

# Annual Report 2012 / 2013

# Contents

<b>Section 1</b>	<b>Statement from the Chairman and Chief Executive</b>	<b>3 - 4</b>
<b>Section 2</b>	<b>Directors Report – Business Review and our Performance</b>	<b>5</b>
<b>Section 3</b>	<b>Directors Report - Improving Services for Patients</b>	<b>24</b>
<b>Section 4</b>	<b>Directors Report - Valuing our Staff</b>	<b>33</b>
<b>Section 5</b>	<b>Quality Report</b>	<b>38</b>
<b>Section 6</b>	<b>Board of Directors</b>	<b>40</b>
<b>Section 7</b>	<b>Corporate Governance</b>	<b>49</b>
<b>Section 8</b>	<b>Remuneration Report</b>	<b>56</b>
<b>Section 9</b>	<b>Financial Review and Summary Financial Statements</b>	<b>62</b>
<b>Section 10</b>	<b>Independent Auditors Report to the Directors of Solent NHS Trust</b>	<b>70</b>
<b>Section 11</b>	<b>Statement of the chief executive’s responsibilities as the accounting officer of Solent NHS Trust</b>	<b>71</b>
<b>Appendix 1</b>	<b>Annual Governance Statement</b>	<b>72</b>
<b>Appendix 2</b>	<b>Quality Account</b>	<b>86</b>
<b>Appendix 3</b>	<b>Composition of the Board Committees at 31 March 2013</b>	<b>147</b>
<b>Appendix 4</b>	<b>Board Attendance Records for the year ended 31 March 2013</b>	<b>148</b>
<b>Appendix 5</b>	<b>Register of Board Member Interests for the year ended 31 March 2013</b>	<b>149</b>

## Section 1:

### Statement from the Chairman and Chief Executive

It is our privilege to introduce the second Annual Report from Solent NHS Trust. Once again the year has been characterised by an unwavering focus on the quality of care we provide to the people who rely upon our services.

The last year has been one of unprecedented change for the NHS encompassing far reaching reforms, financial constraint and huge ambition to retain a service which is envied the world over. For Solent, as a recently formed NHS Trust, this has required determined leadership and a huge commitment from our nearly 4,000 staff to continue to progress our twin aims of clinical and business excellence. Over the last twelve months we have continued to use our strategic objectives to prioritise and drive our business. Our overriding goal is to improve outcomes for the people who use our services and to do this by offering integrated services in partnership with other NHS providers, local authorities and primary care. The financial constraints which apply to the whole of the NHS mean that planning efficient and effective care is more important than ever to ensure long term sustainability.

Throughout the year the Trust has delivered on its Quality Promise, and has performed well on national and local contractual obligations. Importantly the Trust has delivered an exceptionally challenging cost improvement programme equivalent to 7% of the Trust's turnover. Retaining a strong grip on finances while protecting quality is crucial to the Trust's success and we are proud of the way in which clinical and managerial staff have faced up to

this challenge and ensured that at every step the needs of service users are central to decision making.

Over the year the Trust has responded to a variety of challenges. Key milestones and successes in 2012/13 include:

- The roll out of a new Hampshire wide integrated sexual health service. People from across the county now benefit from access to high quality, open access and comprehensive sexual health care.
- Working in partnership with acute trust colleagues from University Hospitals Southampton FT (UHS) and Portsmouth Hospitals NHS Trust (PHT) to redesign urgent care services and the care provided to frail elderly populations. Community teams in both cities form an essential part of the urgent care response and together with other community providers we are enabling an increasing proportion of older people to be safely managed at home when they become unwell.
- Continuing to recruit new members with a total membership of almost 10,000, and preparing for elections to our Council of Governors.
- Working with colleagues in the recently formed Clinical Commissioning Groups to make sure that we are responding to their clinical commissioning ambitions and forming a relationship which will be a strong platform for ensuring quality and sustainability in the longer term.
- Ensuring the safe transfer of PCT-owned estate to the Trust, so that local people will continue to benefit from access to locally owned NHS facilities and the flexibilities this enables.

- Secured significant new business including a contract to provide specialist dental services across Hampshire.

Providing safe, effective and timely care across a broad range of clinical areas requires a capable and motivated workforce. The staff working in the Trust are exceptionally talented and passionate about the care they provide and ensuring that people have a good experience of using Solent services. 2012/13 has been a tough year for NHS staff who have been required to deliver clinical transformation and in some cases live with personal uncertainty related to the need to make cost savings. The Francis reports into the failing at Mid Staffordshire Hospital, published in February, demonstrate the appalling impact on vulnerable people when organisations fail to put patients first and to listen to staff. Throughout the year we have sought to ensure a positive organisational environment and to live our values at every level ensuring transparency, openness and compassion. We remain committed to being open if things go wrong and ensuring that service users and staff have a strong voice and can raise concerns with confidence.

Looking ahead, 2013/14 will be a defining year for Solent as we enter the last phase of our journey to licensing as a Foundation Trust. We have created a strong foundation from which to ensure both quality and sustainability of local community services. We have a talented and motivated workforce and a robust business platform from which to grow. Over the next twelve months we will press ahead with substantial service redesign, working with our partners. We will forge new partnerships with Primary Care to enable more people to remain safe and well at home living with complex multi-morbidities. In parallel, and over

a longer term, we will invest in and build a modern fit for the future IT and mobile working infrastructure so that staff can spend more of their time doing the things which add value for service users. They will benefit from secure access to the information and resources they need to do this, wherever they are.

None of this could have been achieved without the support of our stakeholders, both internally and externally, to whom we extend our sincere thanks. In particular we want to thank our staff who have worked so exceptionally hard throughout the year to make sure that service users experience the high quality care we are committed to. It is through their collective endeavours that Solent will realise its vision: *To lead the way in local care.*

### **Dr. Ros Tolcher**

Chief Executive

Date: 28 May 2013

*Ros Tolcher*



### **Dr. Alistair Stokes**

Chairman

Date: 28 May 2013

*Alistair Stokes*



## Section 2: Director's report – Business review and our performance

### 1.1 Business review

#### 1.1.1 Overview of the Trust

Solent NHS Trust was formed in April 2011 after operating for one year as a merged organisation formed from Southampton and Portsmouth City Primary Care Trust's provider arms.

We specialise in providing high quality, best value community and mental health services. We do this by putting individuals and their families at the heart of our decision making, and by forming strategic partnerships with other organisations so that our service users and commissioners benefit from local, integrated community solutions.

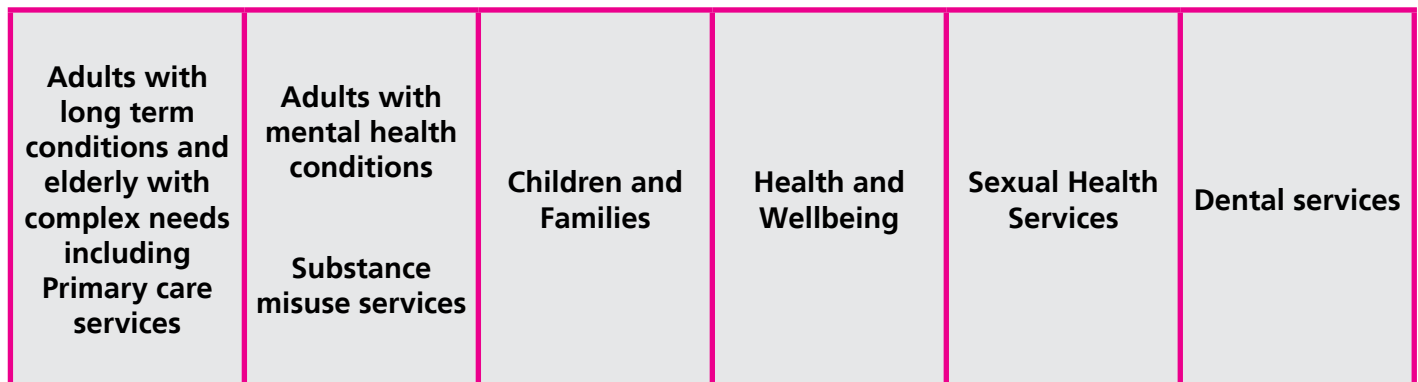
We currently organise our defining services in groups based on service users and their clinical needs as illustrated in diagram 1.

As the organisation develops more formal service lines management structures will be implemented, built around eight defining service lines:

- Sexual Health Services
- Dental Services
- Adult Community Services, Southampton
- Adult Community Services, Portsmouth
- Primary Care Services and Long Term Conditions
- Services for Adults with Mental Health Conditions.
- Substance Misuse Services
- Services for Children and Families

The delivery footprint of service varies according to commissioner's specific contracts. The geographical areas served by each individual service broadly covers three constituencies; Southampton city, Portsmouth city and Hampshire county, shown overleaf. There are three substantial services which are delivered Hampshire wide, including the two cities; these are Sexual Health Services, Substance Misuse Services and specialist Dental Services.

Diagram 1: Our service groupings



## Our services

We provide the following services:

Services	Mainly provided to:		
	Portsmouth	Southampton	Hampshire
<b>Adult Mental Health</b>			
Adult Mental Health	●		
Eating Disorders Service	●		
Chronic Fatigue Service	●		
Psychology / Psychological Therapies	●		●
Substance Misuse Services	●		●
Mental Health Liaison	●		●
<b>Children and Families</b>			
Audiology and Newborn Hearing		●	●
Child and Adolescent Mental Health (CAMHS)	●	●	
Community Paediatric Medical Service	●	●	●
Paediatric Continence	●	●	●
Community Children's Nursing Service	●	●	●
Children with LD Units		●	●
Health Visitors	●	●	
School Nurses	●	●	
Enuresis and Encopresis	●	●	●
Occupational Therapy (Paediatrics)	●	●	●
Physiotherapy (Paediatrics)	●	●	●
Child Clinical Psychology	●	●	●
Sleep Service	●	●	●
Speech and Language Therapy	●	●	●
<b>Sexual Health Services</b>			
Sexual Health Services	●	●	●
Treetops Sexual Assault Referral Centre (SARC)	●	●	●

Services	Mainly provided to:		
	Portsmouth	Southampton	Hampshire
<b>Health Promotion</b>			
Health Promotion Services	●	●	
Stop Smoking Services	●	●	
<b>Adult Services</b>			
Continence	●	●	●
Dental Services		●	●
Neurological Inpatient Rehabilitation	●	●	●
Nicholstown GP Surgery		●	
Adelaide GP Surgery		●	
John Pounds Medical Centre	●		
Paulsgrove and Wymering Healthy Living Centre	●		
Offender Health (HMP Kingston, HMP Winchester, IRC Haslar)			●
Homeless Healthcare		●	
Walk-in Centre		●	
Minor Injuries Unit		●	●
Community Equipment Service	●	●	
Community/District Nursing (inc. Community Matrons, Continence and Stoma)	●	●	
Safeguarding Adults	●	●	
Specialist Palliative Care	●	●	
Continuing Care/End of Life Care (Jubilee House)	●		
Intermediate Care and Rapid Response	●	●	
Inpatient Rehabilitation	●	●	
Occupational Therapy (Adults)	●		●
Physiotherapy (Adults)	●	●	
MSK (Neck & Back)	●	●	●
Podiatry	●	●	●
Cardiac Nurses (inc Rehabilitation)		●	
Diabetes	●	●	
Specialist Orthopaedic Clinic	●	●	
Rheumatology		●	
Chronic Pain	●	●	
Pulmonary Rehab	●	●	●

We are one of the largest specialist community and mental health providers in the NHS with an annual revenue of £192m for 2012/13, a workforce in excess of 3,800 staff and delivering over 1.5 million service user contacts per annum.

We deliver services to the populations across Southampton, Portsmouth and Hampshire and provide services from a range of locations, including community hospitals and day hospitals, as well as numerous outpatient and other settings within the community such as health centres, children's centres and within service users' homes.

Southampton Clinical Commissioning Group and Portsmouth Clinical Commissioning Group support the health needs of around 200,000 people within each city, covering a relatively small urban geographic area with significant health inequalities and needs generally worse than the England average. The other five local Clinical Commissioning Groups cover a wider geographical area which is predominantly more rural and affluent but has areas of significant deprivation and health need.

**Our vision:**

To lead the way in local care

**Our mission:**

Solent NHS Trust working in partnership to deliver better health and local care

## 1.1.2 Our values

A strong value base is one of the distinguishing characteristics of the Trust and is visible from Board to floor. Our values guide our everyday actions and ensure that every action and every decision supports providing the highest quality and compassionate care to our patients.



## 1.1.3 Strategic objectives 2012-17

Three high level strategic objectives are designed to deliver our vision:

To provide services which enable improved health outcomes with particular focus on areas of known health inequality

To deliver care pathways that are integrated with local authorities, primary care and other providers

To ensure sustainability of services through clinical and business excellence

## 1.1.4 Corporate objectives 2012/13

We set out to deliver four corporate objectives during 2012/13. There are examples throughout the Trust of where these have been achieved. Some of these are outlined below;

### **Objective 1: To place the people who use our service at the centre of decision making**

#### **Progress in 2012/13**

#### **Delivering evidence-based practice and demonstrating the success and quality of our services:**

- The majority of services have at least two Integrated Care Pathways defined
- Outcome measures for pathway standards are being developed

#### **Reducing variation in clinical practice and performance as evidenced with benchmarking:**

- A clinical audit and patient feedback system is in use for a number of live surveys, and is being piloted for medical revalidation.

#### **Enhanced implementation of our Operating Model including a Single Point of Access (SPA) and virtual ward infrastructure:**

- An Adult Mental Health Single Point of Access has been launched

#### **Maintaining our quality standards:**

- Early warning systems at service and organisational level to identify quality risks have been implemented
- Staff patient safety surveys now in place: new electronic patient experience system in place and feedback data now showing more consistent results with service improvement managed at service level;

- Clinical audit structure and outcomes in place
- Divisional Clinical Governance groups in place and reporting to Assurance committee led by clinical leads
- Non-medical clinical leads appointed
- Quality Accounts published; monitoring against present KPIs ongoing with no expected variance end of year
- Quality Impact Assessment System fully established and linked to corporate risk register
- Workforce plans in place and being monitored at divisional level for any emerging risks to patient safety and experience
- Non-medical and professional leadership structures agreed and in place with ongoing training and support

### **Objective 2: To value, reward and develop our staff**

#### **Progress in 2012/13**

#### **Prioritising clinical leadership and supervision:**

- Succession planning for Clinical Leads and ongoing training delivered

#### **Increasing focus on evaluation and clinical audit:**

- Research activity has increased and the Trust is currently the second most active research Trust in its category nationally.
- Quarterly reports by clinical division regarding research and audit
- Procurement and implementation of an audit system



- A Research and Audit Conference was held in March 2013

#### **Incentivising research and new models of care:**

- Implementation of an incentive scheme for research
- Successful VIP staff event to celebrate staff successes and achievements

#### **Training staff in transition management:**

- Six cohorts of staff completed the 'Maximising Potential and Releasing Potential Leadership Programme' and two cohorts completed 'Building Potential Course'- further cohorts underway
- Performance Excellence model launched

#### **Objective 3: To deliver service and financial performance and cost improvement programmes safely and confidently**

##### **Progress in 2012/13**

#### **Increasing our IT capability with the purchase of performance management and clinical systems to enhance interoperability:**

- Participating in the London Consortium Framework for procuring clinical applications
- Single Sexual Health IT system implemented by March 2013

#### **Expanding mobile working to increase service productivity and support estate rationalisation:**

- Outline business case for mobile working and Single Point of Access approved and steering groups established to progress work
- Updated technology being rolled out - including netbooks across community teams

- Procurement underway to provide a more robust mobile infrastructure

#### **Delivery of contracts and cost improvement programmes:**

- All contract KPIs monitored and reported to Board by exception - weekly hotspot report implemented
- Cost Improvement Plans (CIPs ) target of £13.4m achieved

#### **Objective 4: To strengthen our commercial position and business resilience through relationship management partnership and collaboration**

##### **Progress in 2012/13**

#### **Developing and delivering five-year transformation and market development plans:**

- Significant progress made in developing partnership agreements to support urgent care
- Sexual Health Services mobilised across Hampshire
- £8M recurring and £7m non recurring income secured

#### **Brand awareness and management:**

- A number of successful service launches and brand campaigns, including; Muskuloskeletal Services, HIV microsite, Baytrees and promotional work for Hampshire Substance Misuse Service.

### **Achieving system wide support for our operating model:**

- Integrated Health & Social Care Team pilot implemented in central Portsmouth
- Project in Southampton implemented to integrate community and acute care and primary and social care.

### **Embedding relationship management:**

- Executive level account management approach implemented to lead on key partner relationships and competitor analysis undertaken

## 1.1.5 Highlights of service developments

### **Some of our service development highlights of 2012/13 include the following:**

- Mobilisation of Hampshire-wide integrated Sexual Health Service
- Acquisition and mobilisation of Hampshire-wide specialist and occasional care dental services
- Retention of specialist palliative care service in Portsmouth following successful tender
- Establishment of whole system programmes for delivery of redesigned frail elderly pathway in Portsmouth and Southampton
- Piloting of Community Assessment Lounge in the Emergency Department (ED) department at Queen Alexandra Hospital (QAH), Portsmouth to co-ordinate care for frail elderly patients who do not clinically require admission to be supported at home or in a community setting rather than in hospital

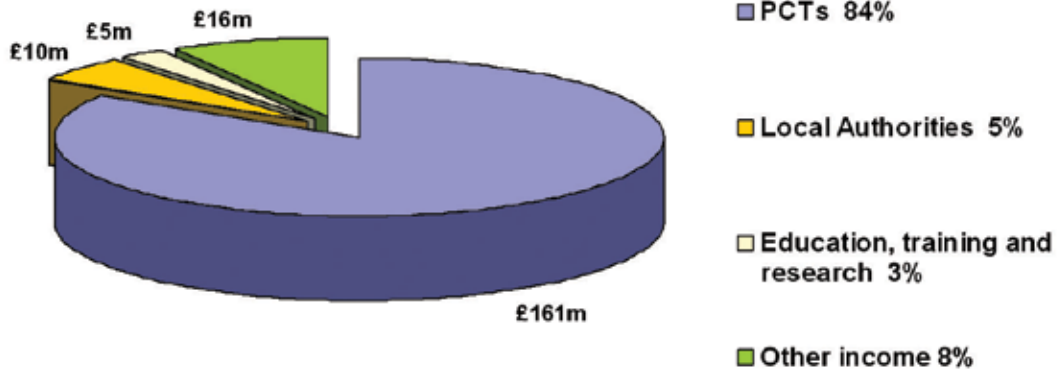
- Children's Outreach and Support Team (COAST) has been substantively commissioned in Southampton following successful pilot phase
- Advanced Paediatric Nurse Practitioner role is being piloted in a GP practice in Portsmouth
- Piloting of Single Point of Referral for all general paediatrics referrals in Hampshire; this is a jointly delivered with UHS and includes rapid clinical triage by a senior paediatrician
- Development of integrated falls pathways in Portsmouth and SE Hants underpinned by funding for 12m pilot commencing in 13/14
- Set-up of single point of access for AMH services
- Extension of existing HOMER contract for pan-Hampshire substance misuse services
- Successful tender for community substance misuse services in Portsmouth
- Extension of existing contracts for pulmonary rehab provision in Hampshire

## 1.1.6 Our income and expenditure

### Where our funding comes from

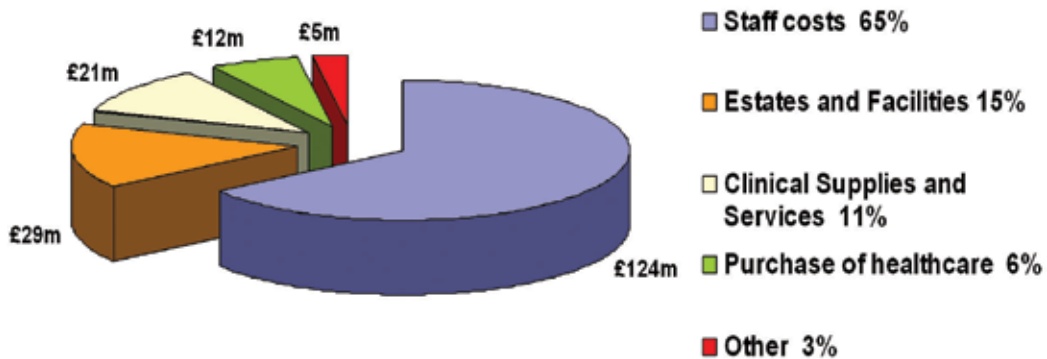
Solent NHS Trust received £172m for the delivery of services to patients and £20m of other income. The sources of income were as follows:

1



### How do we spend our money:

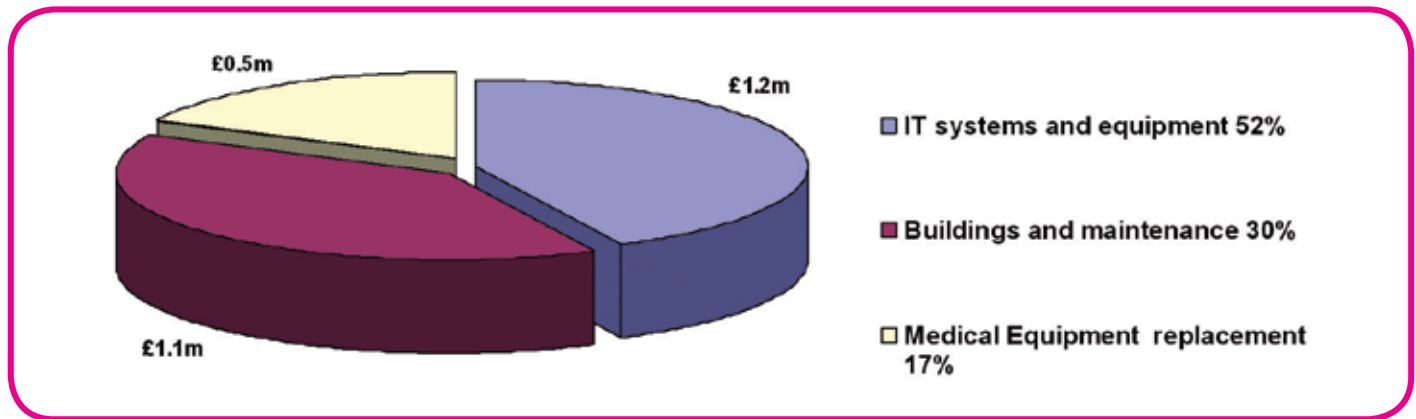
We spent a total of £191m in the delivery of our services to patients. The majority, £124m, is spent on our staff costs. The breakdown of spending is illustrated below:



<sup>1</sup> % indicates percentage of total income. PCT and Local authority = patient care income. £1m of 'Other income' equates to patient care income.

## Capital investment:

We invested £2.8m to improve our IT system, buy more medical equipment, and to invest in and maintain the buildings we work in.



Further details can be found in Section 9.

### 1.1.7 Our journey to Foundation Trust and anticipated benefits

In the last quarter of 2012-13, we passed two important milestones on our journey to Foundation Trust. In February 2013, the Trust Development Authority (TDA) met firstly, to review the quality of our services and secondly, to review our overall Trust plans to become an FT. On both matters we are considered 'above the line'.

Following the publication of the Francis Report (the Mid Staffordshire NHS Foundation Trust Public Inquiry) and the Government response to this, the TDA requires further assurance on the quality of services in all Trusts going through the process of becoming an FT. For Solent that will mean a further meeting with the TDA in April 2013 and referral to Monitor, hopefully, in the summer 2013.

### Why do we want to become an NHS Foundation Trust (FT)?

The Trust has been working towards authorisation as an FT since its inception and should complete that journey during 2013/14.

NHS FTs are not-for-profit, public benefit corporations. They are part of the NHS and already provide over half of all NHS hospital, mental health and ambulance services. FTs were created to devolve decision making from central government to local organisations and communities. They provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay.

It is national policy that all NHS providers must become a Foundation Trust by 1 April 2014.

By becoming a Foundation Trust:

- we will have greater freedom and independence to determine our priorities based on the needs of our communities
- we will also be more accountable to the communities that we serve through our Council of Governors – many of our Governors will be elected by our Members
- we will have more freedom to innovate and develop services to meet the specific needs of the local community
- we will have more control of our finances – we can make a surplus and reinvest this into services to the benefit of our patients and service users.

### 1.1.8 Working in partnership

We have identified the following partnerships as critical to the strategic objectives of the Trust.

Key partners				
Primary Care (provision)	Local Authorities (LA) (provision)	Local main health providers in the care pathway; Portsmouth Hospitals Trust (PHT), University Hospital Southampton (UHSFT), Southern Health FT, South Central Ambulance Service (SCAS)	Regulators	Commissioners

Independent sector providers of NHS care and the voluntary sector are also important stakeholders in the overall sustainability of the NHS locally.

## The Trust has a strategic approach to partnerships based on the following;

### Partnerships will be secured

- Where there is a benefit to both organisations and to the communities and systems they serve and/or
- Where there is a clear cost benefit analysis that focuses on outcomes for patients and/or
- Where there is a clear strategic need to manage the relationship with an external organisation to deliver corporate objectives

### and;

- All partnerships will be properly documented where they are core to the business of this organisation
- The skills needed for the development and management of partnerships will be reflected in the organisational development plan

### Aims of the partnership strategy

#### To:

- Clarify and formalise alliances that are fundamental to the delivery of this organisation and the systems strategic objectives
- Generate new alliances that support strategic objectives
- Proactively manage and develop these relationships
- Improve the performance of this organisation and its reputation, secure current business and future growth
- Support other providers sustainability where they are key to the success of Solent

### 1.1.9 Working with the community

Some of the key initiatives where Solent NHS Trust has worked closely with the Community are outlined below:

#### Health Trainer Gold Challenge

The Health Trainer Gold Challenge was led by the Health Promotion Services and funded by the South Central Health Trainer Hub. It aimed to help those Health Trainer clients with a goal of increasing their physical activity levels and/or losing weight. The challenge engaged up to 18 partner providers of physical activity sessions across the city from the larger organisations like Active Nation to the independent providers

like Nancy the yoga teacher. Each client signed up was offered free access to up to 55 physical activity sessions a week. By engaging in these sessions clients could gain credits towards winning bronze, silver or gold medals. The end of the Challenge in July 2012 was celebrated with the Health Trainer Gold Challenge Medal Ceremony which tied in with the arrival in the city of the Olympic Torch. Fifty-five clients out of the 200 who signed up won medals and 43 were presented with their medals by Dr. Ros Tolcher, CEO, at the Hub at City College in a moving ceremony. The clients had worked hard towards their achievements and the pride in their achievements was evident.

These are some of the quotes from Health Trainer clients:

*"The Challenge has made me accept that my health is important and that this Challenge has made it possible to take part in many activities I did not think I could manage".*

*"The Gold Challenge has helped me get much fitter than I have been. Lose weight, get my Bp down. Enjoyed most activities. Thank you to our Trainers."*

*"I can show this to my children & grandchildren what I achieved for my hard work."*

*"I now know where I can go where I feel safe to exercise. I feel more able & confident in myself."*

### **Joint working to support the bereaved**

Our Loss and Bereavement Specialist Nurse in CAMHS East and the Co-operative Bereavement Centre have been working together over the last 18 months in an innovative partnership arrangement, enhancing the skills and strengths of the local community by building capacity and supporting people and groups to address their own needs. A joint conference "Working with the Bereaved in Portsmouth" was held in May 2012, opened by the Mayor and attended by 110 people. The event was such a success that a further conference is planned for the autumn 2013.

*"Excellent day, thank you. This has covered all aspects of bereavement. excellent to see what other organisations are available to support people in the community"*

*"Fantastic to be able to network with like minded people. Very interesting to listen to the different agencies, their take on loss and what they can offer"*

*"This conference is a unique collaborative venture to raise awareness of organisations helping the bereaved. Both professional and voluntary organisations do so much commendable work in this city".*

### **Fit, Young and Informed (FYI)**

A successful eight week course, provided in conjunction with Children's Centres and leisure providers in Portsmouth, was delivered aimed at promoting post-natal weight loss for Portsmouth mums who were identified as obese during their pregnancy with an aim to helping them lose weight through developing healthier lifestyle choices.

#### **1.1.10 Research and development**

Solent NHS Trust was the second most research active Trust in its category in England in 2012. Despite being a young Trust, we have made substantial improvements in our research portfolio and are committed to ensuring that all patients have the chance to participate in clinical research. We are also committed to supporting our staff to embrace a culture of evidence informed practice which has a direct effect on improving the services that we offer, and our patient outcomes.

The number of patients receiving NHS services provided, or sub-contracted by the Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 3639. We have opened 57 new studies across the Trust this year (compared to a total of 31 in 2011/12) and are currently collaborating in 122 active studies across a range of services.

Our key achievements in 2012/13 are:

1. Being named as the second most active care Trust in the country by the National Institute for Health Research
2. Increasing the number of patients recruited into clinical trials by over 300%
3. More than doubling the number of new studies opened across the Trust
4. Investing in a number of research nurse/therapist posts across the Trust to support staff and patients to be involved in research
5. Investing in a clinical academic training scheme, to support staff in post-graduate and post-doctoral research and clinical roles in collaboration with the University of Southampton
6. Investing in a patient and public involvement facilitator who will be working across our services to help all patients be involved in research
7. Decreasing the time it takes to get a research study approved and open in the Trust from an average of 36 calendar days to 11 calendar days
8. Launching our research website, which outlines all of our studies in more detail – please visit [www.solent.nhs.uk/research](http://www.solent.nhs.uk/research)

Summary of achievements in key performance indicators, 2011/12 and 2012/13

	2011/12	2012/13	% improvement
Number of patients recruited into clinical research	846	3639	330%
Number of new studies opened	31	57	84%
Number of open studies	83	122	47%
Median days to grant approval for research studies	36	11	69%



## 1.2 Our performance and regulatory ratings

### 1.2.1 Care Quality Commission (CQC)

The Trust is registered with the CQC for a number of regulated activities without conditions and has been fully compliant with all 16 essential standards for quality and safety during 2012/13. The Board and the Assurance Committee receive quarterly corporate reports against compliance with Essential Standards; the information is also compared with a range of other data available within the Trust. The Assurance Committee is a Trust Board Committee charged with oversight of the safety and quality of our services.

We are registered under the CQC to provide the following regulated activities:

- accommodation for persons who require nursing or personal care
- accommodation for persons who require treatment for substance misuse
- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- family planning
- nursing care
- personal care
- surgical procedures
- transport services, triage and medical advice provided remotely
- treatment of disease, disorder or injury.

All NHS Trusts are subject to periodic reviews and unannounced inspections by the Care Quality Commission, under their normal inspection framework. The following visits to Solent services have taken place during 2012/13:

- **Adult Mental Health Service – September 2012.**  
The CQC's formal report concluded that 5 of the 6 outcomes were being fully met with some very positive feedback in the report. A judgement was made of non-compliance in relation to Outcome 4 (care and welfare of people who use the services) and assessed as a 'minor' impact on service users. As a consequence a robust action plan was developed and the service was re-inspected in February 2013 via a further unannounced visit. Full compliance was reported and extremely positive feedback received
- **HMP Winchester – December 2012.**  
The report was positive in relation to the majority of areas considered. One area of improvement was highlighted in relation to 'Care and Welfare of people who use the service' concerning the availability of medication relating to the implementation of a national prison IT system. This was assessed by the CQC as of a 'moderate' impact to patients. As a result, manual processes were reinstated and the shortcomings of the national system have been addressed

- **Portsmouth Rehabilitation and Re-enablement Team, (PRRT) (joint social and healthcare Team) – February 2013.**  
The assessment concluded noncompliance with a minor impact on service users regarding Outcome 14 ‘Supporting workers’ but full compliance in all other areas. A full action plan was developed and provided to the CQC to address the issues raised
- **Sexual Health Services, Crown Heights – January 2013.**  
Solent NHS Sexual Health Service opened a new site operating a range of integrated sexual health services in Basingstoke. As this was a new ‘location’, the CQC undertook an inspection prior to the unit becoming operational. The CQC approved the opening and had no significant issues

## 1.3 Activity review and regulatory ratings

We use robust monitoring mechanisms to ensure delivery against the vast number of quality and contractual indicators. The performance against the indicators are reported to the monthly Divisional Performance Sub-Committee meetings, where Improvement plans are put in place where we have not reached the required standard to ensure continuous quality improvement and the continued delivery of high quality, safe and clinically effective services to our patients. Monthly Performance Reports are submitted to Board for review and progress updates.

A summary of our activity is illustrated in Diagram 2 below;

CQC also regularly inspect (outside of their normal inspections for Essential Standards), under their duty to specifically ensure that we are meeting the key areas of the Mental Health Act. No significant issues have been raised in regards to these visits.

The Care Quality Commission has not taken enforcement action against the Trust.

Clinical Delivery Unit	2012 / 13 Activity Outturn				Total Outturn
	Contact	Inpatient	Outpatient	Other (hours of care)	
Adults with long term conditions and elderly with complex needs	668,467	45,437	14,784	-	728,688
Adults with mental health conditions	97,638	19,398	-	-	117,036
Children and Families	230,546	-	35,377	42,400	308,323
Sexual Health Services	215,918	-	3,756	-	219,674
Dental	26,969	-	-	-	26,969
<b>Total</b>	<b>1,239,538</b>	<b>64,835</b>	<b>53,917</b>	<b>42,400</b>	<b>1,400,690</b>

Diagram 2: Activity summary

### 1.3.1 Monitor Governance Risk Ratings (GRR)

Solent NHS Trust was compliant against all of the 26 applicable standards of the 2012/13 Governance Risk Rating Framework, achieving green ratings throughout the year for all standards. This was in line with the Trust's expectation of the annual risk rating.

### 1.3.2 Monitor Financial Risk Ratings (FRR)

The Financial Risk Rating is designed to reflect the likelihood of a financial breach of an NHS Foundation Trust's terms of authorisation. A rating of 5 reflects the lowest risk and a rating of 1 the highest. We achieved a rating of 3 for 2012/13.

### 1.3.2 Strategic objectives

Under our three Strategic Objectives, there are a total of 23 indicators that we set out to meet at the start of 2012/13. The following summarises the progress against each of the 3 objectives:

#### **Strategic Objective 1: Improved health outcomes**

Of the 12 indicators, we successfully achieved against six of them, marginally missed the target against three and failed to meet the other three targets. Important work included high percentage of successful substance misuse programme completions, increasing the numbers of people achieving health goals from priority neighbourhoods and ensuring we have the right number of health visitors available.

#### **Strategic Objective 2: Integrated care**

We successfully delivered against all seven of the Integrated Care indicators. This included surpassing the number of integrated pathways implemented in the year, the number of clients in case management and ensuring a high number of supported discharges within 48 hours of admission.

#### **Strategic Objective 3: Profitability and best value**

We successfully delivered against all four of the indicators. This included successfully delivering our planned surplus, Cost Improvement Programme savings and surpassing our targets for Trust membership numbers.

### 1.3.3 Accident & Emergency (A&E)

The Trust achieved the national A&E waiting times targets, including the 4 hour target within which patients should be admitted, discharged or transferred, within our Minor Injury Unit and Walk-in Centre. The rapid assessment and treatment of patients within these units contributed to our success.

Accident and Emergency					
Ref		Baseline Mar 2012	Target 2012/13	Actual 2012/13	RAG
PHQ23	PHQ23 Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge	100%	95%	100%	G
	Bitterne WiC - under 4 hrs in A&E	100%	95%	100%	G
	Central MIU - under 4 hrs in A&E	100%	95%	100%	G

### 1.3.4 Waiting times - Inpatients and outpatients

The Trust achieved the 18 week referral to treatment targets for inpatients and outpatients, the 6 week diagnostic test target and delayed discharges target.

Waiting Times IP & OP - 18 wks RTT, Diagnostic Waits & Delayed Transfer of Care					
Ref		Baseline Mar 2012	Target 2012/13	Actual 2012/13	RAG
PHQ19	The percentage of admitted pathways within 18 weeks for admitted patients whose clocks stopped during the period	100%	90%	99.9%	G
PHQ20	The percentage of non-admitted pathways within 18 weeks for non-admitted patients whose clocks stopped during the period	98.8%	95%	99.2%	G
PHQ21	The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	97.1%	92%	99.5%	G
PHQ22	The percentage of patients waiting 6 weeks or more for a diagnostic test	0%	1%	0%	G
L032	Delayed discharges as a proportion of beds	4%	3.5%	2.93%	G
LO33	Number of Patients (consultant led) who wait over 52 weeks to be seen at appointment	0%	0%	0%	G

## 1.3.5 Mental health

Since last years' service redesign of its Mental Health Services, performance against key indicators has been sustained, with achievement against the Care Programme Approach (CPA), Crisis Resolution and Home Treatment and Early Intervention in Psychosis targets.

Waiting Times IP & OP - 18 wks RTT, Diagnostic Waits & Delayed Transfer of Care					
Ref		Baseline Mar 2012	Target (YTD)	Actual (YTD)	RAG
MH021	The number of new cases of psychosis served by early intervention teams	39	23	31	G
PHQ10	The number of new cases of psychosis served by early intervention teams	100%	95%	100%	G
PHQ11b	% Inpatient admissions that have been gatekept by CR/HT	100%	95%	100%	G
PHQ12	The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter (QA).	97%	95%	99%	G
@MNR101	% CPA patients having formal review < 12 months	74.2%	95%	97.8%	G
PHQ13a	PHQ13a The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	8.4%	11.9%	10%	R
PHQ13b	PHQ13b % People receiving psychological therapies who are moving to recovery	53%	50%	46.4%	R
@MNR108	Minimising mental health delayed transfers of care	5%	7.5%	1.82%	G

### 1.3.6 Health promotion

One of our key strategic objectives is to improve health outcomes with particular focus on areas of known health inequality. We have achieved both our Smoking Cessation targets with Portsmouth City and Southampton. We continue to achieve high rates of Chlamydia screening amongst the target population of 15-24 year olds. Although missing our targets for Hampshire and Southampton we have consistently achieved a substantial annual increase in the number of screens undertaken. We narrowly missed our 35% target for Portsmouth City. Solent NHS Trust also set a Guinness World Record for the most number of chlamydia screens in 24 hours across multiple venues with 769 screens.

Sexual Health					
Ref		Baseline Mar 2012	Target (YTD)	Actual (YTD)	RAG
SH003	% Chlamydia Screening Programme - NHS Southampton	18.4%	35%	24.9%	R
SH001	% Chlamydia Screening Programme - NHS Hampshire	0.243	0.35	0.227	R
SH002	% Chlamydia Screening Programme - NHS Portsmouth	36.1%	35%	33.2%	R

Health Promotion					
Ref		Baseline Mar 2012	Target (YTD)	Actual (YTD)	RAG
L013	Health Promotion: Number of people who have set a quit date who have quit at 4 weeks (Portsmouth City)	1309	1260	1276	G
L014	Health Promotion: Number of people who have set a quit date who have quit at 4 weeks (Southampton City)	956	855	830	A

### 1.3.7 Future development and performance

We are well under way in the development and implementation of service line dashboards, providing services with financial, quality, performance, workforce and other indicator information to enable and empower services to clinically manage their resources in the optimum method to deliver the best quality of care for their patients.

The dashboards will enable robust performance monitoring and data triangulation to inform the trust's Divisions and Board of overall performance. We are also always looking at ways of improving our monitoring and reporting mechanisms to provide all the hierarchies of Solent NHS Trust with the relevant and up-to-date information needed to ensure high quality services and care.



## Section 3:

Directors report -  
Improving services for patients

### 3.1 Enhanced quality governance reporting

As an aspiring Foundation Trust, we have fully embraced and implemented the Quality Governance Framework, issued by Monitor. This Monitor framework based upon the four domains of strategy, capability/culture, processes and measurement is at the centre of the organisational Quality Improvement Strategy. This strategy also follows the key elements of Lord Darzi report for 'high quality care for all'

**At the heart of the Trusts' Quality Improvement Strategy is our Quality Promise:**

#### Our Quality Promise:

- Safety is everyone's highest priority and we have a 'no harm' culture ensuring our staff do the right thing for every person, every time.
- We will improve experience by putting people at the heart of services and listening to people's views, gathering information about their perceptions and personal experience and using that information to further improve care.

- Optimum clinical effectiveness and outcomes will be ensured by the application of evidence and best practice in accordance with NICE guidelines and all other national guidance.
- We will achieve regulatory compliance by ensuring the governance and risk management framework is fit for purpose at all levels, being clear, understandable and seamless while supporting continuous quality improvement, meeting the requirements of our regulators and managing clinical and non-clinical risk.



As part of our FT application, the Trust has been subject to a number of peer reviews, external assessments and audits surrounding the components and best practice examples provided in the Monitor Quality Governance Framework. A quality governance action plan is in place to ensure that we maintain compliance and continuous improvement

We continually monitor against a range of quality indicators as an integral part of our quality improvement framework to ensure the services we provide are safe, evidence based and clinically effective. Indicators include (not exhaustive) infection control, patient and carer experience, same sex accommodation and high impact interventions

The CQC is responsible for the ensuring that health and social care in England are meeting all essential standards for the delivery of services. A number of unannounced inspections were undertaken within the Trust in year and no registration conditions or warnings were imposed.

## 3.2 Listening to patients

As well as listening and learning from people who make complaints or give their compliments on the standard of care they have received, we are now able to capture the views of more patients, carers and visitors using a variety of different methods including;

- kiosks situated in public areas and electronic questionnaires
- hand held electronic devices used on all of our inpatient areas on discharge
- paper based surveys
- post cards with three simple questions of what we did well, what we could have done better and the Family and Friends question “would you recommend this service to your family and friends?” has been piloted across services.
- social media (including the Trust’s website, Facebook, Twitter and Patient Opinion).

We recognise the need to offer a wide variety of ways of capturing feedback to suit different needs. We have trialled methods to capture feedback from service users with communication difficulties, vulnerable groups and those unable to use standard methods (e.g. focus groups in Homeless Health, pictorial versions for those with dementia and learning disabilities, carers discussions in palliative care, and visual scoring scales and spoken surveys in areas where reading or English language is a challenge). We will be extending these methods during the year ahead.

### 3.3 Patient experience

A survey programme is established, covering key areas of the organisation. In addition to the questions related to the specific service area, the questions also focus on priorities required by our commissioners which include:

- Involvement in decisions about treatment/ care
- Staff being available to talk about worries/ concerns
- Privacy when discussing condition/treatment
- Being informed about side effects of medication
- Being informed whom to contact if worried about condition after leaving hospital/ community care

Each of our surveys provide people with the opportunity to say whether they have had a good or bad experience with our services and allows them to give us their comment on how they think we could improve things. Every response given at the kiosks and via hand held devices is automatically entered into our new patient survey software which allows us to have real time reporting and have the ability to identify any areas of concern so that these can be addressed straight away and monitored to ensure improvements are made in these areas.

### Walkabouts to support patient safety

As part of a programme of Board to Floor activities, between April 2012 and March 2013, nearly 20 services were visited by Walkabout Teams typically involving Executive and Non-Executive Directors and a member of the Quality Team. After each visit feedback is sent to the services and the Executive lead gives a verbal report at the next Board meeting. Our commissioners sometimes attend these visits and feedback has been overwhelmingly positive.

### 3.4 Arrangements for monitoring improvements

The following arrangements are in place for ensuring improvements resulting from complaints and patient feedback are implemented:

- Monthly Patient Experience and Public Involvement Group Meetings
- Monthly Complaints Assurance Groups
- Real time feedback dashboards

### 3.5 Complaints handling

Learning from the experience of those who have used our services is an important part of continuous improvement and the Trust has systematic arrangements in place to act on service users feedback.

## 3.6 Service improvements as a result of complaints – some examples;

As a result of the feedback we have received in the last year we have carried out the following improvements across our services:

- Podiatry Service – Reception staff have undergone additional training and personal development to improve patient booking arrangements
- The signage at the Podiatry Clinic in Gosport War Memorial Hospital has been improved to make it clearer to visitors which clinics are running and the directions to waiting area
- Specialist School Nursing Service – All staff who escort children to their homes have now received appropriate training for when oxygen is required to be transported with the patient
- Adult Mental Health Service (Crisis Resolution Home Treatment Team) - Staff will now contact patients if any delay in home visits is expected to avoid any distress or confusion for patients
- Adult Mental Health, Psychological Therapies - Due to poor accessibility, the Service is seeking new premises in order to provide more facilities for disabled clients
- Physiotherapy Service - In future Physiotherapists will inform the reception staff of any delays so that patients can be kept informed at all times. The Physiotherapy team have now made a change of practice for patients within Intensive Therapy Unit who need to sit out. It is now clearly documented and displayed on a whiteboard for staff and patients to be aware of the time that a patient should be sat out for
- Rapid Response (Community Nursing Service) - The Rapid Response Service has now introduced electronic fax transmissions rather than relying on manual faxing
- Wheelchair Service - The service has recently started a sub store, which will enable patients to gain access to a basic wheelchair whilst they are waiting for their own specialist chair to be ordered
- Sexual Health Service - The service has recently introduced a number of enhancements to protect patient confidentiality at the St. Mary's Campus in Portsmouth. Arrangements for texting results of tests have been improved.

## 3.8 Keeping patients safe from infection

Healthcare Associated Infections (HCAI) are acquired as a result of healthcare interventions. These interventions can be carried out in any facility providing treatment.

Reducing HCAI remained a priority and we are committed to a zero tolerance approach to all avoidable infections. Achieving this vision requires planning and a systematic approach with patient, service user, staff and visitor safety at the forefront. Internal surveillance of reportable infection rates and others allowed us to identify any trends or hotspots at the earliest opportunity and take the appropriate precautions so as to avoid onward transmission. Numbers of infections to date remain encouragingly low within our organisation with a single case of MRSA Bacteraemia and one Clostridium Difficile Infection in the last 12 months.

## 3.9 Emergency preparedness

The Trust has a comprehensive framework for emergency preparedness, business continuity and resilience. This includes a number of key policies and arrangements to enable the swift establishment of command and control arrangements (including appropriate major incident centres) which link with the wider NHS response. Our response includes:

- We assess the effects of an incident on vulnerable care groups, such as children, dialysis patients, the elderly, medically dependent, or physically or mentally disabled.
- We mobilise community and social care resources (staff, facilities, capacity and/or equipment) to support acute trusts and other healthcare providers as required to enable accelerated discharge from acute trusts and admission avoidance to the hospitals.
- We rapidly recover services through robust business continuity plans.

2012/13 has provided a number of situations and exercises to provide plenty of opportunities to test our internal arrangements and resilience. This has helped us to continually reflect, identify and implement a number of improvements to strengthen our arrangements.

Other essential arrangements are in place to ensure:

- we maintain the health, safety and welfare of our patients and staff
- we co-operate with, support and provide information to the coordinating commissioner and health and social care providers
- we identify vulnerable patients in the community as soon as possible when a major incident occurs.

## 3.10 Patient Environment Action Team (P.E.A.T) 2012/13

PEAT is an annual environmental audit of areas in NHS premises used by the public e.g. wards, corridors, car parks etc. The tool covers non clinical aspects of patient care, including environment, food, privacy and dignity. The results help to highlight areas for improvement and share best practice across healthcare organisations. The audit was carried out by teams of staff, the public and Trust members. The organisational scores out of 5 for the year were: 4.39 for environment, 4.39 for food and hydration and 4.13 for privacy and dignity.

A summary of the latest PEAT results for Solent NHS Trust are outlined below;

Site	Date	Environment	Food and Hydration	Privacy and Dignity
Jubilee House	02.03.12	Excellent	Excellent	Good
Royal South Hants Hospital	07.03.12	Excellent	Excellent	Good
St James Hospital	01.03.12	Good	Good	Good
St Marys Community Health Campus	05.03.12	Excellent	Excellent	Excellent
Western Community Hospital	07.03.12	Excellent	Excellent	Excellent

## 3.11 Environmental management and sustainability

During 2012/13 the Trust has continued to be supported by the Southampton Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster, as owners of the estate. This has included work to reduce carbon footprint and emissions. Principal facets have been:

- installation or upgrading of Building Management System software;
- waste conversion to energy;
- increased use of insulation;
- reducing waste to landfill from 60% to zero.

Staff were also asked to share ideas on environmental and green practices via the Communications Team.

From 1st April 2013, Solent will become the owner of a number of properties and will continue to build on the work undertaken with the SHIP cluster. There will be an increase in staff awareness of sustainability issues associated with the built environment. A planned reduction in estate occupation will contribute to these measures. Other measures will include reducing staff mileage, sustainable procurement including local suppliers and consortium buying.

## 3.11 Charitable funds

Following creation of Solent NHS Charity in November 2011 the Charitable Funds Committee, along with specialist support, has been working to develop a Fundraising Strategy. During 2013-14 the Committee will finalise and implement the Fundraising Strategy to raise the profile of the charity, align the vision to supporting the Trust's clinical strategies and ultimately increasing the amount of funds donated.

During 2012-13 donations totalling £24,208 were received as well as other income totalling £5,825. Funding to the amount of £73,093 was spent in year on a number of events and causes including £36,846 on patient activities and welfare and £5,883 on equipment.

An independent evaluation of the charitable funds accounts by external auditors will take place in the Autumn 2013-14.

## 3.12 Volunteers

Volunteers are seen as an integral part of the workforce as the organisation moves forward and are key to the shaping of future developments of the organisation. They make a valuable and unique contribution to service users, patients, visitors and services and we recognise the important role which they play.

We have both regular volunteers who undertake a range of valuable activities and time limited placements for work experience students and those making career decisions. The skills that volunteers bring may be specific such as creative and expressive art and reflexology within Adult Mental Health, counselling within the Child and Adolescent Mental Health service, or more general such as help onwards, assistance with admin or meeting and greeting, or supporting community health clubs.

The Trust has plans to further develop opportunities for volunteers across the organisation during the year ahead ensuring that our processes and services positively support this.

### 3.13 Health and safety and occupational health

The Trust is committed to the continuous development and further embedding of a maturing and transparent safety culture. We have a proactive approach to health and safety and a number of key initiatives have been led by the Health & Safety Committee, along with the on-going review and approval of all health and safety related policies. This committee regularly reviews the health and safety risk registers and this process helps to identify, manage and monitor health and safety related risks. During 2012-13, 95 % of reported incidents resulted in either low harm or no harm (near-misses).

The Occupational Health Service is a firm member of the committee and provides wide-ranging Occupational Health and Wellbeing services to support staff. The service provided is underpinned by the Workforce Health & Wellbeing Strategy, which focuses on a healthy motivated workforce being integral to achieving better care for patients. Staff have access to an Employee Assistance Programme, which offers information and a counselling service which is free to all employees. This is a confidential service, but key themes of the contacts to the employee assistance service, along with other information help the Trust to identify the areas which may require more attention, such as issues of workplace stress. The Trust recognises that any adverse impact on staff affect their ability to function at their best in the workplace and takes active steps to put support strategies in place, taking a preventative stance wherever possible.

### 3.14 Engagement and consultation

Our members are kept informed of the latest news from the Trust through quarterly newsletters and by keeping the website updated with the current information. The newsletter includes information about the Trust, our services, as well as changes and improvements.

In 2012, we ran quarterly welcome events for new members, where people could come and meet the membership team and one or more of our directors. They could ask questions and learn about us first hand. In 2013, we plan to expand these into events for all members. These will ultimately include the governors, once they are in place later in the year.

Throughout the last 12 months, we have involved our virtual patient information group in drafting approximately 20 leaflets. The group look at new patient literature to ensure it is understandable for the general public. Furthermore, we have started to produce our newsletter in an easy read format in addition to the standard version. We have recently (February/March 2013) asked all our members to let us know if they have any Accessible Information needs, so that we can produce our literature in suitable formats.

We have also recently (February 2013) invited members who are interested in standing for governor to participate in the PLACE inspections. Similarly to the PEAT assessments, these look at non-clinical aspects of inpatient healthcare, such as cleanliness and dignity. PLACE puts a greater emphasis on the views of the patient/public assessors over those of

staff and have replaced the previous PEAT inspections. These are due to take place sometime after 1 April 2013 and we have had a good level of response from members.

We continue to update the members who are interested in becoming governor through regular communications. In December, we held a prospective governors event, where members could hear the latest information about our Foundation Trust journey, meet a former governor of a neighbouring Trust and ask any questions.

Directors or senior managers regularly attend meetings with our key stakeholders, such as HOSP/OSC and LINKs. Towards the end of 2012, we ran a series of events for local GPs to come and meet our key clinical staff and have also launched a new quarterly GP newsletter to enhance existing communications channels.

We provide many services for children and young people and it is important that their voice is heard within the Trust. Membership is open to anyone over the age of 14. We have been working with the Youth Parliament in Portsmouth to produce a youth-orientated version of our membership leaflet and are in discussion with the group about future joint working. We have also visited several local colleges with a number of our services and will be continuing this focus during 2013.

## 3.15 Membership

Membership is an easy way of keeping up to date with the latest information about local health care. It also provides you with an opportunity to have your say about health matters in your area. Membership is free and open to anyone over the age of 14 living in Portsmouth, Southampton and wider Hampshire.

You can decide how involved you would like to be. All members receive updates, but you can also comment on plans and take part in events. Alternatively, you might consider standing for election as a governor. The choice is yours!

The larger and more involved our membership is, and the more closely it reflects the different communities we work with, the better. We aim to make improvements based on what you say. We need as many interested people as possible to join us, so if you have not yet become a member, please sign up today.

You can join online at [www.solent.nhs.uk/membership](http://www.solent.nhs.uk/membership) or contact the Membership Team on 023 8060 8889 or email us at [membership@solent.nhs.uk](mailto:membership@solent.nhs.uk) for a membership form.

As at the end of 2012/2013, we have recruited 6011 public members. All staff are automatically enrolled as members, unless they choose to opt-out. We currently have eight members of staff who have opted out.



## Section 4:

### Directors Report - Valuing our Staff

#### 4.1 Policy on equal opportunities

We are committed to building a culture of inclusivity that encourages, supports and maximises the potential of all our employees ensuring that each and every member of staff is trained, committed and able to deliver the highest standard of care. Our aim is to create an environment that is characterised by dignity and mutual respect; where differences are valued and respected, in the same way as the unique contribution an individual's experience, knowledge and skills can make.

As an employer, we have a legal duty to ensure that all people have equality of opportunity to be considered for employment, training and promotion. We believe all employees and job applicants should be treated fairly and valued equally. The Trust recognises that discrimination is unacceptable and that it is in the best interest, as well as the interest of its employees and the local population, to utilise the skills of the total workforce.

We aim to ensure that no job applicant or employee is discriminated against either directly or indirectly on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. This principle applies equally to all aspects of employment including recruitment processes, conditions of service, job requirements and learning and development opportunities.

We continue to increase awareness of equality and diversity across the Trust through training and the activities of the Equality & Human Rights Sub-Committee of the Board.

### 4.1.1 Policy in relation to disabled employees

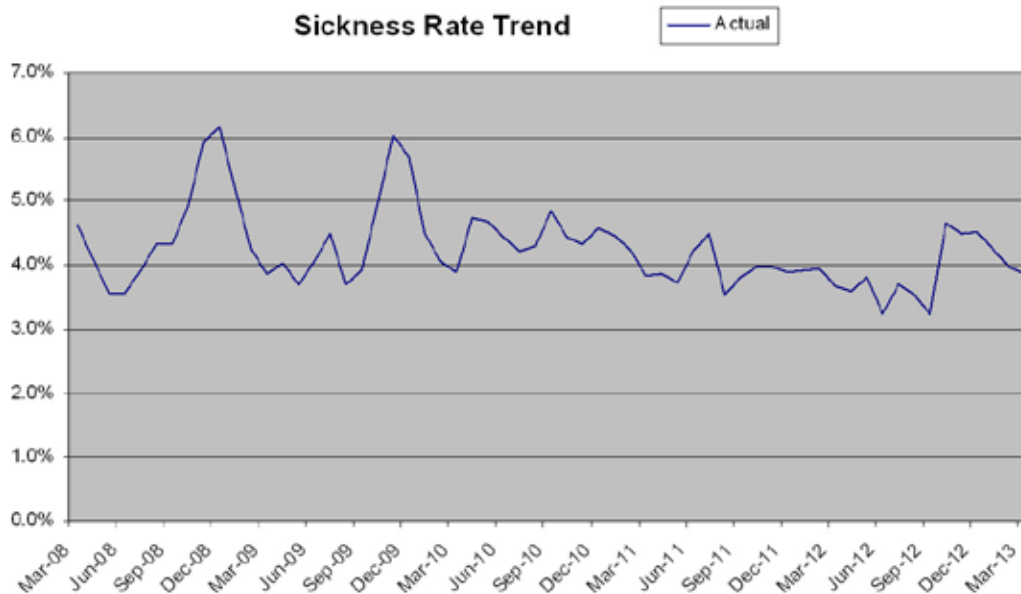
The Trust is accredited with the 'two tick' disability symbol which is awarded by Job Centre Plus to employers who have made commitment to employ, keep and develop the abilities of disabled staff. As a Trust we are positive about the employment of disabled people and believe that all employees should be treated fairly and valued equally.

## 4.2 Sickness absence

In our commitment to promote health and wellbeing of our staff we have developed a workforce health and wellbeing strategy Healthy, Happy, Here. We are striving to achieve the Investors in people Health & Wellbeing standard in 2013-14.

The graph below shows year to date sickness absence rates and demonstrates the usual seasonal effect of sickness with higher absences during winter months. Sickness rates have fluctuated throughout the past two years with the average in 2010/11 being 4.3% to the 2012/13 year end position of 3.9%.

We continue in our commitment to reduce sickness absence through effective management and support from Occupational Health and HR teams and we also offer an Employee Assistance Programme for staff.



## 4.3 Employee Engagement

The Trust promotes effective employee engagement to create a motivated and valued workforce and ultimately leads to better patient care. Engagement, consultation and ensuring effective communications with our staff is of paramount importance within Solent NHS Trust. It remains a key component and enabler to becoming a "healthy organisation" whilst supporting the values that are embedded within Solent NHS Trust. During the past 12 months we have improved on our methods of engagement and involvement with our staff to enable them to understand how we are on the right track to Foundation Trust as well as employee engagement. As such we have a comprehensive employee engagement programme with

initiatives to recognise and reward our staff such as our VIP (Valued, Involved & Proud) recognition event and our Celebrating Success Event both held annually. Staff involvement is key and we have a number of staff forums to ensure staff feel involved and informed about developments in the Trust and the performance and financial position.

We enjoy effective partnership working with our Staff Side colleagues and believe this is critical to our success.

Having been reaccredited with Investors in People we have joined actions from this award to that of our current staff survey results to ensure that a robust action plan is formulated for 2013.



## 4.4 Staff survey

The 2012 Annual staff survey was carried out during the months of October, November and December 2012. 1652 staff out of 3195 eligible staff returned their completed questionnaire giving a response rate of 51.7% compared to last year's response rate of 56%. The national average response rate of the survey was 54.6%.

	2010 / 11		2011 / 12		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Response rate	56%	53.3%	51.7%	54.6%	1.4% Deterioration

The Trust has improved this year on communication between senior managers and staff, consulting with staff regarding changes and providing training in equality and delivering good patient/service user experience. However there was a significant deterioration in the way staff are feeling under pressure and how a proportion of staff feel that the lack of time could impact on how they deliver their role.

Top 4 ranking scores	2010 / 11		2011 / 12		Trust improvement
	Solent Trust	National average	Solent Trust	National average	
No training in how to deliver a good patient / service user experience	37%	38%	20%	24%	<b>17% improvement</b>
Not able to do my job to a standard am pleased with	25%	23%	16%	13%	<b>9% improvement</b>
In last 3 months, have come to work despite not feeling well enough to perform duties	62%	60%	53%	58%	<b>9% improvement</b>
Communication between senior management and staff is not effective	40%	39%	32%	31%	<b>8% improvement</b>

Bottom 4 ranking scores	2010 / 11		2011 / 12		Trust deterioration
	Solent Trust	National average	Solent Trust	National average	
Senior managers do not act on staff feedback	23%	23%	31%	31%	<b>8% deterioration</b>
Felt pressure from manager to come to work despite not feeling well enough	22%	23%	30%	29%	<b>8% deterioration</b>
Felt unwell due to work related stress in last 12 months	36%	32%	43%	40%	<b>7% deterioration</b>
Not enough staff at Trust to do their job properly	50%	45%	52%	49%	<b>2% deterioration</b>

(Results above are taken from Pickers Survey 2012)

To ensure that we continue to listen to our staff and acknowledge the important feedback within our survey, a consolidated action plan has been developed which informs us of our key priorities for 2013-14, focusing on response to areas where the Trust's score is lower than average and performance has slipped or deteriorated since 2011-12 survey.

Our consolidated action plan focuses on our key priorities. These are:

- Focus on patient at the centre and quality of care
- Releasing time to care
- Staffing Levels
- Workforce Health & Wellbeing
- Making it easy to raise a concern
- Staff involvement, engagement and communication

- Ensure everyone has clear planned goals and objectives
- Cultural development

Year on year we ensure that we measure the changes identified within the Staff survey as it provides a structured, evidence based way for us to engage with our staff and respond to their feedback.

The Employee Engagement indicator is a key performance indicator for Solent NHS Trust and an improvement target has been set in the annual operating plan of 3.75.

The organisational staff survey action plan will be performance managed through divisional performance reviews and reported to the Workforce Development Sub-Committee and Trust Management Team.

## Section 5: Quality report

### 5.1 Quality Account

Under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, and in accordance with directions from Monitor, Directors are required to prepare quality reports for each financial year. The production of the Quality Account is led by the Director of Nursing and Quality. In line with the Department of Health report "High Quality Care for All" (2008) we set out three key areas for quality improvement:

1. **Patient safety** – This means ensuring that the environment is clean and safe at all times and that harmful events are avoided
2. **Patient experience** – This is the term used to describe those aspects of healthcare that do not relate directly to the treatment of an illness or injury, but can make all the difference to whether patients feel that they have been looked after properly
3. **Effectiveness of care** – This means ensuring that the most appropriate treatments, intervention, support and services will be provided at the right time to those patients who will benefit.

Last year we made a commitment to improve quality in the following ten key areas;

#### Patient Safety:

1. To continue to ensure patients are safe from infections

2. To continue to reduce the number of incidents of falls in our inpatient areas
3. To improve the nutritional status of patients under our care
4. To ensure all new patients receive as much information as possible while waiting for appointments in Child and Adolescent Mental Health Services

#### Patient Experience:

5. To improve our communication and support for carers
6. To increase the number of satisfaction surveys across the Trust to inform service improvement
7. To demonstrate improvements in recovery and support mental health patients to regain their place in the community and improve partnership working

#### Clinical Effectiveness:

8. To improve foot care and reduce amputations in people with diabetes
9. To reduce the number and severity of avoidable pressure sores developed by patients under our care.
10. To improve IT (Information Technology) access to clinical records.

Good progress has been achieved in all these areas the highlights being:

- Further reduction in incidence of Clostridium Difficile infection (CDI), and Meticillin Resistant Staphylococcus Aureus (MRSA)
- Contained one small outbreak of Norwalk Virus despite huge national increase.

- Overall the trend for falls in inpatient areas across the Trust has reduced for the second year running. The current predicted total for the year is 544, this is a 4% reduction from last year.
- The Adult Mental Health service has carried out an educational drive to reduce obesity, including a 'healthy living day' at the Orchards, implementation of protected mealtimes, change to menu with healthier meal choices and traffic light ratings for food choices
- Training materials have been produced to assist staff to recognise signs of malnutrition – these are included in all staff induction packs
- Child and Adolescent Mental Health Services (CAMHS) are about to launch a newly developed website together with information for service users and carers with involvement from young people and children who use the service
- Carers Information Packs have been developed, containing relevant information to each area. These will be used throughout the organisation wherever carers are identified
- All inpatient areas and most community services now seek feedback from all patients on discharge and other services have carried out an increased number of surveys throughout the year. The overall percentage of positive answers in key areas (e.g. privacy, involvement and communication) was 94%

and to other service specific questions was 67%. We have now increased the number of surveys carried out over the year, from 959 in 2011/12 to 3,289 in 2012/13. These surveys are helping us to identify any areas that require improvements. Some feedback received on our Discharge and Rapid Response Teams showed that there was some confusion regarding whom to contact following discharge and what happens once a patient is discharged from the care of the Rapid Response Team. As a result we are producing patient information leaflets and training staff to ensure that patients and carers fully understand what is being arranged and whom to contact for support

- An audit of care plans in Adult Mental Health showed that all clients had made progress towards recovery plans with 85% either starting to take care of themselves, and going out or currently feeling well and symptom free
- Solent has redesigned its diabetic pathway with a focus on prevention and this has contributed to a 25% reduction in major amputations as a result of Diabetic foot disease in Portsmouth since 2008 and the episodes of care for diabetic foot disease in Portsmouth have reduced by 10%
- The number of avoidable pressure sores acquired by patients whilst in our care fell from 8 to 3 in 2012/13 and further work is being carried out to try to reduce this further.

Full details on the statements of assurance regarding quality from the Chief Executive and Board, our priorities for improvement and statements from key stakeholders are found in our Quality Account 2012/13 (Appendix 2).

## Section 6: Board of Directors

### 6.1 Solent NHS Trust Board

Accountable to the Secretary of State, the Board is responsible for the effective direction of the affairs of Solent NHS Trust, setting the strategic direction and appetite for risk. The Board establishes arrangements for effective governance and management as well as holding management to account for delivery, with particular emphasis on the safety and quality of the Trust's services and achievement of the required financial performance as outlined in its Terms of Reference.

The Board leads the Trust by undertaking the following key roles:

- Ensure the management of staff welfare and patient safety
- Formulating Strategy, defining the organisations purpose and identifying priorities
- Ensuring accountability by holding the organisation to account for the delivery of the strategy and scrutinising performance
- Seeking assurance that systems of governance and internal control are robust and reliable and to set the appetite for risk
- Shaping a positive culture for the board and the organisation.

The Directors, who held office throughout the year were:

## Non-Executive Directors

### Dr. Alistair Stokes

Chairman

#### Experience:

Alistair has had a wide ranging career in marketing, business development and administration in the chemical and pharmaceutical industries including working as Commercial Director with Monsanto Company and as Managing Director for UK operations and subsequently Regional Director for the Far East and South East Asia for Glaxo PLC. From 2007, Alistair served as Chairman of the Ipsen Group's UK companies, retiring from that role in 2010. Alistair also served as Regional General Manager for the NHS in Yorkshire and for several years as a member and Vice Chairman of a District Health Authority and from 1992 until 1998 as Chairman of an NHS Trust. He is a Fellow of the Institute of Directors and a Chartered Director. He is currently a governor of the University of West London and chairs the University's Audit & Risk Committee. He is also a Trustee of the Hampshire & Isle of Wight Community Foundation.

#### Lead NED:

Health & Safety  
(incl. Local Security Management)

**Qualification:** BSc, PhD, CDir, FloD, FRSM

**Start date:** April 2011





## Barry Neaves

Non-Executive Director & Deputy Chair

### Experience:

Barry is a Chartered Certified Accountant with many years' experience in both the private and not-for profit sectors. Following a range of accountancy positions, Barry spent 15 years with a major building society dealing with corporate issues. He was subsequently appointed Group Finance Director of a large local social housing organisation. These positions allowed him to work with other institutions involved in initiatives to combat financial exclusion in Southampton and surrounding areas.

Barry has undertaken several non-executive roles and, until recently, was a Non-Executive Director with Southampton City Primary Care Trust. In addition to providing interim finance director services to housing associations, he is currently a board member of a local housing provider, a charity treasurer and independent examiner.

**Lead NED:** Patient experience

**Qualification:** BA (Hons) in Modern Languages, FCCA (Fellow of the Association of Chartered Certified Accountants).

**Start date:** April 2011



## Brad Roynon

Non-Executive Director and Senior Independent Director

### Experience:

Brad retired in December 2010 from being Chief Executive of Southampton City Council where he held this post since 2001 and was responsible for reshaping services increasing efficiencies, improving customer care and developing effective partnerships. Prior to that Brad was Chief Executive of Carmarthenshire County Council between 2007 and 2001 and of East Hampshire District Council between 1988 and 1997. Brad started his career with the NHS as a management adviser with London Teaching Hospitals, where he undertook a wide variety of projects. He later joined the London Borough of Richmond to become Director of the Chief Executive's Office, before moving to East Hampshire.

**Lead NED:** Safeguarding Children

**Qualification:** Management Services Diploma, Management Services Certificate, HND Hotel Catering & Business Management, Honorary degree Doctor of Business by Southampton Solent University, Member of The Institute of Management, The Society of Local Authority Chief Executives

**Start date:** April 2011



## Mick Tutt

Non-Executive Director

**Experience:** Mick Tutt has more than 35 years NHS experience, including 20 years in Senior Management and more than a decade at Executive Director (and equivalent) level.

As a qualified nurse Mick has managed mental health & learning disabilities services in a number of different Trusts and has experience of working with the Commission for Health Improvement/ Healthcare Commission (now the CQC) acting as Nurse/Manager on several independent Inquiries. Mick was a former lay member of the Portsmouth Community and Mental Health Service Board before being appointed as Non Executive Director for Solent NHS Trust. He now acts as a manager for appeals against Mental Health Act detentions and also chairs the Mental Health Scrutiny Committee and Assurance Committee. Mick is also a bank compliance inspector for the CQC.

**Qualification:** RMN, SRN, Dip Nursing

**Start date:** April 2011



## Liz Bailey

Non-Executive Director

**Experience:** Liz Bailey worked for Barclays UK for 35 years, where she held a number of senior positions and was the Head of Diversity when she left. Based in the Southampton area, Liz became actively involved in supporting Fairbridge Solent, now the Prince's Trust, a local charity helping young people between the ages of 14 to 25 make a positive change to their lives. Liz now runs her own business consultancy with a particular focus on change, diversity and people development.

**Lead NED:** Equality & Human Rights, Safeguarding Adults, Whistleblowing

**Qualification:** MCIPD (People Development), ACIB Banking

**Start date:** April 2011



## Jon Pittam

Non-Executive Director

**Experience:** Since 1997 until his retirement in 2010, Jon was the County Treasurer for Hampshire County Council as well as being Treasurer for the Hampshire Police and Fire Authorities. In these roles, Jon provided financial and strategic advice in support of the authorities' corporate strategies and was the chief financial officer for budgets approaching £2 billion. Jon was a council member of his chartered accountancy body and the national spending convenor for local government finance during several public expenditure rounds. Since his retirement, he has taken a 'gap' year and carried out a few independent consultancies.

**Qualification:** BSc, CIPFA

**Start date:** June 2012



## Executive Directors

### Dr Ros Tolcher

Chief Executive

**Experience:** Ros was appointed to the post of Chief Executive of Solent NHS Trust on 1st April 2011, having previously held the post of Chief Officer of Solent Healthcare, an autonomous provider organisation within the PCT since its inception in April 2010. She previously had held posts as Medical Director of Southampton City PCT since 2003 and joint managing director of Southampton Community Health services where she led the development of the provider services including the merger between Portsmouth City and Southampton City provider arms and the developmental work underpinning the Trusts application for Foundation Trust status.

**Qualification:** Bachelor of Medicine with Honours, Distinction in Medical Sciences and Distinction in Clinical Medicine: Southampton University Medical School (1985), Fellow of Faculty of Family Planning and Reproductive Health (RCOG), Fellow British Association of Medical Managers, South Central SHA High Potential Leaders (aspiring CEO's) programme 2008/10, NHS Top Leader

**Start date:** April 2011



### Michael Parr

Director of Finance & Performance

**Experience:** Michael is a Chartered Management Accountant with extensive experience in finance and commercial management in the NHS. He is a University College London graduate in Mathematics and has previously worked in the capital, managing risk and controls in investment banking. Michael has worked in the NHS since 1999 where he has held a number of senior finance roles in Primary Care Trusts and Foundation Trusts, most recently Deputy Director of Finance at Queen Victoria Hospital NHS Foundation Trust.

**Qualification:** ACMA, BSc

**Start date:** July 2011



## Dr Tony Snell

Medical Director

**Experience:** Tony was appointed to the post of Medical Director of Solent NHS Trust in July 2011 having previously held the posts of Chief Medical Officer NHS Hillingdon, Medical Director Harmoni, Chief Executive National Fund Anquila, Associate Medical Director Orion CRO, Medical Director at Birmingham and Black Country SHA, Medical Director East Kent HA and PCTs, Director of Primary Care Barnet, senior GP partner trainer and fundholder, Royal Naval Medical Officer. Interested in evidence based practice and managed care models in the USA and NHS Tony developed and implemented the Primary Care Clinical Effectiveness project (PRICCE). This evolved into QOF. In 2001 he was appointed Co-Vice Chair of NHS Confederation, nGMS negotiating team, leading on QOF

**Qualification:** MBChB, DRCOG, MRCP

**Start date:** July 2011



## Alex Whitfield

Chief Operating Officer

**Experience:** Alex provided strong leadership as Chief Operating Officer to Winchester and Eastleigh Healthcare NHS Trust prior to its acquisition by Basingstoke and North Hants NHS Foundation Trust and the creation of Hampshire Hospitals FT. She has a sound understanding of the challenges faced by the local health and social care providers and will be rapidly getting up to speed leading the delivery of services for Solent and building on the excellent collaboration and partnership working established between providers locally. Alex has extensive operational experience in both the private and public sector and is committed to delivering high quality, cost effective patient care.

**Qualification:** MA Engineering, University of Cambridge, leadership expertise at Insead, Oxford University, the Kings Fund and the NHS Top Leaders Programme

**Start date:** July 2012



## Judy Hillier

Director of Nursing and Quality

**Experience:** Judy originally trained as a nurse at Westminster Hospital, London working as a sister in intensive care and cardiology but has in recent years progressed her career in clinical leadership and management.



Judy has held a wide range of roles and responsibilities including Operational Director in a large acute trust, Primary Care and Quality Manager in a Health Authority, Commissioning Manager covering cancer and children's services in a Primary Care Trust. Judy also led Portsmouth City Primary Care Trust's Provider arm as the Director of Provider Services for Portsmouth Community and Mental Health Services. Judy acted as lead for 'No Needless Falls' at a Health Authority level and was a previous member of the Department of Health fractures and falls advisory group, developing the national commissioning toolkit for falls. Presently Judy chairs the Hampshire and Isle of Wight Equality and Diversity Board and is a national speaker on falls prevention and nursing productivity.

**Qualification:** Diploma in Leadership and Management (DLM), Cert IHSM (NVQ 4), SRN and ENB 100 (ITU)

**Start date:** April 2011

## Operational Directors (Board attendees & non-voting)

### Sarah Austin

Director of Strategy and New Business

**Experience:** Sarah originally trained as a nurse in London and specialised in renal care in Portsmouth, undertaking both a teaching qualification and a BSc. Her career to date includes 17 years working as Director of Strategic Alliances leading the merger with Royal Hospital Haslar, five years as Director of Central South Coast Cancer Network and three years in South Central Strategic Health Authority focusing on strategy and system reform and market development.

Sarah joined Solent NHS Trust in autumn 2010 as Transforming Community Services Programme Director before being appointed in her new role as Director of Strategy and New Business. Sarah also leads the Trust's Foundation Trust application.

**Qualification:** RGN, BSc, MBA

**Start date:** November 2011



## Julie Pennycook

Director of Human Resources and Organisational Development

### **Experience:**

Having work in the independent healthcare sector for 15 years, Julie joined the NHS in Southampton in 2004.

Julie leads a comprehensive Human Resources and OD Department comprising HR Business Partners, Learning & Development, Workforce Information & Planning, Employment Administration and Occupational Health

**Qualification:** Chartered Member of CIPD Masters in Human Capital Management, Member of HCMI.

**Start date:** April 2011



Operational Directors attend meetings by invitation to present to the Board as necessary and contribute to discussions regarding their areas of operational expertise; such Directors are not eligible to vote.

## 6.2 Balance, completeness and appropriateness of the membership of the Board of Directors

The current Board of Directors comprises six Non-Executive Directors (including the Chairman) and five Executive Directors (including the Chief Executive). The structure is statutorily compliant and considered to be appropriate. The composition, balance of skills and experience of the Board was reviewed in December 2012 by the Governance & Nominations Committee. It was concluded that no immediate changes are required however the Board will review this following FT licencing. Prior to FT authorisation any appointments or terminations to NED roles would be handled in conjunction with the Trust Development Authority at the Department of Health.

## 6.3 Register of interests

In accordance with the Code of Governance, NEDs confirm their independence annually by declaration and all Board members are required to update their declarations in relation to their interests held in accordance with public interest, openness and transparency. See Appendix 5.

## 6.4 Composition of Board's Committees

Appendix 3 details the Composition of the Board's Committees and further detail about the Committees are summarised in Section 7.

## 6.5 Performance Evaluation of Board

We have undertaken several processes in year to assist in the evaluation of the Board, its Directors and Committees, including:

- An annual Board appraisal
- Several third party observations
- On-going Board development Plan
- Appraisals and mid-year reviews (the Chief Executive appraises the Executive Directors and the Chairman appraises the Non-Executive Directors).
- An annual governance review conducted by the Governance & Nominations Committee
- The review of annual reports by each Board Committee.





## Section 7: Corporate governance

### 7.1 The Board's Committees

The Board has established the following committees:

#### Statutory Committees

- Audit & Risk Committee
- Governance & Nominations Committee
- Remuneration Committee
- Charitable Funds Committee

#### Designated Committees

- Assurance Committee
- Finance Committee
- Mental Health Act Scrutiny Committee

Membership and attendance records for each of the Committees are included in Appendices 2 and 3 respectively.

#### 7.1.2 Audit and Risk Committee

Frequency of meeting: At least quarterly (plus private meeting with External Auditor). During 2012-13 the Committee met 5 times.

The purpose of the Audit Committee is to provide one of the key means by which the Trust Board ensures that effective internal control arrangements are in place. The Committee operates in accordance with terms of reference set by the Board of Directors, which are consistent with the NHS Audit Committee Handbook and the Foundation Trust Code of Governance. All issues and minutes of these meetings are reported to the Trust Board. In order to carry out its duties, Committee meetings are attended by the Chief Executive, the Director of Finance and representatives from Internal Audit, External Audit and Counter Fraud on invitation. The Committee directs and receives reports from these representatives, and seeks assurances from Trust officers. The Committee's duties can be categorised as follows:

- Governance, Risk Management and Internal Control
- Internal Audit
- External Audit
- Other Assurance Functions – including Counter Fraud
- Financial Reporting

## Internal Audit

Our Internal Auditors for 2012/13 were KPMG LLP. Internal Audit provides an independent assurance with regards to the Trust's systems of internal control to the Board. The Audit Committee considers and approves the Internal Audit Plan and receives regular reports on progress against the plan, as well as the Head of Internal Audit Opinion which provides an opinion on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The Committee also receives and considers internal audit reports on specific areas.

The cost of the internal audit provision for 2012-13 was £51k.

## External Audit

Our External Auditors were the Audit Commission until August 2012 when the organisation was disbanded, after which Ernst & Young LLP became the Trust's auditors. The main responsibility of External Audit is to plan and carry out an audit that meets the requirements of The Code of Audit Practice and the NHS Manual for Accounts.

External Audit is required to review and report on:

- The Trust's accounts
- Whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

The Audit Committee reviews the External Audit Annual Audit Plan at the start of the financial year and receives regular updates on progress. The Committee also receives an Annual Audit Letter.

The cost of the external audit provision to conduct the statutory audit for 2012-13 was £71k. No other assurances or services were provided by External Audit during 2012-13.

## Disclosure of information to auditors

The Directors confirm that, so far as they are aware, there is no relevant audit information of which the Trust's external auditors are unaware. The Directors also confirm that they have taken all steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

No non-audit services were carried out by the external auditors for the year 2012-13 and there were therefore, no conflicts of interest in relation to their role during this time.

## Counter Fraud

Local Counter Fraud Services (LCFS) are provided by Hampshire & IOW Counter Fraud Team. The role of the LCFS is to assist in creating an anti-fraud, corruption and bribery culture within the Trust; to deter, prevent and detect fraud; to investigate suspicions that arise; to seek to apply appropriate sanctions; and to seek redress in respect of monies obtained through fraud. The Audit Committee receives regular progress reports from the LCFS during the course of the year and also receives an annual report. The Trust's Counter Fraud service has received a rating of 4 (excellent – the highest possible rating) from the NHS Counter Fraud Service.

## 7.1.2 Governance and Nominations Committee

Frequency of meeting: At least annually and as required.

During 2012-13 the Committee met twice.

The Committee's main purpose is to lead in the identification and recommendation of candidates to executive vacancies to the Trust Board. The Committee also considers and keeps under review governance arrangements for the Trust including Committee Structure and Committee Terms of reference and to make proposals to Trust Board as appropriate.

The Committee is responsible for assessing the size, structure and skill requirements of the Board, and for considering any changes necessary or new appointments. If a need is identified, the Committee will produce a job description, decide if external recruitment consultants are required to assist in the process and instruct the selected agency, shortlist and interview candidates. If the vacancy is for a Non-Executive Director the recruitment process is handled by the Trust Development Authority (prior to FT authorisation). Non-Executive Directors are appointed for a three year term in office and can be reappointed for a second three year term, subject to the recommendations of the Chairman. A Non-Executive Director's term can be extended beyond a second term on an annual case by case basis subject to satisfactory performance review and recommendation by the Chair. In any event, no Non-Executive Director will serve longer than nine years. The Chairman, Non-Executive Directors and the Chief Executive (except in the case of the appointment of a new Chief Executive) are responsible for deciding

the appointment of executive Directors. The Chairman and the Non-Executive Directors are responsible for the appointment and removal of the Chief Executive. All new appointees received an appropriate induction.

We will amend the Committee's Terms of Reference in readiness for Foundation Trust Authorisation to recognise the role of the future Council of Governors in respect of appointments and removals to posts.

## 7.1.3 Remuneration Committee

Frequency of meeting: At least annually and as required.

During 2012-13 the Committee met 5 times.

The Remuneration Committee is comprised of the Non-Executive Directors (and others by invitation). The Committee reports to Solent NHS Trust Board Part 2 regarding recommendations and the basis for its decisions and meets at least annually. The Committee makes decisions on behalf of the Board about appropriate remuneration (including consideration of performance related pay and to note decisions of the Clinical Excellence Awards), allowances and terms of service for the Chief Executive and other Executive Directors.

## 7.1.4 Charitable Funds Committee

Frequency of meeting: Quarterly. During 2012 -13 the Committee met 5 times.

The Corporate Trustee (Solent NHS Trust), through its board, has delegated day to day management of the charity (Solent NHS Charity) to the Committee. The Committee ensures that funds are spent in accordance with the original intention of the donor (where specified), oversees and reviews the strategic and operational management of the Charitable Trust Fund as well as ensuring legislative requirements in accordance with the Charity Commission are met. The Committee is also responsible for developing and managing policies and procedures in relation to the management of Charitable Funds, monitoring the investment portfolio and the development of fundraising strategies.

## 7.1.5 Assurance Committee

Frequency of meeting: Ten times a year (from Sept 2012 onwards). During 2012 -13 the Committee met 8 times.

The Assurance Committee is responsible for seeking assurance and scrutinising all matters relating to quality and regulatory compliance; including seeking assurance of progress against action plans across the organisation including those generated for example, from Care Quality Commission visits.

The Committee has been established to enable the Board to obtain assurance that high

standards of care are provided by the Trust, and in particular, that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:

- promote quality, safety and excellence in patient care;
- identify, prioritise and manage risk;
- ensure the effective and efficient use of resources
- protect the health and safety of Trust employees
- ensure that all statutory requirements are complied with

The Committee also seeks assurance that the development of all clinical governance activities within the Clinical Divisions improves the quality of care throughout the Trust as well as assuring the Board of the organisation's compliance with national and local statutory requirements with regard to clinical care. Assurance on all aspects of Quality (including patient safety and experience, infection control, health and safety, safeguarding, risk management, research and development, clinical effectiveness and audit) as well as Regulatory Compliance is sought from the Committee's reporting subcommittees.

## 7.1.6 Finance Committee

Frequency of meeting: Six times a year. During 2012 -13 the Committee met 6 times.

The Finance Committee is responsible for ensuring appropriate financial frameworks are in place to drive the financial strategy, and provide assurance to the Board on financial matters as directed. The Committee focuses on the following areas; strategic financial planning, annual budget setting & monitoring, treasury management, business managing (including overseeing the implementation of Service Line Reporting and Service Line Management) as well as conducting in depth reviews of aspects of financial performance as directed by the Board and reviewing the financial requirements of the FT application.

## 7.1.7 Mental Health Act Scrutiny Committee

Frequency of meeting: Quarterly. During 2012 -13 the Committee met 4 times.

The central purpose of the Committee is to oversee the implementation of the Mental Health Act 1983 functions within Solent NHS Trust principally within Adult and Older Persons Mental Health, and Learning Disabilities services. The Scrutiny Committee has primary responsibility for seeing that the requirements of the Act are followed within the Trust. In particular, to seek assurance that service users are detained only as the Mental Health Act 1983 allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights.

## 7.2 The future Council of Governors

We have agreed the composition of our future Council of Governors, as illustrated below and will be holding our inaugural elections in the summer 2013. During 2012/13 we held numerous engagement and briefing events for prospective governors and have received confirmation of the majority of appointed governors from our partner organisations.

### 14 Public Governors

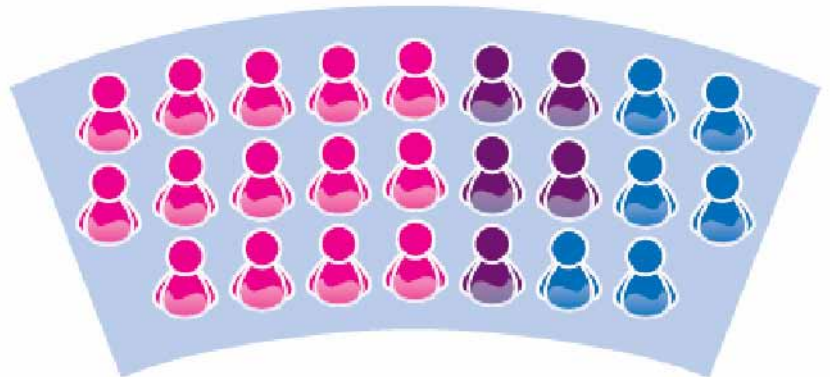
Southampton  
Portsmouth  
Hampshire

### 5 Staff Governors

Staff who mainly work in Southampton  
Staff who mainly work in Portsmouth  
Staff who mainly work in Hampshire

### 6 Proposed Appointed Governors

Local Authorities  
Clinical Commissioning Groups  
Universities



The appointed governors to our future Council of Governors are confirmed as:

Organisation	Appointed Governor
Portsmouth City Council	David Williams, CEO
Southampton City Council	Cllr Dave Shields
Hampshire County Council	Cllr Patricia Stallard
Southampton CCG	To be confirmed
Portsmouth CCG	Dr. Elizabeth Fellows
University of Southampton / University of Portsmouth	Dr. Chris Stephens, Associate Dean Education & Student Experience. Dean of Science (tbc) – University of Portsmouth

## 7.3 Compliance with the Corporate Governance Code

In accordance with the compliance requirements of Foundation Trusts, we are working to ensure the foundations are in place in readiness for licencing, taking into consideration the requirements of Monitors Code of Governance. The Board is assured that there are no current departures from compliance requirements and further details can be located in the Annual Governance Statement, Appendix 1.

## Section 8: Remuneration report

The Trust has a Remuneration Committee that is chaired by a Non-Executive Director of the Trust. Membership is limited to all Non-Executive Directors. The Chief Executive, Director of Finance and Director of HR and Organisational Development are in attendance by request.

The Trust's policy on the remuneration of senior managers for current and future financial years is based on principles agreed nationally by the Department of Health taking into account market forces and benchmarking.

Both national and local strategy and delivery help identify performance conditions for senior managers, and the annual appraisal process ensures assessment. All elements of the remuneration package are subject to performance conditions and achievement of specific targets.

We have a recruitment and retention policy which outlines the circumstances under which an individual can be employed on a fixed term contract, or without limit. These processes are used when employing Directors.

The Chief Executive and Director of Finance & Performance are employed via arrangements made by the Secretary of State and appointments are made by the Department of Health directly. Any termination payments are paid in accordance with the Secretary of State's directions.

The Chairman and Non-Executive Directors are office holders and as such are not employees. They are therefore not entitled to any notice periods or termination payments.

## 8.1 Details of the service contract for each Senior Manager who has served during the year

All individuals employed on a senior managers or Medical Consultant contract are required to give six months' notice in order to terminate their contract. Termination payments are on the grounds of ill health retirement, early retirement, or redundancy on the same basis as for all other NHS employees as laid down in the National Terms and Conditions of Employment and the NHS Pension scheme procedures.

There was one compulsory severance payment and a provision of £194,868 was made.

The Trust's liability in the event of an early termination will be in accordance with the National terms and conditions.

Detailed overleaf are the salaries and benefits (including pension entitlement) of senior managers employed or engaged by the Trust.



## 8.2 Pay Multiples<sup>2</sup>

The banded remuneration of the highest paid director in Solent NHS Trust in the financial year 2012-13 was £165 -170k (2011-12, £160-£165). This was 6 times (2011-12, 6 times) the median remuneration of the workforce, which was £28,316.69 (2011-12 £26,556).

In 2012-13, one employee (2011-12, one employee) received remuneration in excess of the highest-paid director. Remuneration ranged from £14k - £170k, (2011-12, £12k - £170k).

Total (banded) remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

When calculating the Median figure, individuals employed via a bank contract who have did not work in March have been excluded, together with eight individuals who receive allowances only, and any individual whose total payments are less than the minimum band 1 whole time equivalent salary for the year.

<sup>2</sup>

This has been subject to Audit

## 8.3 Exit packages<sup>3</sup>

Many changes have taken place within the organisation in the 2012-2013 financial year and whilst we endeavor to do all we can to ensure the continued employment of our staff there have been 111 severance payments totaling £3,566k made in the year. Seventy-eight of these payments relate to compulsory redundancies (£3,028k) and thirty-three have been other payments (£538k). One of the compulsory severance payments relates to a named senior manager as detailed in the accounts and all payments have been made in accordance with the NHS Pension Scheme procedures and National Terms and Conditions, as a result Treasury Approval has not been required.

<sup>3</sup>

This has been subject to Audit

## 8.4 Salaries and Allowances<sup>4</sup>

Name and Title	2011 / 12			2012 / 13		
	Salary (bands of £5000)	Other (bands of £5000)	Benefits in kind	Salary (bands of £5000)	Other (bands of £5000)	Benefits in kind
	£000	£000	£00	£000	£000	£00
R Tolcher – Chief Executive	160 - 165	0	0	160 - 165	0	0
J Pennycook- Director of Human Resources & Organisational Development	90 - 95	0	0	90 - 95	0	0
M Parr - Director of Finance and Performance	70 - 75	0	0	95 - 100	0	0
D Meehan – Chief Officer – Left 30th November 2012	101 - 105	0	0	65 - 70	95 - 100	0
A Snell – Medical Director	75 - 80	0	0	110 - 115	0	0
A Whitfield –joined as interim Chief Operating Officer (secondment) July 2012 and then appointed into substantive position 1st November 2012 as Chief Operating Officer	0	0	0	40 - 45	0	0
J (C) Hillier – Director of Nursing and Quality	90 - 95	0	0	90 - 95	0	0

4

This has been subject to Audit

Name and Title	2011 / 12			2012 / 13		
	Other (bands of £5000)	Other (bands of £5000)	Benefits in kind	Salary (bands of £5000)	Other (bands of £5000)	Benefits in kind
	£000	£000	£00	£000	£000	£00
S Austin - Director of Strategy	30 - 35	0	0	100 - 105	0	0
A Stokes - Chairman	15 - 20	0	0	15 - 20	0	0
E Bailey - Non Executive Director	5 - 10	0	0	5 - 10	0	0
B Neaves - Non Executive Director	5 - 10	0	0	5 - 10	0	0
B Roynon - Non Executive Director	5 - 10	0	0	5 - 10	0	0
M Tutt – Non Executive Director	5 - 10	0	0	5 - 10	0	0
D Griffiths - Non Executive Director - resigned 15th April 2012.	5 - 10	0	0	0 - 5	0	0
J Pittam - Non Executive Director - Commenced 1st June 2012	...	...	...	5 - 10	0	0

## 8.5 Pensions<sup>5</sup>

Name	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000)	Cash equivalent Transfer Value at 31 March 2012	Cash equivalent Transfer Value at 31 March 2013	Real increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension to nearest £100
	£000	£000	£000	£000	£000	£000	£000	
R Tolcher	0.0 - 2.5	0.0 - 2.5	40 - 45	125 - 130	720	788	30	
M Parr	0.0 - 2.5	0.0 - 2.5	20 - 25	60 - 65	288	319	16	
A Snell *	...	...	...	...	879	...	...	
J (C) Hillier **	0.0 - 2.5	0.0 - 2.5	20 - 25	70 - 75	527	0	0	
D Meehan ***	-2.5 - 0.0	-5.0 - -2.5	45 - 50	140 - 145	1012	...	...	
J Pennycook	0.0 - 2.5	0.0 - 2.5	10 - 15	30 - 35	164	189	17	
S Austin	-2.5 - 0.0	-7.5 - -5.0	35 - 40	85 - 90	523	553	3	
A Whitfield	0.0 - 2.5	2.5 - 5.0	5 - 10	25 - 30	117	145	21	

\* No longer a member of the pension scheme.

\*\* Where a member of the pensions scheme is over the age of 60 no CETV is provided.

\*\*\* Pension taken in year therefore no CETV provided.

## 8.6 Cash Equivalent Transfer Values (CETV)

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

## 8.7 Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## Section 9: Financial review and summary financial statements

### 9.1 Foreword and statement on financial performance

In our second year of trading we have ended 2012-13 by achieving our financial statutory duties:

- To at least breakeven on income and expenditure which is a measure of financial stability. The Trust achieved its planned £0.8m surplus
- External Financing Limit (EFL) which is an overall cash management control. The Trust was set an EFL of £7.9m for 2012-13, actual EFL was £3.9m and therefore the Trust achieved the EFL target with a positive variance of £4.0m
- Capital Cost absorption rate is nominally 3.5%. However, as the Trust has no significant fixed assets and a large cash balance, the absorption rate is actually reported as zero

- Capital Resource limit (CRL) which represents investments in fixed assets throughout the year. The Trusts fixed asset investment for 2012-13 was £2.8m, £1.6m within the target of £4.4m.

In addition we delivered a Cost Improvement Programme of £13.4m which represented a 7.0% overall cost reduction.

*Ros Tolcher*

Dr. Ros Tolcher  
Chief Executive

Date: 28 May 2013



## 9.2 Directors responsibility statement in relation to the accounts

The Directors are required under the National Health Service Act 2006 to prepare financial statements for each financial year. The Secretary of State, with the approval of the Treasury, directs that these financial statements give a true and fair view of the state of affairs of the NHS Trust and of the income and expenditure of the NHS Trust for that period. In preparing those financial statements, the Directors are required to: apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury; make judgements and estimates which are reasonable and prudent; and state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the financial statements.

## 9.3 Financial Review and statutory duties in relation to the accounts

### 9.3.1 Break-even position (a measure of financial stability)

The Trust has a statutory duty to achieve break-even in the year. The Trust has achieved this as it reported a surplus of £0.8m in 2012-13.

### 9.3.2 Capital Costs Absorption Rate (a measure of Statement of Financial Position Management)

The Trust is required to absorb the cost of capital at a rate of 3.5% of actual average relevant net assets. The average net relevant assets exclude balances held in the Government Banking Service bank accounts. The average net relevant assets of the Trust for 2012-13 are negative, dividends are not payable on negative average net relevant assets and therefore the capital cost absorption rate is 0%.

### 9.3.3 External Financing Limit (an overall cash management control)

The Trust was set an External Finance Limit of £7.9m for 2012-13 which it is permitted to undershoot. Actual external financing requirements for 2012-13 were £3.9m and therefore the Trust achieved the target with a positive variance of £4.0m.

### 9.3.4 Capital Resource Limit (Investment in fixed assets during the year)

The Capital Resource Limit is the amount that the Trust can invest in fixed assets during the year, a target with the Trust is not permitted to overspend. The Trust was set a capital resource limit of £4.4m for 2012-13. Its actual fixed asset investment was £2.8m, £1.6m within the limit of £4.4m.

### 9.3.5 Want to find out more?

Included on these pages are the 'summary accounts' of the Trust and an overall picture of our fiscal performance.

For a copy of our full accounts please see our website: [www.solent.nhs.uk](http://www.solent.nhs.uk) or phone  
Tel: 023 8060 8900



## 9.4 Statement of Comprehensive Income for year ended 31 March 2013

	2012-13	2011-12 (restated)
	£000	£000
Employee benefits	(123,865)	(130,498)
Other costs	(67,464)	(61,574)
Revenue from patient care activities	172,046	176,989
Other Operating revenue	20,100	16,920
<b>Operating surplus/(deficit)</b>	<b>817</b>	<b>1,837</b>
Investment revenue	31	26
Other gains and (losses)	(72)	0
<b>Surplus / (deficit) for the financial year</b>	<b>776</b>	<b>1,863</b>
Public dividend capital dividends payable	0	0
<b>Retained surplus / (deficit) for the year</b>	<b>776</b>	<b>1,863</b>
Other Comprehensive Income	0	0
<b>Total comprehensive income for the year</b>	<b>776</b>	<b>1,863</b>

## 9.5 Statement of Financial Position as at 31 March 2013

	31 March 2013	31 March 2012
	£000	£000
Non-current assets	4,383	2,807
Current assets	15,145	21,817
Current liabilities	(14,083)	(20,180)
<b>Net Current Assets / (Liabilities)</b>	<b>1,062</b>	<b>1,637</b>
<b>Total Assets Less Current Liabilities</b>	<b>5,445</b>	<b>4,444</b>
Non-current liabilities	(225)	0
<b>Total Assets Employed</b>	<b>5,220</b>	<b>4,444</b>
<b>Financed by Taxpayers Equity</b>	<b>5,220</b>	<b>4,444</b>

## 9.6 Statement of Changes in Taxpayers' Equity for year ended 31 March 2013

	Retained earnings
	£000
<b>Balance at 1 April 2012</b>	<b>4,444</b>
<b>Changes in taxpayers' equity for 2012-13</b>	
Retained surplus/(deficit) for the year	776
<b>Balance at 31 March 2012</b>	<b>5,220</b>
	<hr/> <hr/>
<b>Balance at 1 April 2011</b>	<b>2,581</b>
<b>Changes in taxpayers' equity for 2011-12</b>	
Retained surplus / (deficit) for the year	1,863
<b>Balance at 31 March 2012</b>	<b>4,444</b>
	<hr/> <hr/>

## 9.7 Statement of cash flows for the year ended 31 March 2013

	2012-13	2011-12
	£000	£000
Net cash inflow/(outflow) from operating activities	(922)	12,273
Net cash inflow/(outflow) from investing activities	(2,932)	(578)
<b>Net cash inflow/(outflow) before financing</b>	<b>(3,854)</b>	<b>11,695</b>
Net cash inflow/(outflow) from financing activities	0	0
<b>Increase / (decrease) in cash</b>	<b>(3,854)</b>	<b>11,695</b>

## 9.8 Better Payment Practice Code: Measure of Compliance 31 March 2013

	2012-13		2011-12	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	28,989	39,302	29,015	34,800
Total non-NHS trade invoices paid within target	26,147	34,718	27,702	33,085
% non-NHS trade invoices paid within target	90%	88%	95%	95%
Total NHS trade invoices paid in the year	1,689	43,421	1,678	31,382
Total NHS trade invoices paid within target	1,482	39,374	1,525	29,810
Percentage of NHS trade invoices paid within target	88%	91%	91%	95%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date, or within 30 days of receipt of goods or a valid invoice, whichever is later.

## 9.9 Challenges ahead

The strategic environment in which the Trust operates has changed significantly over the last 12 months and remains volatile as NHS Reforms are implemented in an environment of fiscal restraint; new commissioning responsibilities are enacted and local Clinical Commissioning Groups refine their clinical priorities.

We ended 2012-13 in a strong financial position, with a surplus of £0.8m, however the Board recognises that there are more challenging years ahead. Whilst we are able to deliver the majority of savings through more efficient ways of working, we acknowledge that it will be necessary for some service areas to transform and redesign the way services are provided, without compromising quality.

The key challenges we face in 2013-14 are as follows:

- Sustaining the quality of services and value for money in the face of diminishing investment
- The need to optimise operational effectiveness to retain safe levels of clinical care while reducing workforce costs
- Delivery of the surplus target of £1.9m
- Delivery of £10.8m efficiency savings (5.9% of annual turnover)
- Following the transfer of ownership of fixed assets from local commissioners to Solent NHS Trust, we need to ensure cost effective usage of all of our estate
- Our ability to measure outcomes and maintain sustainable services in the context of block contracts

- A requirement to improve IM&T and ICT infrastructure at a pace and scale which provides assurance on cost improvement plans and liberate staff time
- The impact of welfare reforms and local authority budget cuts which impact on the level of integrated health and social care which can be safely provided
- The need to defend existing contracts and bid for new work in a highly contested market, including the introduction of Any Qualified Provider contracts and other commissioning initiatives
- Responding to change in the commissioning landscape and the introduction of Clinical Commissioning groups and the transfer of Public Health Commissioning to the Local Authority
- Introduction of Service Line Management.

Having considered the challenges, the Board considers that the Trust continues to operate as a going concern.

The financial statements included within Section 9 were approved by the Trust Board and signed on its behalf by



Dr. Ros Tolcher  
Chief Executive

Date: 28 May 2013



## Section 10: Independent auditors report to the Directors of Solent NHS Trust

We have examined the summary financial statement for the year ended 31 March 2013, which comprises the Statement of comprehensive income, the Statement of financial position, the Statement of changes in taxpayers equity, the Statement of cash flows and associated notes.

This report is made solely to the Board of Directors of Solent NHS Trust, as a body, in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

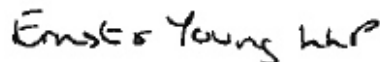
Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

We conducted our work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

### Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of Solent NHS Trust for the year ended 31 March 2013.



**Ernst & Young LLP**

Statutory Auditor

Southampton

4 June 2013

## Section 11: Statement of the chief executive's responsibilities as the accounting officer of Solent NHS Trust

*(In shadow, the Trust has duly considered the NHS Foundation Trust Accounting Officer Memorandum and the NHS Foundation Trust Annual Reporting Manual)*

The Secretary of State has designated the Chief Executive as Accounting Officer of Solent NHS Trust. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding Solent NHS Trust's assets, are set out in *Managing Public Money* published by the HM Treasury.

Under the National Health Services Act 2006, the Secretary of State has directed Solent NHS Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Solent NHS Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *Government Financial Reporting Manual* and in particular to:

- observe the Accounts Direction issued by Secretary of State, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and
- prepare the accounts on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Accounting Officer Memorandum.

*Ros Tolcher*

Dr. Ros Tolcher  
Chief Executive

Date: 28 May 2013



# Appendix 1: Annual governance statement

Solent NHS Trust  
Annual Governance Statement 2012-13

## Scope of responsibility

As Accountable Officer (and future Accounting Officer once authorised), I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively.

I also acknowledge my responsibilities as set out in the Accountable Officer Memorandum and in shadow, the NHS Foundation Trust Accounting Officer Memorandum.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Solent NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Solent NHS Trust for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

## The Governance Framework of the Organisation

### Solent NHS Trust Board

Accountable to the Secretary of State, the Board is responsible for the effective direction of the affairs of Solent NHS Trust, setting the strategic direction and appetite for risk. The Board establishes arrangements for effective governance and management as well as holding management to account for delivery, with particular emphasis on the safety and quality of the Trust's services and achievement of the required financial performance as outlined in its Terms of Reference.

### The Board leads the Trust by undertaking the following key roles:

- Ensure the management of patient safety and staff welfare
- Formulating Strategy, defining the organisation's purpose and identifying priorities
- Ensuring accountability by holding the organisation to account for the delivery of the strategy and scrutinising performance
- Seeking assurance that systems of governance and internal control are robust and reliable and to set the appetite for risk
- Shaping a positive culture for the board and the organisation



The Board has established the following committees:

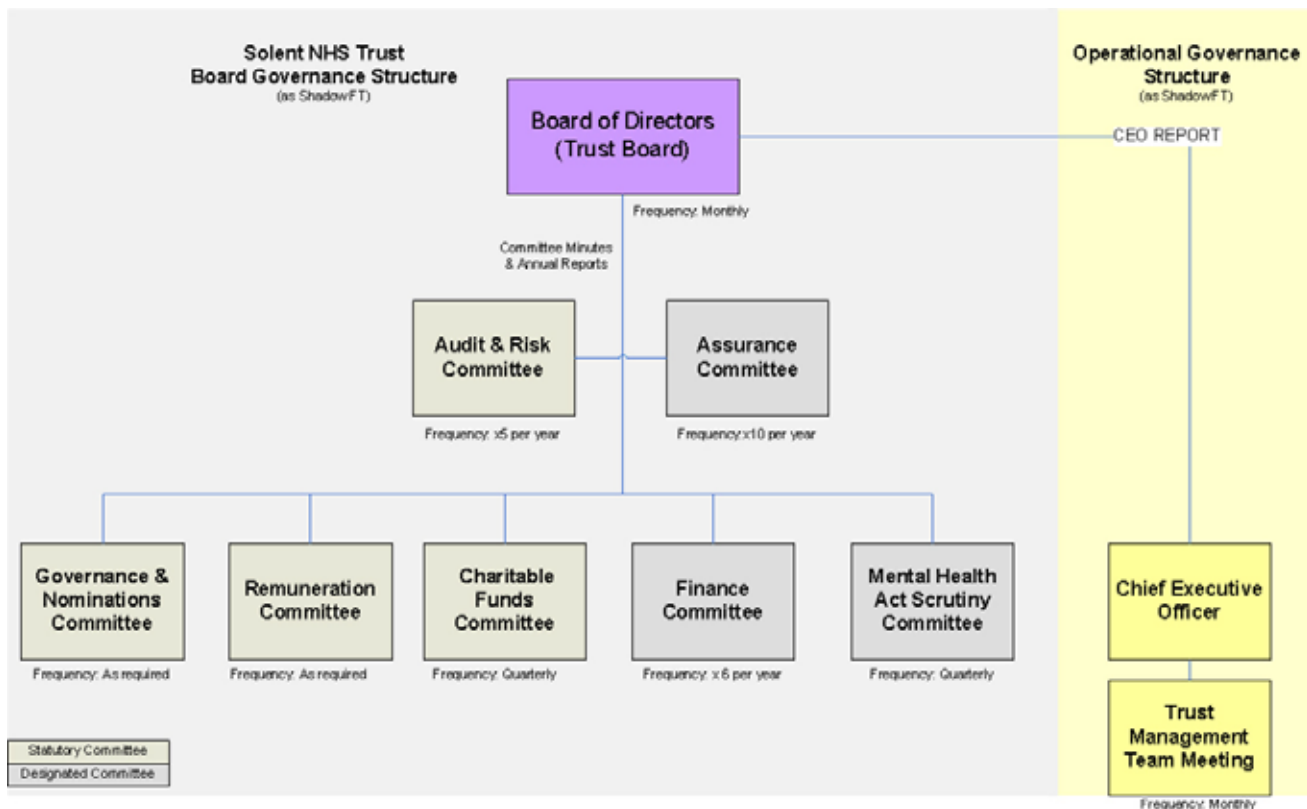
### Statutory Committees

- Audit & Risk Committee
- Governance & Nominations Committee
- Remuneration Committee
- Charitable Funds Committee

### Designated Committees

- Assurance Committee
- Finance Committee
- Mental Health Act Scrutiny Committee

The diagram below illustrates the Committees:



## Audit and Risk Committee

*Frequency of meeting: At least quarterly (plus private meeting with External Auditor). During 2012-13 the Committee met 5 times.*

The purpose of the Audit Committee is to provide one of the key means by which the Trust Board ensures that effective internal control arrangements are in place. The Committee operates in accordance with terms of reference set by the Board of Directors, which are consistent with the NHS Audit Committee Handbook and the Foundation Trust Code of Governance. All issues and minutes of these meetings are reported to the Trust Board. In order to carry out its duties, Committee meetings are attended by the Chief Executive, the Director of Finance and representatives from Internal Audit, External Audit and Counter Fraud. The Committee directs and receives reports from these representatives, and seeks assurances from Trust officers. The Committee's duties can be categorised as follows:

- Governance, Risk Management and Internal Control
- Internal Audit
- External Audit
- Other Assurance Functions – including Counter Fraud
- Financial Reporting

## Governance and Nominations Committee

*Frequency of meeting: At least annually and as required. During 2012-13 the Committee met twice.*

The Committee's main purpose is to lead in the identification and recommendation of candidates to executive vacancies to the Trust Board. The Committee also considers and keeps under review governance arrangements for the Trust including Committee Structure and Committee Terms of reference and to make proposals to Trust Board as appropriate.

The Committee is responsible for assessing the size, structure and skill requirements of the Board, and for considering any changes necessary or new appointments. If a need is identified, the Committee will produce a job description, decide if external recruitment consultants are required to assist in the process and instruct the selected agency, shortlist and interview candidates. If the vacancy is for a Non-Executive Director the recruitment process is handled by the Trust Development Authority (prior to FT authorisation). The Chairman, Non-Executive Directors and the Chief Executive (except in the case of the appointment of a new Chief Executive) are responsible for deciding the appointment of executive Directors. The Chairman and the Non-Executive Directors are responsible for the appointment and removal of the Chief Executive. All new appointees received an appropriate induction.

The Trust will amend the Committee's Terms of Reference in readiness for Foundation Trust Authorisation to recognise the role of the future Council of Governors in respect of appointments and removals to posts.

## Remuneration Committee

*Frequency of meeting: At least annually and as required. During 2012-13 the Committee met 4 times.*

The Remuneration Committee is comprised of the Non-Executive Directors (and others by invitation). The Committee reports to Solent NHS Trust Board Part 2 regarding recommendations and the basis for its decisions and meets at least annually. The Committee makes decisions on behalf of the Board about appropriate remuneration (including consideration of performance related pay and to note decisions of the Clinical Excellence Awards), allowances and terms of service for the Chief Executive and other Executive Directors.

## Charitable Funds Committee

*Frequency of meeting: Quarterly. During 2012 -13 the Committee met 5 times.*

The Corporate Trustee (Solent NHS Trust), through its board, has delegated day to day management of the charity (Solent NHS Charity) to the Committee. The Committee ensures that funds are spent in accordance with the original intention of the donor (where specified), oversees and reviews the strategic and operational management of the Charitable Trust Fund as well as ensuring legislative requirements in accordance with the Charity Commission are met. The Committee is also responsible for developing and managing policies and procedures in relation to the management of Charitable Funds, monitoring the investment portfolio and the development of fundraising strategies.

## Assurance Committee

*Frequency of meeting: Ten times a year (from Sept 2012 onwards). During 2012 -13 the Committee met 8 times.*

The Assurance Committee is responsible for seeking assurance and scrutinising all matters relating to quality and regulatory compliance; including seeking assurance of progress against action plans across the organisation including those generated for example, from Care Quality Commission visits.

The Committee has been established to enable the Board to obtain assurance that high standards of care are provided by the Trust, and in particular, that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:

- promote quality, safety and excellence in patient care;
- identify, prioritise and manage risk;
- ensure the effective and efficient use of resources
- protect the health and safety of Trust employees
- ensure that all statutory requirements are complied with

The Committee also seeks assurance that the development of all clinical governance activities within the Clinical Divisions improves the quality of care throughout the Trust as well as assuring the Board of the organisation's compliance with national and local statutory requirements with regard to clinical care. Assurance on all aspects of Quality (including patient safety and experience, infection control, health and safety, safeguarding, risk management, research and development, clinical effectiveness and audit) as well as Regulatory Compliance is sought from the Committee's reporting subcommittees.

## Finance Committee

*Frequency of meeting: Six times a year. During 2012 -13 the Committee met 6 times.*

The Finance Committee is responsible for ensuring appropriate financial frameworks are in place to drive the financial strategy, and provide assurance to the Board on financial matters as directed. The Committee focuses on the following areas; strategic financial planning, annual budget setting & monitoring, treasury management, business managing (including overseeing the implementation of Service Line Reporting and Service Line Management) as well as conducting in depth reviews of aspects of financial performance as directed by the Board and reviewing the financial requirements of the FT application.

## Mental Health Act Scrutiny Committee

*Frequency of meeting: Quarterly. During 2012 -13 the Committee met 4 times.*

The central purpose of the Committee is to oversee the implementation of the Mental Health Act 1983 functions within Solent NHS Trust principally within Adult and Older Persons Mental Health, and Learning Disabilities services. The Scrutiny Group has primary responsibility for seeing that the requirements of the Act are followed within the Trust. In particular, to seek assurance that service users are detained only as the Mental Health Act 1983 allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights.

Attendance records at the Board and its committees are included as an appendix to the Annual Report.

## Highlights of Board Committee Reports

The Board has an agreed annual cycle of business and routinely receives reports on;

- Quality (covering Regulation, Compliance & Assurance, Risk Management & Patient Safety, Patient Experience and Clinical Effectiveness & Outcomes );
- Performance (including financial performance; incorporating financial risks and opportunities, progress against CIPs, and CQUIN performance, contract activity & performance, workforce performance and data quality)
- Marketing (including new business opportunities, risks and performance notices)

- Chief Executive Updates (including items of significance that need to be highlighted to the Board, including the highest risks within the Risk Register and Board Assurance Framework).

The Board receives monthly exception reports via the relevant Chair in relation to recent meetings of the Board's Committees. The Board, as a standing item at each meeting, also considers whether additional assurance is sought from its Committees on any items of concern. Each Committee, including the Audit & Risk Committee, present an Annual Report regarding its work during the previous year. The monthly Chief Executive update includes commentary on significant changes recorded in the Board Assurance Framework and Corporate Risk Register. Progress on Strategic objectives is reviewed quarterly.

The Trust has achieved its targets against the national priorities set out in the NHS Operating Framework 2012/13 except PHQ13: Mental Health Measure – Improved access to psychological services. Concerning, targets PHS07 -11 , due to the PCT erroneously submitting the activity targets for the prior year, the Trust was required to report against inappropriate activity plans during the year. As a consequence of a number of contract changes between 2011/12 and 2012/13, the Trusts reported position was therefore adverse of the submitted plan and interpretation of activity targets was unreliable.

## Performance Evaluation of Board

**The Trust has undertaken several processes in year to assist in the evaluation of the Board, its Directors and Committees, including:**

- An annual Board appraisal
- Several third party observations
- On-going Board development Plan
- Appraisals and mid-year reviews (the Chief Executive appraises the Executive Directors and the Chairman appraises the Chief Executive and the Non-Executive Directors).
- An annual governance review conducted by the Governance & Nominations Committee
- The review of annual reports by each Board Committee.
- An Internal Audit review of the Board Assurance Framework

## Compliance with the Corporate Governance Code

The Board is assured that there are no departures from the compliance requirements of the Corporate Code of Governance and has confirmed that arrangements are legally compliant and appropriate for the discharge of statutory functions.

## Capacity to handle risk

### Risk Management & Quality Governance Leadership

As Chief Executive, I am ultimately accountable for governance and risks relating to the operational delivery of all clinical and non-clinical services provided by the Trust and together with the Board set the Trust's risk appetite. The Director of Nursing & Quality is the nominated Executive Lead Director for risk management and quality governance, providing the drive, vision and executive level leadership for this agenda.

The Head of Risk Management is responsible for developing and overseeing the Risk Management Strategy, the internal systems, procedures and risk structures. The Head of Risk Management is also responsible for coordinating risk management activities and ensures risk information and reports are compiled to inform the organisation and services, providing leadership and expertise in this field.

The Head of Risk Management liaises externally on behalf of the organisation and ensures that emergency planning, business continuity and disaster recovery plans are established and are regularly tested.

Within clinical divisions, the Divisional Associate Directors, Clinical Lead (Medical), Head of Service and a Non-Medical Clinical Governance Lead are responsible for the management of quality and risks within their respective areas and level of authority, using effective risk management principles, incidents, complaints and other information together with audit as tools to identify and analyse risks in relation to the management of their services. Risk registers operate at service and divisional level, with divisional risks scoring >12 being escalated to the corporate risk register.

Each Division has a Clinical Governance Group to bring together and formalise the key elements of safety, patient experience, clinical effectiveness, risk management and quality governance across the divisions in a coordinated way. These groups, chaired by the Clinical Leads, review, analyse and respond to service level clinical governance and risk issues, ensuring that issues are escalated as appropriate. The minutes of the groups are presented to the Assurance Committee and on a rolling basis each division presents, led by the Clinical Lead, an in depth report on issues to the Committee.

Associate Clinical Directors together with their departmental governance groups review risks and incident reporting and are responsible for managing risks originating within their services.

The Trust has an established process to formally assess all cost improvement plans (CIPs) and other transformation schemes, against the potential or foreseeable risks which could impact on quality via a Quality Impact Assessment (QIA). A gateway approach to the agreement of CIPs and QIAs has been embedded with signoff by the applicable divisional Clinical Lead in consultation with services prior to review by the Medical Director and Director of Nursing & Quality. The Divisional Clinical Governance Groups are responsible for the management and review of QIA's and associated risks with corporate oversight via the Assurance Committee.

Formal training is provided through the Risk Management and Training & Development Teams to ensure staff are equipped to manage risk appropriately. Training includes; the legal framework, risk management principles, escalation processes, accountabilities, risk assessment, hazard identification, Root Cause Analysis, investigator training, Risk management and the principles of being open.

## Information Governance

During 2012-13 a single serious IG incident occurred relating to the texting of a patients' test results. The incident was self-reported to the Information Commissioners Office and as Accountable Officer I am satisfied that an appropriate investigation has taken place in respect of the incident and actions have been implemented as a consequence.

## The risk and control framework

I am assured that risk management processes are firmly embedded within the Trust and incident reporting is openly and actively encouraged to ensure a culture of continuous improvement and learning. The organisation understands that successful risk management requires participation, commitment and collaboration from all staff.

The Risk Management Strategy & Policy provides an overarching framework for the management of internal and external risk and describes the accountability arrangements, processes and Trust's risk tolerance. The Trust's approach to risk management encompasses the breadth of the organisation by considering financial, organisational, reputation and project risks, both clinical and non-clinical. This is achieved through:

- an appropriate risk management framework, delegating authority, seeking competent advice and seeking assurance
- a clear risk appetite, risk culture, philosophy and resources for risk management
- the integration of risk management into all strategic and operational activities
- the identification and analysis, active management, monitoring and reporting of risk across the Trust
- the appropriate and timely escalation of risks
- continued communication and encouraging the sharing of experiences and learning in a fair blame/non-punitive culture
- consistent compliance with relevant standards, targets and best practice

- business continuity plans and recovery plans that are established and regularly tested.

## Risk Assessment Process

The organisation has structured risk assessment and management processes in place. This also includes having trained, service-based risk assessors in place to undertake assessment to support local management.

The Service Managers are responsible for managing action planning against identified risks and for escalating those risks with additional resource implications via service risk registers. The Risk Management Team receives and centrally records risk assessments to identify commonalities for organisational risk treatment and escalation.

## Risk Identification

Risk identification establishes the organisation's exposure to risk and uncertainty. The risk identification processes used by the organisation includes, but is not limited to; risk assessment process, adverse event reports including trends and data analysis, Serious Incidents Requiring Investigation (SIRI), claims and complaints data, business decision making and project planning, strategy and policy development analysis, external/internal audit findings / recommendations and whistle blowing.

As the organisation has implemented online web reporting, this has provided the ability for real time reporting and escalation and aligns existing systems used for incident, complaints and claims reporting. In turn this has enabled the Risk Team (and service managers) to provide swift response and support to services.

The positive risk management culture, governance and risk management processes have enabled the Trust to proactively identify, assess, treat and monitor all significant risks in year. Newly identified risks during 2012/13 (which have either been fully or partially mitigated) include

- Risks associated with clinical IT systems, functionality and connectivity
- Staff shortages in some clinical settings including medical staffing in community paediatrics
- Operational issues with the use of the emergency 2222 number
- Gaps in Health and Safety arrangements including Moving & Handling Trainer
- Gaps in clinical skills training
- Pharmacy dispensing errors
- Risks associated with some cost improvement programmes

The Trust Management Team oversees operational responses to risks contained in the Corporate Risk Register and the Assurance Committee seeks assurance on the safe management of risk. The Audit Committee ensures that the systems of risk management are effective and proportionate.

The Trust board is briefed on all significant risks monthly via the Chief Executive Report.



## Risk assessment & measurement

Once risks are identified further evaluation takes place to establish the exposure of the organisation or service to risk and uncertainty. The result of risk analysis is used to rate the significance of the risk and to prioritise risk treatment. The Trust uses the NPSA 5 by 5 likelihood and impact matrix to assign a risk score and level.

The Trust recognises that in all cases it is vital to set the risk into context for evaluation. Risks which fall outside of the remit of routine clinical assessment or are potentially significant for the organisation are approached and managed in line with the Risk Management Strategy. The Trust has enhanced its processes by implementing a Clinical Risk Assessment Policy launched in February 2013. We recognise that it is also important to consider how the identified risk may impact on other tasks, functions or services. The risk itself may be of low significance but dependencies may raise the profile of the risk.

## Risk Assurance

The Board Assurance Framework (BAF) provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been identified and where gaps exist, that appropriate mitigating actions are in place to reduce the risk to a tolerable level. Internal Audit provides me with an annual opinion about the effectiveness of the Assurance Framework.

## Care Quality Commission (CQC) Compliance

The Trust remains fully compliant with the registration requirements of the Care Quality Commission and routinely receives visits and inspections from the CQC.

Findings have generally been satisfactory when assessed against the CQC Essential Standards for Quality and Safety, with the exception of the following:

- Adult Mental Health – the CQC inspectors found gaps in relation to the planning and delivery of care and treatment. The service was re-inspected in February 2013 via an unannounced inspection resulting in a formal view of full compliance.
- Portsmouth Rehabilitation & Re-Enablement Team (PRRT) –the need for improvement in supporting staff in relation to supervision, appraisal and development was noted. The Trust has provided the CQC with evidence of the revised management structures which will lead to improvements in providing support to our staff.
- Health Service at HMP Winchester – the report highlighted one area of improvement with the management of medication. This issue was directly related to the implementation of the new national Prison IT system and manual processes where immediately reinstated in the area of medicines management until the national IT system issue is resolved.

I am assured that the issues raised have been fully dealt with and the CQC has been provided with a comprehensive action plans and are regularly updated.

## Annual Quality Accounts and Quality Governance Framework

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Solent NHS Trust is in the process of producing its Annual Quality Account in compliance with these requirements, and in doing so is consulting with our membership and key stakeholders in order to meet the publication deadline.

As an aspirant Foundation Trust we have self-assessed ourselves against Quality Governance Framework, the results of which have been externally validated. Assurance against the statements and associated action plans are monitored on a quarterly basis via the Trust Board.

Complementing this assurance the Trust produces quarterly reports which provide comprehensive quantitative and qualitative data providing assurances regarding the achievement of our Quality improvement Strategy which reflects the national components of Patient Safety, Patient Experience, Clinical Effectiveness and regulation. The Assurance Committee scrutinises these quarterly reports and provides assurance and exceptions to the Trust Board.

Quality metrics and performance is also reviewed by the Trust Management Team and reported to Board on a monthly basis.

## NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

## Environmental responsibilities

Management of the Trust's sustainability measures is currently mainly undertaken by the Southampton, Hampshire, Isle of Wight & Portsmouth (SHIP) Cluster, who have due regard to UKCIP guidance and standards. The Trust will build on the detailed work undertaken by SHIP to ensure that it will meet its obligations under the Climate Change Act.

## Review of economy, efficiency and effectiveness of the use of resources

The following key processes are in place to ensure that resources are used economically, efficiently and effectively:

- Scheme of Delegation and Reservation of Powers, Standing Orders and Standing Financial Instructions approved by the Board. These key governance documents include explicit arrangements for:
  1. Setting and monitoring financial budgets;
  2. Delegation of authority;
  3. Performance management; and
  4. Achieving value for money in procurement.
- A financial plan, approved and monitored by the Board.
- Robust competitive processes used for procuring non-staff expenditure items. Above £5k, procurement involves competitive tendering.
- £175m of our £194m income is covered by formal contracts.
- Use of materials management at key sites and e-procurement systems and techniques means the organisation adopts the 'just in time approach' thereby reducing stock levels and potential wastage.
- Cost Improvement Schemes (CIPs), which are assessed for their impact on quality with local clinical ownership and accountability
- Strict controls on vacancy management and recruitment

- Devolved financial management with the development of service line reporting and ongoing implementation of service line management
- Use of national benchmarking for clinical and non-clinical support functions

The Trust Board gains assurance from the Finance Committee in respect of ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial matters as directed, including to review the impact of CIPs on forward financial planning.

The Audit & Risk Committee also receives reports regarding Losses and Compensations, SFI breaches, financial adjustments and single tender waivers.

There are a range of internal and external audits that provide further assurance on economy, efficiency and effectiveness, including internal audit reports on Core Financial Systems, Financial Reporting & Budgetary Control and Treasury Management.

The Trust has a robust monitoring system to ensure that it delivers the objectives and achieves its performance indicators. Ultimate responsibility lies with the Board which monitors performance through the receipt of monthly reports, previously scrutinised by the Trust's Executive Management Team and via the weekly divisional performance meetings.

## Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control.

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the content of the Quality Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit & Risk Committee, and the Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following key processes have been applied in maintaining and reviewing the effectiveness of the system of internal control:

- The annual review by the Governance & Nominations Committee on the Board's committee structure and review of their terms of reference, together with the assurance sought by the Audit & Risk Committee regarding the review.
- The annual core audit conducted by the Internal Auditors regarding the Board Assurance Framework and Risk Management processes, which concluded a result of Significant Assurance and overall Head of Internal Audit Opinion which concluded a result of significant assurance.
- The BAF is reviewed and challenged quarterly by the Board and updates are presented monthly via the Chief Executive's report to the Board.
- The external validation of the Board Governance Assurance Framework as part of the Trust's Foundation Trust application
- The Board Appraisal conducted in December 2012
- The specific internal audit regarding the Board Self Certification Processes. Improvements in the format of the performance report to demonstrate the follow up on agreed actions and include a mechanism for data assurance have subsequently been incorporated.
- The independent review of Monitor's Quality Governance Framework, the subsequent report and subsequent action plans to address areas for improvement
- The review of progress in meeting the Care Quality Commission's Essential Standards and compliance with external inspections.
- The review of serious untoward incidents and learning by SIRI Panel and Divisional Governance Groups and others with responsibility for risk management and clinical effectiveness; and
- The observations conducted by the Strategic Health Authority of the Board, the Audit & Risk Committee and Finance Committee and the observation by McKinsey of the Board, together with action plans to address improvements.

## Significant issues during 2012/13

As part of its role in ensuring effective direction of the Trust, the Board continuously seeks assurances on the detection and management of significant issues. As Accountable Officer, I ensure that Board members are appraised of real or potential significant issues on a no-surprises basis, both within formal board meetings and as required between meetings. The BAF is updated to reflect significant issues and the mitigation thereof.

I can conclude that no matters have been brought to the Board's attention where it was considered an infringement against the requirements set out in the Accountable Officer's Memorandum or would be considered a significant internal control issue.

*Ros Tolcher*

**Dr. Ros Tolcher**

Chief Executive

Date: 28 May 2013



## Appendix 2 - Quality Account



# Quality Account 2012 / 13

(With our priorities for Quality Improvement in 2013/14)

# Our Quality Promise aims to ensure that:

- Our services are safe
- People have a good experience of our services
- We use best practice to ensure better outcomes for our patients
- We meet national standards

<b>Introduction</b>			<b>89</b>
<b>Part 1</b>	<b>1.1</b>	<b>Message from our Chief Executive and Chairman</b>	<b>90</b>
	<b>1.2</b>	<b>Statements of assurance</b>	<b>92</b>
	<b>1.3</b>	<b>Review of services</b>	<b>92</b>
	<b>1.4</b>	<b>Participation in clinical audits</b>	<b>93</b>
	<b>1.5</b>	<b>Participation in clinical research</b>	<b>95</b>
	<b>1.6</b>	<b>Information Governance</b>	<b>97</b>
	<b>1.7</b>	<b>Goals agreed with commissioners</b>	<b>102</b>
	<b>1.8</b>	<b>Registration with the Care Quality Commission (CQC)</b>	<b>106</b>
	<b>1.9</b>	<b>Quality indicators</b>	<b>109</b>
<b>Part 2</b>	<b>2.1</b>	<b>Review of last year's quality improvements</b>	<b>114</b>
	<b>2.2</b>	<b>Learning from our staff</b>	<b>126</b>
	<b>2.3</b>	<b>Learning from you</b>	<b>129</b>
<b>Part 3</b>	<b>3.1</b>	<b>Priorities for quality improvement in 2013 / 14</b>	<b>132</b>
	<b>3.2</b>	<b>How will we monitor the progress of our quality priorities throughout the coming year?</b>	<b>138</b>
<b>Statements from our stakeholders</b>			<b>139</b>
<b>Glossary</b>			<b>141</b>
<b>Evaluation form</b>			<b>145</b>



# Introduction

This is the third edition of the Quality Account which Solent NHS Trust has produced.

## Why are we producing a Quality Account?

Following the publication of the Next Stage Review in 2008 which developed a vision of how the NHS would continue to serve the needs of the public in the 21st century, all NHS Trusts have been required to publish an annual Quality Account, in addition to their financial accounts.

The purpose of the Quality Account is to share information about the quality of services and plans to improve even further with patients, their families and carers. The public and patients can also view quality across NHS organisations by viewing the Quality Accounts on the NHS Choices website: [www.nhs.uk](http://www.nhs.uk)

### The dual functions of a Quality Account are:

1. To reflect on the past year and
2. To highlight improvement for the future

Review of 2012/13  
Quality Information

**Look Back**

Set out priorities  
Quality Improvement  
2013/14

**Look Forward**

## What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations 2010 specify the requirements for Quality Accounts. We have used these requirements as a template around which our Account has been built.

This Quality Account is presented in three parts:

### Part 1

**Message from our Chief Executive and Chairman, Statement of Assurance**

### Part 2

**Review of our quality performance in 2012/13**

### Part 3

**Outline of quality priorities for 2013/14**

## How did we produce our Quality Account?

In addition to ensuring that we have included all of the mandatory elements of the Quality Account, we have engaged with staff, patients, Trust members, commissioners, carers groups and our Local Involvement Networks (Healthwatch) to ensure that the Account gives an insight into the organisation and reflects the priorities that are important to us all.

The Quality Account Project Group liaised with each of the Trust's three divisions (Adults and Older People, Children and Families, Mental Health) to discuss what quality initiatives they would be working on in the year ahead. The Project Group reviewed each potential improvement priority by assessing whether these were:

- areas that patients had told us were important through complaints or surveys
- improvements that would have a significant impact on the quality and safety of the services provided
- improvements that were feasible with the resources available to the Division.

As a result, we have identified specific and measurable improvement initiatives in each of our priority areas.

In line with the Department of Health report "High Quality Care for All" (2008) our three key areas for quality improvement are:

1. **Patient Safety** - this means ensuring that the environment is clean and safe at all times and that harmful events are avoided.
2. **Patient Experience** - this is the term used to describe those aspects of healthcare that do not relate directly to the treatment of an illness or injury, but can make all the difference to whether patients feel that they have been looked after properly.
3. **Effectiveness of Care** - this is ensuring that the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.

We appreciate that some of the language used may be difficult to understand if you do not work in healthcare so we have included a glossary at the end of our Quality Account to explain some of the words that we use every day.

## Part 1

### 1.1 Message from our Chief Executive and Chairman

Welcome to Solent NHS Trust's Quality Account, which confirms our continued commitment to improving the quality and safety of the care which we provide.

The Board of the Trust has pledged an unwavering focus on the quality of care and the safety and wellbeing of our service users remains our highest priority. This is what we would want for our own families and what we strive to provide for our patients and their families.

This report is written for a wide audience, but it is principally for people who rely upon our services and their families and carers. We hope that the information in this Quality Account is clear and meaningful and that it demonstrates how the Trust continually strives to provide the best care possible. We hope that it will also be of interest to partner organisations, staff and commissioners.

The Quality Account provides a summary of the progress we have made on the quality goals which were set last year, which focused on patient safety, the effectiveness of services and the experience of people using our services. In part 3 of the report our quality priorities for the coming year are also outlined.

As mentioned above, these priorities are based on feedback from staff and service users and discussions with key external stakeholders, such as Local Involvement Networks (Healthwatch) and commissioners. Progress is monitored by the Trust's Patient Experience and Public

Involvement Group, the Assurance Committee, the Audit Committee and ultimately the Trust Board. The indicators used to demonstrate achievement and compliance are supported by validated information provided by the services and triangulated through regular performance reports. These are supplemented by regular surveys of front line staff and safety data obtained by frequent visits to services and formal 'Board to Floor' walkabouts.

As with all Trusts across the country, we are considering carefully the recommendations within the Francis Report into care failures at the Mid Staffordshire Hospital, which was published in February 2013. Whilst there is no suggestion that the types of failings found at Mid Staffordshire NHS Foundation Trust exist within Solent NHS Trust, we can all learn from the report to ensure patient care is better safeguarded in the future.

Our vision is to lead the way in local care; by placing the people who use our services at the heart of everything we do and by working in partnership to deliver better healthcare. We believe that by living the Trust's INSPIRE values, service users will experience safe and compassionate care and, despite the unprecedented financial challenges facing NHS providers, we will retain our unwavering focus on quality as we deliver these priorities over the year ahead. We believe that being open, honest and transparent is the best way to ensure the concerns of patients, their carers and staff are listened to and acted on.

## Declaration

To the best of our knowledge and belief, the Trust has properly discharged its responsibilities for the quality and safety of care and the information presented in the Quality Account is accurate.

**Dr Ros Tolcher**  
Chief Executive

*Ros Tolcher*



**Alistair Stokes**  
Chairman

*Alistair Stokes*



## 1.2 Statements of assurance

This section includes statements which are mandated by the Department of Health to be included in the Quality Account. The aim of this nationally requested content is to give information to the public that is common to Quality Accounts across all Trusts.

## 1.3 Review of services

We are a specialist provider of community and mental health services with an annual revenue of £192m for 2012 / 13, with a workforce in excess of 3800 staff and delivering over 1.5 million service user contacts per annum.

A wide range of community and mental health services are provided to over a million people living in Southampton, Portsmouth and wider Hampshire. Services are provided from over 100 different locations, including community hospitals and day hospitals, as well as numerous outpatient and other settings within the community such as health centres, children's centres and within service users' homes.

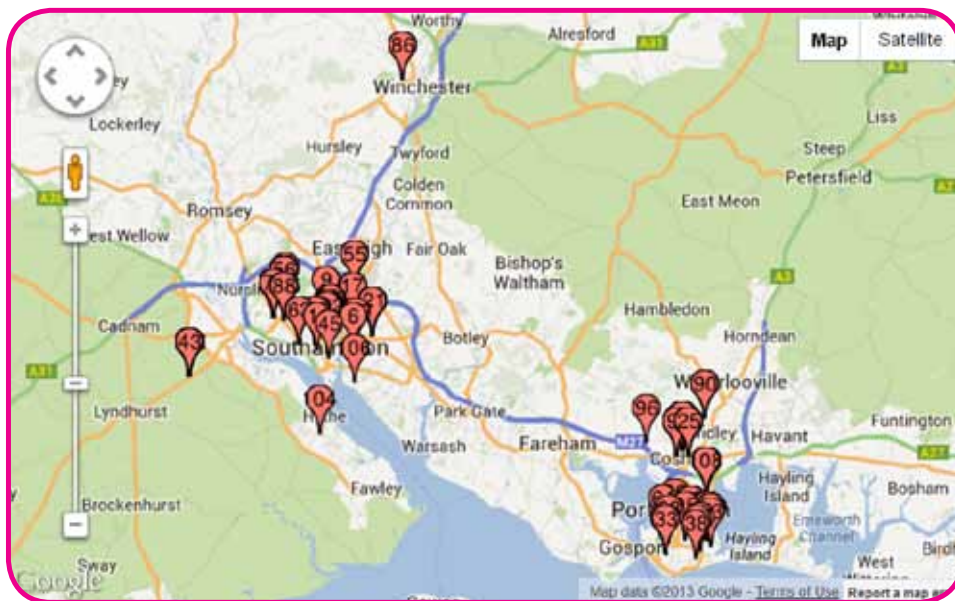
We operate primarily within the local market area of Portsmouth, Southampton and wider Hampshire.

The Trust is currently working towards becoming an NHS Foundation Trust. We believe that this will bring important benefits to the communities we serve and allow us to be more innovative and provide

even better services to the public. Although we will still be part of the NHS and meet the same national standards for things like cleanliness and quality of care, as a Foundation Trust we will have more freedom to provide the services which meet the needs of local people. We encourage people from our local communities to become members and governors of the Trust to allow them to have a greater say in how things are run and to help us shape the future of the Trust.

Our quality priorities are continuously monitored through each of the Clinical Divisions within the Trust. Our services are grouped into three clinical divisions: Adults and Older Persons, Child and Family and Mental Health.

Solent NHS Trust provides services across Southampton, Portsmouth and Hampshire.



## 1.4 Participation in clinical audits

Clinical audit is used to aid improvements in the delivery and quality of patient care and should be viewed as a simple tool to facilitate continuous improvement. The key component of clinical audit is that performance is reviewed to ensure that what should be done is being done and, if not, it provides a framework to enable improvements to be made to the quality of patient care and treatment.

### National Audits, National Service Improvement Projects and National Confidential Enquiries

During 2012/13, there were three national clinical audits and one national confidential enquiry which were relevant to services that Solent NHS Trust provides.

The Trust participated in two of the national clinical audits (67%) and the national confidential enquiry (100%) in which it was eligible to participate.

The relevant national clinical audits and a summary of our participation can be seen on the following page.

Solent NHS Trust is also committed to 100% participation in relevant national audits in the forthcoming year. There are currently nine national audits which are relevant to Solent NHS Trust, and in which we intend to participate. There are a number of audits in the National Clinical Audit and Patient Outcomes Programme in 2013 – 2014 that have not yet been finalised, so we will review new audits as they are added to the programme and participate in any that are relevant.

The Trust was not subject to the Payment by Results clinical coding audit at any time during 2012/13 by the Audit Commission.

During 2012/13 Solent NHS Trust also participated in several national service improvement projects:

1. UKROC (UK Rehabilitation Outcomes Collaborative) database for specialist rehabilitation
2. National Chlamydia Screening Programme
3. Medicines in Prisons survey
4. UNICEF Baby Friendly Initiative
5. British HIV Association case note audit of patient outcomes and survey of provision of psychological care and adherence support
6. British Association for Sexual Health and HIV
  - Partner notification audit
  - Asymptomatic screening audit

Title	Summary of participation
National Clinical Audit: Epilepsy 12	Undertaken jointly with Portsmouth Hospitals NHS Trust. 42 patient records submitted.
National Parkinson's Disease Audit	Undertaken jointly with University Hospital Southampton NHS Foundation Trust. Data currently being collated.
Prescribing Observatory Mental Health Clinical Audits	Did not participate; registered for participation 2013/14
National Confidential Enquiry in Suicide and Homicide in Mental Health	Data is submitted via the Trust on an on going basis as incidents occur. 100% of eligible cases submitted.

## Local clinical audit

Solent NHS Trust completed 100% (26) of the clinical audits requested by our commissioners. We also carried out a further 57 clinical audit projects across the services. Each of these led to actions aimed at improving the quality of the services that we deliver.

MRSA Screening Results	MRSA screening improved from 84% in June to 95% in December
Re-audit of the uptake of HIV testing following introduction of Electronic Paper Records prompting	The introduction of Electronic Paper Records with a prompt for HIV testing has improved uptake of testing. The re-audit showed that 100% of patients seen in April were offered testing and that the acceptance of testing increased from 78.1% to 86.6%.
Audit of Lithium Therapy	Undertaken jointly with University Hospital Southampton NHS Foundation Trust. Data currently being collated.
Re-audit of patient assessment within a podiatric rheumatology (PR) service	This was audited twice this year. The first audit showed an increase in compliance of 20% on the previous year. The re-audit showed that the high standard of compliance had been maintained throughout the year. This improvement was achieved by promoting the use of information booklets and Solent NHS Trust guidelines on Safer Lithium Therapy.
Adherence to NICE guidelines in the treatment of young people with OCD in CAMHS	This re-audit was carried out to check compliance after an audit in June 2010 showed compliance with 41 of the guidelines, partial adherence to nine and non-adherence to three (four guidelines were not applicable). The re-audit has shown that now compliant with all relevant parts of NICE CG 31.

A full summary of local audit projects we have completed, and the resulting actions can be found on the Trust's website.

## Plans for clinical audit for 2013/14

### Our key aims for next year are to:

1. Participate in all applicable national audits and confidential enquiries.
2. Increase clinical audit activity across all services, and ensure a robust programme of re-audit and evidence of quality improvement.
3. To make training programmes available to all staff, to include on-line training and workshops run by national agencies such as National Institute for Clinical Excellence and Healthcare Quality Improvement Partnership.
4. Roll out the implementation of audit software to allow for real time reporting and a link to improved patient outcomes.
5. Ensure involvement of patients and service users in clinical audit activity.

More details of the audits which were carried out and their outcomes can be found on the Trust's website [www.solent.nhs.uk](http://www.solent.nhs.uk)

## 1.5 Participation in clinical research

Solent NHS Trust is currently the second most research active community Trust in England and at the end of March 2013 were the second highest recruiting (patients into clinical trials) Trust in the Hampshire and Isle of Wight region. Despite being a young organisation, the Trust has made substantial improvements in its research portfolio and is committed to ensuring that all patients have the chance to participate in clinical research. We are also committed to supporting our staff to stay abreast of latest treatment possibilities which have a direct effect on improving the services that we offer and our patient outcomes.

The number of patients receiving NHS services provided or sub-contracted by Solent NHS Trust in 2012/13 (that were recruited during that period to participate in research approved by a research ethics committee) was 3639. We have opened 57 new studies across the Trust this year (compared to a total of 24 in 2011/12) and are currently collaborating in 122 active studies across a range of services.

## Our key achievements in 2012/13 were:

1. Being named as the second most active community Trust in the country by the National Institute for Health Research.
2. Increasing the number of patients recruited into clinical trials by over 300%.
3. Almost doubling the number of new studies opened across the Trust.
4. Investing in a number of research nurse/therapist posts across the Trust to support staff and patients to be involved in research.
5. Investing in a clinical academic training scheme to support staff in post-graduate and post-doctoral research and clinical roles in collaboration with the University of Southampton.
6. Investing in a patient and public involvement facilitator.
7. Decreasing the time it takes to get a research study approved and open in the Trust from an average of 36 calendar days to 11 calendar days.
8. Launching our research website, which outlines all of our studies in more detail – [www.solent.nhs.uk/research](http://www.solent.nhs.uk/research).

## Summary of achievements in key performance indicators 2011/12 and 2012/13

	2011/12	2012/13	% improvement
<b>Number of patients recruited into clinical research</b>	846	3639	330%
<b>Number of new studies opened</b>	31	57	84%
<b>Number of open studies</b>	83	122	47%
<b>Median days to grant approval for research studies</b>	36	11	69%



Below are only a few examples of how our research has made a difference to patients. Please visit our website for more details of all of our research and advice on how to get involved in research - [www.solent.nhs.uk/research](http://www.solent.nhs.uk/research).

### Case study -

#### **Research into a parenting programme for parents/carers of children with challenging behaviour:**

In collaboration with the team at the University of Southampton, the New Forest Parenting Programme is being trialled locally and internationally as an intervention for coping with Attention Deficit Hyperactivity Disorder (ADHD). This has led to specialist clinics being established in Southampton and Portsmouth and home based care being delivered to families of young children.

### Case study -

#### **Reconceptualising 'Did not Attend' to 'Was Not Brought' for children and young people's missed health care appointments:**

This study looked at the widespread use of 'Did Not Attend' to record the missed appointments of children and adolescents. It suggested instead that the term 'Was Not Brought' would encourage positive interventions to safeguard and promote the welfare of children, a recommendation that has been incorporated into Trust policy and a number of national publications.

### Case study -

#### **The Preservation of Self-Identity in Dementia (A Pilot Study):**

This project is developing both a specialised approach to taking consent from patients with dementia, and will be developing clinical guidelines which will promote positive physical and mental wellbeing for older adults in hospital, in order to preserve self-identity and attachments to people and society.

## 1.6 Information Governance

### Quality of data collection

Solent NHS Trust has completed the Information Governance Toolkit Assessment as a Mental Health Trust for the period April 2012 - March 2013 and is compliant with all 45 requirements, having attained the 80% target score which was set for us to achieve.

All organisations that have either direct or indirect access to NHS services must complete an annual Information Governance Toolkit Assessment and agree to additional terms and conditions. Where the Information Governance Toolkit standards are not met to an appropriate standard (minimum level 2), an action plan for making the necessary improvements must be agreed with the Department of Health Information Governance Policy team or with an alternative body designated by the Department of Health (e.g. a commissioning organisation).

## What is Information Governance (IG)?

Information Governance is to do with the way organisations 'process' or handle information. It covers personal information (i.e. that relates to patients/service users and employees) and corporate information (e.g. financial and accounting records).

IG provides a way for employees to deal consistently with the many different rules about how information is handled, including those set out in:

- the Data Protection Act 1998
- the common law duty of confidentiality
- the Confidentiality NHS Code of Practice
- the NHS Care Record Guarantee for England
- the Social Care Record Guarantee for England
- the international information security standard: ISO/IEC 27002: 2005

- the Information Security NHS Code of Practice
- the Records Management NHS Code of Practice
- the Freedom of Information Act 2000

## What is the IG Toolkit?

The Information Governance Toolkit is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements. The organisations described below are required to carry out self-assessments of their compliance against the IG requirements. Solent NHS Trust was established on 1 April 2011 and provides Community Healthcare for Southampton and Portsmouth.

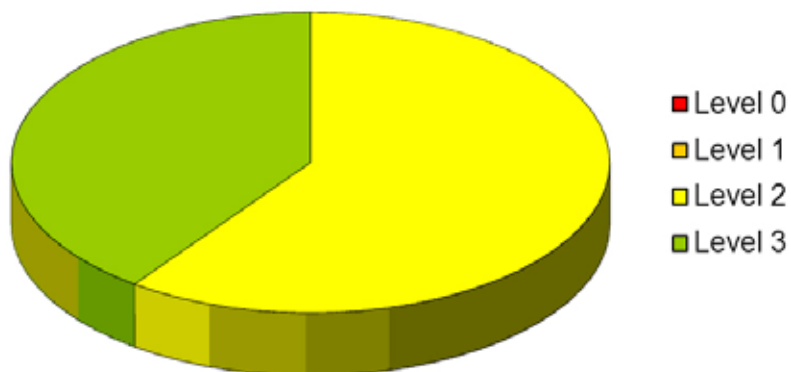
This year has seen a marked improvement in scoring for the Trust as detailed below:

## Information Governance Toolkit V10 Summary Report for 2012/13

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Total requests	Overall score
Version 10 (2012-2013)	Current	0	0	27	18	45	80%
Version 9 (2011-2012)	Published	1	4	38	2	45	63%

## Information Governance breakdown of scores by attainment level

Version 10 (Current) Breakdown by Attainment Level



Solent NHS Trust was created on 01 April 2011 by the merger of provider services from Southampton City PCT (SCPCT) and Portsmouth City Teaching PCT (PCTPCT).

## Information Governance toolkit scores table

Year	Version	Score	Organisation	Score	Organisation
2012 / 13	V10	80%	Solent NHS Trust		
2011 / 12	V9	63%	Solent NHS Trust		
2010 / 11	V8	81%	SCPCT	55%	PCTPCT
2009 / 10	V7	83%	SCPCT	72%	PCTPCT
2008 / 09	V6	76%	SCPCT	77%	PCTPCT
2007 / 08	V5	72%	SCPCT	78%	PCTPCT
2006 / 07	V4	59%	SCPCT	65%	PCTPCT
2005 / 06	V3	73%	SCPCT	62%	PCTPCT
2004 / 05	V2	59%	SCPCT	43%	PCTPCT

## What are the IG requirements?

There are different sets of IG requirements for different organisational types. However all organisations have to assess themselves against requirements for:

- management structures and responsibilities (e.g. assigning responsibility for carrying out the IG assessment, providing staff training)
- confidentiality and data protection
- information security.

Solent NHS Trust has to submit a wealth of anonymised information to SUS (Secondary Users Service) which has to comply with national standards of data quality. Below are examples of the data items in the latest submission:

**NHS number** is the percentage of records in the dataset that has a valid NHS number recorded. A low figure could mean users are not checking for NHS numbers or GPs are not supplying it when referring a patient to us.

### Our score was:

99.6% for admitted patient care  
99.8% for outpatients

**Valid GP practice** is the percentage of records in the dataset that has a valid GP practice recorded. Where possible the GP practice should be checked with the patient at every contact they have with the Trust. Failure to do so may result in the wrong commissioner being recorded against the activity.

### Our score was:

99% for admitted patient care  
100% for outpatients

**Valid postcode** is the percentage of records in the dataset that has a valid postcode recorded. Where possible the postcode should be checked with the patient at every contact they have with the Trust. Failure to do so may result in the wrong commissioner being recorded against the activity.

### Our score was:

99.5% for admitted patient care  
100% for outpatients

**Clinical coding:** Each year the Trust has to undertake an external clinical coding audit. Clinical coding is the translation of written medical terminology into codes. Each code is a set of characters that classify a given entity. Clinical Coders extract the relevant information from a source document and assign the appropriate codes that represent the complete picture of a spell in hospital. The yearly audit is carried out to ensure the clinical coders are coding to national standards.

Year	Primary diagnosis	Secondary diagnosis
2009 / 10	81%	53%
2010 / 11	93%	80%
2011 / 12	96%	91%
2012 / 13	98%	95%

## Freedom of Information (FOI) requests 2012/13

The Freedom of Information Act 2000 is part of the Government's commitment to greater openness and accountability in the public sector, creating a climate of transparency, a commitment supported by Solent NHS Trust.

The Trust is required under IG Requirement 603 to annually monitor and review compliance with the Freedom of Information Act 2000 and how it meets the standards.

### Scope:

- The aim of this review is to assess Trust compliance for 2012/13 in;
- ensuring all requests relating to Solent NHS Trust were responded to within 20 working days
- ensuring adequate policies and procedures are in place
- ensuring all staff are aware of the FOI Act 2000 and their responsibilities
- ensuring all requests are acknowledged within two working days
- ensuring requestors are satisfied with how their request was undertaken and the outcome of the request
- ensuring the organisation has an up-to-date and effective Publication Scheme.

## Responding to FOIs

In 2012 / 13 for the period 1 April 2012 – 21 March 2013 (date of this report) Solent NHS Trust received a total of 101 FOI requests which contained a total of 442 questions.

The time frame for responding to FOI requests is 20 working days.

## Subject access requests / Access to records requests 2012/13

Solent NHS Trust under Section 7 of the Data Protection Act 1998 is required to monitor compliance with an individual's rights to access their personal information, including requests for deceased patient records (to whom the Data Protection Act does not apply) under the Access to Health Records Act 1990.

The Trust should endeavour to respond to all requests within 21 days (but no later than 40 days – inclusive of weekends and bank holidays) from receipt of all information e.g. ID check and fee.

Requests for information can be received by (but not limited to) the following;

- patients
- patient representatives e.g. solicitors, advocates, etc
- parents of children under 18 years
- relatives of deceased patients
- police
- Department of Work and Pensions
- other Health Care Providers
- mental Health Tribunals.

During April 2012 to February 2013 Solent NHS Trust received and complied with 758 requests to access information from the categories above.

## 1.7 Goals agreed with commissioners

A proportion of Solent NHS Trust's income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The CQUIN Framework was launched in 2009 following recommendations made in the report 'High Quality Care for All'. The Framework aims to embed quality improvement and innovation at the heart of service provision and commissioner-provider discussions. It also ensures that local quality improvement priorities are discussed and agreed at Board level in all organisations. It enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

The table overleaf shows the resource available to the Trust from the CQUIN scheme.



The table below shows the resource available to the Trust from the CQUIN scheme.

Indicator Name	Description	Status
<b>Community Services</b>		
Venous Thrombo-embolism (VTE)	Reduce avoidable death, disability and chronic ill health from VTE	On target
Patient experience	Composite indicator on responsiveness to personal needs	On target
Dementia	Improve awareness and diagnosis of dementia, using risk assessment, in community teams	On target
NHS Safety Thermometer	Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter and VTE	On target
Innovations	To enhance the delivery of care to patients through effective use of Tele-health	On target
Right care in the right place at the right time (admissions avoidance) - <b>Southampton</b>	<ul style="list-style-type: none"> <li>To ensure effective integrated working across the health economy (primary, community, secondary, mental health, ambulance) to deliver care in the most appropriate place;</li> <li>To ensure that there are appropriate care pathways which minimise non-emergency admissions to hospital and demonstrate organisational compliance with those pathways;</li> <li>To ensure improving quality of care for service users;</li> <li>To reduce hospital admissions and improve case management in the community</li> </ul>	On target
Right care in the right place at the right time (admissions avoidance) - <b>Portsmouth</b>	To see an absolute reduction of 10% of over 65 year old non-elective admissions (to reduce 600 spells from the pre-defined cohort of Healthcare Resource Groups (HRGs) – appendix I) based on 2011 / 12 year end performance	On target

<p>Health Promotion - <b>Southampton</b></p>	<ul style="list-style-type: none"> <li>• To improve assessment/screening, brief advice and signposting and onward referral in three priority public health domains (as set out in the Healthy Lives, Healthy People publication)</li> <li>• To increase awareness about the harm caused by smoking, obesity and alcohol</li> <li>• To provide patient information that will encourage behaviour change and improve health</li> <li>• To increase appropriate action including referrals of patients to support services e.g. local NHS Stop Smoking Services, weight management pathway, alcohol specialist services, where appropriate</li> </ul>	<p>On target</p>
<p>Frequent Attenders to Emergency Department - <b>Southampton</b></p>	<p>The aim of this CQUIN which is a system wide CQUIN across SW Hampshire providers (UHSFT, Solent and Southern) is to identify and provide community follow up for frequent attendees to UHSFT emergency services with a view to reducing future repeat attendances</p>	<p>On target</p>
<p><b>Mental Health Services</b></p>		
<p>NHS Safety Thermometer</p>	<p>Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter and VTE</p>	<p>On target</p>
<p>Patient Experience</p>	<p>Composite indicator on responsiveness to personal needs</p>	<p>On target</p>
<p>Dementia</p>	<ul style="list-style-type: none"> <li>• Develop a comprehensive dementia pathway across primary care, secondary care, community care and the third sector</li> <li>• Monitor progress against the Dementia Strategy, recommending remedial action as required</li> <li>• Update the Dementia Strategy and recommend appropriate future actions as appropriate</li> <li>• Work collaboratively across the dementia community, sharing good practice and acting on an advisory basis to support organisations involved in delivering the dementia agenda</li> <li>• Ensure appropriate involvement of service users, families, carers and advocates</li> <li>• Opportunities for Third Sector funding to be identified and proposed</li> </ul>	<p>On target</p>



Physical Healthcare	Physical healthcare for people with severe mental illness (including adults, older people and children) and substance misuse problems	On target
Improving Access to Psychological Therapies - Older People	The proportion of older people that enter treatment against the level of need in the local population, i.e. the proportion of older people who have depression and/or anxiety disorders who receive psychological therapies  To support achievement it is expected that the provider will use all relevant guidance, e.g. Older People Positive Practice Guide	Under negotiation
Improving Access to Psychological Therapies – BME (black and ethnic minority groups)	The proportion of people from black and ethnic minority groups that enter treatment against the level of need in the BME population, (i.e. the proportion of people from BME groups who have depression and/or anxiety disorders who receive psychological therapies)	On target
Child and Adolescent Mental Health (CAMHS)	Child and Adolescent Mental Health (CAMHS) and CAMHS Learning Disability (CAMHS LD) therapeutic skill enhancement training for foster carers and residential children’s home staff in Portsmouth City	On target
Dual Diagnosis	Lead the development of a pathway for all people with dual diagnosis issues (mental health & substance misuse / alcohol); involving all stakeholders: primary care, secondary care, acute and third sector providers to address the issues of people falling through the gap of eligibility criteria and failing to get a service, people being batted backwards and forwards between services, an unclear referral pathway for primary care and a reluctance to look for dual diagnosis	Under negotiation

## 1.8 Registration with the Care Quality Commission (CQC)

Solent NHS Trust has remained fully authorised to deliver care and regulated activities against all 16 Essential Standards for quality and safety during 2012/13.

The Trust is required to register with the Care Quality Commission for a number of Regulated Activities and is currently registered without any conditions or warnings since the creation of the Trust on the 1 April 2011.

We are registered to provide the following regulated activities:

- accommodation for persons who require nursing or personal care
- accommodation for persons who require treatment for substance misuse
- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- family planning
- nursing care
- personal care
- surgical procedures
- transport services, triage and medical advice provided remotely
- treatment of disease, disorder or injury.

The Care Quality Commission has not taken enforcement action against the Trust.

The Board and the Assurance Committee receive quarterly corporate reports against compliance with Essential Standards; this information is also compared with a range of other data available within the Trust. The Assurance Committee is a Trust Board Committee charged with the overseeing of the safety and quality of our services.

The Trust is subject to periodic reviews and unannounced inspections by the Care Quality Commission, under their normal inspection framework. The following visits have taken place:

### Adult Mental Health Service

In September 2012 the CQC carried out an inspection of the Mental Health Services in St.James' Hospital, Portsmouth. They focused on six outcomes under their Essential Standards framework and their formal report concluded that five of the six outcomes were being fully met with some very positive feedback in their report.

Although the CQC made some very positive comments, the inspectors felt that the service was not meeting all the requirements related to this outcome and this resulted in a judgment of non-compliance for this particular outcome assessed as a minor impact on the people who use the service.

## The areas where the CQC had some concerns included:

- Physical Health – having reviewed the care records for 15 people across the three wards at the hospital, they found three patients had information restricted only to the management of their mental health.
- Ligature points – although they observed risk assessments in place for the management of self harm, the inspectors felt that the risk assessments did not adequately cover some other potential ligature points.
- Section 17 leave risk assessment – the inspectors found that there were variations in the approach for undertaking risk assessment by nursing staff for section 17 leave.

As a result of these three points, the Trust developed a comprehensive action plan which was submitted to the CQC shortly after their inspection. The service was re-inspected in February 2013, via an unannounced visit, and a subsequent report from the CQC demonstrated that the service is now fully compliant.

The CQC also regularly inspects (outside of its normal inspections for Essential Standards) under their duty to ensure that we are meeting the key areas of the Mental Health Act. No significant issues have been raised in regard to these visits.

## Healthcare Service at HMP Winchester

Following an announced combined Prison Ombudsman visit to HMP Winchester which took place in October 2012, the Trust received a report from the CQC which was positive in relation to the majority of areas considered, but did highlight one 'area of improvement' with regard to 'Care and Welfare of people who use the service'.

This involved the possibility that patient care and treatment may be compromised due to interruptions or delays in the dispensing of medication. This directly related to the implementation of the new national prison IT system and manual processes that have been immediately reinstated in the area of medicines management until the IT system issue is resolved. Since receiving this report in December 2012, the Trust has had notification from the national team of the shortcomings of the system and immediate changes have been implemented to address this area, which has been shared with the CQC.

## Portsmouth Rehabilitation & Re-enablement Team (PRRT) (a joint Health and Social Care Team)

In February 2013, the CQC carried out an unannounced visit of the Portsmouth Rehabilitation and Re-enablement Team (PRRT). The inspection focused on five key areas of their Essential Standards Framework and involved speaking to local staff, patients and the Safeguarding Lead for Adults Services. The inspectors reviewed a considerable amount of information including care plans, specific case records, safeguarding incidents, local governance arrangements, patient surveys and feedback loops to staff, including team minutes of meetings.

The CQC report summary found that there were arrangements in place to ensure that people using the service felt respected and

involved in decisions about their care as well as the methods of delivery of the service. This included the methods in place for receiving referrals for the service delivery in terms of content, frequency, preferences, staff status and review process.

Service users reported that they were happy with the quality of the service they received from the team, that their care was regularly reviewed and they knew how to raise concerns if needed and were responded to readily.

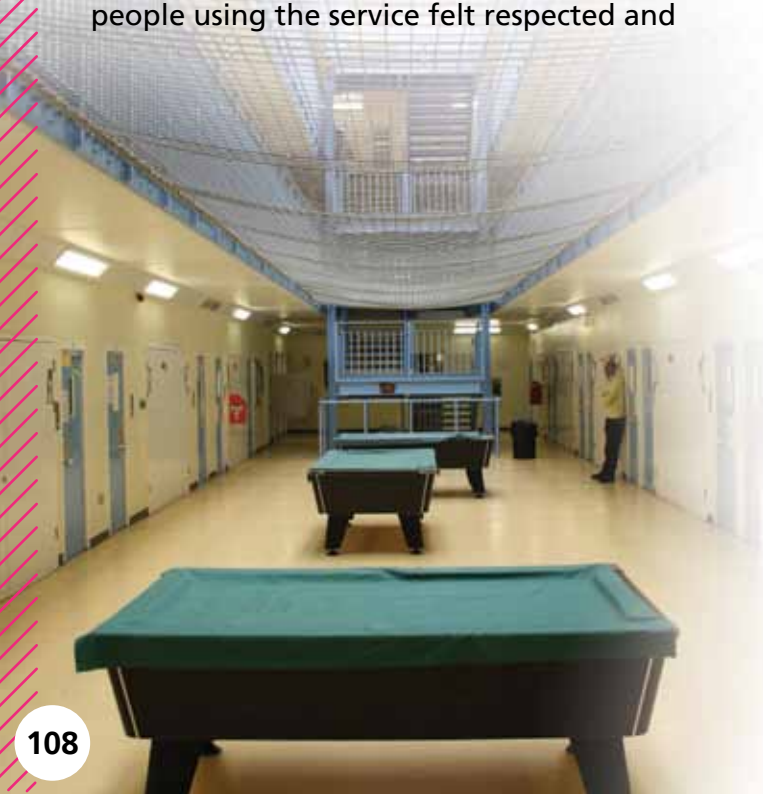
The report confirmed that the six staff files which were reviewed had highlighted the need for improvements in supporting staff in relation to supervision, appraisal and development. As a result of these gaps, the Trust was assessed as non-compliant at a minor level for Outcome 14 "Supporting workers".

The Trust has now provided the CQC with evidence of the proposed management structures which will lead to improvements in providing support to our staff.

## Sexual Health Service - Crown Heights, Basingstoke

In January 2013, Solent NHS Sexual Health Service opened a new site operating a range of integrated sexual health services. As this was a new 'location', the CQC carried out an inspection prior to the unit becoming operational and approved the opening, having found no significant issues.

Further information regarding the Care Quality Commission can be found on:  
[www.cqc.org.uk/public](http://www.cqc.org.uk/public)



## 1.9 Quality Indicators

The data made available to the NHS Trust by the Health and Social Care Information Centre	Solent NHS Trust (%)	National highest (%)	National lowest (%)	National average (%)	Related NHS Outcomes Framework Domain
<p>The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during this reporting period.</p> <p>Solent NHS Trust remains consistently above the national average for this indicator. 7 day follow up is a key activity linked to outcomes 1 and 2 in the NHS Outcomes Framework.</p> <p>The Trust takes a proactive approach to 7 day follow up which includes daily conversations across the Adult Mental Health service. On the rare occasion that a breach is identified the notes are reviewed to understand both how this occurred, but more importantly to ensure that a follow up did occur and the client is safe.</p>	<p>Q3: <b>99%</b></p> <p>Q2: <b>100%</b></p>	<p>Q3: <b>100%</b></p> <p>Q2: <b>100%</b></p>	<p>Q3: <b>95.2%</b></p> <p>Q2: <b>89.8%</b></p>	<p>Q3: <b>97.6%</b></p> <p>Q2: <b>97.2%</b></p>	<p>1. Preventing people from dying prematurely</p>
<p>The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.</p> <p>Solent NHS Trust aims to ensure that clients are cared for in the least restrictive environment and as close to home as possible.</p> <p>The Trust has a long standing practice of CRHT carrying out gate keeping assessments; this ensures that each individual client has the best opportunity to be cared for in their own environment if this is the best option.</p>	<p>Q3: <b>100%</b></p> <p>Q2: <b>100%</b></p>	<p>Q3: <b>100%</b></p> <p>Q2: <b>100%</b></p>	<p>Q3: <b>90.7%</b></p> <p>Q2: <b>84.4%</b></p>	<p>Q3: <b>98.4%</b></p> <p>Q2: <b>98.1%</b></p>	<p>2. Enhancing quality of life for people with long-term conditions</p>

<p>The percentage of patients aged (1) 0-14 years (not applicable) (ii) 15 or over, readmitted to a mental health hospital (which forms part of the Trust) within 28 days of being discharged from a hospital during the reporting period. Solent NHS Trust considers that this data is as described for the following reasons:</p> <p>The Crisis Teams, Day Treatment and Acute admission wards act as a continuous flexible Acute Care Pathway, with a very high threshold for use of inpatient beds. Therefore inpatient treatment and community treatment may form part of the same episode.</p> <p>Moving "up" and "down" the Acute Care Pathway may involve at times more than one spell of inpatient treatment during the same episode.</p> <p>In an effort to improve this score and ensure the quality of its services the Trust has reviewed all instances where patients had to be re-admitted over a 12 month period and modified care plans to ensure that crisis treatment could be better tailored to their needs, based on the experience of the previous admission.</p> <p>We believe, however that the very high threshold for admission and low bed numbers per 1000 population (and subsequent high complexity of CRHT caseloads) will mean that this figure will probably remain appropriately above national average.</p>	<p>2011: <b>14.4%</b></p>	<p>2011: <b>66.7%</b></p>	<p>2011: <b>0%</b></p>	<p>2011: <b>11.5%</b></p>	<p>3. Helping people to recover from episodes of ill health following injury</p>
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<p>The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.</p> <p>Solent NHS Trust considers that this data is as described for the following reasons that through our annual staff survey our staff informed us of the need to increase staff engagement and involvement and to provide more time back to the services. With a slight improvement from previous years on staff engagement, the Trust continues to build on its employee engagement programme.</p> <p>The Trust has identified seven key areas of action which incorporate many different aspects that primarily focus on placing the patient at the centre and ensuring quality in our care. Some of our key areas are improving staff experience through an effective employee engagement programme which impacts on our staff's working experience through reward and recognition initiatives, employee involvement and improving our 2 way communication as well as to continue the community productive series to support teams to redesign and streamline appropriately the way they manage and work and to also continuously align the intelligence from Quality, Risk and Workforce framework, the staff patient safety survey and patient complaints, to ensure early warning signs and regular feedback on action is taken and underpinned by senior level commitment to patient care. Through this robust activity programme we anticipate an increase in our percentages year on year.</p>	<p>2011: <b>59%</b></p>	<p>2011: <b>77%</b></p>	<p>2011: <b>56%</b></p>	<p>2011: <b>65%</b></p>	<p>4. Ensuring that people have a positive experience of care</p>
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<p>The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.</p>	<p>Apr-Sept 2012:</p>	<p>Apr-Sept 2012:</p>	<p>Apr-Sept 2012:</p>	<p>Apr-Sept 2012:</p>	
<p>Solent NHS Trust considers that this data is as described to enable a national reflection of level and severity of reported patient safety incidents. This is a key indicator of awareness, culture, consistency and safety performance. This national data seeks to cluster similar organisations in order to identify variances, however is solely reliant on organisations reporting in a consistence manner. It should be noted that incident which have been recorded as serious harm of death does not also mean that there have been care or service delivery failures.</p>	<p>Incident <b>1260</b> (33.14 / 1000 bed days) Severe harm or above incident <b>3</b> Rate: <b>0.002</b></p>	<p>Incident Highest Count – <b>3,321</b> (175.5 / 1000 bed days) Severe harm or above incident <b>69</b></p>	<p>Incident Lowest Count – <b>170</b> (0 / 1000 bed days) Severe harm or above incident <b>0</b></p>	<p>Incident Avg Count – <b>1,427</b> (Avg - 47 / 1000 bed days) Severe harm or above incident <b>12</b></p>	
<p>This particular data set relates to the cluster which Solent has been placed in (Community service with inpatient provision). However Solent also has a large mental health service, which is not accurately reflected in our current cluster group. There can also be problems with data reconciliation between the national data and internal data.</p>	<p>Oct - March 2012/13 incident <b>1148</b> (20.35 / 1000 bed days) Severe harm or above incident <b>0</b> Rate: <b>0</b></p>	<p>Oct - March 2012/13 incident highest count <b>3,066</b> (157.41 / 1000 bed days) Severe harm or above incident <b>45</b></p>	<p>Oct - March 2012/13 incident lowest count <b>2</b> (0 / 1000 bed days) Severe harm or above incident <b>0</b></p>	<p>Oct - March 2012/13 incident avg count <b>1,257</b> (Avg 55 / 1000 bed days) Avg severe harm or above incident <b>0.08</b></p>	<p>5. Treating and caring for people in a safe environment and protecting them from avoidable harm</p>
<p>In regards to incident reporting, this data indicates that Solent NHS Trust's level of reported incidents has increased over the last year, which is felt to be positive and attributed to increasing awareness, changing patient demographics and increase in service provision</p>					
<p>Solent NHS Trust undertakes comprehensive analysis on the receipt of the national 6 monthly reports and has been able to identify and implement positive changes as a result, which complements a host of other key initiatives to continually improve patient safety.</p>					
<p>The analysis also helps identify areas where further data reconciliation is required. For example it should be noted that our internal data captures a higher level of severe or above harm which is not reflected in the national data set. The Trust works closely with the national team to ensure the highest levels of data validity.</p>					



<p>The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health and social care worker during the reporting period. Solent NHS Trust is pleased that we are recorded as above the national average and near the highest level for our patient experience score.</p> <p>Solent is also undertaking further work to align our internal initiative of regularly capturing staff feedback in regards to their views on patient safety and experience, together with other patient experience data at service and national levels. This aim of this work is to further improve on the patient experience of all those who use our services.</p>	2011: <b>87.23</b>	2011: <b>88.22</b>	2011: <b>81.87</b>	2011: <b>86.79</b>	<p>2. Enhancing quality of life for people with long-term conditions</p> <p>4. Ensuring that people have a positive experience of care</p>
	2010: <b>N/A</b>	2010: <b>88.39</b>	2010: <b>85.39</b>	2010: <b>87.25</b>	

## Revalidation and Organisational Readiness Self Assessment (ORSA)

The purpose of revalidation is to ensure that doctors remain up to date and continue to be fit to practise. It aims to support doctors in their professional development, to contribute to improving patient safety and quality of care and to sustain and improve public confidence in the medical profession. It also seeks to facilitate the identification of the small proportion of doctors who are unable to remedy significant shortfalls in their standards of practice.

To achieve these aims, the General Medical Council require assurance that local systems of medical appraisal and clinical governance function effectively and fairly in distinguishing between satisfactory and poor performance and that Responsible Officers are making correct and valid recommendations.

The ORSA (Organisation Readiness Self Assessment) exercise is designed to help designated bodies in England develop their systems and processes in preparation for the implementation of revalidation.

The recent exercise provided a picture of the position from 1 April 2012 – 31 March 2013.

Number of Doctors	95	We have a number of other doctors who have another designated body (their primary contract is not with us).
No of appraisals carried out	91	Reason for variation; two doctors on maternity leave, one just started, one TUPE'd from other organisation, appraisal just completed.
No of trained medical appraisers	28	As per our policy, at least a ratio of 1:4 (appraisers to doctors).

## Part 2

### 2.1 Review of last year's quality improvements

The priorities identified for 2012/13 are on target and have continuously been monitored through each of the Clinical Divisions within the Trust through their monthly Divisional Governance Group meetings.

#### Patient safety

##### Priority 1:

**Continue to ensure patients are safe from infections**

##### Why did we make this a priority?

Although the Trust has performed well in achieving its vision for avoidable Healthcare Associated Infections (HCAI), this remains a key indicator of clinical quality and patients and the public continue to require assurance that we keep infection prevention and control high on the agenda. The reduction of MRSA (Methicillin-resistant *Staphylococcus aureus*) bacteraemias and *Clostridium Difficile* infections have remained a national priority for many years with all such infections reported and fully investigated.

##### What did we do?

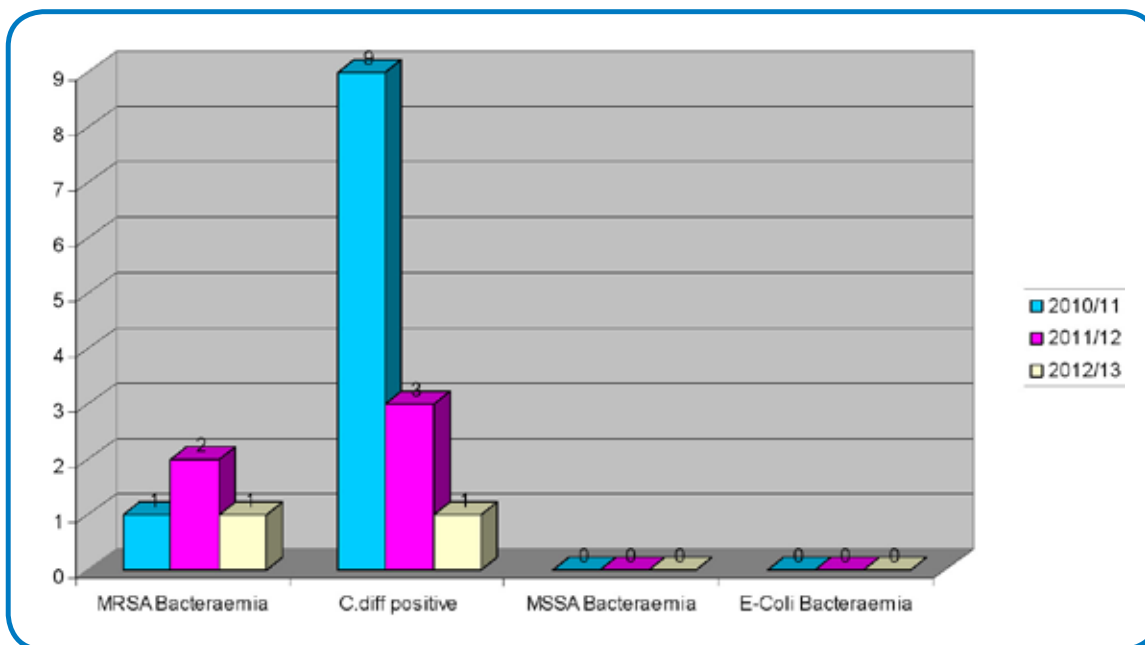
- Carried out internal surveillance of infection rates
- MRSA admission screening compliance was audited every quarter
- Hand hygiene observational audits were carried out twice during the year
- Carried out a full investigations for each reportable infection and identified actions for learning in line with Department of Health guidance
- Actions for learning were monitored through the Infection Prevention and Control Committee
- Audited the use of urinary catheters each quarter with the emphasis on ensuring that all such devices were appropriate and avoided wherever possible

##### Our achievements so far:

- Only one case of *Clostridium Difficile* infection to date
- Only one case of MRSA Bacteraemia attributed to our organisation to date
- Surveillance of other relevant infections is encouragingly low with no evidence of onward transmission
- MRSA admission screening compliance has increased by 12% this year compared to last
- At 96% hand hygiene compliance (against recommendations made by the World Health Organisation) remains encouragingly high

## Figure 1 - Reportable infection rates within our organisation

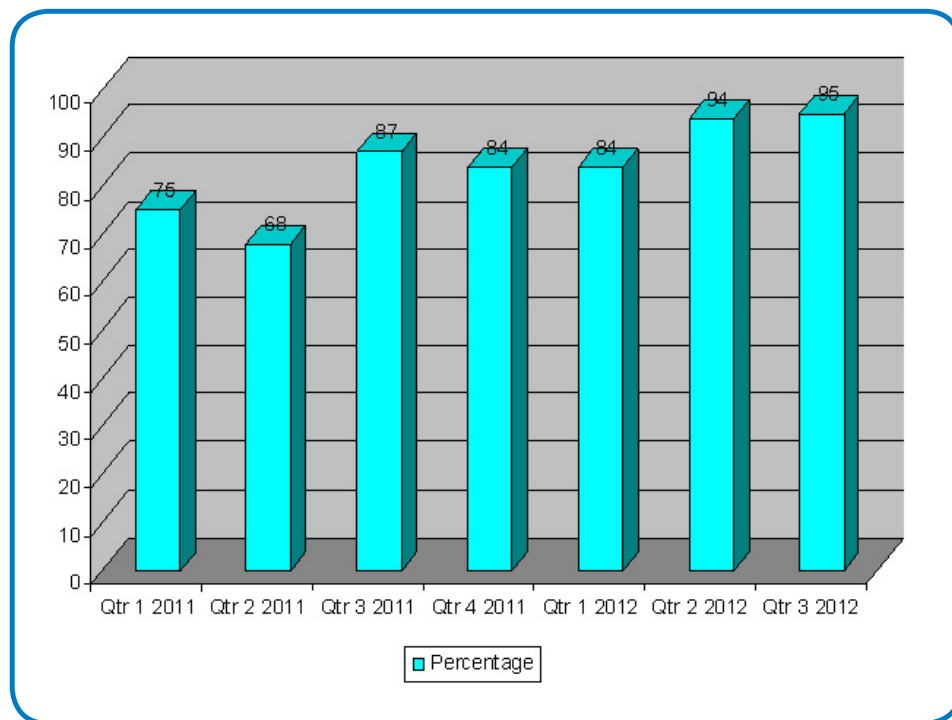
(please note at the time of composing the Quality Accounts figures shown are those available until the end of January 2013)



The control of MRSA is an important factor in the provision of safe patient care and our current policy outlines measures needed to prevent the acquisition and spread of MRSA. The Trust requires that all patients admitted to any of our inpatient areas are screened for the presence of MRSA. This allows the appropriate treatment to be offered to those individuals found to be positive and relevant alerts placed on medical records for future safety. In order to measure compliance with this process an audit is conducted four times per year.



Figure 2 - Results of MRSA screening audits



**Comments:**

Levels of HCAI remain encouragingly low within our organisation. However there is no room for complacency and constant surveillance allows us to identify problems or hot spots at the earliest opportunity and apply the appropriate precautions as swiftly as possible.

The Trust's Infection Prevention and Control Link Advisors continue to provide an important and supportive role across the organisation. To date there are approximately 135 Link Advisors across Solent NHS Trust. This includes 32 who attended the two day training course during the last year. This valued group of staff assist with maintaining high standards of infection control practice within their clinical areas and carry out infection control audits, monitoring hand hygiene compliance and improving staff skills.

## Priority 2:

### Continue to reduce incidents of falls in inpatient areas

#### Why did we make this a priority?

The National Patient Safety Agency (NPSA) identified that there were 257,679 falls reported in the year ending March 2009. They estimate that about 1,000 patient falls a year result in fractures. A significant number of falls result in death or severe/moderate injury, at an estimated cost of £15m per annum for immediate healthcare treatment alone. We made this a priority as we recognise that the vulnerable patients we care for in our elderly rehabilitation and elderly mental health wards can be more at risk of falling and sustaining a serious injury whilst under our care.

#### What did we do?

- Falls training for registered staff nurses was made a key part of their annual Clinical Update Day. The Trust's Falls Lead is now working with individual Falls Link staff to complete root cause analysis work on falls patterns on their wards. All wards have access to falls prevention socks which are designed to be less slippery. Fall alarm systems are in use or being trialed in all our older person's rehabilitation or elderly mental health wards.

- At our Falls Service in Portsmouth (Community) a new system is in place for triage of referrals. Funding has been agreed for one falls co-ordinator who will co-ordinate the assessment and interventions for all patients who are seen in the local Emergency Department or call an ambulance due to falls. The co-ordinator will work in one locality team and will compare the results for the locality and other teams without a falls co-ordinator.

The NPSA recommend that falls rate per 1000 occupied bed days (OBDs) is used to measure falls incidence in inpatient services rather than numbers of falls. Nationally, in acute hospitals the mean rate is 5.6 per 1000 OBDs, in community hospitals it is 8.6 and in mental health units it is 3.8. There is no benchmark available for an organisation such as Solent NHS Trust where the majority of its inpatient bed base focuses around rehabilitation and people with acute mental health needs / severe dementia. The NPSA acknowledges that falls rates are likely to be higher than those cited above in organisations such as Solent where its inpatient care focuses on those with high falls risk.

## Our achievements so far:

Solent NHS Trust was not in a position in 2011/2012 (due to legacy issues obtaining accurate OBD (occupied bed days) data following the merger of its two predecessor organisations) to provide falls rates per 1000 OBDs. However we now have this data and will use 2012/13 data as a benchmark for 2013/14. This data will also enable real-time identification of individual ward areas experiencing peaks in fall rates which will allow us to intervene where needed quickly.

Data for 2012 / 13 shows that overall the Trust's rate is 9 per 1,000 OBDs which is favourable given that NPSA guidance above suggests it might be higher given our inpatient case-mix.

## Other achievements in 2012 / 13

- Inpatient Falls Care Package introduced which is in keeping with national guidance (due for audit in April 2013)
- Written guidance issued to all medical staff to improve identification of hip fracture post fall in inpatient settings
- Basic level training for OPMH doctors provided at induction twice yearly
- Audits presented to commissioners indicate that patients passing through elderly rehabilitation units are receiving bone health assessments and interventions to reduce fracture rate reliably

- A one hour falls prevention session has been included on Clinical Update Days attended by all registered nursing staff (with the exception of Adult Mental Health staff)
- Bespoke training has been delivered on Adult Mental Health wards and Older Person's Rehab, Specialist Palliative Care, and a whole day of bespoke intensive falls training day was delivered in January for staff on the acute dementia ward that has the highest rate of falls across the Trust

## Trials of Tele-care solutions have taken place in:

1. Spinnaker Ward (unit now has six falls detector systems operational which is sufficient to meet current need)
  2. Jubilee House (unit now has four falls detector systems operational which is sufficient to meet current need)
  3. Lower Brambles / Fanshawe (inpatient elderly rehabilitation) - decision awaited following one final trial due in March as to which system will be chosen and used
  4. OPMH – decision expected at next OPMH Falls Meeting on how many more falls detector systems are needed in that setting
- Crash mats already in use on OPMH settings and now also on Spinnaker and in Jubilee House

## Priority 3:

### **Continue to improve the nutritional status of our patients whilst they are under our care**

#### **Why did we make this a priority?**

Feeding our patients appropriately and making sure they have enough to drink is an essential component of good, quality care and is vital for a speedy recovery. This is particularly important for our most vulnerable patients and links to our ongoing work to provide high quality care for the vulnerable and elderly including those with dementia and patients who are at the end of their life.

#### **What did we do?**

Staff have worked extremely well on this priority over the last year. A few examples of the improvements include:

- The production of a training leaflet which will help staff to recognise the signs of malnutrition. This was approved by our Dieticians and will be available to all inpatient staff.
- Our Learning and Development Service now include this leaflet with all new staff's induction packs and it is also available on the Trust's intranet Nutrition page for staff to access.
- The PEG (Percutaneous Endoscopic Gastrostomy – tube feeding directly into the stomach sack) Project continues and a six month interim project report was circulated to Commissioners of the service.
- A successful PEG project study day was held on 15 October 2012.

- For the national Nutrition Awareness week 15 to 21 October 2012 displays were arranged in the restaurants at RSH, Western Community Hospital, St James' Hospital and St Mary's Community Hospital campus; the theme was 'Mood and Food'.
- The Nutrition and Hydration Policy has been updated to reflect the Good Practice Guidelines which resulted from Hampshire Adult Safeguarding Board's multiagency review of five cases in Hampshire where a person with learning disability had died as a result of choking.
- In the Portsmouth area we are involved in an educational drive to try to reduce obesity within Adult Mental Health. A Health Living day was arranged at the Orchard Centre in St James' Hospital. As a result of the comments received from patients and staff we have made some changes including having protected mealtimes, changes to menus with healthier meal choices, giving ratings to food choices by a traffic light system and there are plans to bring health trainers onto the wards for staff and patient education sessions.

## Our achievements so far:

We carried out an audit of MUST (Malnutrition Universal Screening Tool) in November 2012 and below is a summary of the findings:

### Areas of good practice identified:

- Screening of patients' nutritional status has been maintained at a high level.
- Full compliance with implementing care plans that are in place.

### We also were able to identify a few areas for improvement which will be discussed and addressed via the Nutrition and Hydration Strategy Group:

- Adherence to the 24 hour standard for initial screening needs to be improved.
- Initial screening of patients living in their own homes is variable.
- Repeat screening should be carried out at the required frequency and clearly documented.

## Priority 4:

**To ensure all new patients referred to the Child and Adolescent Mental Health Service receive as much information as possible while waiting for appointments**

### Why did we make this a priority?

Having a child referred to the Child and Adolescent Mental Health Service (CAMHS) can be a stressful time for the child and their families. The Trust wanted to make sure that while children wait to be seen by a specialist, they and their families feel as informed and supported as possible.

### What did we do?

Before we made any changes we asked our clients to take part in a survey to help us understand from their perspective what needs to be on leaflets and our new website to help them. Young people came up with a number of ideas for the website. The most common suggestions were pictures of staff, videos and descriptions of what happens at CAMHS. Generally the young people were in favour of quite a fun looking website with pictures and bright colours.

Parents were also keen for pictures of staff to be on the website. The other common suggestions were advice for parents, links to other resources and outline of services provided. Parents also suggested making the website child friendly, which would involve clear and concise language and not being too overloaded.



## Patient Experience

### Priority 5:

**To improve our communication and support for carers of the people who use our services**

#### Why did we make this a priority?

We recognise that being a carer can have a profound impact upon a person's life and many carers need support from our services to enable them, not only to continue to care for someone, but also to help maintain their own health and wellbeing.

#### What did we do?

In an effort to support our carers (particularly those caring for a person with a physical or mental illness or learning disability) we have produced a three year strategy to improve our carers' experience and ensure that they will be supported in their caring role.

As well as providing further training and support for our Carers Champions within our inpatient units, the Trust is also pleased to be supporting the Carers Strategies for our local authorities to improve the range of support and advice we can offer to carers.

#### Our achievements so far:

Within our Adult Mental Health Unit there are a number of initiatives being discussed through the Acute Care Forum which is attended by staff, carers themselves and Local Authority staff who work for the Carers Centre in Portsmouth. This relationship is long standing and has contributed to many successful carers initiatives over the years.

The response from young people and parents concerning a video for the website was good. Both parents and young people said they would like to know about a young person's feelings about attending CAMHS. They also suggested that it would be helpful to see the rooms of the building and show the areas that may help children relax and enjoy themselves such as the garden and x-box.

#### Our achievements so far:

With the help of our young patients and parents we have now put together the first draft of the design form for the website and are looking at what information needs to be there to allow service users to feel informed and supported.

All service users and carers' information leaflets have been updated following consultation and review from young people, children and carers from the CAMHS service. These updated and reviewed leaflets will be available on the new website.

The current focus of the work is the development of the Carers Resource Pack which is now available on our inpatient wards at The Orchards. These packs can be given to carers of our patients whilst they are visiting their friends/family members. The packs contain a wealth of information relating to support for carers in the community, referral forms for carers, information about the care and treatment provided at The Orchards and a copy of the Trust's Carers Strategy.

The second initiative is the introduction of a Carers Clinic on The Orchards. This is a joint collaboration with Health and Social Care (via the Carers Centre). The purpose is for staff from The Orchards and from the Carers Centre to work together to provide some protected time for carers to visit the unit to speak to staff about the treatment being provided in the hospital and for them to seek support for themselves as carers. We recognise how vital it is for them to be supported to stay mentally and physically well, and be treated with dignity and respect.

There is also ongoing support of carers to be part of the Care Programme Approach (CPA) process and being invited to care planning and CPA meetings, as well as having the opportunity to meet with staff members (such as named nurses, doctors and managers) and this remains a core part of our service delivery.

We are currently developing Carers Resource Packs for all services and these will be available very soon.

## Priority 6:

**To increase the number of satisfaction surveys across the Trust to inform service improvement**

### Why did we make this a priority?

As part of our Patient Experience Strategy 2012-15, we focussed more on the importance of good patient experience as highlighted by the Care Quality Commission and other national bodies. It was also a requirement of our NHS contract with commissioners to demonstrate areas of improvements as reported by our service users. In order to identify any areas for improvement, we needed to gain more feedback from patients and carers.

Although satisfaction surveys were already being carried out locally in some services using paper surveys, this needed to be extended to cover all services, standardised to cover key areas, and to offer a wider variety of methods of capturing feedback to suit different needs.



## What did we do?

We set up a survey programme covering key areas of the organisation focusing on the key areas required by commissioners which include:

- involvement in decisions about treatment/ care
- staff being available to talk about worries/ concerns
- privacy when discussing condition/treatment
- being informed about side-effects of medication
- being informed who to contact if worried about condition after leaving hospital/ community care.

In addition to these questions, services were also asking for feedback on issues related to their specific service area.

Many services, including inpatient areas and community are now offering the survey to all patients on discharge from the service. Others offer the survey for limited periods of time to all current users of their service.

**Friends and Family:** Patients are being asked how likely they would be to recommend a service to friends and family. A pilot is currently being run across specific services.

Services have increasingly adopted electronic methods for completing surveys including the use of tablets and standalone kiosks within public areas.

Alternative methods have been trialled to capture feedback from vulnerable groups and those unable to use standard methods, e.g. focus groups in Homeless Health, pictorial

versions for those with dementia and learning disabilities, carers' discussions in palliative care, and visual scoring scales and spoken surveys in areas where reading or English language is a challenge.

These methods together with monitoring social media feedback, unannounced inspections together with patient and voluntary groups and complaints give a rounded picture of the experience that patients have within Solent NHS Trust services.

## Our achievements so far:

- We have increased the number of surveys carried out over the year, from 959 in 2011/12 to 3,289 in 2012/13.
- This was an increase from 20 services to 56 services.
- The overall percentage of positive answers in the five key areas (e.g. dignity, privacy and involvement) was 94% and to other questions was 67%.
- The Friends and Family Question from Community wards and the Minor Injuries Unit was reported as 75% over a six month period and with the planned promotion of this question we expect this score to rise even further in the months ahead.
- These surveys are helping us to pick up any areas that need some improvement. Discharge and Rapid Response Teams are producing patient information leaflets and training staff to ensure that patients and carers fully understand what is being arranged for their return home and who to contact for support and our elderly inpatient areas are introducing visual aid menus.

## Priority 7:

**To demonstrate improvements in recovery and support mental health patients to regain their place in the community and improve partnership working**

### Why did we make this a priority?

The recovery focus of the Adult Mental Health Service ensures that all aspects of the service work to the common aim of promoting a life worth living even where there are ongoing symptoms of mental illness. Supporting people to take increasing control in aspects of their care and develop social roles / activities they value has a close relationship with wellbeing.

### What did we do?

**We have completed a number of exercises in order to:**

- measure how the service is currently performing against a number of recovery-underpinning statements
- explore the level of recovery-focused care planning carried out
- identify suitable ways to increase self assessment of recovery, to ensure that our service-users' own perspective is key to our interventions

We have developed and provided folders for all service users to store copies of their care plans and information relating to their recovery. We have continued to develop volunteer roles for people who have accessed our service; this enables the service and people accessing it to learn from their expertise of living with a mental health condition and promotes opportunities for people to share their personal skills.

We have carried out a thorough review and refinement of the purpose of Oakdene Unit to enhance the recovery and rehabilitation of people accessing this part of the service.

We developed three Recovery Principles which 81 staff to date have committed to make visible in their work. In collaboration with carers and service-user volunteers, we have used this information to develop a five year strategy to implement changes required to increase our recovery focus as a service.

We continue to build effective and innovative relationships with our partners working in education, commissioned mental health providers and mainstream community providers.

## Our achievements so far:

Recovery-Focussed Care Planning: Audited from clinical notes; 72% of service users' notes, indicate recovery-focussed interventions and 27% record more advanced stage of recovery (i.e. feeling well / taking responsibility for recovery).

In a study asking people about their own care plans and experience, 75% felt their strengths and abilities were included to promote their recovery and 63% felt their goals and aspirations were reflected in their care plan.

Over the last year we have supported 17 service-user volunteer opportunities ranging from co-researcher to providing creative art activities. Of these at least two have used this experience to complete related further study and one has been helped to gain employment.

In our work with Highbury College we have 39 students who have completed the Back on Track Programme (this has been developed to meet the specific needs of younger people with mental health issues and disrupted education). 50% have progressed to further education or employment and 25% progress to study at a higher level. The quality of outcomes achieved through this partnership working have received international recognition as 'best practice'.

In 2012 the lead from our service received a College of Occupational Therapy Merit Award to celebrate national recognition for excellence. These outcomes are in addition to those achieved through referral and joint working with our partner agencies.

## Clinical Effectiveness

### Priority 8:

**To improve foot care and reduce amputations in people with diabetes in our community**

### Why did we make this a priority?

A recent report published by NHS Diabetes set out the high cost to both patients and the NHS of poor quality diabetic foot care. Portsmouth was shown to have the highest amputation rate in England and Southampton was not far behind.

### What did we do?

Reviewed the provision of a multi-disciplinary team in the management of the diabetic foot; ongoing education and raising awareness. Increase the access to podiatry for patients with diabetes in the Portsmouth area.



## Our achievements so far:

This has been a major achievement for the Trust's Podiatry Team who has worked with NHS Diabetes on a Quality Improvement Framework for the whole of the Health Authority.

We are delighted to say that in February 2013 a 25% reduction in major amputations in Portsmouth was reported (from 48 in 2010/11 to 36 in 2011/12). New statistics also reveal that there has been a large reduction in the number of diabetic patients needing major amputations in the last three years.

Our Podiatry Service redesigned its diabetes pathway with a focus on prevention and the rewards of this pathway are now coming to fruition. Patients are receiving care from the right people in a timely fashion since the introduction of the diabetic foot score. We would encourage all patients with diabetes to find out their foot score at their annual diabetes assessment with their GP practice.

## Other areas of improvement.....

### 2.2 Learning from our staff

Solent NHS Trust is committed to being an excellent employer and a healthy organisation where learning remains at our core. We believe that our staff are our greatest asset and we will strive to enable them to feel valued, involved and proud, creating a culture which ensures excellent services, excellent staff, and excellence in all that we do to deliver the very best patient and staff experience.

Our annual Staff Survey has been undertaken by Pickers Institute Europe for the last three years to generate historical data with which to benchmark our progress. This survey enables us to gain feedback from our staff in terms of understanding their concerns and also how we can as an organisation, improve both the working conditions for staff and our culture to support continuous improvement.

Our 2012 Staff Survey is an objective indicator and was carried out during the months of October and November 2012.

1652 staff out of 3195 eligible staff returned their completed questionnaire giving a response rate of 51.7% (compared to last year's response rate of 56%). The national average response rate of the survey was 54.6%.



	2010 / 11		2011 / 12		Trust improvement
Top 4 ranking scores	Solent Trust	National average	Solent Trust	National average	
No training in how to deliver a good patient / service user experience	37%	38%	20%	24%	<b>17% improvement</b>
Not able to do my job to a standard am pleased with	25%	23%	16%	13%	<b>9% improvement</b>
In last 3 months, have come to work despite not feeling well enough to perform duties	62%	60%	53%	58%	<b>9% improvement</b>
Communication between senior management and staff is not effective	40%	39%	32%	31%	<b>8% improvement</b>

	2010 / 11		2011 / 12		Trust deterioration
Bottom 4 ranking scores	Solent Trust	National average	Solent Trust	National average	
Senior managers do not act on staff feedback	23%	23%	31%	31%	<b>8% deterioration</b>
Felt pressure from manager to come to work despite not feeling well enough	22%	23%	30%	29%	<b>8% deterioration</b>
Felt unwell due to work related stress in last 12 months	36%	32%	43%	40%	<b>7% deterioration</b>
Not enough staff at Trust to do their job properly	50%	45%	52%	49%	<b>2% deterioration</b>

(Results above are taken from Pickers Survey 2012)

The overall survey shows that notwithstanding the significant organisational change prevalent at the time of conducting the survey progress continues to be made year on year particularly in areas such as communication between senior managers and staff, consulting with staff regarding changes and providing training in delivering good patient/service user experience and in Equality & Diversity.

The staff survey results were broadly similar to those of other community trusts. In some areas the Trust is doing slightly better than other trusts and in some areas we are doing less well. An area of concern was the extent to which staff are feeling under pressure and in some areas a feeling that they do not always have enough time to do their job to the standard they would wish.

In response to the staff survey, the Human Resources Department has, together with service lead managers, analysed key areas for improvement and devised a set of locally targeted action plans which has informed the overall consolidated engagement plan for Solent NHS Trust. Key priorities are correlated to areas where the Trust's score is lower than average and performance has slipped or deteriorated since 2011 / 12 survey.

- our focus for 2013/14 is on:
- keeping the patient at the centre and our quality of care
- releasing time to care through our Community Productive Series
- workforce Health & Wellbeing implementing key areas of activity to promote wellbeing
- making it easy to raise a concern so as to foster an open culture
- staff involvement, engagement and communication to improve the staff experience
- ensure everyone has clear planned goals and objectives through the introduction of a new Performance Management Appraisal model
- cultural development through our core values.

Our overall objective is to enhance staff morale and staff engagement through continuous improvement and year on year we ensure that we measure the changes identified within the Staff Survey as it provides a structured, evidence based way for us to engage with our staff and respond to their feedback.

The Employee Engagement Indicator is a key performance indicator for Solent NHS Trust and

an improvement target has been set in the annual operating plan of 3.75 from its current indicator of 3.64.





## 2.3 Learning from you.....

Was there anything particularly good about your treatment?

*"Without exaggeration the visit was an absolute pleasure. The doctor and nurses were excellent by being friendly, respectful and knowledgeable."*

*"I wanted to write to let you know of the absolutely outstanding care being delivered in hospital by your physiotherapy team. My father was diagnosed with cancer and his physiotherapist worked with him to get him up and moving again after two weeks unconscious. The physiotherapist has been gentle and encouraging and compassionate. Thank you."*

*"Thank you so much for giving me hope to start the day treatment and showing me I have the power to be strong and assertive. I cannot thank you enough, you are amazing."*

Was there anything we could have done better?

*"You need a serious review of how your department is being run, and an urgent training session on how to treat patients."*

*"If you can't be bothered to staff the appointment system, then at least let the referring GP make the appointment or indeed the patient."*



## You said, we did

As a result of the feedback we have received in the last year we have carried out the following improvements across our services:

### **Podiatry Service:**

A large number of our reception staff have been re-trained and provided with guidance on how to confirm which type of clinical appointment is required for patients. The signage at the Podiatry Clinic in Gosport War Memorial Hospital has been improved to make it clearer to visitors what clinics are running and the directions to the waiting area.

### **Specialist School Nursing Service:**

All staff who escort children to their homes have now received appropriate training for when oxygen is required to be transported with the patient. The service will make every effort to be clear and precise as to the nature of the child's changes to support the family in making appropriate provision when transporting the child home.

### **Adult Mental Health Service**

**(Crisis Resolution Home Treatment Team):**

Staff will now contact patients if any delay in home visits is expected to avoid any distress or confusion for patients.

### **Adult Mental Health:**

**Psychological Therapies:** Due to poor accessibility, the Service plans to relocate to other premises which provide more facilities for disabled clients.

### **Physiotherapy Service:**

In future physiotherapists will inform the reception staff of any delays, so that patients can be kept informed at all times.

The Physiotherapy Service has now made a change of practice for patients within the Intensive Therapy Unit who need to spend some time sitting out of their bed. It is now clearly documented and displayed on a whiteboard for staff and patients to be aware of the time recommended that a patient should sit out of bed.

### **Rapid Response**

**(Community Nursing Service):**

Following a breakdown in procedure which caused delay in providing information, the Rapid Response Service has now introduced electronic fax transmissions rather than relying on manual faxing.

### **Wheelchair Service:**

The service has recently started a sub store, which will enable patients to gain access to a basic wheelchair whilst they are waiting for their own specialist chair to be ordered.

### **Sexual Health Service:**

The service has recently introduced a number of changes to protect patient confidentiality at the St.Mary's Campus in Portsmouth. New registration forms, designated receptionist for clients who have booked appointments and separate waiting areas. All staff are fully trained in customer care and confidentiality. Also in future patients who consent to having their results via a text message will only receive a brief message with no details of the sender.



## Part 3

### 3.1 Priorities for quality improvement in 2013/14

In drawing up our priorities for improvement in 2013/14, we have taken into consideration our progress against last year's priorities, and also considered the local, regional and national picture, our overall performance and the views of patients, our members, commissioners and patient representatives from our Local Involvement Networks (Healthwatch).

The following priorities have been endorsed by the Trust Board. In addition, there is a good deal of other work to improve the quality of patient care and the patient experience which is also reported upon at Trust Board.

## Patient Safety

### Priority 1:

**To reduce the number of pressure ulcers that following investigation are deemed to be acquired within Solent NHS Trust's care by 35%**

### Why have we chosen this priority?

Pressure ulcers develop when a large amount of pressure is applied to an area of skin over a short period of time, or they can occur when less force is applied but over a longer period of time.

Treating and caring for people in a safe environment and protecting them from avoidable harm is a key priority for Solent NHS Trust. Therefore, preventing the incidence of newly acquired pressure ulcers continues to be a key focus for improvement.

The Trust acknowledges that, whilst at times we care for a very complex and vulnerable patient group, we must do everything we can to prevent a newly acquired pressure ulcer occurring while a patient is under our care, whether that be on our inpatient wards or for a patient who is at home and receiving care from our Community / District Nurse Teams.

We also acknowledge that many of our patients move throughout different healthcare environments (such as the acute hospitals to rehabilitation wards and then to their own home or to a Care Home). It is therefore essential that our nursing staff communicate clearly and effectively with other Nursing or Care Teams to ensure that the correct equipment and support is available at all times.

## How will we improve?

The Trust has a clear process for the reporting and recording of all pressure ulcers. However, whilst this system works well we think we can improve further.

Within the year we intend to introduce a new Pressure Ulcer Panel. This will be an expert panel that will review any pressure ulcer within our care with the Nursing Team that care for the patient. This will follow and review the investigation process that has taken place and will help the team to identify key learning and actions to be taken. This will be monitored through the Trust's Governance and Risk strategies through our Assurance Committee.

We will then ensure that the results from our Pressure Ulcer Panel are available for external review and scrutiny by our commissioning body.

There are key national and local agendas that we will continue to develop within the Trust to inform our practice and improve patient safety and experience such as the Safety Thermometer, Your Skin Matters and NICE Guidance.

### **We know key areas of improvement are ensuring:**

- early identification of patients at risk of developing pressure ulcers
- prompt assessment and delivery of essential equipment
- monitoring pressure ulcers already acquired and preventing deterioration.

## How will we measure our improvement?

Through the Pressure Ulcer Panel we will monitor our compliance against the key standards for the prevention and reduction of pressure ulcers. This will also provide a monthly report for the Trust Board and will monitor and track sustained improvement. This will also give us the ability to identify areas of concern and to monitor their improvement.

The learning and actions from the Pressure Ulcer Panel will be monitored at both Trust and local level, within individual teams being accountable for their learning and development.

Continued training and education throughout the organisation will be maintained and we will ensure that nurses and care staff joining our organisation receive the correct education and are fully competent to assess and care for patients with pressure ulcers prior to being allowed to work independently.

### **What will our targets be for next year?**

In the year ahead we aim to reduce the number of pressure ulcers that following investigation are deemed to be acquired within Solent NHS Trust's care by 35%

We will work alongside our partners to develop a whole system's approach regarding the prevention and management of pressure ulcers. This will ensure that our most vulnerable patients who are at risk of developing (or have developed) a pressure ulcer can be monitored and reviewed wherever they are in the healthcare system.

## How will we monitor and report our improvement?

Solent NHS Trust is committed to sustained improvement and therefore the Nursing and Quality Corporate teams will work in liaison with the Pressure Ulcer Panel to ensure robust reporting and recording of all pressure ulcers acquired either within or external to our care.

In turn this will continue to form part of the monthly Board Report and will also be monitored through the local and Trust Governance agendas.

### Priority 2:

**Improve the detection and management of medically deteriorating patients in our care (reduction in incidents)**

### Why did we make this a priority?

Identification and management of patients whose medical condition is deteriorating is an important part of ensuring that people have the best possible outcome and a good experience of care. We know that the outcome for the patient is better if any deterioration is recognised promptly and measures are taken to treat the illness by well trained staff and sufficient senior staff.

By using robust and reliable early warning systems and standard ways of communicating concerns about a patient who is deteriorating, we are treating our patients more effectively.

## What will our targets be for next year?

For 2013/14 we will continue with this work, focussing very much on early identification and action for these patients. We know that our staff are good at timely and accurate observations, and also good at recording the early warning scores.

Our focus in the year ahead will be to ensure that once a patient 'triggers' (i.e. has a warning score which indicates that they will be in trouble) the correct processes for calling senior staff are followed. This includes calling an ambulance, where necessary, and that the call comes from nurses, if necessary, rather than waiting to go through a hierarchy of doctors. All inpatient units will use an early warning system along with SBAR (Situation, Background, Assessment, Recommendation and Reply) communication tool.



## How will we monitor and report our improvement?

We will do this by carrying out regular audits throughout the year and reporting to the Divisional Governance Groups. In order to measure performance, key performance indicators have been identified as follows:

Measure	Source of data	Frequency of collection	Data collected and reported by
Month by month improvement in the compliance with early warning score	Inpatient audits	Monthly	Quality Team
Number of SIRIs relating to failure to rescue deteriorating patients	Risk team	Monthly	Quality Team
Appropriate escalation following triggering as laid out in the early warning score policy	Inpatient audits	Monthly	Quality Team
Appropriate action taken by senior staff when consulted as a result of escalation	Inpatient audits	Monthly	Quality Team
The use of the SBAR (Situation, Background, Assessment, Recommendation and Reply) communication tool	Inpatient audits	Monthly	Quality Team



# Patient Experience

## Priority 3:

**Incrementally roll out real time capture of patient experience**

### Why have we chosen this priority?

It is essential that we are able to understand how our patients feel about the experience that they have in our care in order to improve services. During the past year we have been able to greatly increase the amount of feedback we have obtained from the users of our services and make improvements.

During this time we have been developing our survey methods, including increasing the use of electronic tablets and other devices which will allow the results to be reported back to services in real time enabling rapid changes and improvements to be made to services.

These methods will be spread to cover all services increasing the amount of reporting available in real time.

An improvement priority in our operating plan Corporate objectives one and three and within the NHS Outcomes framework domain four.

### How will we improve?

Our aim is for 100% of services to capture user feedback on a regular basis throughout the year and to develop improvements as a result of the feedback.

### How will we measure our improvement?


All services' plans for patient surveys will be closely monitored and achievements and progress reported on a monthly basis.

### What will our targets be for next year?

We aim to increase the amount of real time reporting of user feedback with a target of 25% of services within the year.

### How will we monitor and report our improvement?

The Patient experience service will collate survey activity and results for the organisation's cumulative percentage of services carrying out surveys within the year.

**Please tell us what you think!** Solent   
NHS Trust

Based on your experience of the service today, please tell us how likely you would be to recommend us to friends and family if they needed similar care or treatment?

Extremely likely	<input type="checkbox"/>	Unlikely	<input type="checkbox"/>
Likely	<input type="checkbox"/>	Extremely unlikely	<input type="checkbox"/>
Neither Likely nor unlikely	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

Please turn this postcard over to explain your reason



## Priority 4:

### **Reduce number of amputations in patients with diabetes**

Why have we chosen this priority? Building on the excellent work carried out over the last year, we plan to continue to reduce amputation rates working with other providers of NHS care to achieve a 50% reduction by 2017.

#### **How will we improve?**

We will continue to improve access for patients to podiatry care with a skilled and highly competent workforce. We will play an increasing role in the diabetes care pathway.

#### **How will we measure our improvement?**

By measuring the reduction rates in amputations; monitoring the reduction in referral to treatment waiting times; access to new ways of managing foot ulceration; audit of outcomes.

#### **What will our targets be for next year?**

The continual reduction in amputation rates throughout our regions.

#### **How will we monitor and report our improvement?**

Annual performance linked to clinical outcomes; reduction in late referrals to the Podiatry Service.

## Priority 5:

### **Improve the physical health of adult mental health service users**

#### **Why have we chosen this priority?**

Building on the excellent work carried out and acknowledged by the CQC visits to adult mental health inpatient units, we will continue to make care planning for long term physical health conditions in mental health a priority.

#### **How will we improve?**

We will improve our management of, and our care planning for, patients with long term physical health conditions. Regular training sessions for all levels of clinical staff will be undertaken.

#### **How will we measure our improvement?**

By auditing the care plans in Adult Mental Health; monitoring the quality of care planning by monthly auditing and monitoring action plans at the Adult Mental Health Divisional Governance Group meetings.

#### **What will our targets be for next year?**

All Adult Mental Health patients will have completed care plans with their identified physical health needs.

#### **How will we monitor and report our improvement?**

We will monitor all care plans and update these on a regular basis and carry out regular audits throughout the year and report our improvement to the Divisional Governance Groups.

## Priority 6:

### **Increase the coverage of the Healthy Child Programme (Health visiting and school nursing)**

#### **Why have we chosen this priority?**

We want to be able show what difference we are making to the mental health of children and young people in our care.

#### **How will we improve?**

We will have pre and post outcome measures in place for all teams and for 100% of clients who are willing to take part.

#### **How will we measure our improvement?**

Through a range of validated outcome tools.

#### **What will our targets be for next year?**

We aim to have 80% of completed episodes of care show improvements.

#### **How will we monitor and report our improvement?**

By producing annual outcomes report we will be able to monitor our progress in this area.

## **3.2 How will we monitor the progress of our quality priorities throughout the coming year?**

We have a dedicated committee focussed on reviewing the safety, quality and effectiveness of our services. This committee (known as the Assurance Committee) will monitor our progress throughout the year.

## Statements from our Stakeholders

### Hampshire Health Overview and Scrutiny Committee (HOSC)

“(HOSC) has been invited to submit their view on the Solent NHS Trust Annual Quality Account to the Trust and for this statement to form part of its final document.

The HOSC does not contribute to the Quality Accounts of any of the NHS bodies it works with. It is not required to do so and its members are satisfied that they have direct methods of raising concerns and discussing issues regarding quality of services with Solent NHS Trust.”

### Southampton Healthwatch

“Southampton Healthwatch is pleased to comment on the Quality Account of the Trust this year. We consider that it gives good coverage of the Trust’s services and as far as we can judge there are no significant omissions. It is very helpful that the Trust has listed the services that it provides in different parts of the County in the introductory paragraphs; who provides which services is not well understood by the public and this is something other Trusts could follow.

It is a very detailed and thorough report which includes many new initiatives to improve performance in all areas. It would appear that the Trust has invested research and time into these initiatives and shows determination not only to meet challenging targets for 2012/13 but to exceed those achieved for 2010/11 by a substantial margin. In general, it would appear that performance is good and, in some cases, excellent.

We were pleased to see the plans for clinical audit and especially the inclusion of patient and public involvement. We fully support the Trust initiative to be heavily involved in research and to further increasing the number of patients involved in trials and the investment in a patient and public facilitator. There was a big increase in the number of patients recruited into clinical research, up 210% on 2010/2011. Also the number of new studies opened was up 108%. This can all have a positive impact on the Patient Experience and shows that the Trust is continually striving to make a marked improvement in patient satisfaction.

Considering the performance in 2012/13 Southampton Healthwatch was pleased to see the following in relation to patient safety: There was also a very good performance in avoidable Healthcare Associated Infections: The Falls data shows that Falls have been reduced for the second year running: Good steps taken to improve patient nutrition. It is also pleasing to see progress in patient satisfaction. With a move for greater home care, the position of the carer will become increasingly important and we were pleased to see the support being given to carers by the Trust. The big increase in the scope and number of patient satisfaction surveys is welcomed as it is essential that lessons are learned directly from patients and their families. Last year Southampton LINK, the predecessor of Healthwatch, commented on the need to reduce the number of amputations from Diabetes. We are pleased to see the podiatry results were excellent, with a 25% reduction in major amputations on 2010/11. The Trust is to be congratulated for its part in redesigning the care pathway to focus on prevention.

We hope that the Trust will be able to deliver its target improvement on pressure ulcers and the detection and management of medically deteriorating patients. There is no doubt that the role of the community Trust in the overall healthcare should increase making these two targets most important. We support the Priority to roll out real time capture of user Experience as it is an extremely important factor. We also support the priorities on clinical effectiveness. The priority on staffing is most important; as the emphasis on community nursing increases it will be essential for the Trust to reflect this in its staffing, ensuring appropriate staff are employed to deliver a high level of service.

It is disappointing to see that the Trust scores close to the bottom for the staff family and friends quality indicator. Looking more closely at the tables in section 2.2 is also somewhat worrying. We are particularly concerned that the number of staff who feel that senior managers do not act on their feedback has increased albeit in line with the national average and that there are not enough staff at the Trust (above the national average). However, Healthwatch is aware that some difficult decisions have had to be made during the year under review and that these decisions may have clouded the opinion of some of the staff. We shall look closely at these figures in the coming year. Meanwhile it is essential that Healthwatch works with the management of the Trust to ensure that justified criticism of performance is balanced by deserved praise for staff who in most cases are doing an excellent job. We commented last year that 'We support the view that the Trust should value staff and we would emphasise that staff satisfaction ultimately reflects on Patient care'.

The strong critical friend relationship between the trust and Southampton Healthwatch (LINK up to March 2013) has continued during the year under review with efforts made by the trust to involve the LINK on a number of issues and in return LINK supporting the Trust in several of its ventures.

Overall this is an honest and positive report and we are content that the Trust has made a good attempt to ensure that the Quality Account is it is logically sequenced, clearly presented and understandable to the patients and public. We hope that the coming year will see the trust recognised with full FT status"

# Glossary

## **BME**

### **Black and Minority Ethnic people**

The Department of Health has published 'Delivering Race Equality in Mental Health Care', a five year action plan for tackling discrimination and achieving equality in services for black and minority ethnic patients and communities.

## **CAMHS**

### **Child and Adolescent Mental Health Services**

NHS provided services for young people with mental health disorders.

## **CPA**

### **Care Programme Approach**

The system or framework by which care is arranged and managed. It remains at the centre of current Mental Health policy, supporting individuals who experience severe and enduring Mental Health problems to ensure that their needs and choices remain central in what, are often, complex systems of care.

## **CCG**

### **Clinical Commissioning Groups**

Previously these were Primary Care Trusts. They commission hospital and Mental Health services from appropriate NHS Trusts or from the private sector.

## **CDW**

### **Community Development Worker**

Work with and support communities including the Black and Minority Ethnic (BME) voluntary sector and ensure the views of the minority communities are taken into account during planning and delivery of services.

## **Clinical Pathway**

One of the main tools used to manage the quality in healthcare concerning the standardisation of care processes. It has been proven that their use reduces the changes in clinical practice and improves patient outcomes.

## **CQC**

### **Care Quality Commission**

The independent regulator of health and social care in England, aiming to make sure better care is provided for everyone in hospitals, care homes and people's own homes.  
[www.cqc.org.uk](http://www.cqc.org.uk)

## **CQUIN**

### **Commissioning for Quality and Innovation**

Measures whether trusts achieve quality goals or an element of the quality goal. The achievements are on the basis of which CQUIN payments are made.

## **CRHT**

### **Crisis Resolution Home Treatment Teams**

Provide intensive support for people in mental health crises in their own home; they stay involved until the problem is resolved. Designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers.

## **Healthwatch**

The new independent consumer champion created to gather and represent the views of the public (April 2013).

## **HQIP**

### **Healthcare Quality Improvement Partnership**

Promotes quality in healthcare through clinical audit.

## **LINK**

### **Local Involvement Network**

Previously networks of local people and community groups who want to improve social care and healthcare in their local area.

## **LTC**

### **Long term condition**

Long term conditions (also called chronic conditions) are health problems that require ongoing management over a period of years or decades. They include a wide range of health conditions including diabetes, chronic obstructive pulmonary disease and cardiovascular disease.

## **MDT**

### **Multi disciplinary Team**

Multi disciplinary teams are groups of professionals from different areas who come together to provide comprehensive assessment and consultation.

## **Monitor**

Independent Regulator of NHS Foundation Trusts. [www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk)

## **MRSA**

### **Methicillin-resistant Staphylococcus aureus**

A bacterium responsible for several difficult-to-treat infections in humans.

## **MUST**

### **Malnutrition Universal Screening Tool**

A five step screening tool to identify patients who are malnourished, at risk of malnutrition or obese. It also includes management guidelines which can be used to develop a care plan.

## **NAS**

### **National Audit of Schizophrenia**

This enables clinicians who treat people with schizophrenia in the community to assess the quality of their prescribing of antipsychotic drugs and of their monitoring of service users' physical health. It also supports them to monitor service users' experience of treatment and its outcomes, plus carers' satisfaction with information and support.

## **NICE**

### **The National Institute of Health and Clinical Excellence**

Provides guidance and support to healthcare professionals and others to ensure that the care provided is of the best possible quality and offers the best value for money. They also provide independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

## **NIHR**

### **National institute for Health Research**

Commissions and funds research. [www.nihr.ac.uk](http://www.nihr.ac.uk)

## **NPSA**

### **National Patient Safety Agency**

Established in 2001 with a mandate to identify patient safety issues and find appropriate solutions.

## **OFSTED**

### **Office for Standards in Education**

OFSTED is the Office for Standards in Education, Children's Services and Skills. It reports directly to Parliament and is independent and impartial.

## **OBD**

### **Occupied bed day**

An occupied bed day is defined as a hospital bed which has been used for at least one day case admission during the day.

## **PLACE**

### **Patient Lead Assessment of the Care Environment**

An annual assessment of food and cleanliness of inpatient healthcare sites in England that have more than 10 beds.

## **SPA**

### **Single Point of Access**

The Single Point of Access (SPA) service provides a first point of contact for people accessing our community services.

## **TeleHealth**

The use of technology to deliver health and/or social care at a distance and the remote monitoring of a patient's medical condition in their own homes, i.e. blood pressure, ECG or weight.

## **UKROC**

### **UK specialist Rehabilitation Outcomes Collaborative**

## **UTI**

### **Urinary Tract Infection**

A urinary tract infection is an infection that can happen anywhere along the urinary tract, i.e. bladder, kidneys, ureters and urethra.

## **VTE**

### **Venous Thromboembolism**

A blood clot that forms within a vein. Thrombosis is a medical term for a blood clot occurring inside a blood vessel. A classic venous thrombosis is deep vein thrombosis (DVT), which can break off and become a life-threatening pulmonary embolism (PE). The conditions of DVT and PE are referred to collectively with the term venous thromboembolism.

## **Voluntary sector**

Is a term used to describe those organisations that focus on wider public benefit as opposed to statutory service delivery or profit.

## Publishing our Quality Account

Our Quality Account is published on NHS Choices and can be downloaded from our own website on [www.solent.nhs.uk](http://www.solent.nhs.uk). We are also planning to produce an "easy to read" version of this Quality Account and this can be obtained by contacting our Communications Team – details below.

### Get involved and join us as a member to have your say in the future of the Trust

As we become an NHS Foundation Trust we are building up a thriving membership list made up of local people and staff. If you would like to work with us and have a say in the decisions made about our healthcare services, please get in touch with our Communications Team on

e-mail: [communications@solent.nhs.uk](mailto:communications@solent.nhs.uk)

or telephone: **023 8060 8937**

Or write to our Chief Executive,

**Dr Ros Tolcher,**  
Solent NHS Trust,  
Adelaide Health Centre,  
William Macleod Way,  
Southampton  
SO16 4XE

## Your feedback is important to us

We are keen to ensure that the Quality Account is a useful document which helps patients, families and the public to understand our priorities for delivering quality care to our patients.

Although the Department of Health tell us some of the content we have to include, and all NHS Trusts have to do this, the Quality Account also gives us an opportunity to include local quality initiatives and your feedback on these is important to us.

Please tell us what you think about our Quality Account by simply filling in the evaluation form opposite.

Cut from this document and post in a stamped envelope to:

### **Patient Experience Service**

Solent NHS Trust  
Adelaide Health Centre  
William Macleod Way  
Southampton  
SO16 4XE

*Thank you for your time*



# Evaluation form

## Did you find the Quality Account?

(tick all that apply)

Easy to read

Easy to understand

Informative

Helpful

Interesting

Other (please specify below)

-----  
-----  
-----

## What best describes you?

Patient

Carer

Public

Staff

Other (please specify below)

-----  
-----  
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## Which sections stood out for you?

-----  
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## Why did they stand out?

-----  
-----  
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## Would you like to receive the Quality Account?

by email

by post

Please state your email or postal address:

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## How can we improve future Quality Accounts?

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## Appendix 3 – Composition of the Board Committees at 31 March 2013

Director	Position	Board	Finance Committee	Remuneration Committee	Assurance Committee	MHA Scrutiny Committee	Governance & Nominations Committee	Audit & Risk Committee	Charitable Funds Committee
Alistair Stokes	Chairman	Chair	-	✓	-	✓	Chair	-	-
Liz Bailey	Non-Exec Director	✓	-	Chair	✓	✓	-	✓	-
Barry Neaves	Non-Exec Director	✓	-	✓	-	✓	✓	Chair	-
Brad Roynon	Non-Exec Director	✓	✓	✓	✓	-	-	✓	Chair
Mick Tutt	Non-Exec Director	✓	-	✓	Chair	Chair	✓	-	✓
Jon Pittam	Non-Exec Director	✓	Chair	✓	-	✓	-	-	-
Ros Tolcher	Chief Executive	✓	✓	Invited	✓	-	✓	Invited	-
Judy Hillier	Dir. of Nursing & Quality	✓	-	-	✓	✓	-	Invited	✓
Alex Whitfield	Chief Operating Officer	✓	-	-	✓	✓	-	-	-
Michael Parr	Dir. of Finance & Performance	✓	✓	-	-	-	-	Invited	✓
Tony Snell	Medical Director	✓	-	-	✓	✓	-	-	-
<b>Operational Directors</b>									
Sarah Austin	Dir. of Strategy	Attendee	-	-	-	-	-	-	-
Julie Pennycook	Dir. of HR & OD	Attendee	-	Invited	✓	-	-	-	-

## Appendix 4 -

### Board Attendance Records for the year ended 31 March 2013

Director	Position	Board (12 meetings)	Finance Committee (7 meetings)	Remuneration Committee (6 meetings)	Assurance Committee (8 meetings)	MHA Scrutiny Committee (4 meetings)	Governance & Nominations Committee (2 meetings)	Audit & Risk Committee (5 meetings)	Charitable Funds Committee (5 meetings)
Alistair Stokes	Chairman	11/12	invited:3	6/6	-	3/4	2/2	-	-
Liz Bailey	Non-Exec Director	11/12	-	5/6	8/8	4/4	-	4/5	-
Barry Neaves	Non-Exec Director	10/12	invited:1	6/6	invited:1	4/4	2/2	5/5	-
Brad Roynon	Non-Exec Director	12/12	7/7	4/6	7/8	-	-	4/5	5/5
Mick Tutt	Non-Exec Director	11/12	invited:1	6/6	8/8	4/4	2/2	-	4/5
Jon Pittam (Apt 1st June 2012)	Non-Exec Director	*9/10	*5/5	*2/2	invited:3	*3/3	-	-	-
Ros Tolcher	Chief Executive	12/12	7/7	invited:5	6/8	-	2/2	invited:5	-
Judy Hillier	Exec	10/12	-	-	6/8	3/4	-	invited:2	3/5
Michael Parr	Exec	12/12	7/7	-	-	-	-	invited:4	4/5
Tony Snell	Exec	9/12	-	-	3/8	4/4	-	invited:2	-
Alex Whitfield (Apt July 2012)	Exec	*8/9	-	-	*5/7	*2/3	-	-	-

\*indicates attendance of eligible meetings since joining the Trust

## Appendix 5 - Register of Board Member Interests

Name	Interest registered
<b>Dr. Alistair Stokes</b> Chairman	<b>Non – financial interests</b> <ul style="list-style-type: none"> <li>• Trustee of Hants &amp; IOW Community Foundation</li> <li>• Governor of University of West London. (KPMG are Solent’s and Uni of West London internal auditors).</li> <li>• Subscription paying member of the New Forest West Conservative Association and thereby a member of the Conservative Party</li> <li>• Trustee of Ringwood Foodbank</li> </ul>
<b>Barry Neaves</b> Non Executive Director	<b>Remuneration</b> <ul style="list-style-type: none"> <li>• Board Member &amp; Audit Committee Member- Spectrum Housing Group Ltd.</li> <li>• Director- Spectrum Premier Homes Ltd.</li> <li>• Director-Signpost Homes Ltd.</li> </ul> <b>Non-Financial Interests</b> <ul style="list-style-type: none"> <li>• Trustee and Treasurer- The League of Friends of Romsey Hospital.</li> <li>• Lay Member-Chartered Insurance Institute Disciplinary Committee.</li> <li>• Lay Member-Chartered Insurance Institute Membership Application Subcommittee.</li> </ul>
<b>Jon Pittam</b> Non Executive Director	<b>Non-Financial Interests</b> <ul style="list-style-type: none"> <li>• Secretary - Alresford Rotary Club</li> <li>• Chartered Institute of Public Finance &amp; Accountancy</li> </ul>
<b>Liz Bailey</b> Non Executive Director	<b>Remuneration</b> <ul style="list-style-type: none"> <li>• Facilitating a series of personal development workshops for staff post MARs</li> </ul>
<b>Brad Roynon</b> Non-Executive Director	Nil

Name	Interest registered
<b>Mick Tutt</b> Non Executive Directors	<b>Remuneration</b> <ul style="list-style-type: none"> <li>• Non Executive Director for (South Central) Patient Safety Federation</li> <li>• CQC Bank Inspector</li> </ul>
<b>Dr. Ros Tolcher</b> Chief Executive	Nil
<b>Dr. Tony Snell</b> Medical Director	<b>Gifts and Hospitality</b> <ul style="list-style-type: none"> <li>• 8-13 October 2012, Southern NHS FT/ McKinsey sponsored study tour to Seattle/ San Francisco Integrated Care Health Systems &amp; Microsoft</li> </ul> <b>Shares and Securities</b> <ul style="list-style-type: none"> <li>• Minority Shareholder - Orion CRO</li> </ul>
<b>Alex Whitfield</b> Chief Operating Officer	Nil
<b>Michael Parr</b> Director of Finance & Performance	<b>Gifts and Hospitality</b> <ul style="list-style-type: none"> <li>• Attendance at Deloitte Foundation Trust dinner in London 03.05.2012</li> <li>• Attendance at Dinner and debate hosted by KPMG in Newbury 24.05. 2012</li> </ul>
<b>Judy Hillier</b> Director of Nursing & Quality	Nil

The following are also members of the Charitable Funds Committee for Solent NHS Charity; Brad Roynon, Mick Tutt, Judy Hillier and Michael Parr.





**Please tell us how you feel  
about the services we provide.**

If you have a compliment, concern or  
complaint please contact the  
Patient Experience Service on

**0800 013 2319** or

[snhs.schpatientexperience@nhs.net](mailto:snhs.schpatientexperience@nhs.net)

Alternatively, visit:

[www.solent.nhs.uk/contact-us](http://www.solent.nhs.uk/contact-us)