality of care throughout the organisation from executive leadership by the Chief Nurse working with the Chief Medical Officer.</p> <p>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.</p> <p>The Executive team will be undertaking a 360 degree team appraisal during 2018/19.</p> <p>Established escalation processes allow staff to raise concerns as appropriate.</p>	
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	<p>The Board is not aware of any departures from the requirements of this condition.</p> <p>Details of the composition of the Board can be found within the public website.</p> <p>Qualifications, skills and experience are taken into consideration, along with behavioural competencies as part of any recruitment exercise for Board vacancies.</p>	

Item 11.1

**Board Report – In Public Meeting**

<b>Presentation to</b>	<input checked="" type="checkbox"/> In Public Board Meeting <input type="checkbox"/> Confidential Board Meeting	
<b>Title of Paper</b>	Annual Staff Survey Results 2018	
<b>Author(s)</b>	Gill Doolin, Programme Director, Organisational Effectiveness	<b>Executive Sponsor</b> Helen Ives, Chief People Officer
<b>Date of Paper</b>	1 April 2019	<b>Committees presented</b> People & OD Committee (virtual circulation in March)
<b>Link to CQC Key Lines of Enquiry (KLoE)</b>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led	
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability <input checked="" type="checkbox"/>	<b>W2</b> Vision & Strategy <input checked="" type="checkbox"/>
	<b>W3</b> Culture <input checked="" type="checkbox"/>	<b>W4</b> Roles & Responsibilities <input checked="" type="checkbox"/>
	<b>W5</b> Risks and Performance <input type="checkbox"/>	<b>W6</b> Information <input type="checkbox"/>
	<b>W7</b> Engagement <input checked="" type="checkbox"/>	<b>W8</b> Learning, Improv & innovation <input checked="" type="checkbox"/>
<b>Action requested of the Board</b>	<input checked="" type="checkbox"/> <b>To receive</b> <input type="checkbox"/> <b>For decision</b>	
<b>Link to BAF risk</b>	BAF #55----- Concerning----- or <input type="checkbox"/> N/A	
<b>Level of assurance (tick one)</b>	Significant <input checked="" type="checkbox"/>	Sufficient <input type="checkbox"/>
	Limited <input type="checkbox"/>	None <input type="checkbox"/>

The purpose of this paper is to update the Board on the Annual Staff Survey results from 2018, provide a comparison with previous results and give assurance on the continuing Employee Engagement strategy and People & OD strategy. Included as an addendum to this report is the infographic of key headlines.

**Board Recommendation:** The Board is asked to receive and note this report and outcomes.

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)

## Annual Staff Engagement Survey Results, 2018

### 1. EXECUTIVE SUMMARY

A total of 2036 people took part in the survey. This is a response rate of 59% which is above average for combined mental health / learning disability and community trusts in England (45%), and compares with a response rate of 56% for the 2017 survey. The 2018 survey was conducted by Quality Health, who supported the survey last year.

Compared to last year, we saw a significant <sup>1</sup>improvement (3 or more % points difference) on 33 individual question scores and a significant worsening of scores on 3 individual questions. New this year, the survey results are reported through 10 key themes. Out of 10 themes we scored better than average when compared with other combined community and mental health/learning disability trusts across all themes, and amongst the top scoring trusts in six of the 10.

Our results show that we have maintained the positive levels of engagement achieved in 2017 through a range of initiatives. Creating a great place to work is a pillar of our Trust strategy and it is evident from national workforce developments that this is central to future workforce strategy from NHS England (NHSE). We will need to continue to develop our organisation, its leaders and our people in order to continue the positive improvements throughout 2019.

### 2. SUMMARY RESULTS

To ease reporting and speed up the production process, NHSE have categorised 52 of the survey questions into 10 Key Themes, replacing the 32 Key Findings reported on in previous years. However, historical data has been re-calculated to enable valid comparisons. A list of the key themes and related questions can be found in Appendix 1.

The survey consisted of 89 questions, including 8 new questions which cover aspects of morale, including people's intention to remain working for the Trust.

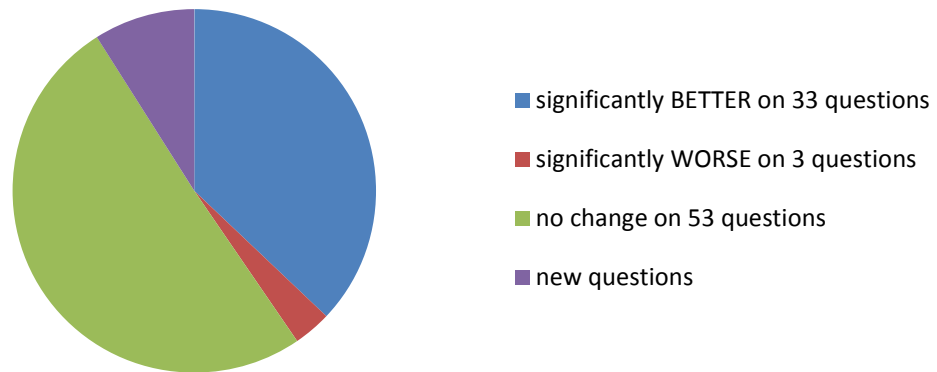
#### 2.1 Overall comparison with 2018 and other Mental Health and Learning Disability Community Trusts

*Note that results in this paper are reported as either a percentage (from the Quality Health report) or a scale score between a minimum score of 1 and maximum of 10 (from the NHSE report which is weights the data to be able to make fair comparisons across all types of Trusts).*

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<sup>1</sup> Note this description does not refer to statistical significance.

**Figure 1. Solent Trust comparison with 2017**



The areas where scores have significantly worsened are:

- Reporting of experienced physical violence at work has dropped 14%, from 89% last year, to 75% (question 12d)
- Reporting of near misses, errors or incidents that could have hurt patients or service users has dropped 3%, from 83% to 80% (question 16b)
- People accessing training, learning or development in the last 12 months has dropped from 3%, 77% to 74% (question 20)

The areas where scores have significantly improved are:

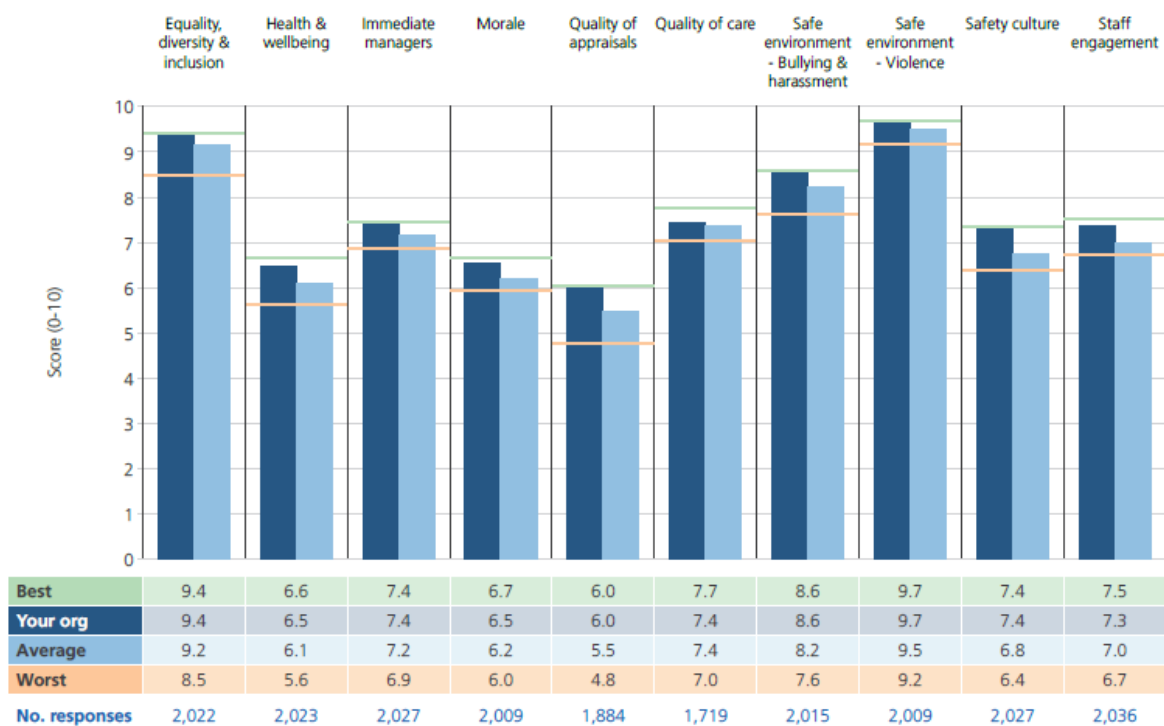
- People feeling that the Trust values their work, this has risen from 48% to 57% (question 5f)
- Satisfaction with pay has risen from 32% to 41% (question 5g)
- Effectiveness of communication between staff and senior managers has risen from 45% to 54% (question 9b)
- Fair treatment of people involved in an error, near miss or accident has risen from 64% to 73% (question 17a)

Although the increases above are significant, three of the individual question scores are still relatively low, therefore continued focus is needed throughout this year to build on these improvements.

Viewed as a whole, the survey results demonstrate continuing improvements in general engagement across the Trust and compare favourably with the results of other similar Trusts, as illustrated below.



**Figure 2. Comparison with other MHC Trusts across all 10 key themes (data produced by NHSE)**



The Trust has either matched or bettered the average score for all other MH/LDC Trusts across all Key Themes (NHSE data). The response numbers in the last row relate to response rates for Solent for each of the themes.

There are 2 specific questions where we scored significantly lower (3% or more) than our comparators, as detailed below;

**Table 1. Comparison of Solent scores with other Trusts**

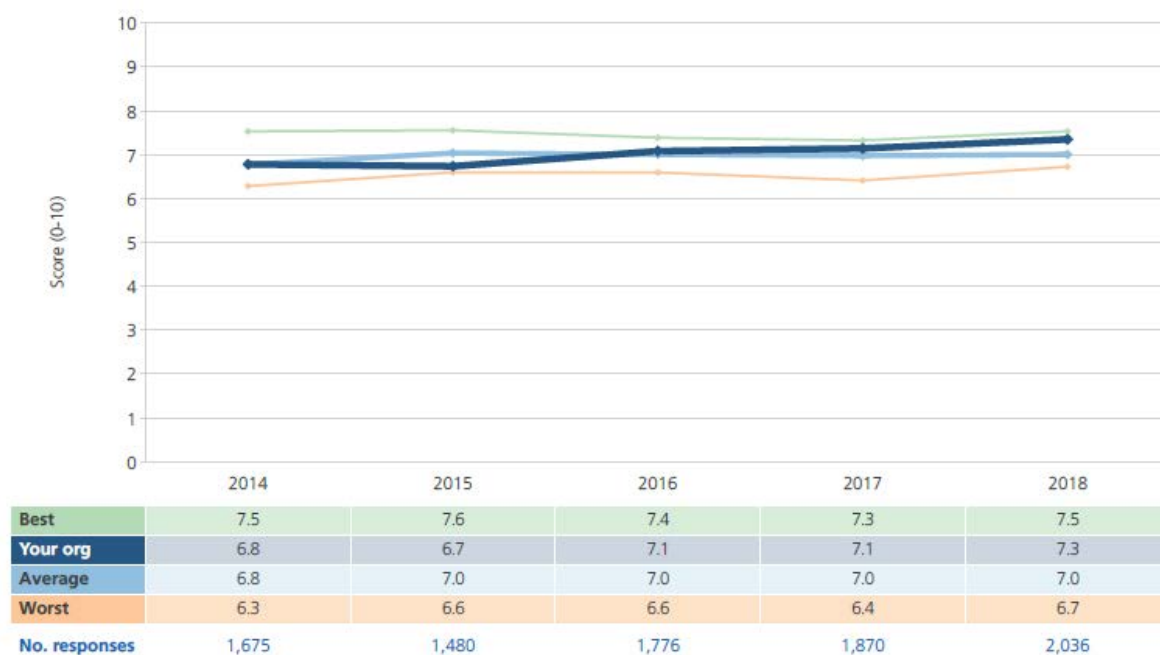
Question	Solent 2017	Solent 2018	Average M/H/Comm Trusts
10c. On average, how many additional UNPAID hours do you work per week for this organisation? (0 hours answer reported)	34%	38%	41%
12d. The last time you experienced physical violence at work, did you or a colleague report it?	89%	75%	86%

As well as being below the average for similar Trusts, the result for question 12d shows a 14% reduction in the number of people reporting incidents of violence at work, bringing it close to that reported in 2016, which was 72%. There is a clear need to remind people of the importance of reporting incidents and ensure that our reporting mechanisms are clear and accessible by all.

## 2.2 Overall staff engagement score

Trust engagement shows a small increase from 7.1 last year to 7.3 out of a possible score of 10, as detailed below. However, this is still higher than the national average for community trusts. The overall response rate increased by 3% from 56% last year to 59% this year demonstrating the ongoing effort to engage people with the survey.

**Figure 3. Overall staff engagement**



The overall engagement measure comprises of 9 individual questions spread over 3 specific elements; motivation, ability to contribute to improvements and the recommendation of Solent as a place to work. This year’s results show improvement across all 9 questions; as detailed below in table 2.

**Table 2. Engagement questions and scores**

Q	Overall Engagement Measure	2017	2018	Change
2a	I look forward to going to work.	61%	65%	4%
2b	I am enthusiastic about my job.	74%	78%	4%
2c	Time passes quickly when I am working.	81%	82%	1%
4a	There are frequent opportunities for me to show initiative in my role.	75%	77%	2%
4b	I am able to make suggestions to improve the work of my team / department.	78%	81%	3%
4d	I am able to make improvements happen in my area of work.	58%	64%	6%
21a	Care of patients / service users is my organisation's top priority.	79%	84%	5%
21c	I would recommend my organisation as a place to work.	59%	67%	8%
21d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	76%	79%	3%

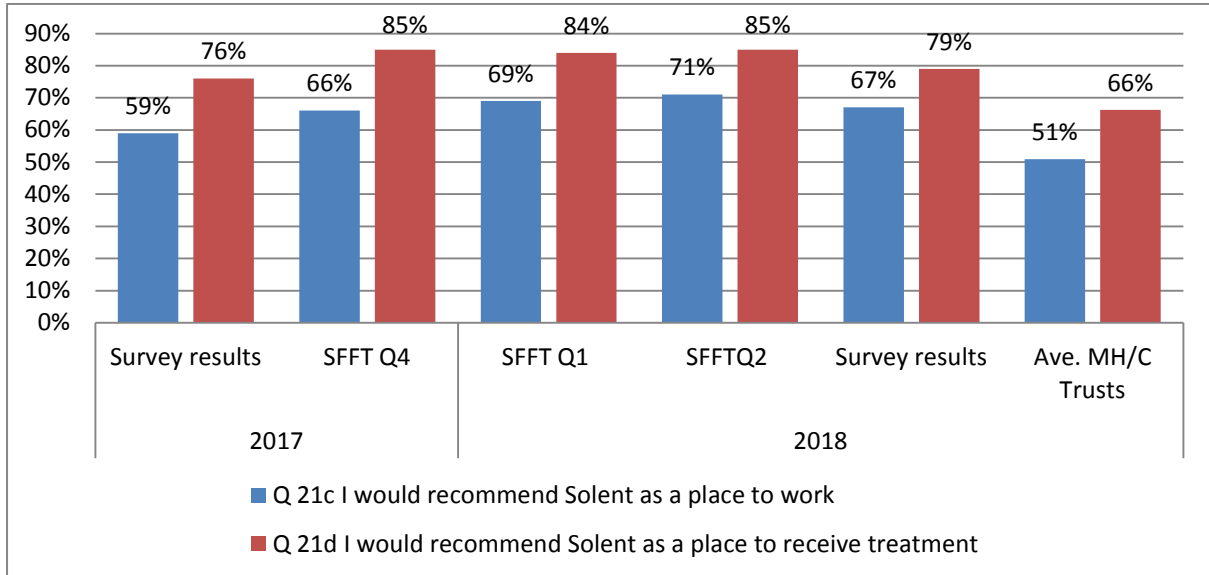
This is a positive result; however scores for questions 2a, 4d and 21c indicate that there is further work to be done to improve the workplace and employee experience.

### 2.3 Staff recommendation of the organisation as a place to work or receive care

The table below illustrates the trend in positive scores for 2 key questions in both the Annual Survey and the Staff Friends and Family Test:

- 21c; I would recommend my organisation as a place to work
- 21d; If a friend or relative needed treatment I would be happy with the standard of care provided by this organisations

**Table 3. Recommendation of Solent as a place to work or receive care**



Figures show a gradual but upward trend and compare favourably with the average Annual Survey result for other similar NHS Trusts. However, the Annual Survey results are lower in both 2017 and 2018 than the Staff FFT results. A likely explanation for this difference is the comparative response rate and the fact that the Annual Survey has wider reach, e.g. to more Facilities and Estates staff. Consideration will be given to how we can use the Staff FFT more effectively as a ‘pulse check’ for the entire organisation.

### 3. DETAILED RESULTS

#### 3.1 Top and Bottom 3 Key Findings

Table 4 highlights our three highest scoring Key Themes and how we compare with similar trusts.

**Table 4. Top ranking scores**

Key Theme	Solent 2017	Solent 2018	Average M/H/Comm Trusts
Equality, diversity and inclusion	9.4	9.4	9.2
Safe working environment - violence	9.7	9.7	9.5
Safe working environment - bullying and harassment	8.5	8.6	8.2

The positive results detailed above have been largely maintained over the past two years. However, it should be noted that:

- as per the Annual Equality, Diversity & Inclusion Board report, our workforce is not fully representative of our two main Cities and this result must therefore be viewed in this context

- the response to question 12d (reporting experiences of violence) noted above suggests that we need a strengthened focus on the importance of reporting all incidents

Table 5 outlines our three lowest scoring Key themes and how we compare with our comparators.

**Table 5. Bottom ranking scores**

Key Theme	Solent 2017	Solent 2018	Average M/H/Comm Trusts
Morale	n/a	6.5	6.2
Health and Wellbeing	6.3	6.5	6.1
Quality of appraisals	6	6	5.5

Whilst the above results represent our lowest scores, it is important to note that they are still above the average for similar Trusts.

### 3.2 Employee comments and themes

Verbatim survey comments are not yet available. A summary of key themes will be provided as an Addendum to this report at the next Board meeting.

## 4. SERVICE LINE RESULTS

Response rates across services varied from 50% to 86%. Adults Southampton delivered the highest improvement in response rate, increasing 13% on last year., 8 out of the 10 services showed an increase on their engagement score from 2017 figures. It is encouraging to see that almost all services report an increase in engagement, with only a slight decrease in Primary Care, as detailed below.

**Table 6: Comparison of engagement scores across service lines**

Service Lines	Engagement Score	
	2017	2018
<b>Trust</b>	7.1	7.4
Adults Portsmouth	7.3	7.6
Adults Southampton	7.6	7.6
Children's Locality East	7.1	7.1
Children's Locality West	6.9	7.1
Corporate	7.4	7.7
Facilities Management/Estates	6.4	6.7
Mental Health Services	6.9	7.3
Primary Care	7.2	7.1
Sexual Health Services	7.0	7.4
Specialist Dental Services	7.2	7.6

A key focus for the next 6 months will be gathering feedback and insights from services following the sharing of survey data with individual teams and feedback on actions taken to further strengthen engagement at local levels.

See Appendix 2 for further service-level data:

- comparison for the key question 'I would recommend as a place to work' across staff FFT results and the 2018 Staff Survey
- Response rates
- Engagement scores
- Service line scores across all 10 Key Themes

## **5. Action taken during 2018**

A number of activities have helped to strengthen levels of engagement over the course of the year:

- Empowered and supported people to celebrate the difference they make and created ways for them to share and celebrate their stories
- CuriosiTEA engagement events; sessions facilitated by the Chief Executive where participants have an opportunity to share their experiences of how they make a difference
- Introduction of monthly Solent Awards; our employees and service users both nominate and vote for the individual, manager and team of the month
- Engaged widely across the trust to gather feedback on appraisal processes
- Improved induction processes for new starters
- Introduction of additional health and wellbeing initiatives
- Launched Schwartz Rounds
- Continued investment in professional development, leadership and team building/ away days
- Created new opportunities for senior leaders and board members to meet with and listen to people Continued to address equipment and accessibility issues, e.g. issuing a significant number of docking stations to help people work flexibly
- Improved the way we communicate, including increasing our use of social media channels; we also launched SolNet, our new intranet

## **6. Next steps**

We will continue to develop our organisation, our leaders and our people to ensure that we have the workplace conditions for people to thrive, which will in turn further improve levels of engagement across the organisation.

The People & OD Committee have supported a recommendation from the Employee Engagement sub-committee for the 'Top 3' themes to focus on:

1. A workplace that supports self-care
2. Learning at work
3. Compassionate & inclusive leadership

This will include building on existing initiatives, researching and designing new activities, a targeted focus on action planning and regular communication of successes throughout the year. There are several actions in flight that should facilitate greater engagement levels:

- Continued focus on mental health and wellbeing in the workplace
- Continued growth of management and leadership development opportunities
- Sustained investment in Quality Improvement and Research
- Ongoing Retention Improvement programme
- Design and implementation of an equality, diversity and inclusion strategy
- Launch of a new Learning & Development strategy

This direction concurs with the national direction of the Workforce Implementation Plan and the Developing People, Improving Care framework. It also continues to build on the original Great Place to Work programme, which is now embedded in our People & OD strategy (see Appendix 3 for the Bersin/ Deloitte model of employee engagement that we have been following and a reminder of the elements of the Great Place to Work strategy).

In addition, a programme of on-going communication on survey results (we said, we did), feedback on local action planning activities and implementation should help to drive greater engagement and deliver a higher response rate ahead of the 2019 Staff Survey. Specific actions include:

- A heat map at team results level including data on sickness absence and turnover, which will enable us to target intensive support and action planning in the teams that need it Executive sponsorship of professional groups will continue to ensure that engagement is reported and responded to horizontally as well as vertically
- The Chief People Officer will meet with each service line triumvirate and their employee engagement sub-committee member to discuss action planning at a local level
- The Employee Engagement strategy will be updated to reflect the key themes and actions from the 2018 survey and our other engagement forums

In order to address the specific drop in reporting violence, the Chief Nurse, Chief Medical Officer and Chief People Officer will meet the service line triumvirates of Adult Mental Health and Specialist Dental Services where the biggest difference exists from the Trust average. A specific action plan will be developed to ensure improvement and this will be monitored through the People & OD Committee and QIR.

## APPENDIX 1: 10 Key Themes and associated survey questions

Theme	Questions	
Quality of Appraisals	19b	Did it help you to improve how you do your job?
	19c	Did it help you agree clear objectives for your work?
	19d	Did it leave you feeling that your work is valued by your organisation?
	19e	Were the values of your organisation discussed as part of the appraisal process?
Equality, Diversity & Inclusion	14	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
	15a	In the last 12 months have you personally experienced discrimination at work from any of the following; patients/service users, their relatives or other members of the public.
	15b	In the last 12 months have you personally experienced discrimination at work from any of the following; Manager/team leader or other colleagues.
	28b	Has your employer made adequate adjustment(s) to enable you to carry out your work?
Staff Engagement	2a	I look forward to going to work.
	2b	Time passes quickly when I am working.
	2c	There are frequent opportunities for me to show initiative in my role.
	4a	I am able to make suggestions to improve the work of my team / department.
	4b	I am enthusiastic about my job.
	4d	I am able to make improvements happen in my area of work.
	21a	Care of patients / service users is my organisation's top priority.
	21c	I would recommend my organisation as a place to work.
	21d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
Health & Wellbeing	5h	Does your organisation take positive action on health and well-being?
	11a	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of
	11b	During the last 12 months have you felt unwell as a result of work related stress?
	11c	In the last three months have you ever come to work despite not feeling well enough to
	11d	How satisfied are you with each of the following aspects of your job?The opportunities for flexible working patterns.
Immediate Managers	5b	Did your manager support you to receive this training, learning or development?
	8c	How satisfied are you with each of the following aspects of your job? The support I get from my immediate manager.
	8d	To what extent do you agree or disagree with the following statements about your immediate manager? My immediate manager.....gives me clear feedback on my work.
	8f	To what extent do you agree or disagree with the following statements about your immediate manager? My immediate manager.....asks for my opinion before making decisions that affect my work.
	8g	To what extent do you agree or disagree with the following statements about your immediate manager? My immediate manager... ..takes a positive interest in my health and well-being.
	19g	To what extent do you agree or disagree with the following statements about your immediate manager? My immediate manager... ..values my work.
Morale	4c	I am involved in deciding on changes introduced that affect my work area / team /
	4i	The team I work in often meets to discuss the team's effectiveness.
	6a	I have unrealistic time pressures.
	6b	I have a choice in deciding how to do my work.
	6c	Relationships at work are strained.

	8a	To what extent do you agree or disagree with the following statements about your immediate manager? My immediate manager.....encourages me at work.
	23a	I often think about leaving this organisation.
	23b	I will probably look for a job at a new organisation in the next 12 months.
	23c	As soon as I can find another job, I will leave this organisation.
Quality of Care	7a	I am satisfied with the quality of care I give to patients / service users.
	7b	I feel that my role makes a difference to patients / service users.
	7c	I am able to deliver the care I aspire to.
Safe Environment - Bullying & Harassment	13a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?Patients / service users, their relatives or other members of the public.
	13b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?Managers.
	13c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?Other colleagues.
Safe Environment - Violence	12a	In the last 12 months how many times have you personally experienced physical violence at work from...?Patients / service users, their relatives or other members of the public.
	12b	In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.
	12c	In the last 12 months how many times have you personally experienced physical violence at work from...?Other colleagues.
Safety Culture	17a	My organisation treats staff who are involved in an error, near miss or incident fairly.
	17c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.
	17d	We are given feedback about changes made in response to reported errors, near misses and incidents.
	18b	I would feel secure raising concerns about unsafe clinical practice.
	18c	I am confident that my organisation would address my concern.
	21b	My organisation acts on concerns raised by patients / service users.



## APPENDIX 2: Summary of key data for service lines

### Engagement, response rates and Staff FFT comparison

Service lines	Engagement (eng.) Score		Response Rate		BME eng. Score (out of 10, 10 being highest)	White eng. Score (out of 10, 10 being highest)	Recommend as a Place to Work			Ann. Turnover (at Dec 18)
	2017	2018	2017	2018			Q1 SFFT	Q2 SFFT	Staff Survey 2018	
<b>Trust</b>	7.1	7.4	56%	59%	7.63	7.35	69%	71%	67%	14.0%
<b>ADP</b>	7.3	7.6	56%	53%	n/a	n/a	78%	81%	73%	16.3%
<b>ADS</b>	7.6	7.6	44%	57%	7.63	7.35	77%	78%	73%	16.5%
<b>CLE</b>	7.1	7.1	62%	50%	n/a	n/a	60%	61%	57%	14.5%
<b>CLW</b>	6.9	7.1	58%	57%	7.37	7.11	61%	65%	62%	13.0%
<b>CORP</b>	7.4	7.7	87%	86%	n/a	n/a	73%	75%	76%	16.3%
<b>FME</b>	6.4	6.7	51%	52%	7.37	7.11	59%	58%	60%	7.6%
<b>MHS</b>	6.9	7.3	43%	52%	7.37	7.11	68%	76%	73%	10.7%
<b>PRI</b>	7.2	7.1	58%	65%	7.37	7.11	64%	65%	60%	16.1%
<b>SHS</b>	7.0	7.4	61%	65%	n/a	n/a	59%	65%	60%	15.3%
<b>SDS</b>	7.2	7.6	61%	63%	n/a	n/a	71%	69%	71%	9.3%

n/a indicates less than 11 responses were received, so there is no reportable data available

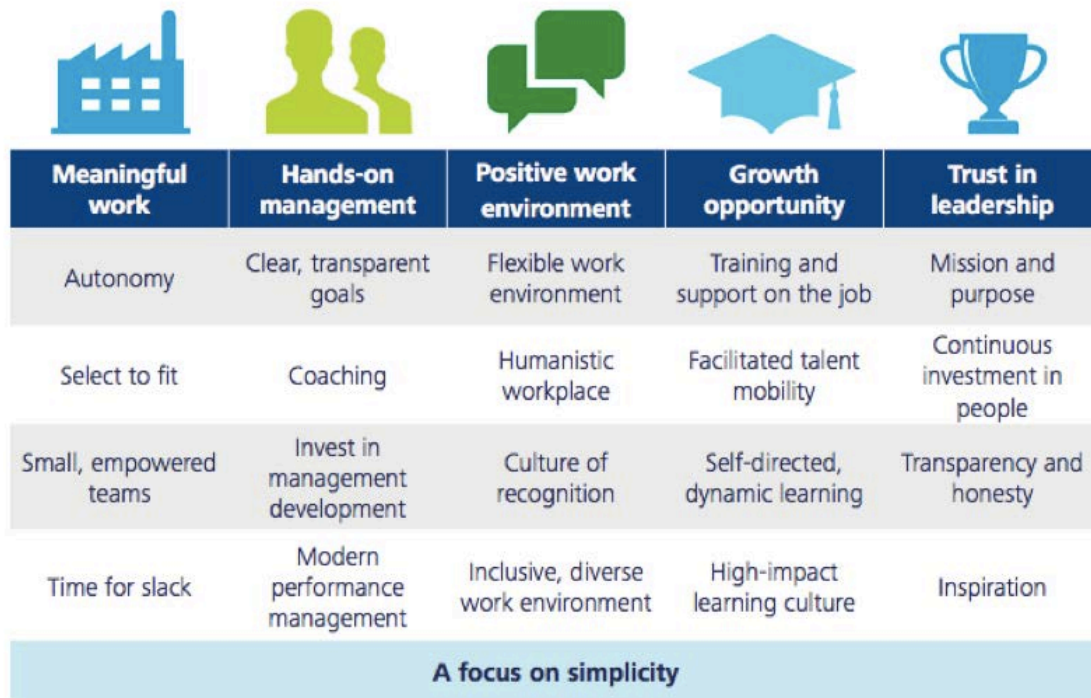
### Service line results across all 10 Key Themes

	Quality of Appraisals	Equality, Diversity & Inclusion	Staff Engagement	Health & Wellbeing	Immediate Managers	Morale	Quality of Care	Safe Working Environment - bullying & harassment	Safe Working Environment - violence	Safety Culture
<b>Trust</b>	6	9.4	7.4	6.5	7.4	6.6	7.4	8.6	9.7	7.4
<b>ADP</b>	6.9	9.4	7.6	6.4	7.8	6.7	7.9	8.5	9.7	7.4
<b>ADS</b>	6.3	9.4	7.6	6.4	7.8	6.6	7.9	8.6	9.6	7.5
<b>CLE</b>	5.6	9.6	7.1	6	7	6.3	6.7	8.9	9.9	7.2
<b>CLW</b>	5.9	9.7	7.1	6.3	7.3	6.5	6.6	9	9.9	7.3
<b>CORP</b>	6.3	9.7	7.7	7.4	7.7	6.7	7.2	9.3	10	7.5
<b>FME</b>	5.2	8.8	6.7	7	6.7	6.5	7.5	8.7	9.6	6.6
<b>MHS</b>	6.1	9.1	7.3	6.5	7.5	6.6	7.5	8.1	9.3	7.2
<b>PRI</b>	5.5	9.1	7.1	6.1	7.1	6.2	7.4	8.2	9.8	7.4
<b>SHS</b>	5.7	9.6	7.4	6.7	7.6	6.7	7.9	8	9.9	7.7
<b>SDS</b>	5.3	9.2	7.6	5.6	7.1	6.6	8.1	8.4	9.4	8

**APPENDIX 3: Bersin/ Deloitte model of Employee Engagement**

**Figure 1. The simply irresistible organization®**

What we have learned: Five elements drive engagement



Graphic: Deloitte University Press | DUPress.com

**APPENDIX 3: Solent Great Place to Work**



# 2018 NHS Staff Survey headlines

59%

of people  
took part

up by  
3%  
from 2017

7.3/10  
Engagement  
score

increase from 7.1  
in 2017 and above  
the average of other  
comparable Trusts: 7.0



Survey results are reported through 10 key themes. Out of 10 themes we scored better than average when compared with other combined community and mental health/learning disability trusts, across all themes and amongst the top scoring trusts in six of the 10.

Here are some areas where we have seen significant improvements, but there is still more to be done...



I would recommend Solent as a place to work

Up 8%  
67%



Communication between senior management and employees is effective

Up 9%  
54%



I am involved in important decisions

Up 7%  
46%



I am recognised for the work I do

Up 8%  
65%



Senior managers act on my feedback

Up 8%  
46%



My organisation values my work

Up 8%  
56%



The last time I experience physical violence at work I, or my colleague, reported it.

Up 9%  
72%

Here's the questions where we have maintained an excellent result

90%  
or above



I feel my role makes a difference to patients



I am trusted to do my job



My organisation acts fairly with regard to career progression / promotion



My organisation takes positive action on health and wellbeing



My organisation encourages people to report errors, near misses or incidents



I have had an appraisal, annual review, development review or KSF in the last 12 months



Patient experience feedback is collected within my department



I had the opportunity to talk about the trust values during my appraisal

Areas people scored lower:

75%

3%

I have received training, learning or development in the last 12 months. Of the 75% of people who responded positively, 95% said that their manager was supportive.

75%

14%

The last time I experienced physical violence at work I reported it.

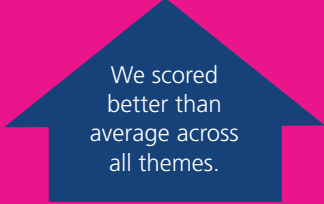
20%

2%

In the last month I have seen an error, near miss or incident that could have hurt patients. Of the people who saw an error, near miss or incident, 96% of people said that they reported it.

# Theme results

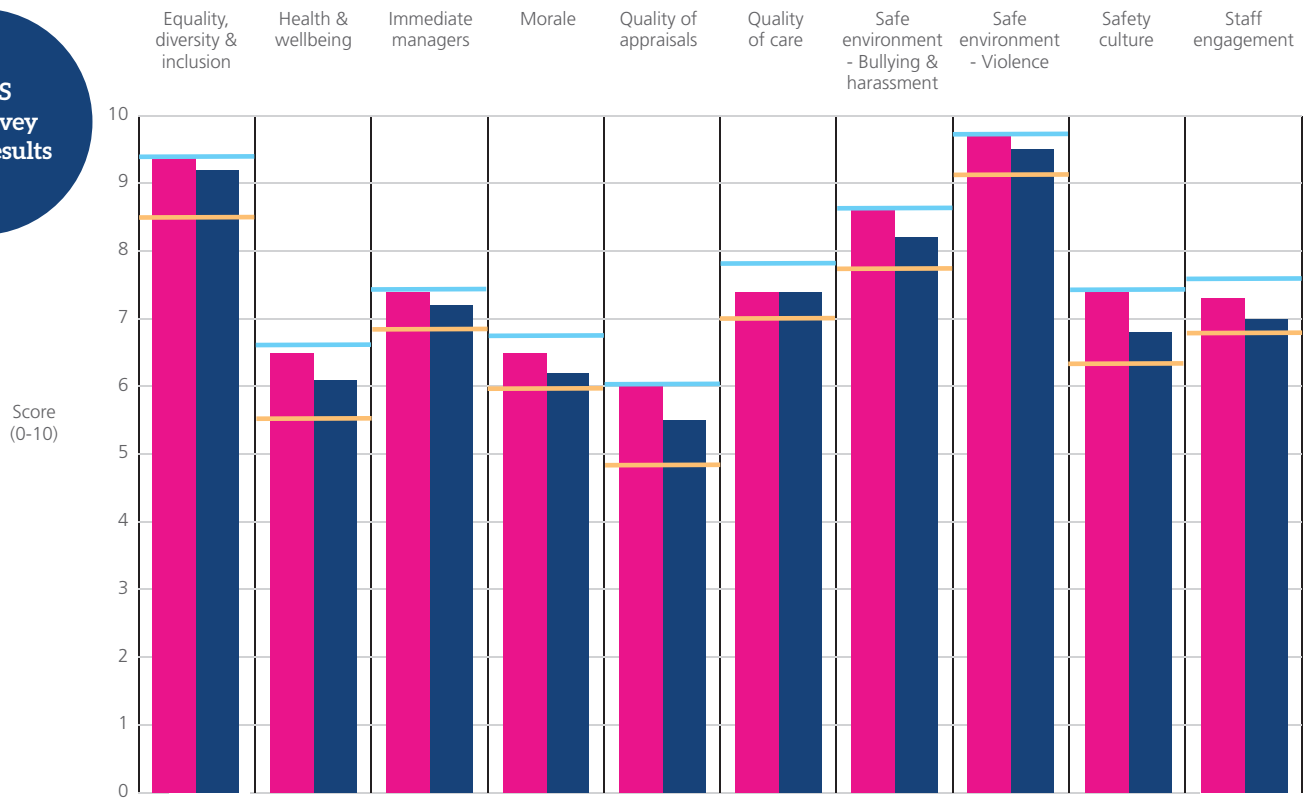
This is how we scored, across the survey themes, when compared against other combined community and mental health/ learning disability Trusts.



We were amongst the best performing trusts for:

- Equality, diversity and inclusion
- Immediate managers
- Quality of appraisals
- Safe environment
- Safety culture

2018 NHS Staff Survey theme results



<b>Best</b>	9.4	6.6	7.4	6.7	6.0	7.7	8.6	9.7	7.4	7.5
<b>Your organisation</b>	9.4	6.5	7.4	6.5	6.0	7.4	8.6	9.7	7.4	7.3
<b>Average</b>	9.2	6.1	7.2	6.2	5.5	7.4	8.2	9.5	6.8	7.0
<b>Worst</b>	8.5	5.6	6.9	6.0	4.8	7.0	7.6	9.2	6.4	6.7
<b>No responses</b>	2,022	2,023	2,027	2,009	1,884	1,719	2,015	2,009	2,027	2,036

Next steps

You can find the full Trust survey report on SolNet within Staff Zone.

Look out for your team reports. Your manager will talk with you about next steps and action planning.

## Board Report – In Public Meeting

Presentation to	<input checked="" type="checkbox"/> In Public Board Meeting	<input type="checkbox"/> Confidential Board Meeting			
Title of Paper	Information Governance Briefing Paper				
Author(s)	Sadie Bell, Data Protection Officer	Executive Sponsor David Noyes - SIRO			
Date of Paper	15 <sup>th</sup> March 2019	Committees presented N/A			
Link to CQC Key Lines of Enquiry (KLoE)	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
Well Led KLoEs	W1 Leadership Capacity & Capability	W2 Vision & Strategy	W3 Culture	W4 Roles & Responsibilities	
Action requested of the Board	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision			
Link to BAF risk	BAF # ----- Concerning ----- or				<input checked="" type="checkbox"/> N/A
Level of assurance (tick one)	Significant	Sufficient	x	Limited	None

**Please Note:** It is a requirement of the General Data Protection Regulations (2016) that the Board have oversight of and take accountability for Information Governance (IG).

***This report should be considered as “read” prior to the meeting and will not be discussed in detail at the meeting. The Trust’s Data Protection Officer will attend to address queries and any challenges or concerns raised by the Board Members.***

### Summary

The Trust has implemented new reporting structures, which has allowed it to meet the new and heightened demands of the Data Protection and Security Toolkit.

A number of actions have been identified to increase compliance with Data Protection and Freedom of Information Requests and reduce the number of IG incidents. These are to be undertaken in Q1, 2019/20

### Trust’s Information Governance Objectives

The Trust’s objectives for 2018/19 have been met, or partially met;

- **Continue to achieve outstanding IG compliance;** Ongoing – achievements made
- **Navigate new challenges introduced by the new Data Protection and Security Toolkit;** Completed
- **Strive for a level of assurance above average compliance for GDPR, by providing greater transparency;** Completed
- **Help our partners and the public understand GDPR, and assist in providing expert advice, where perspective of the law may be mis-understood;** Ongoing – achievements made
- **Support our working partners with the wider Health and Social Care integration, whilst ensuring IG compliance;** Ongoing – achievements made

The Trust’s objectives for 2019/20 are to continue to maintain compliance levels, as well as;

- Continue to expand on the following objectives form 2018/19
  - Strive for a level of assurance above average compliance for GDPR, by providing greater transparency;
  - Help our partners and the public understand GDPR, and assist in providing expert advice, where perspective of the law may be mis-understood
  - Support our working partners with the wider Health and Social Care integration, whilst ensuring IG compliance

- To contribute towards implementing an Information Strategy for the Trust, linking in with Records Management Practices
- Focus on implementing outstanding Information Security throughout the Trust
- Expand upon the Trust’s commercial arrangements with regards to Information Governance
- Undertake more in-depth service inspections and implement an IG communication strategy plan, to continue to increase awareness and compliance across the Trust.

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## 1. Purpose

- 1.1 The purpose of this report is to provide the Trust with a summary of the Trust's current Information Governance Compliance with Law, National Requirements and Mandatory NHS Requirements.
- 1.2 Solent NHS Trust believes that it is essential to the delivery of the highest quality of health care for all relevant information to be accurate, complete, timely and secure. As such, it is the responsibility of all staff and contractors working on our behalf to ensure and promote a high quality of reliable information to underpin decision making.
- 1.3 Information Governance promotes good practice requirements and guidance to ensure information is handled by organisations and staff legally, securely, efficiently and effectively to deliver the highest care standards. Information Governance also plays a key role as the foundation for all governance areas, supporting integrated governance within Solent NHS Trust.
- 1.4 This reports covers Solent NHS Trust's Information Governance's Activity;
  - Data Protection and Security Toolkit 2018/19 (previously known as the Information Governance Toolkit)
  - Compliance with legal requests for information
  - Information Governance Incidents

## 2. Data Protection and Security Toolkit 2018/19 – October Baseline Assessment

The Information Governance (IG) Toolkit in the format used for the previous 15 years has ceased to exist. This has now been replaced by the Data Security and Protection Toolkit (DSPT). The DSPT remains an online self-assessment tool, mandated by NHS Digital, which enables Health and Social Care organisations to measure their performance against Data Security and Information Governance legislation. The DSPT was developed following the National Data Guardian's (NDG) review which was instated in July 2016 and as a result has taken a shift in focus when compared to previous version of the IG Toolkit and has become more Security focused; therefore although previous compliance levels have assisted with currency compliance status of the DSPT, it cannot be compared like for like.

The ten Data Security Standards were a result of the NDG review and therefore the focus of the new Toolkit, which is then split into three categories:

- **Leadership Obligation 1 – People:** *Ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles.*
- **Leadership Obligation 2 – Process:** *Ensure the organisation proactively prevent data security breaches and responds appropriately to incidents or near misses*
- **Leadership Obligation 3 – Technology:** *Ensure technology is secure and up to date*

The Trust is currently (as of report date), preparing itself to undertake the final submission of the Data Security and Protection Toolkit for 2019/20. The Trust is expected to have completed all mandatory requirements by the 31<sup>st</sup> March 2019 and a number of non-mandatory requirements

***A full breakdown of the Trust's expected compliance can be found in Appendix A.***

An update will be provided at Board, when this paper is presented, to confirm the Trust's final position.



### 3. Summary of Information Governance's Legal Requirements Compliance

An overarching review of the Trust's Information Governance Legal Requirements (Freedom of Information Requests (FOI) and Subject Access Requests (SARS)) shows that there has been an increase in demand / number of requests, as well as an increase in compliance;

- The number of SAR's received increased by 25.7% compared to 2017/18. At the same time overall compliance increased by 3% for the financial year, despite a reduction in the time allocated to respond to a request reducing from 40 days to 30 days. This is a huge achievement, as not only as the Trust been able to meet demand, with a reduced timeframe, but maintain and improve upon compliance.
- The number of FOI requests received increased by 4% compared to 2017/18. Overall compliance has remained the same, when comparing to 2017/18.

\*please note that all figures above and increase on demand only includes Apr18 – Feb19. Therefore demand will increase this financial year, with March's requests and compliance is subject to change.

***A full breakdown of the Trust's current Information Requests compliance can be found in Appendix B.***

In August 2017 Solent NHS Trust implemented a dedicated records management resource, which amongst other tasks focused on Data Protection Requests and Freedom of Information Requests. This dedicated resource allowed for a dramatic increase in compliance; however Appendix B has highlighted certain month's (in yellow) where compliance levels have dropped. This decrease in compliance has a direct correlation to when the dedicate resource has either not been completely or partially available, due to staff resourcing and issues. This highlights the importance of a dedicated centralised resource; however the Head of Information Governance, is currently reviewing this resource, alongside contingences if this resource was ever to become reduced due to vacancies, annual leave, sickness, etc... This will include pulling resources from elsewhere within the IG Team, reprioritising other tasks and if needed identifying replacement resources (e.g. Bank Staff) quicker.

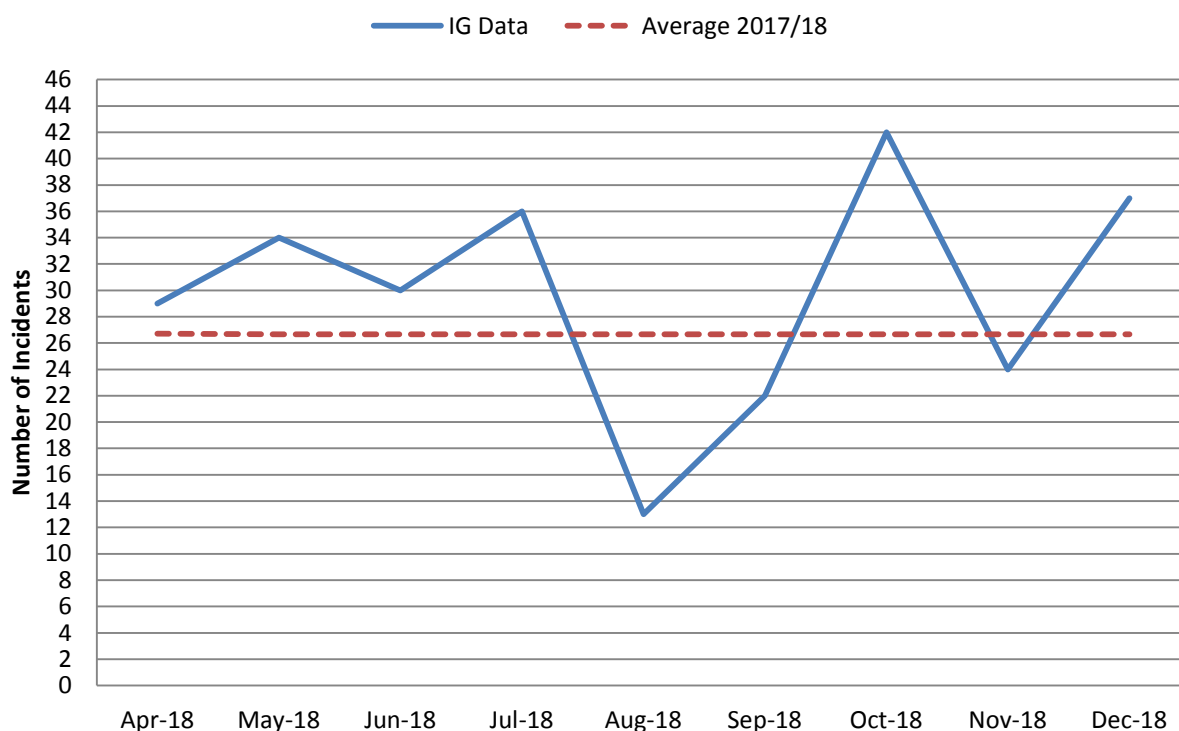
**Action for 2019/20, Q1:** SAR & FOI compliance for quarter 1 to be 95% compliant. This will be monitored on a monthly basis and resource reviews / allocations will form part of this.

### 4. Information Governance Incidents / Security

#### 4.1 IG Incidents, Q2, 2018/19

IG Incidents – Main Issues				
	Q1	Q2	Q3	Total
Lost Notes/PID	4	4	3	11
PID sent to wrong address / person	23	10	24	57
PID in wrong record	27	20	32	79
Records Error	3	10	11	24
PID Saved / Stored Insecurely	8	14	9	31
NHSMail not used for PID	7	3	3	13
PID found in public place	3	1	5	9
Breach by staff - Deliberate	2	0	3	5
Breach by staff - Unintentional	8	3	6	17
Printing Issues (left on printer / wrong printer)	3	3	0	6
Other	5	3	7	15
<b>Sub Total</b>	<b>93</b>	<b>71</b>	<b>103</b>	<b>267</b>

## IG Incidents - 2018/19 to date



Compared to 2017/18, there has been an increase in the number of IG incidents reported. This is obviously taken very seriously by the Trust, but is also seen as a positive. The Trust has a very open reporting culture and the highest reported type of incident is “PID in Wrong Record”, which is reflective of the type of incidents we encourage staff to report in this year’s IG Training. This type of incident needs to be addressed by the Trust, but compared to the activity levels within the Trust e.g. number of record entries, compared to the number of incidents, and the fact that the error is contained within the Health & Social Care setting, with records being amended as soon as the error is reported, the risk to the Trust is low.

The second highest reporting category is PID sent to wrong address / person. This remains a highly reported category, with fifty-seven incidents reported within Q1 – Q3. This is of a concern, but as above, in comparison with the number of letters sent each year, compared to the number of incidents, the occurrences are low. Actions taken within the Trust have also significantly reduced the impact of the incident, meaning that although information about one patient is sent to a third party, the likelihood of that third party identifying the patient is low. This is reflected in the number of incidents reported as High Risk or Serious Incidents, within this reporting category only four have been identified as high or above breach.

The third highest reporting category is PID Saved / Stored Insecurely. The majority of these breaches have been identified within the Trust and reported as near misses. These type of incidents are of a concern as they can lead to High or Serious Incidents and further training, awareness and monitoring in this area is required.

### Actions for 2019/20, Q1:

- Information Governance Team to work with Patient Systems and Professional Leads to reduce the likelihood of a continued increase in the number of incidents reported as “PID in Wrong Record”
- Information Governance Team to separate out PID sent to wrong address / person, where a breach has occurred, to those where the mitigations in place have prevented a breach, although an error has occurred

- Information Governance Team to undertake a review of PID sent to wrong address / person, to see if a collative review identifies any further learning or changes to practices required
- Information Governance Team are to undertake spot check audits in Q1 & Q2 to assess the security of PID.

#### 4.2 **Trust's Top 3 Security Concerns – At Present**

Please note that the below is reflective of the top three issues / concerns that the Trust is focusing on at present and are not a reflection or statement of non-compliance.

- **Cyber Security:** This should always remain in the top three due to the significant risk to the organisation, especially in light of incidents such as WannaCry. This is a key focus of the Information Security Group, to provide assurance to the Trust.
- The implementation of Anti-Virus Software and Bitlocker encryption. Action plans are in place to remove this risk within the beginning of Q1, 2019/20
- Revision of access control processes; reviews of which staff have access to which network drives / systems, should periodically be undertaken. This is currently being undertaken, with an aim that by the end of Q1, 2019/20 this should have been completed and more robust processes of monitoring are in place.

#### 5. **Summary**

Solent NHS Trust continues to strive for excellent Information Governance compliance and awareness, providing and operating a culture of transparency and openness, as well as continual improvement and learning. This supports the Trust's values and strategies, as well as the foundations of the new Data Protection Legislations.

The Trust has implemented new reporting structures, which has allowed it to meet the new and heightened demands of the Data Protection and Security Toolkit.

A number of actions have been identified to increase compliance with Data Protection and Freedom of Information Requests and reduce the number of IG incidents.

#### ***Trust's Information Governance Objectives***

The Trust's objectives for 2018/19 were to continue to maintain compliance levels, as well as;

- **Continue to achieve outstanding IG compliance;** Ongoing – current accomplishments have been outlined in this report.
- **Navigate new challenges introduced by the new Data Protection and Security Toolkit;** completed – as summarised above
- **Strive for a level of assurance above average compliance for GDPR, by providing greater transparency;** completed – this has been identified in Solent NHS Trust's latest CQC report. In addition the Information Governance Team have been working with services to strengthen the Trust's compliance with the GDPR requirement "the right to be informed". It has undertaken "GDPR Health-checks" on all the clinical service lines and as part of this have completed assessments of their sharing agreement arrangements, contracts for data processing / sub-contracts for provision of service, data flow mapping and information assets. As result of this individual service lines will now have their own Privacy Notices, which will be published at the beginning of April 2019, providing the public with a greater understanding of how we work, who we share information with and why and their rights as patients. The same process is to be undertaken with Corporate Services within 2019/20.
- **Help our partners and the public understand GDPR, and assist in providing expert advice, where perspective of the law may be mis-understood;** Ongoing – this is an ongoing task, but the Information Governance Team are working closely with our partners

and have provided patient / public literature on key topics such as “right to access”, “right to modification” and “right to erasure”.

- **Support our working partners with the wider Health and Social Care integration, whilst ensuring IG compliance;** Ongoing – Solent NHS Trust’s Data Protection Officer and Head of Information Governance & Security, has taken on the IG Lead role for Hampshire & Isle of Wight STP and the Wessex Care Records, as well as becoming the Data Protection Officer for Portsmouth GP Practices.

The Trust’s objectives for 2019/20 are to continue to maintain compliance levels, as well as;

- Continue to expand on the following objectives from 2018/19
  - Strive for a level of assurance above average compliance for GDPR, by providing greater transparency;
  - Help our partners and the public understand GDPR, and assist in providing expert advice, where perspective of the law may be mis-understood
  - Support our working partners with the wider Health and Social Care integration, whilst ensuring IG compliance
- To contribute towards implementing an Information Strategy for the Trust, linking in with Records Management Practices
- Focus on implementing outstanding Information Security throughout the Trust
- Expand upon the Trust’s commercial arrangements with regards to Information Governance
- Undertake more in-depth service inspections and implement an IG communication strategy plan, to continue to increase awareness and compliance across the Trust.

## **Board Recommendation**

The Board is asked to receive the report

### Assurance Level

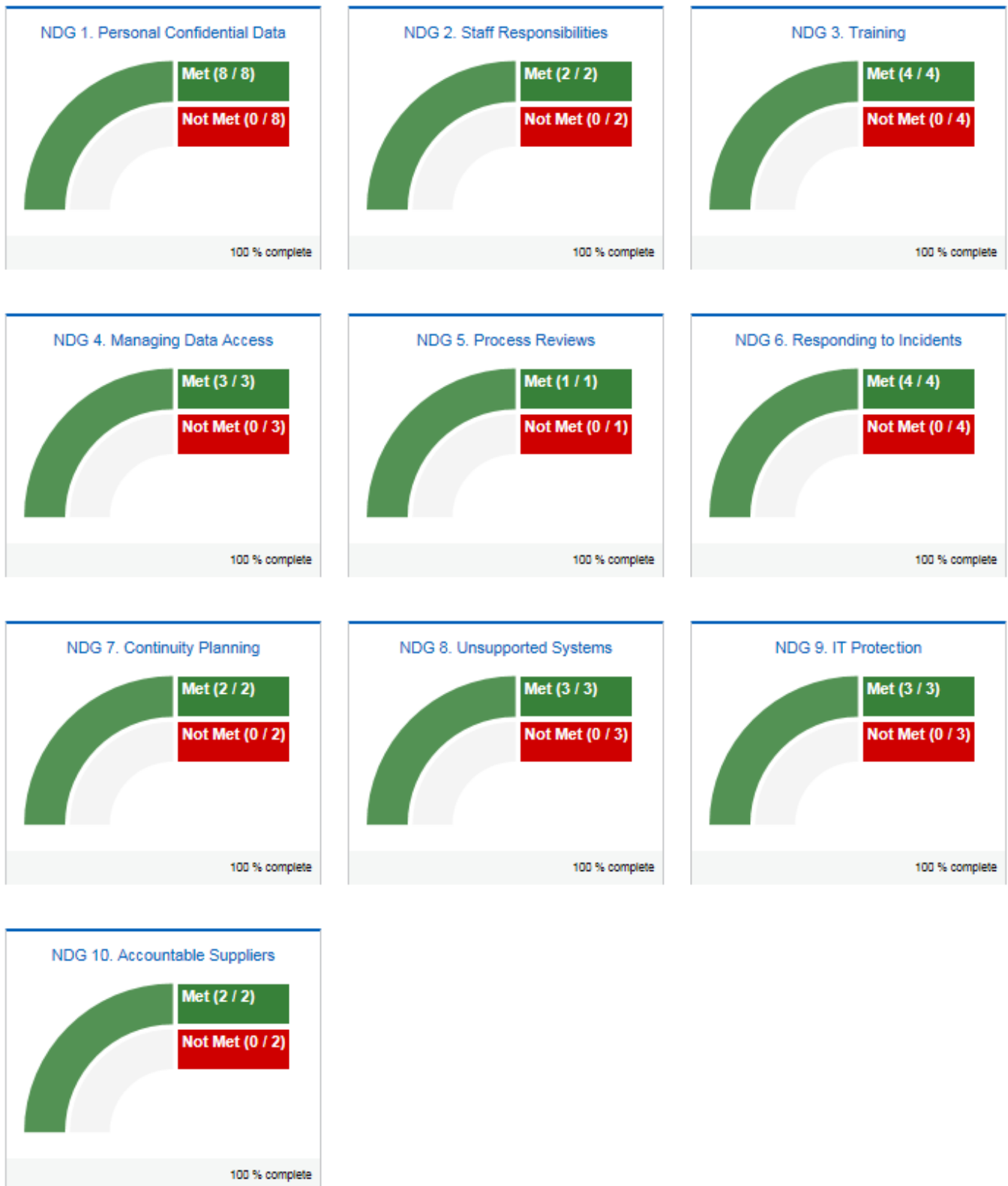
Concerning the overall level of assurance the Board is asked to consider whether this paper provides:

- Significant, sufficient, limited or no assurance

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

## Appendix A: Data Protection and Security Toolkit Current Compliance

Below is a summary of Solent NHS Trust's expected compliancy with the Data Security and Protection Toolkit for the final 2018/19 Toolkit submission.



\*compliance expected to be submitted on / or before the 31<sup>st</sup> March 2019

## Appendix B: Information Request Compliance Breakdown

### Subject Access Requests:

Due to the recent change in legislation, the Trust is currently monitoring two states of compliance; the first being in accordance with the Data Protection Act 1998 which allows 40 days to respond to requests for records or information. The second, is in conjunction with the General Data Protection Regulations 2016 that came in to effect on 25<sup>th</sup> May 2018 – midway of the first quarter. The new legislation only allows us on calendar month (Approx. 30 days) to respond to requests. Below is a breakdown of compliance for 2018/19 (minus March 2019), compared to all of 2017/18; in line with both legislations.

Only Subject Access Requests and Police Requests (under Data Protection Legislation) are now monitored for compliance, all other types of requests are separately monitored under the legislations that they fall under, but are minimal so no longer reported on.

	2017/18	2018/19	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19 *TBC
Number of requests received	798	1003	227	286	309	181
Number of requests responded to within 21 days (best practice)	529 (66%)	726 (75%)	160 (71%)	191 (67%)	242 (78%)	133 (90%)
Number of requests responded to within GDPR (30 days)	Not reported under in 2017/18	12 (12%)	32 (14%)	40 (14%)	41 (13%)	7 (5%)
Number of requests responded to within DPA (40 days)	155 (20%)	19 (2%)	19 (8%)	-	-	-
Number of breaches within GDPR (in excess of 30 days)	Not reported under in 2017/18	96 (10%)	0 (0%)	55 (19%)	26 (9%)	7 (5%)
Number of breaches within DPA (in excess of 40 days)	113 (14%)	8 (1%)	16 (7%)	-	-	-
<b>Not Due</b>	-	34	-	-	-	34

\* Final figures are subject to change, as some requests are currently not due to date – only includes Jan & Feb data

\* % compliance = requests minus those not due

A breakdown in monthly compliance is shown below.

Overarching								
Year	Month	Total	Not Due	21 days	30 days GDPR	40 days DPA	Compliance %	Breaches
2018/2019	April	58	0	36	7	11	93%	4
	May	89	0	62	15	8	96%	4
	Jun	80	0	62	10	0	90%	8
	Jul	101	0	75	8	-	82%	18
	Aug	65	0	32	14	-	71%	19
	Sept	120	0	84	18	-	85%	18
	Oct	117	0	82	27	-	93%	8
	Nov	110	0	95	10	-	95%	5
	Dec	82	0	65	4	-	84%	13
	Jan	92	5	77	7	-	97%	3
Feb	89	29	56	0	-	93%	4	

### Freedom of Information Requests:

Quarters	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19 *TBC
No. Requests	75	91	73	67
No. Breaches	3	17	4	5
No. Not Due	-	-	-	8
% Compliance	96%	81%	95%	92%

<b>Presentation to</b>	<input checked="" type="checkbox"/> In Public Board Meeting	<input type="checkbox"/> Confidential Board Meeting						
<b>Title of Paper</b>	Report on 18/19 Flu Campaign for employees.							
<b>Author(s)</b>	Michaela Tarrant	<b>Executive Sponsor</b> Geoff Glover						
<b>Date of Paper</b>	19.03.19	<b>Committees presented</b>						
<b>Link to CQC Key Lines of Enquiry (KLoE)</b>	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led			
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability		<b>W2</b> Vision & Strategy		<b>W3</b> Culture	X	<b>W4</b> Roles & Responsibilities	X
	<b>W5</b> Risks and Performance	X	<b>W6</b> Information		<b>W7</b> Engagement	X	<b>W8</b> Learning, Improv & innovation	
<b>Action requested of the Board</b>	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision						
<b>Link to BAF risk</b>	BAF # ----- Concerning ----- or <input checked="" type="checkbox"/> N/A							
<b>Level of assurance (tick one)</b>	Significant		Sufficient	X	Limited		None	

The purpose of this paper is to update the board on the final vaccination template.

This paper is in line with the 7<sup>th</sup> September 2018 communication from 'Public Health England' reference flu vaccination management (See attached).

### Board Recommendation

The Board is asked to; note the paper and publish it.

### Assurance Level

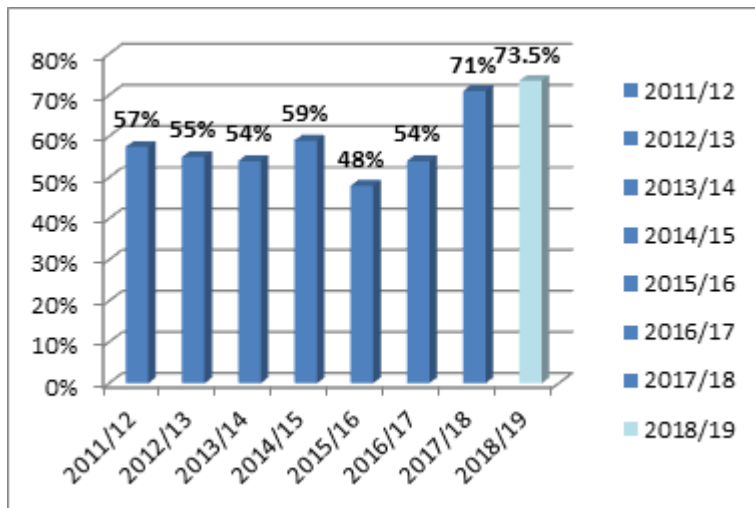
Concerning the overall level of assurance the Board is asked to consider whether this paper provides:

- Significant, sufficient, limited or no assurance

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

### 1. Total flu vaccination uptake

- 100% of HCWs were offered the flu vaccine during the 2018/19 campaign
- 73.5% of our frontline workers received the vaccine, our target was 75% with an ambition to achieve 100% uptake
- How did we do compared to previous years:



## 2. Opt-out numbers and rates

- 281 people notified us that they did not wish to be vaccinated, some for health reasons and others due to personal choice:

Number of frontline workers that have told us they are declining the vaccine	281
<b>Declined due to :</b>	
◦ Personal Choice	155
◦ Health Reasons	25
◦ I don't like needles	17
◦ I don't think I'll get flu	6
◦ I don't believe the evidence that being vaccinated is beneficial	20
◦ I'm concerned about possible side effects	38
◦ I don't know how or where to get vaccinated	0
◦ It was too inconvenient to get to a place where I could get the vaccination	1
◦ The times when the vaccination is available are not convenient	0
◦ Other reason	19

## 3. Designated higher-risk

As a Community Trust none of our areas of service were judged to be high risk, as per the guidelines.

## 4. Details of actions taken to deliver the 100% uptake ambition

- The Trust commenced its vaccination programme on 1<sup>st</sup> October 2018
- 100% of staff were notified individually that the vaccine was available to them. This notification was accompanied by information about the importance of being vaccinated
- Multiple clinics were made available across Hampshire in addition to peer vaccinators operating in local services
- Our proactive communications plan helped to promote the flu programme through a range of communication media; weekly updates in our Intranet flu page, staff and managers briefings, all staff emails and social media posts (including flu facts, myth busters, uptake figures etc.) and flu was a standing item at key management meetings.
- Our local flu champions and peer vaccinators were provided with lots of information and resources to encourage uptake in local areas



- We donated 1500 tetanus jabs to Unicef for vulnerable children as part of our efforts to encourage flu vaccine uptake.

The results and feedback from our 2018 campaign will help to inform our planning for 2019 with the aim of a continuous improvement in our uptake of the influenza vaccine to help protect patients and staff from this harmful virus.



Wellington House  
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London SE1 8UG  
[martin.wilson1@nhs.net](mailto:martin.wilson1@nhs.net)

Friday 7 September 2018

To: Chief Executives of NHS Trusts and Foundation Trusts

Dear Colleague

### **Health care worker flu vaccination**

We know you appreciate the importance of all healthcare workers protecting themselves, their patients, their colleagues and their families by being vaccinated against seasonal flu, because the disease can have serious and even fatal consequences, especially for vulnerable patients. Your leadership, supported by the Flu Fighter campaign and the CQUIN has increased take-up of the flu vaccine, with some organisations now vaccinating over 90% of staff. Our ambition is for 100% of healthcare workers with direct patient contact to be vaccinated.

In February, the medical directors of NHS England and NHS Improvement wrote to all Trusts to request that the quadrivalent (QIV) vaccine is made available to all healthcare workers for winter 2018-19 because it offers the broadest protection. This is one of a suite of interventions that can and should be taken to reduce the impact of flu on the NHS.

Today we are writing to ask you to tell us how you plan to ensure that every one of your staff is offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Healthcare workers with direct patient contact need to be vaccinated because:

- a) Recent National Institute for Health and Care Excellence (NICE) guidelines<sup>1</sup> highlight a correlation between lower rates of staff vaccination and increased patient deaths;
- b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues;
- c) Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence;
- d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated.

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<sup>1</sup> <https://www.nice.org.uk/guidance/ng103>

In order to ensure your organisation is doing everything possible as an employer to protect patients and staff from seasonal flu we ask that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of 2018.

Where staff are offered the vaccine and decide on the balance of evidence and personal circumstance against having the vaccine, they should be asked to anonymously mark their reason for doing so by completing a form, and you should collate this information to contribute to the development of future vaccination programmes. We have provided an example form [appendix 2] which you may wish to tailor and use locally, though we suggest you use these opt out reasons to support national comparisons.

We specifically want to ensure greatest protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. The evidence suggests that in these 'higher-risk' clinical environments more robust steps should be taken to limit the exposure of patients to unvaccinated staff and you should move as quickly as possible to 100% staff vaccination uptake. At a minimum these higher-risk departments include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas may be identified locally where there are a high proportion of patients who may be vulnerable, and are receiving close one-to-one to clinical care.

**In these higher-risk areas, staff should confirm to their clinical director / head of nursing / head of therapy whether or not they have been vaccinated. This information should be held locally so that trusts can take appropriate steps to maintain the overall safety of the service, including considering changing the deployment of staffing within clinical environments if that is compatible with maintaining the safe operation of the service.**

We would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce; to identify and minimise any barriers; to discuss and agree which clinical environments and staff should be defined as 'higher-risk'; and to ensure that the anonymous information about reasons for declining the vaccine is managed with full regard for the dignity of the individuals

concerned. Medical and nurse director colleagues will need to undertake an appropriate risk assessment and discuss with their staff and trade union representatives how best to respond to situations where clinical staff in designated high risk areas decline vaccination.

It is important that we can track trusts' overall progress towards the 100% ambition. Each trust shall continue to report uptake monthly during the vaccination season via 'ImmForm'. However from this year you are also required to report how many healthcare workers with direct patient contact have been offered the vaccine and opted-out. This information will be published monthly by Public Health England on its website.

By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as 'higher-risk'. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by

asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2.

You can find advice, guidance and campaign materials to support you to run a successful local flu campaign on the NHS Employers Flu Fighter website [www.nhsemployers/flufighter](http://www.nhsemployers/flufighter)

Finally we are pleased to confirm that NHS England is once again offering the vaccine to social care workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely

*- signed jointly by the following national clinical and staff side professional leaders -*

**Prof Stephen Powis** .....National Medical Director, NHS England  
and on behalf of National Escalation Pressures Panel

**Prof Paul Cosford** .. Medical Director & Director of Health Protection, Public Health England

**Prof Jane Cummings** ..... Chief Nursing Officer, NHS England

**Sara Gorton** (Unison)..... Co-chair, National Social Partnership Forum

**Prof Dame Sue Hill**..... Chief Scientific Officer, NHS England

**Dame Donna Kinnair**. Acting Chief Executive & General Secretary, Royal College of Nursing

**Prof Carrie MacEwen** ..... Chair of the Academy of Medical Royal Colleges

**Ruth May**..... Executive Director of Nursing, NHS Improvement

**Dr Kathy Mclean**..... Executive Medical Director NHS Improvement

**Danny Mortimer** (NHS Employers)..... Co-chair, National Social Partnership Forum

**Pauline Philip** ..... National Director of Urgent and Emergency Care

**Suzanne Rastrick**..... Chief Allied Health Professions Officer, NHS England

**Keith Ridge**..... Chief Pharmaceutical Officer, NHS England

**John Stevens** .....Chairman, Academy for Healthcare Science

**Gill Walton** ..... Chief Executive, Royal College of Midwives

## Appendix 1 - Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2018

<b>A</b>	<b>Committed leadership</b> (number in brackets relates to references listed below the table)	<b>Trust self-assessment</b>
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	
A4	Agree on a board champion for flu campaign (3,6)	
A5	Agree how data on uptake and opt-out will be collected and reported	
A6	All board members receive flu vaccination and publicise this (4,6)	
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6)	
A8	Flu team to meet regularly from August 2018 (4)	
<b>B</b>	<b>Communications plan</b>	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions (3,6)	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	
B3	Board and senior managers having their vaccinations to be publicised (4)	
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	
<b>C</b>	<b>Flexible accessibility</b>	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered (3,6)	
C2	Schedule for easy access drop in clinics agreed (3)	
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	
<b>D</b>	<b>Incentives</b>	
D1	Board to agree on incentives and how to publicise this (3,6)	
D2	Success to be celebrated weekly (3,6)	

### Reference links

1. <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Vaccine-ordering-for-2018-19-influenza-season-06022018.pdf?la=en&hash=74BF83187805F71E9439332132C021EFA3E6F24C>
2. <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/Reviewing-your-campaign-a-flu-fighter-guide.pdf>
3. <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Flu-fighter-infographic-final-web-3-Nov.pdf>
4. <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-acute-trusts-TH-formatted-10-June.pdf>
5. <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-ambulance-trusts-TH-formatted-10-June.pdf>
6. <https://www.nice.org.uk/guidance/ng103/chapter/Recommendations>

## Appendix 2 – Example opt out forms for local adaptation and use

**Form to be potentially co-branded by NHS organisation and key trade**

Dear colleague,

**Did you know that 7 out of 10 front line NHS staff had the flu vaccine last year, and in some departments more than 9 out of 10 staff were vaccinated?**

The flu jab gives our body the information it needs to fight the flu, which stops us from contracting and spreading the virus. For those of us who work in care settings, getting the flu jab is an essential part of our work. In vaccinating ourselves we are protecting the people we care for, and helping to ensure that we are able to provide the safest environment and effective care for patients.

We want everyone to have the jab. The sooner you get it, the more people you can protect. We hope that you will agree to having the vaccine – this really helps to protect patients, you and your family. But, if you choose not to have the flu vaccine, we want to understand your reasons for that by filling in this anonymous form.

*Signed*

*Chief Executive, Medical Director, Director of Nursing, and Trade Union representative*

**Please tick to confirm that you have chosen not to have the vaccine this year:**

I know that I could get flu and have only mild symptoms or none at all; and that because of this I could give flu to a patient. I know that vaccination is likely to reduce the chances of me getting flu and of me passing it to my patients. But I still don't want the vaccine.

**Please tick each of the boxes below that apply to your decision not to have the jab.**

I DON'T WANT TO BE FLU VACCINATED BECAUSE:

- I don't like needles
- I don't think I'll get flu
- I don't believe the evidence that being vaccinated is beneficial
- I am concerned about possible side effects
- I don't know how or where to get vaccinated
- It was too inconvenient to get a place where I could get the vaccination
- The times when the vaccination is available are not convenient
- Other reason – please let us here ▶

**Thank you for completing this form.**

Exception and recommendation report

<b>Committee /Subgroup name</b>	<b>Mental Health Act &amp; Deprivation of Liberty Safeguards Scrutiny Committee</b>	<b>Date of meeting</b>	28 <sup>th</sup> February 2019
<b>Chair</b>	<b>Mick Tutt</b>	<b>Report to</b>	Trust Board

**Key issues to be escalated**

This was a meeting in which we were joined by Elliot Wylde, our **newly-appointed Mental Capacity & Mental Health Act lead** – and said ‘farewell’ to Richard Murphy, who has moved onto Winchester University. We also noted the departure of Richard Brown, from his Operations Manager role within adult mental health

We were also joined by 3 people interested in becoming **Associate Hospital Managers (AHM)** and we noted the recommendations to the Governance & Nominations committee regarding the re-appointment of 2 other Associate Hospital Managers (Francis Davis and Zenna Hopson)

We noted that the Internal Audit, from PwC, **regarding the review of the effectiveness of assurance provided for the Board from the committee’s scrutiny of Mental Capacity & Mental Health Acts application**, and our **(autumn 2018) CQC Inspection report** had been received in recent days – but with insufficient time for consideration at this meeting. These would be subject to scrutiny at future meetings

We were informed that there had been no further breaches in the **24-hour threshold for s136 assessment** and asked whether our (annual mental health) Benchmarking colleagues could attempt to include some comparison work within this year’s exercise (scheduled for publication in December 2019)

We were informed of an increase in the number of people waiting for **Second Opinion Approved Doctors (SOADs) assessments for s62 Urgent Treatment**. It was noted that the underlying reasons were to be addressed during Quality Improvement (QI) meetings

We were also informed of an occasion where **s5:4 (Nurses’ Holding Power)** had lapsed. Assurances were provided that staff had undergone additional training and the person involved had received an apology. We were also assured that there had not been a repeat of the lapse

We undertook our **standard scrutiny of the use of restraint and seclusion** where we were briefed on a **national QI project** that Solent was involved in, **regarding restraint and restrictive practices**

We noted that this report appeared to imply that not all staff were following the **Seclusion policy**, and asked how the Committee could be assured that staff, other than those on Maples, were fully versed to expectations. We were informed of additional training provided, including an increase in simulation training. Plans to increase staff confidence were also noted. The process to ensure staff training, as the workforce changes, was outlined

We also noted that one episode appeared to amount to 29 days; seeming exceptionally long, that raised the question if the treatment provided was appropriate. We were informed of differences in criteria for acceptance within more secure facilities, following changes to the workforce. It was noted that this was to be discussed, further, at the Oversight South West England Group.

We then considered the use of restraint at the Kite Unit – where, it appeared, the majority had been for one person. The circumstances around the high number were outlined, and the need to escalate to Southern psychiatry colleagues (because of location) was noted. It was agreed that future incidents should be discussed with Portsmouth colleagues, first

We received an up-dated assessment of performance against a **recent report ‘Women in Crisis’**<sup>1</sup>, including that at the Kite Unit<sup>2</sup>

We also considered various national updates - including **the Review of the Mental Health Act** – where, it appeared, the government had indicated that having a choice of Nearest Relative and the promotion of advanced care planning, in order to provide autonomy and a stronger voice of a person detained, were to be progressed  
**the LW v Cornwall case** – which had implications for the way AHM arrived at their findings. This was linked with the **case of PJ** (about conditions imposed as part of a Community Treatment Order)

Part B of the committee was our usual **training session for Associate Hospital Managers (AHM)**, regarding **the implications of working with people accessing Neuro-psychiatric services**

**Decisions made at the meeting**

We agreed with a proposal made to progress the effective monitoring of Mental Capacity Act and Mental Health Act training – particularly deep dives into competencies demonstrated. This would involve our new lead, once in post

**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

<sup>1</sup> published by Agenda, the Alliance for Women & Girls at Risk (august '18)

<sup>2</sup> it should be noted that this review should be reconciled with a similar review undertaken through the Assurance committee and Quality Improvement & Risk group following the publication of 'Sexual safety on mental health wards' CQC (september '18)



## Exception and recommendation report

<b>Committee /Subgroup name</b>	Audit & Risk Committee	<b>Date of meeting</b>	7 <sup>th</sup> February 2019
<b>Chair</b>	Jon Pittam, Non-Executive Director	<b>Report to</b>	Board

**Key issues to be escalated**

A summary of the key business transacted at the meeting is as follows:

- The Committee met following the scheduled annual **Private Audit & Risk Committee meeting** with audit partners.
- It was agreed that further to the **Laptop/Asset Management Report** presented to the November 2018 meeting, a further report be presented to the May 2019 meeting by way of follow up.
- The **Independent Freedom to Speak Up Guardian** attended the meeting to present an update to the **Board Self Review Tool**. The Committee were informed of reviewed and strengthened governance and reporting arrangements, including the formalisation of the Freedom to Speak Up Steering Group Terms of Reference and extended membership to include the Chief People Officer and Chief Nurse.
- The Director of Finance and Performance (DOF) presented a report outlining **Single Tender Waivers** processed since the last meeting – these were noted by the Committee.
- An update was also provided in relation to the **Accounting Standards** that came into effect April 2018, and therefore the implications on the Trusts' accounts for 2018-19 (concerning *FRS9 Financial Instruments* and *IFRS15 Revenue from contracts with customers*). The committee was informed of the proposed treatment as well as the timescales of implementation concerning *IFRS16 – Leases* concerning revaluation of property, plant and equipment.
- The **Year End Financial Timetable 2018-19** was presented – it was acknowledged that the Extra Ordinary In Public Board to approve the Trusts Accounts, Annual Report and Quality Account is planned directly following the next Audit Committee meeting, on May 24<sup>th</sup> 2018.
- The NHS Operational Planning and Contracting Guidance 2019/20 confirms that the joint regulators (NHS England and NHS Improvement) will set a system control total for each STP (System Transformation Partnership)/ICS (Integrated Care System) which will be the sum of the individual organisation control totals; these will include all providers and commissioners within each system. The DOF presented on the current status of **System Control Totals**. The differing maturity of the systems and associated complexities within the HIOW Sustainability & Transformation Partnership was acknowledged.
- Ernst & Young presented the **External Auditor Progress Report** – updates were given in relation to interim meetings held to support the year end audit process. EY also presented the **UK Audit Market and Corporate Reporting** paper which highlighted topical reviews which have concluded, as well as those proposed. Potential future implications and changes to UK Audit Standards were acknowledged.
- The Trusts' internal auditors, PwC presented the **Internal Audit Progress Report** – a summary of progress against the 2018/19 Internal Audit Programme is as follows:

Review to be undertaken	Target ARC Reporting Date	Identification of key contact	Scoping meeting(s) held	Terms of reference approved	Fieldwork dates confirmed	Fieldwork completed	Report issued to Solent	Review complete
Risk Management – Child and Family Service Line	Feb-19**	Completed	Completed	Completed	Completed	Completed	Completed	In Progress
Key Financial Systems	Feb-19	Completed	Completed	Completed	Completed	Completed	Completed	Completed
Data Security and Protection Toolkit	Feb-19	Completed	Completed	Completed	Completed	Completed	Completed	Completed
Learnings Review	May-19	Completed	Completed	Completed	Completed	In Progress		
Mental Health Act Scrutiny Committee Review	Feb- 19#	Completed	Completed	Completed	Completed	Completed	Completed	Completed
Business Continuity Planning and IT Disaster Recovery	May-19	Completed	Completed	Completed	Completed	In Progress		
Demand and Capacity Review	May-19	Completed	Completed	Completed	Completed	In Progress		

It was confirmed that the following audit opinions have been issued:

Audit title	Report classification
Key Financial Systems	
- General ledger	Low Risk
- Cash Collection	Low Risk
- Payroll, HR and expenses	Medium Risk
- Inventory	Low Risk
- Treasury Management	Low Risk
Data Security and Protection Toolkit	Low Risk
Mental Health Act Scrutiny Committee Review	Medium Risk

The Committee noted progress and received the report.

- The **Counter Fraud, Bribery and Corruption Interim Quarter 3 Report 2018/19** was received and the Committee were informed of the latest status regarding allegations and investigations. The Committee also welcomed Colin Edwards, Local Counter Fraud Specialist. It was agreed that the People and OD Committee consider associated risks of staff working whilst sick.
- The Chief Nurse briefed the Committee on the **CQC rating** of Primary Care Services as 'Good'
- Following discussion at the November 2018 Committee where the committee considered the effectiveness of the Board Assurance Framework, the Associate Director of Commercial presented a **deep dive** in respect of **BAF#63 – Third Party Suppliers**. The paper expanded on controls, assurances and mitigating actions to address the risk as well as summarising escalations / reporting lines and management oversight in relation to contracts and commercial matters. It was confirmed that the Trust has effective contract management arrangements in place for direct supplier relationships, which will be further improved on an on-going basis. It is therefore agreed that the scope of the Third Party Supplier risk on the BAF is redefined to cover only the Trust's indirect commercial relationships.
- The Committee noted the **Annual Committee Governance Review**
- The DOF briefed the Committee on current **confidential contentious issues**.

#### Decisions made at the meeting

No other decisions were made at the meeting - reports were received as referenced above.

#### Recommendations

No specific recommendations are made to the Board.

#### Other risks to highlight (not previously mentioned)

There are no risks to highlight.

### Exception and Recommendation Report

<b>Committee /Subgroup name</b>	Equality and Diversity Impact Sub Committee	<b>Date of meeting</b>	13 <sup>th</sup> February 2019
<b>Chair</b>	Kathryn Smith	<b>Report to</b>	People and OD Committee
<b>Key issues to be escalated</b>			
<p>Our workforce is not fully representative of the communities we serve. It was noted that in Portsmouth, 16% of the population are non-white British; this figure is higher in young people and children in that area. In Southampton- 23% of the population are non-white British; however 14% of our workforce is non-white British. There is further analysis required from the JSNA at a localised level, which will be brought to Board.</p> <p>The question arose around how well people are equipped to work within diverse communities, including issues such as cultural sensitivity. Training needs analysis and delivery plan forms part of the EDI Action Plan for the year ahead.</p> <p>Patient experience and community involvement: Committee members were requested to review the NHS 10 year plan, with specific reference on the impact of the EDI elements on the role of the sub-committee. This will be a discussion point at the next meeting on 1<sup>st</sup> May 2019.</p>			
<b>Decisions made at the meeting</b>			
<p>A survey has been conducted across BAME colleagues to gauge opinions on the formation of a BAME employee network; this survey was open to all employees who identify themselves as BAME (Black, Asian and Minority Ethnic). The survey closed on 28<sup>th</sup> February; results are being collated and will be shared at the forthcoming committee meeting.</p> <p>It was agreed that members of the sub-committee would support the running of the initial focus group in order to develop the purpose of the network and ensure that it meets the needs of the BAME Community.</p>			
<b>Recommendations to People and OD Committee</b>			
<p>As part of the support structure for employees, it is recommended that a disability/work-place adjustment group is formed to look at how we make sure that we can better support existing people with disabilities to be at their best and to ensure that our recruitment process is truly open and accessible to all. One of the committee members has been accepted onto a Leadership Programme at UHS FT for staff with disabilities, commencing in April this year; the formation of a support network is suggested as the topic for the management project that forms part of the programme.</p>			
<b>Other risks to highlight (not previously mentioned)</b>			
<p>An assessment centre for the Associate Director, EDI was held on 25<sup>th</sup> February, however no appointment was made. This role was specifically designed to work across the traditional boundaries of Equality and Community Engagement/ Patient Experience but there wasn't a candidate able to demonstrate deep expertise across both areas. A reshaped proposal for leadership of this agenda has been approved by Directors:</p> <ul style="list-style-type: none"> <li>• Recruitment to an Associate Director, Community Engagement &amp; Patient Experience</li> <li>• Extension of the Independent Freedom to Speak Up Guardian role to include Equality, Diversity &amp; Inclusion</li> </ul> <p>Although not discussed at the sub-committee due to time constraints, it is recommended strategic planning and decision-making is brought back to the EDI sub-committee now that the deep dives at Board have been conducted. The Board will receive and approve recommendations from this sub-committee and via the People &amp; OD Committee.</p> <p>Note the EDI Action Plan (an action for the People &amp; OD Committee to review).</p>			

# Meeting minutes

*The minutes from this meeting may become available to the public under the Freedom of Information Act 2000.*

## Equality Diversity and Inclusion Sub Committee

Wednesday 13<sup>th</sup> February 2019, 13:00 -15.00, Meeting Room 2, Highpoint Venue.

Chair:	Kathryn Smith (KS)	Diversity and Inclusion Lead
Present:	Carol Cove (CC)	Professional Lead-Adults Southampton (Left meeting 14.45)
	Helen Ives (HI)	Chief People Officer
	Vicki Shearer (VS)	Business Manager, Child and Family Portsmouth
	Clare Mander (CM)	AHP Professional Lead & Clinical Lead for Accessible Information
	Ian Scrase (IS)	Lead Physiotherapist, Home Oxygen Service, Adults Portsmouth
	Rachael Brown (RB)	Patient & Community Engagement Facilitator, R&D
	Pamela Permalloo-Bass (PB)	Freedom to Speak Up Lead Guardian
	Beth Clarke (BC)	Communications and HR Apprentice
	Erin Power (EP)	Educator in Practice, L&D
	Beverley Deacon (BD)	Dental Nurse- East
	Lindy Chamberlin (LC)	Governance Lead Dental West
	Angie Woods (AW)	Commercial and Contracts Lead
	Jackie Holt (JH)	Quality Systems & Data Analyst
	Kate Halliwell (KH)	Podiatrist, Primary Care
	Stephanie Elsy (SE)	Non Executive Director
	Kate Atkinson (KA)	Commercial and Contracts Lead Portsmouth
	Matthew Hall (MH)	Deputy Chief Operating Officer, Portsmouth
	Katherine Pinckney (KP)	Better Care Admin Manager, C&F (Entered meeting 14.15)
	Susan Nelson (SN)	Engagement Co-ordinator (Minute Taker)
Apologies:	Richard Sneade (RS)	Lead Nurse, Adult Mental Health (Skype failed)
	Gill Doolin (GD)	Programme Director (Organisational Effectiveness) (Skype failed)
	Linda Stead (LS)	Adults Services, Portsmouth
	Cara Farr (CF)	Business Manager, Child & Family West
	Angela Anderson (AA)	Associate Director of Professional Standards
	Sonia King (SK)	Service and Quality manager, CAMHS
	Matthew Hunt (MH)	Bank and Agency Lead, HR
	Karen Davies (KD)	Nurse Specialist (Safeguarding)
	Sarah Haines (SH)	Dental Nurse
	Debbie Larkins (DL)	Infection Prevention Nurse
	Vicki Rollison (VR)	Staff Nurse, Adults Southampton
	Nicola Blakeway (NB)	Senior Finance Manager

<b>1</b>	<b>Welcome and Apologies</b>
1.1	Kathryn Smith welcomed all to the meeting. Introductions were conducted around the room. Apologies were noted.
<b>2</b>	<b>Confirm the Meeting is Quorate</b>

2.1	<p>Business can be transacted as the Chair is present. All Service lines were represented with the exception of Sexual Health.</p> <p>Gill Doolin and Richard Sneade Skyped into the meeting but due to technical issues the connection failed.</p>
<b>3</b>	<b>Minutes from the Last Meeting and Outstanding Actions</b>
3.1	<p>Minutes from the meeting on 8<sup>th</sup> August 2018 were deemed as an accurate record.</p> <p><b>Action Tracker reviewed by KS</b></p> <p><b>Action 60:</b> <i>Please ask teams to update their personal details on the ESR page so that we have an understanding of our people across the organisation-All</i></p> <p><b>Action 61:</b> <i>KS to add an ESR link to the EDI page on Solnet with an explanation of why it is important</i>          KS has written a short guide for staff explaining why we ask for their personal data. She reported that currently we have high non-disclosure rates for sexual orientation, disability and religion/belief. She would like to run the guide past a few people first and will then send out to the group as well as advertising in staff news. New starters are encouraged to check and update their records as part of their induction programme. CM suggested that included in the guidance is reassurance to staff who may be disclosing for the first time, particularly in relation to ‘disability’ and where they can go to for guidance and support.</p> <p><b>Action 83:</b> <i>KS to send out the guidance to members and All to encourage colleagues where they can.</i></p> <p><b>Action 62:</b> <i>Hi asked all members to consider any stakeholder community groups that could be linked in to the design of the strategy. Please send through any names and contact details of group to Kathryn Smith</i></p> <p>Hi reiterated the link here with our new Community Engagement Strategy and the need for everyone to consider the community links they already have in their teams. KS advised that Andrea Hewitt, Head of Communications, has sent her a copy of her address list which was compiled when the Trust was collating memberships. KS has asked BC to create a spreadsheet with the addresses then find out any further contact details such as email addresses, websites and phone numbers. Ks &amp; BC will review this at the end of February.</p> <p>Hi stated that NHS England and NHS Improvement have made Patient &amp; Public Involvement funds available via the local Healthwatch organisations. Solent need to be proactive in taking the right messages into Healthwatch to make sure that all our services are represented.</p> <p><b>Action 84:</b> <i>CM agreed to send HI/KS her speech &amp; language therapy community connections-CM</i></p> <p><b>Action 64:</b> <i>KS will contact Sarah Williams for names to join the group –KS</i>          This has been completed and KS welcomed RB to the group.</p> <p><b>Action 65:</b> <i>Each service line to review the documentation on the bronze submissions made in 2016 -All</i>          In light of the new strategy to be developed, this will include a refresh in terms of how we report on the EDS2 (Equality Delivery System) that the bronze award was based on.</p> <p>KS confirmed all services have completed the bronze award with the exception of Sexual Health. KS attended the SHS board meeting in January and they have confirmed they will be completing this as soon as possible.</p> <p>Silver Award – Adult Mental Health Service &amp; Adults Portsmouth need support to achieve completion.</p> <p><b>Action 85 – KS to link up with Richard Sneade for Adult Mental Health-KS</b></p>

**Action 66:** Please confirm to KS who the name of the EDI lead is for your service line- All

HI confirmed that the EDI lead for each service line should remain the Clinical Governance Lead as part of the role is about governance, oversight and assurance (and CQRM). We do need to consider how this is covered for Corporate Services. She reiterated the importance of completing the Equality Standard Bronze & Silver as this is currently the way we collect evidence to assure ourselves and external bodies that we are meeting the requirements of the EDS2. KS advised that ideally the outstanding reports need to be completed before the end of the financial year, March 2019.

Our EDS2 report is due for renewal in July 2019 and there is work happening about how we can improve our actions and reporting. KS reminded everyone that it is not a self-assessment and we need to seek feedback on each item from our patients, service users, staff and stakeholders.

**Action 67:** Appreciative enquiry event date to be set- HI

**Action 68:** HI to consider resource and support for service lines-HI

HI stated that she was looking into the suggestion that current 'Curiositea' events, could be transformed into 'Diversitea' sessions. The idea being it gives space for staff to get together and discuss Equality & Diversity broad topics in smaller groups then build to a larger event later in the year to coincide with our updated EDI strategy.

KS mentioned that as part of National Inclusion week last year she had offered an 'Inclusivity lunch' for staff based at Highpoint. She booked out a room, sent out an invitation via email asking staff to bring their lunch with them and take some time to get to know each other. She had some prepared questions that were used to start conversations that were not about work. Those that attended enjoyed getting to know colleagues a little better.

Please view the action tracker for further details of the following actions:

**Actions 69, 70 and 71** have been completed.

**Action 72** - KS to get the Board meeting dates going forward to arrange Stonewall visit to the Board.

KS gave the update that the Stonewall representative has been on parental leave so contact needs to be made in order to discuss future dates. Therefore this action is still open.

**Actions 73 & 74** will be covered in the AOB section of this agenda (post meeting note, unfortunately we ran out of time for this section).

**Actions 75, 76 and 77** related to where best to place Unconscious Bias Awareness training following the workshop that Ged Kearney designed. LC advised that she has been including some in the Gold Award Diversity Moments training sessions for the Special Care Dental serviceline. KS stated that she is looking to provide something as part of her EDI session on the new staff induction programme. This will also be part of the training offer coming later in the year as part of the new strategy.

**Action 78:** KS has received the map of meetings from Tina King.

**Action 79:** The evidence of the work being done to complete the Gold award in service lines is still patchy so KS reiterated for members to send her any examples of awareness training around EDI matters. Therefore this action is still open.

**Action 80:** KS now receives requests from servicelines to review their EQIA statements to ensure all relevant protected characteristics have been covered.

**Actions 81 & 82** have been completed

The Sub Committee needs a capturing tool for topics and recommendations for the Board to discuss. HI suggested again using a tool such as e.g. Verto to achieve this.

	<p><b>Action 86:</b> SN to find out more about how this could be achieved and report back to KS</p>
4	<p><b>Update on Proposal Equality, Diversity &amp; Inclusion Strategy</b></p>
4.1	<p><b>Update on Proposal Equality, Diversity &amp; Inclusion Strategy</b></p> <p>Documents sent out with the agenda were:</p> <ul style="list-style-type: none"> <li>• Associate Director of EDI job advert</li> <li>• Equality Board Workshop draft</li> <li>• Draft EDI Annual report 4 Feb</li> </ul> <p>HI gave an update and insight into recent Board meeting discussions. The message is that EDI should be at the core of everything the Trust does in order to continuously reduce health inequalities rather than EDI being a requirement in isolation.</p> <p>The discussions are also closely connected with the Community Engagement Strategy which is also feeding into our Board awareness. HI described some examples of how our staff and services are able to talk about how they are being inclusive, but we need to be able to scale this up across the Trust. She gave the example of the work Beth Kelly from our Diabetes team has done with the local Sikh community in Southampton. People from Black, Asian and Minority Ethnic communities are more at risk of developing Type 2 diabetes. Beth’s team have visited cultural festivals and events where they share information in different languages to make Diabetes awareness more accessible. This is just one example of a particular population that have a specific need in our community. There are other good examples from our sexual health services and specialist dental services.</p> <p><b>Role advertised for EDI Associate Director</b></p> <p>This role will be key to engaging with our communities and is specifically designed to work across traditional boundaries: People &amp; OD, Quality, Community Engagement and EDI We need someone who can challenge and has previous expertise in this area. Their first task will be to lead the work in developing our EDI strategy and then review what are our top 3 priorities for action should be, leading the work to deliver those over the next year.</p> <p><b>Annual Report</b></p> <p>HI went on to talk about some of the themes the Board have been exploring around how representative, or not, the workforce is in Solent. She gave some statistics including:      In Portsmouth- 16% of the population are non-white British In Southampton- 23% of the population are non-white British      These figures are higher in young people and children.      In Solent 14% of workforce are non-white British.      The Board have also asked how well are we equipping our staff to work with these communities and what training and development opportunities we need to provide</p> <p>Another area we can delve into the data is with our Patient surveys via the Friends and Family Test. The national survey provider, Pickers, has approached the Trust as we have one of the highest response rates for friends and family feedback.</p> <p>HI finished by talking about how our staff so often put the needs of their patient first and themselves second. As a health provider organisation we need to constantly look at the wellbeing of our staff and ensure we are all taking care and supporting our workforce e.g. the creation of the Carers Network will enable us to gather feedback and deliver what people need and not what just what we think our staff want. We need to do more on how we educate people and give opportunities for development. HI cited the NHS Leadership Academy ‘Stepping Up’ programme and local ‘Self-discovery’ workshops as good examples of positive action for staff from a BAME background.</p>



	<p><b>Action 87:</b> HI to circulate article to members called 'how to be an effective ally' in a leadership role-HI</p>
4.2	<p><b>There was a discussion around the reasons why our staff are not representative of our communities</b></p> <p>CM commented that when we are looking for future workforce we can often present the same information to different places which doesn't necessarily appeal to different audiences. Access into education for some groups can be a hurdle. Do our feeder universities and educators encourage representation?</p> <p>The diversity of our current apprentices is also important as that is a route now open to everybody. KS has given Nicky White, our Trust's Apprentice Lead some words to use in her presentations at careers events and colleges to say and we welcome and encouraging people from diverse backgrounds to apply for our apprenticeships.</p> <p>MH raised the question regarding the gap in the support that is required to help people progress in their careers. For example what work are we doing to support our staff to progress into more senior positions in our leadership team? Many cite the need to see role models that they can aspire to be. KS gave the example of Yvonne Coghill (WRES Expert) being mentored by a 'white man' and the responsibility all our leaders have to be role models.</p> <p>The discussion moved on to gender representation and in particular the role of men in nursing. HI suggested to those who use twitter to follow Ruth May, the NHS Chief Nurse, and how she is tweeting photos of children of both genders dressed in unisex nursing uniforms to highlight the need to start developing careers interests early on.</p> <p>There is a national programme encouraging members of the NHS to become more involved in speaking to schools and colleges about the range of job opportunities. Please see the link below for more details:</p> <p><a href="https://www.nhsemployers.org/thinkfuture">https://www.nhsemployers.org/thinkfuture</a></p> <p>EP informed the group that our Bands 1-4 clinical staff are being supported by the Learning &amp; Development team in their progression, regardless of their background, ethnicity or other protected characteristics, the offer is there for everyone.</p>
<b>5</b>	<b>NHS 10 year plan</b>
5.1	<p>There wasn't the time to review the NHS 10 year plan document however please do read and consider the implications for us in the EDI sub-committee.</p>
<b>6</b>	<b>Update on our proposed Networks</b>
6.1	<p><b>LGBT+ &amp; Allies Network</b></p> <p>February is LGBT History Month and we have been promoting this through Staff news and also on our twitter feeds. We have also promoted an educational calendar which encourages people to find out about different aspects over the month. Today's action was 'to learn about an LGBTQ BAME/PoC (person of colour) role model. IS shared the story of Marsha P Johnson, a Black American gay liberation activist and an outspoken advocate for gay rights. She was also one of the prominent figures in the Stonewall uprising in 1969 and participated in Pride parades which started in New York and were then adopted in the UK in 1972. KS then mentioned there was a film on Netflix called 'The Life and Death of Marsha P Johnson'. She had watched it the previous evening and recommended it for those wanting to understand more about Marsha's life.</p> <p>IS went on to say that there had been an initial Solent staff LGBT+ focus group on 5th December 2018.</p>



	<p>Those attending had agreed that the focus and purpose of a network for LGBT+ staff (and allies) is to create a safe space, offer support to LGBT+ employees, and to actively contribute to the wider Solent Diversity and Inclusion Strategy for employees and people in the communities we serve, especially concerning LGBT+ issues.</p> <p>To celebrate LGBT history month, a logo is being designed for the network to create a ‘virtual’ launch this month. The Communications Team are placing the logo in Staff News on Monday and will ask people to vote on the designs so there is some staff input into the branding. And finally IS, KS and SE will be meeting with Jacqui and Dan later this month to discuss a planned roll out of Rainbow lanyards and/or badges.</p> <p>KS &amp; IS will be attending the Stonewall Work Conference in April 2019 and also a ‘Transinclusivity’ conference hosted by Solent University on 9<sup>th</sup> April. HI has agreed to fund places for anyone else who would like to attend.</p> <p>Please find the link for the Transinclusivity conference below;  <a href="https://www.eventbrite.co.uk/e/transinclusivity-tickets-56035987146">https://www.eventbrite.co.uk/e/transinclusivity-tickets-56035987146</a></p>
6.2	<p><b>Carers Network</b></p> <p>KS fed back that a ‘Staff who are Carers’ focus group took place on Tuesday 12<sup>th</sup> February at the Adelaide Health Centre. The group looked at what could be done to further support staff following a survey monkey questionnaire sent out to staff at the end of November. The responses were reviewed at the meeting and the highest scoring questions were around what support managers can offer and the flexibility of working.</p> <p>Employers for Carers UK slides were shown to the Sub Committee Members.</p> <ul style="list-style-type: none"> <li>• Defining what a carer is</li> <li>• A growing issue for the NHS</li> <li>• A carer friendly workplace</li> </ul> <p>KS outlined the next steps for the Network.</p> <ul style="list-style-type: none"> <li>• feedback to staff through Staff News to promote that the network meeting took place, what was agreed and how they are moving forward.</li> <li>• KS had a couple of volunteers who would help her plan the next steps in terms of meetings etc</li> </ul> <p>It was suggested by the group that there could be a possible road map created (similar to that of Occupational Health) on what help is available and how to access it. KS will take this back to the group.</p>
6.3	<p><b>BAME Network</b></p> <p>KS reported that a Survey Monkey questionnaire had been published in Staff News Monday 4<sup>th</sup> February 2019, and would go out again on 18<sup>th</sup> February. She encouraged the group to ensure their staff know about it. The message is below:</p> <p><b>BAME employee network survey</b> - This survey is open to all employees who identify themselves as BAME (Black, Asian and Minority Ethnic). The Equality, Diversity and Inclusion (EDI) sub-committee would like to engage with BAME colleagues to gauge opinions on the formation of a BAME employee network. We would be grateful if you could complete this survey in order to share your views. The survey should take no longer than 5 minutes. Deadline to complete the survey is Thursday 28 February.</p> <p>Link to survey: <a href="https://www.surveymonkey.co.uk/r/H3JSJYJ">https://www.surveymonkey.co.uk/r/H3JSJYJ</a></p> <p>KS explained that she needs support from other members to run the focus group. Initial intentions are to look at what the purpose of the network would be and how staff would like it to run.</p>

	<p><b>Action 88:</b> Please make sure your teams are aware of the BAME network survey and that they complete it if it applies to them-All</p>
<p>6.4</p>	<p>At this point HI raised the point that this Sub Committee feeds into the People and Organisational Development Committee and then into the Board. The POD Committee are looking at what topics are should be escalated from the staff survey results and feedback from our other engagement forums. The current feedback is around the following themes:</p> <p>1 'Time': people require more time as they are feeling constantly overwhelmed and pressured          2 'Bring your whole self to work': feeling like you can put yourself and your life needs first and not feel like you have to hide some things or even burn out by just keeping going          3 'Permissions': as you look at the whole leadership line there are basic things not happening consistently at all levels of leadership and that means we need to do more work to develop our leaders around out values. Some examples were given, e.g buying inexpensive yet essential equipment that would make a difference to the ease of people's jobs and employment options for staff, e.g sabbatical to cope with caring needs for a period of time, rather than losing a well-trained and experienced member of staff.</p> <p>She asked the group if this sounded about right in terms of the feedback they were getting and all agreed they were key themes.</p>
<p>6.5</p>	<p><b>Accessible Information Network</b></p> <p>CM gave a brief report regarding the Accessible Information Group work nationally and what is being covered in Solent. The overall aim of the group is to support collective intelligence and social learning (peer-to-peer) to improve accessible information practice across the Trust. The membership comprises of Accessible information champions or delegates and the group is chaired by the Clinical Lead for Accessible Information. The objectives are:</p> <div data-bbox="288 1346 836 1877" data-label="Diagram"> <pre>         graph TD             develop((develop)) --&gt; Learn((Learn))             Learn --&gt; support((support))             support --&gt; review((review))             review --&gt; share((share))             share --&gt; develop         </pre> </div> <p><b>Action 89:</b> CM to send SN Accessible Information short report to be included here in the minutes. Completed</p>
<p>7</p>	<p><b>Spotlight on Staff with Disabilities</b></p>

7.1	<p>KS presented a quiz showing photos of famous people posing the question ‘Where in Solent would you employ these people?’ Answers were submitted through group discussion. The quiz highlighted that when we know someone’s personality we look at the person and not their disabilities. These famous people have been successful despite and, perhaps, because of, their disability.</p> <p>KS spoke about the why recruiting people with disabilities is vital for Solent.</p> <p>CC left the meeting 14.45pm</p> <p>CM raised that a high number of volunteers within the Trust have a disability and asked how are we working with them to bring them into employment with us? There was a discussion around if we could offer work experience and support with NHS jobs applications.</p> <p>EP talked about reasonable adjustments, particularly for IT. New members of staff are eligible to access the governments ‘Access to work’ scheme and if they do this within six weeks of starting with us any advice is fully funded by the government.</p> <p>KS informed the members that JH has been accepted onto the Leadership Programme at UHS FT for staff with disabilities. This course has been postponed until April 2019. Jackie explained that as part of the course she will need to undertake a project that benefits Solent Trust and was keen to look at the development of a staff network. She had experience of attending one in her previous job at UHS.</p> <p><b>Action 90:</b> KS, EP and JH to work together to create a disability working group/work place adjustment group.</p>
7.2	<p>To end this section KS showed a short video that demonstrated the message to organisations that ‘if disability is not on your agenda, then neither is diversity’.</p> <p><a href="https://www.youtube.com/watch?v=We0sggHAZKI&amp;list=PLMwxXWcc0onw5yUcMQWop27Uz7tydzpNI">https://www.youtube.com/watch?v=We0sggHAZKI&amp;list=PLMwxXWcc0onw5yUcMQWop27Uz7tydzpNI</a></p>
<b>8</b>	<b>Any Other Business</b>
8.1	<ul style="list-style-type: none"> <li>- <b>Involvement with faith groups in services</b></li> <li>- <b>SOP for Prayer facilities</b></li> </ul> <p><b>Action 91:</b> Unfortunately we ran out of time, so an action for Helen is to send any documents/comments relating to AOB and the above topics to KS.</p>
	<b>Date of Next Meeting</b>
	<b>Wednesday 1st May 2019, 12.30-14.30, Hawk Room, Highpoint Venue.</b>

Task	2019											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Measurement</b>	Measurement											
workforce diversity scorecard	workforce diversity	workforce diversity scorecard										
Patient & Staff FFT	Patient & Staff FFT	Patient & Staff FFT										
Staff Survey	Staff Survey											
JSNA /Commissioner reporting	JSNA/Commissioner reporting											
Seculaion and Restraints	Seculaion and Restraints											
Complaints	Complaints											
Action Plans to address "not declared" data patients and staff	Action Plans to address "not declared" data patients and staff											
Establish set of achievable measures for POD cmt, CES cmt, QIR & Assurance ( to include representation and impact)	Establish set of achievable measures for POD cmt, CES cmt, QIR & Assurance ( to include representation and impact)											
<b>Equality Strategy</b>	Equality Strategy											
Activate EDI sub- committee membership with sponsorship from Board /SLT	Activate EDI sub- c	Activate EDI sub- committee membership with sponsorship from Board /SLT										
Update Annual Equality Action Plan for 2019	Update Annual EqualityAction Plan for	Update Annual Equality Action Plan for 2019										
Appoint Senor Leader for EDI	Appoint Senor Leader for EDI											
Co-creation of strategy	Co-creation of strategy											
Central Support for Engagement and Learning	Central Support for Engagement and Learning											
Identify Local Community Groups	Identify Local Community Groups											
Ensure Trust Strategy reflective	Ensure Trust Strategy reflective											
Sign off POD committee CE committee & Board	Sign off POD committee CE committee & Board											
<b>Public Sector Equality Duty</b>	Public Sector Equality Duty											
Publish gender pay gap report	Publish gender pa	Publish gender pay gap report										
Publish annual Board Report	Publish annual Bo	Publish annual Board Report										
Publish WRES	Publish WRES											
Re-invigorate Gold standard for internal comms and training	Re-invigorate Gold standard for inter											
Re-review EDS2 Bronze & silver submissions (service delivery, accessibility)	Re-review EDS2 Bronze & silver sub											
Reinforce JNSA and Equality Duty into business planning	Reinforce JNSAand Equality Duty into business planni											
Update EQIA process and toolkit	Update EQIAprocess and toolkit											
Publish EDS2	Publish EDS2											
Education session for senior leaders	Education session for senior leaders											
Provide regular information to commissioners in relation to JNSA	Provide regular information to commissioners in relation to JNSA											
Public Sector Equality Pay	Public Sector Equality Pay											
<b>Improvement and Learning</b>	Improvement and Learning											
Multi-faith SOP to be set up	Multi-faith SOP to be set up											
Development opportunities for BME leadership via TVWLA	Development opportunities for BME l	Development opportunities for BME leadership via TVWLA										
Audit internal policies	Audit internal policies											
Cultural sensitivity calendar and staff awareness	Cultural sensitivity calendar and staff awareness											
Difference story campaign for community engagement	Difference story campaign for community engagement											
Develop learning for: cultural sensitivity, positive action and unconscious bias	Develop learning for: cultural sensitivity, positive action and unconscious bias											
Overhaul EDI stat and man training	Overhaul EDI stat and man training											
Build improvement opportunities between POD comt, EDI sub-cmt, CE cmt and QIR	Build improvement opportunities between POD comt, EDI sub-cmt, CE cmt and QIR											
Hold Appreciative Inquiry event for EDI and Community Engagement Strategy to share learning	Hold Appreciative Inquiry event for EDI and Community Engagement Strategy to share learning											
<b>EDI Networks</b>	EDI Networks											
Establish Veterans network	Establish Veterans	Establish Veterans netw ork										
Establish Mental Health at Work network	Establish Mental H	Establish Mental Health at Work netw ork										
Establish EDI sub-cmt with active representation	Establish EDI sub	Establish EDI sub-cmt with active representation										
Establish LGBT network	Establish LGBT network											
Health watch, Side by Side and Young Shapers	Health watch, Side by Side and Young Shapers											
Establish Disability network	Establish Disability network											
Establish BME network	Establish BME network											
Stonewall	Stonewall											
Consider Faith network alongside chaplaincy service implementation	Consider Faith network alongside chaplaincy service implemen											
NHS EDI Partners Programme	NHS EDI Partners Programme											
Accessible Information Strategy	Accessible Information Strategy											

## Exception and recommendation report

<b>Committee /Subgroup name</b>	<b>Assurance Committee</b>	<b>Dates of meeting</b>	21 <sup>st</sup> March 2019
<b>Chair</b>	<b>Mick Tutt</b>	<b>Report to</b>	Trust Board

<b>Key issues to be escalated</b>
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We were joined by Catherine Mason, our in-coming Chair; as part of her orientation and induction

We celebrated the outcome of the (autumn 2018) **CQC Inspection** – which resulted in a **‘Good’ overall rating**, with **Caring rated ‘Outstanding’**, and reflected that such a rating reflected how members of the Board perceived services each time they visited; with staff (of all grades and disciplines), obviously, ‘living-the-Trust-values’ and ‘doing-the-right-thing-for-people’

We were reminded that the Trust’s **Primary Care service** had already received a **‘Good’ rating**, and that we were **awaiting Inspections** of our county-wide **specialist Dental and Sexual Health services**

We endorsed the **action proposed to address the Requirement Notice for Medicines Management**, within our mental health services – and noted the anticipated target-date for completion of that activity (August ‘19); meaning that we anticipated confirmation of that at our September ‘19 meeting

We approved the **proposal to incorporate all the ‘SHOULD DO’ recommendations** from the report **within the Quality Account** – to be provided to the Board during May ‘19

We also endorsed the **overall principles and direction of travel of the Quality Account** – noting that this year’s version was driven by service-aspiration and had already been subject to consultation across a broad range of stakeholders

We returned to action taken to address the **concerns raised by continued problems experienced with the (3<sup>rd</sup> party) Wheelchair provider** and noted that we would receive a detailed paper on the latest position at our May ‘19 meeting. This discussion was extended to include consideration of the **risks arising from access to the county-wide Equipment store**, where we were clear that action to prevent a recurrence of the problems experienced by people requiring assistance with wheelchairs was essential

We received a Quarter 3 review of **Quality Impact Assessment (QIA) decisions**, made by our Chief Medical Officer and Chief Nurse. We were assured that ‘equality’ was an implicit component of the process and that Leading Indicators; to provide early-warning of emerging risks, were utilised

There was some discussion regarding **system-wide arrangements**; particularly given progress towards multiple-organisation schemes, which would attract QIA decisions in a single organisation. It was agreed that current Hampshire & Isle of Wight proposals required a more-focussed consideration and our Chief Nurse was asked to identify the appropriate forum and personnel for this to take place

We received a **deep dive report into** one of the 2 corporate **risks associated with quality and regulatory compliance on the Board Assurance Framework (BAF)** – and were informed, by the Company Secretary that the other (related the 3<sup>rd</sup> party providers) had been subject to a similar process at the recent Audit & Risk committee

We were provided with assurance of the actions in place to mitigate the risks and noted that the Company Secretary would be incorporating this within her BAF up-date to the next Board meeting

The Chief Executive reminded the committee that the CQC had commented, positively, on both content and use of the BAF

We received our standard **exception-reporting from the Quality Improvement & Risk (QIR) group and our Chief Operating Officers:-**

- A number of services had reported concerns regarding the **provision of conflict-resolution preparation** for all groups of staff, and it had been agreed to address this on a Trust-wide basis
- The recent QIR group had heard about a **reported change in the understanding – and, consequently, implications – of restraint** (following receipt of Prevention & Management of Violence & Aggression training). The use of one form of restraint across the Trust was commended, but it was agreed that further thought was required to the appropriate monitoring of its application (currently undertaken through the Mental Health Act Scrutiny committee (MHASc))
- The recent QIR group had also received a detailed report on action taken and proposed, in response to **Sexual Assault within out mental health services**. It was noted that a, perhaps, parallel piece of work regarding Women & Girls in Crisis had been received at the MHASc and Executive Director colleagues were asked to consider how inter-related these work-strands were
- Recent concerns regarding the **application of the Mental Capacity Act 2005, at Jubilee House**, Portsmouth were noted – together with the intensive support planned by the Head of Organisational Effectiveness. We were provided with assurance that the City Council, as regulator, had confirmed that there was no action for them to take
- The recently developed **Learning Disability Strategy** was received. Incorporation, for all services, within the Quality Account was noted and it was agreed that this should be the subject of a forth-coming Board Workshop, prior to formal endorsement by the Board

#### Decisions made at the meeting

It was agreed that:-

The following were ratified by the Committee following approval via chair's action:-

- Staff Recognition Policy
- Surveillance Camera System Policy

The following were ratified by the Committee following approval via the Policy Steering Group:-

- Infant Feeding Policy
- Safeguarding Children, Young People and Adults at Risk Policy
- Domestic Abuse Policy

**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



## Freedom to Speak Up (FTSU) Quarterly Oversight Meeting

### TERMS OF REFERENCE

#### **1 Purpose**

- 1.1 The Freedom to Speak Up Quarterly Oversight Meeting has been established to ensure Executive and Non-Executive oversight of FTSU cases and issues.

#### **2 Duties**

- 2.1 The FTSU Independent Lead Guardian and Executives will provide assurance to the Lead Non-Executive Director for FTSU on behalf of the Board that issues raised are dealt with promptly and appropriately by the Trust.
- 2.2 The FTSU Independent Lead Guardian will brief colleagues on:
- current cases and actions taken taking into account confidentiality and anonymity
  - regulatory/national requirements from the National Guardian Office
- 2.3 The Chief Nurse and Chief People Officer will brief members and provide assurance that appropriate actions are being taken where any matter concern patient and staff safety and/or wellbeing.
- 2.4 To oversee any supporting work programmes associated with FTSU including, for example:
- FTSU strategy / implementation plan
  - FTSU Board assessment
  - Ensuring appropriate FTSU promotion and engagement
- 2.5 To provide direction on reporting requirements to both Assurance Committee and Audit & Risk Committee for onward report to the Board, and to review any reports (even virtually, if the timings of the meeting do not permit) ahead of submission to regulators.
- 2.6 To review the FTSU Annual Report
- 2.7 It is acknowledged that the meeting may deal with highlight sensitive and confidential matters.

#### **3 Membership**

- 3.1 Membership of the meeting comprises of:
- CEO
  - Freedom to Speak Up Independent Lead Guardian
  - Lead Non-Executive Director for Freedom to Speak Up (Chair)
  - Chief Nurse
  - Chief People Officer
- 3.2 Other attendees may be invited to attend the meeting for specific items at the invitation of the Chair.

#### **4 Chair**

- 4.1 The Lead NonExecutive Director for Freedom to Speak Up shall be the chair of the FTSU Quarterly Oversight Meeting. In the absence of the Chair the CEO will be the Chair.

#### **5 Secretary**

- 5.1 The administration of the meeting shall be supported by the Executive Assistant to the CEO who will arrange to take minutes of the meeting and provide appropriate support to the Chairman



and members.

7.2 The agenda and any working papers shall be circulated to members five working days before the date of the meeting.

**8 Quorum**

8.1 No business shall be transacted at the meeting unless the following are present;

- CEO Freedom to Speak Up Independent Lead Guardian (Chair)
- Lead Non-Executive Director for Freedom to Speak Up
- Chief Nurse or the Chief People Officer

**9 Frequency**

9.1 Meetings will be held quarterly

**10 Notice of meetings**

10.1 Meetings shall be summoned by the secretary of the committee at the request of the Chair.

**11 Minutes of meetings**

11.1 Minutes of the meeting will be shared with the members following agreement by the Chair.

**12 Authority**

11.1 The Freedom to Speak Up Quarterly Oversight Meeting has no powers, other than those specifically delegated in these Terms of Reference.

12.2 The Freedom to Speak Up Quarterly Oversight Meeting is authorised:

- to seek any information it requires from any employee of the Trust in order to perform its duties
- to call any employee to be questioned at a meeting as and when required.

**13 Reporting**

13.1 Due to the nature of discussions held the meeting will not formally report to any parent Committee/Board. Instead assurance will be provided to the Board via the People & OD Committee, via the Assurance Committee (for any issues concerning quality and patient safety) and via the Audit & Risk Committee with regards to the effectiveness of the FTSU process and in relation to actions taken to address concerns raised, as appropriate.

13.2 The Lead Non-Executive Director for Freedom to Speak Up and the CEO will report on any issues to the Board under the standing In Public agenda item '*Quality and Safety First*'.

Version	1
Agreed	Date:
Date of Next Review	Date: