

Solent NHS Trust
Annual Report 2011 / 12

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Section 1:

Section 1:

Introduction to the Trust

1.1 Statement from the Chairman and Chief Executive

We are privileged to present the first Solent NHS Trust Annual Report. The Trust was formally established on 1 April 2011. Our first year of operating has been characterised by an overriding focus on quality and the needs of our service users, and continuing to build the elements of clinical and business excellence as we work towards Foundation Trust (FT) authorisation.

Over the year, the Trust has delivered consistently safe, effective and timely services while operating in a period of significant financial constraint. At the same time we have contributed to whole system priorities to improve quality, innovation, prevention and productivity.

As a newly created Trust we face a unique set of challenges and we have worked hard to ensure continued progress on organisational development: building teams, developing staff and strengthening systems of governance. We have re-written legacy policies and procedures, re-structured our workforce and



consolidated relationships internally and externally. We have started to implement ambitious plans to strengthen critical infrastructure and we have put in place a governance framework fit for FT operations.

We provide care to residents of Southampton, Portsmouth and Hampshire and over the last 12 months our staff have had more than 1.5 million contacts with service users and their carers. We also work closely with colleagues in other health care providers, local authorities and voluntary sector organisations. Partnership working is a critical part of how we operate and staff work daily with GPs, nursing staff in surgeries and clinicians in hospitals.

Importantly, we have lived by an unwavering commitment to our patients and the public, encapsulated by our vision: *To lead the way in local care*. You will read in this report examples of how we have been innovative in the way we operate and deliver clinical services; how we are responsive to the needs of our patients and the public and how we seek to continuously improve.

2011/12 presented both success and challenge for the Trust. Notable achievements included

- Successfully winning a contract to provide Hampshire wide integrated sexual health service, worth £16million.
- The opening of Spinnaker Ward in the newly refurbished St Mary's Hospital in Portsmouth. This ward provides rehabilitation and reablement care for older people after acute hospital admission and is already making a difference to patients' lives.
- Successfully working in partnership to deliver integrated services including the Early Supported Discharge for stroke service in partnership with University Hospital Southampton NHS Foundation Trust and integrated health and social care teams in our virtual wards in both Portsmouth and Southampton.

- We have continued to enjoy strong support from our stakeholders as we continue on our journey towards FT authorisation. At a time when many organisations and individuals are more stretched than ever, it is significant that we have been able to remain on track with the many milestones and gateways required of us with the unwavering support of commissioners, patient and service users groups, staff and members of the public.
- We have developed a strategic plan for the next five years. This shows how we will contribute to the shared priorities of local people, clinical commissioning groups, local authorities and Primary Care Trusts (PCT). We have set out a draft constitution for becoming a FT and we have recruited more than 3,000 local people as members of the Trust, in addition to over 3,700 staff.

A particular challenge for the Trust, in common with all NHS providers, is the need to deliver even more care, to the highest standards of safety and quality at a time of financial constraint. We started the year with a range of projects designed to help us reduce costs while protecting activity and quality. By the end of the second quarter it was clear that our plans were not delivering quickly enough and we needed to take robust action in order to protect services and get back on track.

It is a tribute to the skill of clinicians and managers that the actions taken mid-year to address this problem meant that at the end of the year, not only did we deliver on all our quality targets, our performance was maintained and we achieved our financial plan. The challenge to retain quality, build resilience and reduce cost remains as we start 2012/13.

As a new Trust, created by merging two PCT provider arms, we face many special challenges. In order to make best use of resources we have a pressing need to improve the way information is collected and reported, and to protect the security of information while improving access for clinical staff who spend most of their time working not within the comfort of a hospital or clinic, but on the move and in patients' homes. We have started to address this problem and will continue to do more as a major part of our strategic plans moving forwards.

Providing care across a diverse portfolio of services, and in particular offering 24/7 urgent care to people with complex needs, requires great skill. We are committed to being open when things go wrong, and learning from situations where our service users did not have the best possible experience. During 2011/12 we have focused across the Trust on 'Getting the Basics Right'- for our patients, for our staff and for the business. We have continued the implementation of a wide ranging plan to improve the responsiveness and quality of service provided by our GP Out of Hours service. It is pleasing to see that the National Quality Requirement indicators for this important clinical service improved steadily over the year and our performance on Accident and Emergency quality indicators was also rated 'green'.

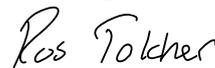
As we look to the future, we are committed to the same principles of clinical and business excellence. We will place service users at the heart of decision making and secure deep partnerships with GPs, other provider organisations, commissioners and colleagues in local authorities. Increasingly we will work with colleagues in secondary care to integrate pathways. Involving service users and our growing membership base in the development of our services is fundamental to the future success of our organisation.

At the heart of the Trust's strategy is our quality promise:

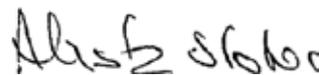
- Safety is everyone's highest priority and we have a 'no harm' culture ensuring our staff do the right thing for every person, every time.
- We will improve experience by putting people at the heart of services and listening to people's views, gathering information about their perceptions and personal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

Finally, as Chairman and Chief Executive of Solent NHS Trust, we extend our thanks to staff in every part of the organisation. Quite simply we could not have come this far without their hard work, vision and dedication to making things better for the people who rely on our services. It is through their collective endeavours that Solent NHS Trust will realise its vision: *To lead the way in local care.*

Kind Regards,



Dr. Ros Tolcher
Chief Executive



Alistair Stokes
Chairman

1.2 About the Trust and our principal activities

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 are one of the largest community and mental health providers in the NHS with an annual revenue of £175m at the start of 2011/12, over 4,000 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, South West and South East 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, South East and South West Hampshire and increasingly are looking to develop into West Sussex.

NHS Southampton City and NHS Portsmouth 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. NHS Hampshire covers a wider geographical area which is predominantly more rural and affluent but has areas of significant deprivation and health need.

The Trust has five defining service areas:

1 Adults with long term conditions and elderly with complex needs

2 Adults with mental health conditions

3 Children and families

4 Health and wellbeing and sexual health

5 Sexual health services

Our vision:

'To lead the way in local care'

Our mission:

'To work in partnership to deliver better health and local care'

Our values

Our values guide our everyday actions and ensure that we are all working towards a shared goal of providing the highest quality care to our patients. We are proud to have adopted the following words which spell 'INSPIRE':

**Our objectives 2011/12**

We set out to deliver four key corporate objectives during 2011/12. There are examples from throughout the Trust of where these have been achieved. Some of these are outlined below:

Objective 1

To achieve or exceed quality targets to deliver clinical excellence

- We have significantly improved performance on the GP Out of Hours National Quality Requirements.
- We have delivered on Commissioning for Quality and Innovation (CQUIN) targets.
- We have seen a rise in compliments from the people who use our services.

Objective 2

To deliver our financial plan

- We delivered the required surplus in one of the most challenging years ever for NHS providers.

Objective 3

To develop people and processes to deliver business excellence and support the journey to Foundation Trust

- This too has been more challenging than ever in the face of cost control and restructuring. The 'Valued, Involved and Proud' (VIP) event in July was testimony to the ambition and determination of our staff.

Objective 4

To strengthen the Trust's market position

- Winning the sexual health service tender for Hampshire affirmed our position as a Trust able to compete and win big contracts. This has strengthened our reputation.
- A concerted effort on stakeholder engagement and strong partnership behaviour has opened doors and built trust in a changing world.
- Importantly, we have continued to put the benefit to service users at the heart of our actions.
- We have continued to look at ways to provide services innovatively and efficiently. We have won or retained key tenders and our reputation as a provider of choice is being cemented every day.



Our services

We work in over 100 clinical sites spread across Southampton, Portsmouth and Hampshire. We have more than 1.5 million patient contacts each year.

Please visit our website at www.solent.nhs.uk where you can find a full listing of our services, including referral criteria and contact details.

Services	Provided predominantly to:		
	Portsmouth	Southampton	Wider Hampshire
Adult Mental Health			
Adult Mental Health	•		
Neurological Inpatient Rehabilitation	•	•	•
Eating Disorders Service	•		
Chronic Fatigue Service	•		
Psychology / Psychological Therapies	•		•
Older Persons Mental Health Services	•		
Learning Disabilities (LD)	•		•
Children and Families			
Audiology and Newborn Hearing		•	•
Child and Adolescent Mental Health (CAMHS)	•	•	
Community Paediatric Medical Service	•	•	•
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	•	•	•
Sexual Health Services			
Contraception and Sexual Health Services	•	•	•
GUM and HIV		•	•
Inscape and Southampton Gay Men's Health Promotion Service	•	•	•
Treetops Sexual Assault Referral Centre (SARC)	•	•	•
Primary Health Care Services			
GP Out of Hours	•	•	•
Dental Services		•	•
Endoscopy		•	
Nicholstown GP Surgery		•	
Adelaide GP Surgery		•	

Services	Provided predominantly to:		
	Portsmouth	Southampton	Wider Hampshire
John Pounds Medical Centre	•		
Paulsgrove and Wymering Healthy Living Centre	•		
Offender Health (HMP Kingston, HMP Winchester, IRC Haslar)			•
Homeless Healthcare		•	
Patient Contact Centre (Choose and Book)	•		•
Walk-in Centre		•	
Minor Injuries Unit		•	•
Health Promotion			
Health Promotion Services		•	
Stop Smoking Services	•	•	
Promoting Independence / Care Closer to Home			
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 Units			
Rembrandt and Royal South Hants Hospital	•	•	
Stroke Rehabilitation Unit		•	•
Occupational Therapy (Adults)	•		•
Physiotherapy (Adults)	•	•	
Podiatry	•	•	•
Cardiac Nurses (inc Rehabilitation)		•	
GPs with special interests - Dermatology		•	
Diabetes		•	
Tuberculosis		•	
Substance Misuse Services	•		•

Our achievements

Some of our notable achievements from the year are shown below:

- In 1 April 2011 we were established as an NHS Trust.
- In July, we officially launched Southampton's Community Development Team. The team work with the Black Minority Ethnic community to help them make decisions about their own mental health.
- Alyson Dennis, a Community Children's Respiratory Nurse, won the 'Best Community Nurse' at The Best in Health Awards 2011 sponsored by The News, Portsmouth.
- Philippa Comiskey, Senior Community Nurse Practitioner, was successful in obtaining the Florence Nightingale Research Scholarship. She will be using the funding award for her MSc in Advancing Healthcare Practice.
- Jaqui Guile, a dually trained nurse, was appointed as a Clinical Matron within the Adult and Mental Health Services to help patients' with mental and physical health needs. This is a very unique role.
- Wendy Hislop, from Trust's Health Promotion Services, was one of 10 public health practitioners from NHS South of England to be the first accredited to the UK Public Health Register (UKPHR) in December 2011.
- Pam Ringland, Occupational Therapist in Adult Mental Health, was awarded a prestigious award by the College of Occupational Therapists for her work on the Back on Track Programme. The college awards up to five merit awards each year to Occupational Therapists who are recognised by their peers for excellence in their sphere of work.
- We were named in the national media as one of only four Trusts countrywide that have managed to treat all admitted patients within 18 weeks. Coverage was based on a Department of Health report.
- The Palliative Care Support Worker Team in Southampton was shortlisted for an HSJ award in the category of Patient Centred Care.
- In November, we launched the Family Nurse Partnership in Portsmouth. The service offers first time young mothers (under 19 years of age) a free home visiting service by specially trained nurses.
- In November, along with the Southampton City Council, we held an event to present school menus that have been 'designed' by primary and junior school pupils as part of our 'design your own school menu' competition.

Achievements

- The Sexual Assault Referral Centre (SARC), otherwise known as Treetops, marked its fifth anniversary on 22 November 2011. Since it was launched, 2,168 people have visited the centre and received expert care and support after being raped or sexually assaulted.
- During the year, we were awarded the contract to provide Wheelchair Services in Portsmouth and South East Hampshire. The three year contract started on 1 April 2011 and has a value of £507k.
- Our Sexual Health Services trained 18 health and social care students at Portsmouth College to help raise awareness of sexual health services available to young people during the college's health week.
- The Breastfeeding Support and Healthy Weight Team encouraged 13 cafes in Portsmouth to sign up to the 'Breastfeeding Welcome Award Scheme' in June.
- In April, we held a 'Transformation through research conference' in Southampton. During the event many successful research partnerships across academic, healthcare and commercial organisations were highlighted.
- After consultation, we published our very first Quality Account in June. The Account details the quality of services we provide and sets out our priorities for the next financial year.
- Professor Viv Bennett, the Department of Health's Director of Nursing for Public Health, visited St James' Hospital, during March to hear about the developments and innovative practice our Children and Family services are providing.
- Portsmouth North MP, Penny Mordaunt, visited The Limes at St James' Hospital in November to familiarise herself with the unit. The Limes looks after patients with mental health problems and difficulties, such as depression and dementia.
- We began our membership recruitment. By the end of the year we had recruited over 2,430 members.
- We helped over 2,000 people to stop smoking and achieved our targets in both Southampton and Portsmouth.

More information about our achievements is found in the 'Review of the Year' available at www.solent.nhs.uk



Section 2:

Section 2: Directors report: Improving services for patients

2.1 Becoming a Foundation Trust

We are on a journey to become a Foundation Trust (FT) by 1 April 2013.

A Foundation Trust is an organisation that consists of members who may be patients, staff or members of the public. The members elect a Council of Governors to which the Board of Directors and the FT are accountable. This local accountability is one of the important distinguishing features of FTs, who are regulated by the independent body, Monitor.

Through FT membership, patients, carers and staff can shape the organisation and have an influence on the way it is run. As an FT, we will also have greater financial flexibility, enabling us to retain financial surpluses and invest the money back into our services. We are really positive about our future. We strongly believe that these changes are right for the patients and communities who use our services.

A public consultation, on our application to become an FT, ran from 5 March 2012 to 28 May 2012. To read more about our plans, please visit www.solent.nhs.uk

“ Through membership, patients, carers and staff will be able to shape the organisation. ”



Become a member

Have your say about local health matters by becoming a member of our Trust. You can decide how involved you would like to be. You might choose to receive updates, you might like to comment on our plans and take part in events. Alternatively, you may 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 treat as patients, the better. We aim to make improvements to our services based on what you say. We need as many interested people as possible to join us and we would encourage you to be one of them.

You must be at least 14 years old to become a member and live in either Southampton, Portsmouth or wider Hampshire.

Join us today

It's quick and easy and it won't cost you a penny.

To join either:

- complete the form attached to this document and post to:

FREEPOST RSRU-ARZH-ACBZ

Membership Team
Solent NHS Trust
Adelaide Health Centre
William Macleod Way
Southampton
SO16 4XE

or

- fill in our online form at www.solent.nhs.uk/membership

2.2 Emergency preparedness, business continuity and resilience

We have 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.

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



- 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.

2011/12 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.

“ We have established a Patient Experience and Public Involvement Group. ”

2.3 Improvements for patients

2.3.1 Patient Experience and Public Involvement Group

We have established a Patient Experience and Public Involvement Group.

Members of the group include:

- representatives from each of the three Clinical Divisions within the Trust
- the Director of Nursing and Quality
- a non executive director of the Trust
- A member of the Communications Team, the Patient Experience Service and Public Involvement
- representatives from Hampshire, Southampton and Portsmouth Local Involvement Networks (LINKs).

The group review and consider all service user feedback received through complaints, satisfaction surveys, patient/carer or service user groups, and also information regarding any proposed changes to services. The group discusses any patterns arising from the feedback received and makes recommendation about any action which may be required to improve our services as a result.

The aims of the group include:

- developing strategies for the continuous improvement of services
- assessing the potential impact that service change would have on patient experience
- improving communication to ensure that any possible impact is reduced.

2.3.2 Better communication with service users by improving the quality of patient information

In order to improve our communication and quality of leaflets, we have established a virtual Patient Information Group who review leaflets about conditions and treatments. This group is made up of approximately 25 Trust members. As part of our patient literature policy, all new patient literature is sent to the group for comment to ensure the leaflets can be easily understood by members of the public.

We are also piloting the use of 'Accessible Summaries' within patient information. These are a series of key points about the information contained within the leaflet. They are provided to help people with a communication difficulty understand the content.

2.3.3 Patient surveys

As part of our Patient Experience Strategy we have implemented an improved programme of satisfaction surveys across both in-patient and out-patient services. This allows us to gather regular feedback from patients and service users with the use of hand held electronic devices and also free standing pedestals. The questions included in the surveys focus on ensuring that we are compliant with the Essential Standards established by the Care Quality Commission (e.g. involvement, personalised care, dignity and respect, cleanliness of the environment and quality of food).

We also gather feedback from patients via:

- complaints
- the local media
- websites
- national patient surveys
- staff surveys

- mystery shoppers
- unannounced inspections
- patient and voluntary organisations, including Local Involvement Networks.

Key themes from these activities are used to form a view of the patients experience within the Trust and reviewed and monitored by our Patient Experience and Public Involvement Group.

2.3.4 Being open

We have an open and honest approach to complaints, and we support the good practice outlined by the Health Service Ombudsman with regard to remedies which include:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

We believe that where a complaint is justified and has caused injustice or hardship, it is necessary to consider some form of compensation which would restore a complainant to the position they would have been in, if the maladministration or poor service had not occurred.

“ We have an open and honest approach to complaints. ”

2.3.5 Listening and learning

We aim to do everything possible to make sure our patients receive the right treatment, at the right time and to a high standard. We recognise how important it is to ensure we listen to the people who use our services and to invite patients, carers or visitors to tell us what they think, whether this is a positive or negative experience. We know that there is always room for improvement.

We encourage people's views by making sure that our Patient Experience Service leaflets are displayed in prominent areas across all of our services. Each leaflet has a tear-off slip asking for comments, complaints or compliments. In addition to the traditional feedback method of using the postal service, we have also set up a free phone number and direct email address.

2.3.6 Complaints

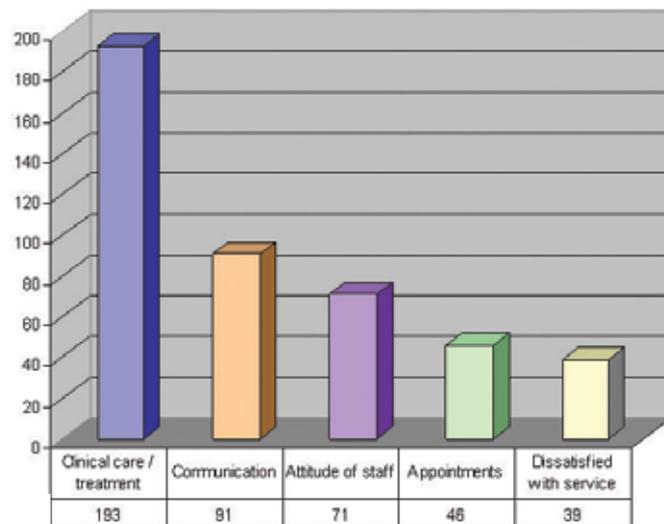
Despite our expansion of service provision across the geographical area we serve, we have had a slight reduction in the number of complaints received in comparison to the previous year.

2010/11 – 497 complaints received

2011/12 – 469 complaints received

What did people complain to us about?

A single complaint can often cover more than one issue. The top five themes raised via complaints, over the past year, are shown in the graph.



Continuous improvements

As a result of the complaints and feedback received, we have made the following changes to our services:

- Domiciliary Oxygen Service - Staff now update patient information more regularly to avoid situations where recently deceased patients' relatives may be sent correspondence.
- Contraception and Sexual Health - To ensure patient confidentiality, staff now ensure medication is handed out to patients in a private area of the clinic.
- Inpatient (Fanshawe Ward) - Staff reviewed procedures for personal hygiene and were reminded of the importance to identify and document areas of vulnerable skin in patients' notes.
- More families are being involved with care planning for patients and in future Do Not Attempt CPR forms will not be sent home with patients, but discussed with families during patient admission.

- Community Mental Health Liaison Team - Medical staff now make even more effort to ensure that any prescription changes are explained and understood by patients.
- Child Health Service - Due to some difficulties experienced by parents trying to access the service, improvements have been made to literature and telephone answer machine messages to ensure information is clear.
- Adult Mental Health Services - To avoid confusion for patients on authorised leave, the service has added a clear statement to Section 17 paperwork which informs patients that they need to attend the ward prior to taking any extended leave.
- Following an incident where a patient was verbally aggressive, the Physiotherapy Service undertook further training on Trust procedures to reinforce the need to record any incidents when they happen.
- Community Nursing - To ensure that accurate information regarding the patient's wellbeing is recorded, all communication received into the service from clients' relatives will be logged and passed to an appropriate member of staff.

2.3.7 Patient Environment Action Team (P.E.A.T.)

PEAT is an annual assessment of NHS inpatient services in England. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care, including environment, food, privacy and dignity. The assessment results help to highlight areas for improvement and share best practice across healthcare organisations. Members of the Trust were actively involved in the PEAT assessments during 2011/12.



The 2011/12 PEAT results for the Trust are shown below:

Site	Date	Environment	Food and hydration	Privacy and dignity
St James' Hospital	01/03/11	Good	Good	Good
Jubilee House	02/03/11	Excellent	Excellent	Good
St Mary's Community Health Campus	05/03/11	Excellent	Excellent	Excellent
Royal South Hants Hospital	07/03/11	Excellent	Excellent	Excellent
Western Community Hospital	07/03/11	Excellent	Excellent	Excellent

2.4 Volunteers

Volunteers make a valuable and unique contribution to service users, patients, visitors and services within the Trust. We recognise the important role which voluntary workers play. They are an essential resource in helping us achieve our goals and ambitions. Furthermore, by providing volunteer opportunities for, and supporting volunteering, it helps promote active citizenship and social inclusion.

During 2011/12 approximately 30 general volunteers undertook a range of duties including guiding roles in some of our community bases, and supporting services such as Substance Misuse and Mental Health Services. Volunteers also work alongside our Physiotherapy Services and Speech and Language Therapy Teams.

During 2012/13 the Trust aims to fully implement its Volunteering Strategy and Policy, including the introduction of volunteer mentors.

2.5 Charitable funds

We established our Charitable Funds Committee in January 2012 after the merger of our predecessor organisation's charitable funds, previously held by host organisations.

Donations totalling £10,943 were received in year to the Portsmouth and South East Hampshire Charity Fund¹ as well as legacies totalling £31,978. Funding to the amount of £25,882 was spent in year on a number of events and causes. The funds held by Southampton Hospital Charity, on behalf of the Trust, were transferred in March 2012 taking the total funds held to £373,518.

An independent evaluation of the charitable funds accounts by external auditors will take place in the Autumn 2012/13 due to the in-year transfer of funds.

During 2012/13 the committee wishes to develop and implement a Fundraising Strategy.

¹ The name of the Charity was changed to Solent NHS Charity after the funds transferred into Solent NHS Trust.



2.6 Public consultations

The NHS Plan, published in July 2000, aimed to make sure that patients and the public have a real say in how NHS services are planned and developed. NHS organisations are required to involve and consult patients and the public in:

- the planning of the provision of services
- the development and consideration of proposals for changes in the way those services are provided
- decisions to be made by the NHS organisation affecting the operation of services
- the manner in which services are delivered
- the range of health service that are available.

As an aspirant Foundation Trust, we have undertaken a statutory 12-week formal consultation on our Foundation Trust application. Prior to the start of the consultation, which began on 5 March 2012 and which ended on 28 May 2012, our consultation plans and draft document were shared with all three Local Involvement Networks (LINKs) groups and Overview and Scrutiny Panels/Committees for comment.

A number of consultation materials were produced including:

- a consultation document
- consultation documents in other languages and an easy read version
- storyboards to support consultation events
- website information
- presentation materials.

To help our identification of key issues, a structured response form was provided at the back of consultation document/ online etc.

As part of the consultation, six public drop-in events were held across Southampton, Portsmouth and Hampshire. These have been widely advertised in the local press and via posters. A series of road shows, linking membership recruitment and consultation, have also been held and an accessible information event, for people with a communication needs, is due to take place. In addition to the consultation events, FT consultation has been included as part of our 'community talks' programme. We have also been seeking opportunities to speak with 'special interest' groups.

Internally, consultation information has been displayed in canteen areas for a period of time to allow staff to comment on the application and in regular internal communication channels. In addition, staff have been offered the opportunity for a director to attend their team meeting to talk through the proposals, hear comments and answer any questions. All staff have been advised of the road show and staff team meeting opportunities.

Identified key stakeholders were contacted and requested for feedback on our proposals via the Chief Executive. LINKs and OSCs were asked to formally respond to the consultation.

Following the consultation, any feedback will be considered and used to make revisions to the governance arrangements. Any final revisions to our Membership Strategy will also take place at this point and any revisions to our five year strategy for the Trust will be made.

For further information please contact the Communications Team at communications@solent.nhs.uk or telephone 023 8060 8937.

2.7 Engagement with our membership

Our membership programme has had a successful first year with local residents, patients, service users and carers signing up.

We have kept our members informed and involved in our work through quarterly newsletters and by frequently updating information on the website. The newsletter includes information about the Trust, service changes and developments as well as features highlighting some of our services.

We have organised quarterly 'Welcoming you' events and have invited along new members to learn more about the Trust and what they can expect from membership. These have been well attended with members taking the opportunity to pose questions to our directors.

Throughout the year we have engaged with members and invited their comments on:

- our Integrated Business Plan
- our application to become a Foundation Trust

Members are also actively taking part in an information group which has been set up to review all our patient information leaflets. We also received an overwhelming response to an invitation to members to take in our Patient Environment Action Team (PEAT) inspections. Our members thoroughly enjoyed the opportunity to share their views on our wards, to make comments and to make recommendations for positive change.

To ensure we fully brief our members on the role of being a Governor and the election process planned for Autumn 2012, we have been holding a number of Prospective Governor Workshops.



2.8 Sustainability report

During 2011/12 the Trust, led by the Southampton Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster (owners of estate), has continued to work hard to reduce its carbon footprint and emissions. The highlights have been:

- reduction in the Trust's overall carbon footprint
- a high percentage of waste being disposed of through "waste to energy schemes."
- an improved regime of energy monitoring in order for data to be more readily available.
- completion of a climate change risk assessment.
- development of an environmental risk assessment to aid identification and prioritisation of risks.

We have also continued to improve the energy efficiency of our buildings in various ways including:

- replacing inefficient boilers and heating controls throughout the year
- improving lighting efficiency measures and controls
- installing sub metering to improve data collection
- implementing our steam decentralisation project to replace old boilers with more efficient condensing gas boilers
- installing voltage optimisation into sites
- installing new heating systems
- converting direct steam heating to low temperature hot water heating

2.8.1 Staff involvement

A number of promotional initiatives have been held throughout the year. We have encouraged staff to participate in the following:

- cycle to work campaign
- the big bike celebration
- the big summer walk
- the bike ride with the Sustrans
- recycling
- walk to work week.

A full copy of the Sustainability Report can be found on the website; www.solent.nhs.uk (It should be noted however that Solent NHS Trust does not currently own any estate and therefore the 'Sustainability Reporting Output' is not possible and is instead held by the current landlords of the estate, NHS Southampton and NHS Portsmouth).



2.9 Working in partnership

We are prioritising partnership working in response to:

1. A belief that integrated services better meet the needs of service users especially those with complex needs.
2. The need for a more holistic approach to planning services to ensure alignment of service provision and a more cost effective solution.
3. A desire to proactively manage relationships with external stakeholders to ensure Solent NHS Trust is responsive to their objectives and requirements.

We have a number of established partnerships including those with City Councils under section 113 and 75, and with other organisations such as bpas for the delivery of sexual health services.

We are also working to establish strategic partnerships with the Acute Trusts currently concerning the management of the frail elderly and those with long term conditions. Similar

arrangements are already in place for example in Southampton, for early supportive discharge for stroke, and in the Portsmouth the new partnership for the management of patients with diabetes.

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.

All partnerships will be properly documented where they are core to the business of the Trust.

The skills needed to the development and management of partnerships will be reflected in the organisational development plan.



**We have developed a partnership strategy.
The objectives of these are:**

- To clarify and formalise alliances that are fundamental to the delivery of this organisation and the systems strategic objectives.
- To generate new alliances that support strategic objectives.
- To proactively manage and develop relationships.
- To improve the performance of the Trust and its reputation, secure current business and future growth.
- To support other providers' sustainability where they are key to the success of the Trust.

In order to deliver our strategic and operating plans, a number of key alliances are identified and the strategy sets out the particular relationship management actions with each. We have put in place account management arrangements for our top five alliances:

1. Primary Care (provision)
2. Local Authorities (LA) (provision)
3. Commissioners (Clinical Commissioning Groups, Primary Care Trusts, National Commissioning Board and LAs)
4. Regulators including: the Strategic Health Authority, Monitor, National Provider Development Agency, Care Quality Commission and Overview and Scrutiny Committees
5. Other local main health providers in the care pathway including: Portsmouth Hospitals NHS Foundation Trust (PHT), University Hospital Southampton NHS Foundation Trust (UHS), Southern Health NHS Foundation Trust, NHS Direct, South Central Ambulance Service NHS Foundation Trust (SCAS)

Account managers have goals for the relationships and report progress against these. This is supplemented by 360 feedback to test the perception and partner experience of our organisation.



Section 3:



Section 3: Directors report: How are we performing?

3.1 Care Quality Commission (CQC)

We successfully completed our registration as a new independent NHS Trust as part of the Transforming Community Services programme on 1 April 2011. CQC requested that two additional registered managers, for the regulated activity relating to nursing and personal care in substance misuse and personal care in learning disabilities, were also registered for the Trust in April 2011.

We are registered to provide the following regulated activity:

- 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.

In December 2011, following the opening of a new in-patient rehab ward on the St Mary's Community Health Campus, amendments were made to the statement of purpose for one of our registered locations.

We have been fully compliant with all 16 essential standards for quality and safety during 2011/12.

We have implemented an integrated information reporting system for monitoring on-going compliance and the reports are available in real time from Board to floor. All services are responsible for uploading and maintaining their local evidence of compliance for each of the 26 standards; the information is then quality assured by corporate sponsors responsible for each of the standards. The sponsors score the quality of the service evidence and either reject or accept the information before it is incorporated onto the wider corporate information held.

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 have been subject to three inspections during 2011/12 for Podiatry Services, Mental Health Services and Sexual Health Services. We were rated as fully compliant with the standards that we were inspected against for both the Podiatry and Mental Health Services and are awaiting the outcome of the Sexual Health Services inspection.

“ We have been fully compliant with all 16 essential standards for quality and safety during 2011/12 ”

3.2 Quality Accounts

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 our 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, interventions, 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 nine key areas:

Patient Safety

1. Ensure patients are safe from infections.
2. Reduce incidents of falls per 1000 bed days by 10%.
3. Develop an early warning system for recognising the deteriorating patient across inpatient services.

Patient Experience

4. Improve the patient experience and satisfaction when using our services.
5. Increase the time that staff have for direct patient care using the "Productive Ward and Productive Care" programme.
6. Ensure we meet all of the 10 Dignity Challenges laid down by the Department of Health.

Clinical Effectiveness

7. Reduce the incidence of Grade 3 and 4 pressure sores.
8. Decrease levels of dehydration and improve the nutritional status for patients across all inpatient units.
9. Improve clinical leadership and openness within the organisation.

Good progress has been achieved in these areas. However, we recognise that there is still more that can be done.

3.2.1 Walkabouts to support patient safety

Between April 2011 and March 2012, 25 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 have attended two of these visits and found the staff to be 'very friendly, knowledgeable and open.

Many of the front line services have changed for the better. A number of actions have been undertaken including work to improve the environment, improved access to pharmacy services, reduced reliance on agency staff and improvement to patient transport.

3.2.2 Research

We have worked hard to embed research into our services and to increase opportunities for patients in 2011/12. During the year 846 patients participated in research studies approved by a Research Ethics Committee. We are currently collaborating in 83 active studies across a range of services, including studies being carried out as part of medical or other health professional training.

We are committed to a culture of evidence based practice, and have active research in all of our clinical divisions. We have close collaborations with the University of Southampton and local research networks and are a leader in the promotion of patient and public involvement in all aspects of the research cycle.

3.2.3 Keeping patients safe from infections

This is a high priority for the Trust because we want people to have the confidence to know that we will work hard to protect the safety of our patients, service users, visitors and staff.

Although it has been recognised that some infections cannot be prevented, when a patient develops an infection, the priority is focused on ensuring prompt and correct treatment for the infection and maintaining strict infection control standards so that onward transmission of an infection to another client or service user is avoided.

Over the last year we have continued to work alongside other healthcare providers, as we move towards a zero tolerance for avoidable healthcare associated infections. Targets concentrate specifically on infections such as Meticillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile Infection (CDI).



3.2.4 Reduce incidents of falls per 1000 bed days by 10%

We are pleased to say that we have reduced the incidents of falls in our inpatient areas by 12.3%. We felt this was a priority because falls can impact on the quality of life of older people and increase mortality rates. Falls can also result in increasing the length of stay in hospitals and lead to additional cost pressures within NHS settings.

- In 2010/11 there were 755 fall incidents reported in inpatient settings.
- From April 2011 to 29 February 2012 there were 607 incidents.
- The predicted end of year total is therefore 662 incidents which would constitute a reduction in total fall incidents of 12.3%.

Reductions in numbers of falls have been seen across all inpatient settings – Adult Mental Health, Older Person's Mental Health and Elderly Rehabilitation wards. Reductions have been seen in both falls resulting in no harm and falls resulting in minor harm with just nine causing moderate harm occurring across the organisation up until the end of February.

3.2.5 Learning from our staff

We recognise that our most valuable asset is our staff and it is essential that they feel empowered and supported to deliver the high standard of quality care that we strive for. Our success is dependent on the active engagement and commitment of our workforce and we know that if we get this right it will create a happy and motivated workforce that feels Valued, Involved and Proud to deliver excellent care to our patients.

In consultation with our staff, we have now produced a set of shared values which will support the development of a strong culture upon which we can build and grow. Our values guide our every day actions and ensure that we are all working towards a shared goal, enabling us to be better at what we do and creating a great place for our staff to work.



3.3 Activity review

This section of the report describes how some of our key services used by our patients performed over the year. A traffic light system is used to show whether we met the target in the year up to 31 March 2012.

We monitor our performance through our weekly Performance Committee, with monthly performance reported to the Board.

Improvement plans are 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.

3.3.1 18 weeks waiting time from GP referral to treatment

The Trust achieved both the 18 week targets for inpatients and outpatients.

Waiting Times: 18 weeks Referral to Treatment	Target	2011-12 Actual	RAG
RTT waits: 95th percentile time waited for admitted patients whose clocks stopped during the period on an adjusted basis	23	13.23	GRN
RTT waits: 95th percentile time waited for non-admitted patients whose clocks stopped during the period on an adjusted basis	18.3	16.56	GRN
RTT waits: 95th percentile time waited for patients on incomplete pathways at the end of the period	28	17.02	GRN

3.3.2 A&E waiting times – Minor Injuries Unit and Bitterne Walk-in Centre

The Trust achieved the national A&E waiting time 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.

A&E Indicators - All Sites	Target	2011-12 Actual	RAG
A&E Clinical Quality - unplanned reattendance rate (No. of unplanned follow-ups within 7 days of discharge from A&E)	5%	0%	GRN
A&E Clinical Quality - 95th percentile of times (mins) from arrival at A&E to discharge	240	160	GRN
A&E Clinical Quality - left without being seen rate: % of people that leave A&E without being seen	5%	2.4%	GRN
A&E Clinical Quality - median time spent from arrival at A&E to treatment (i.e time below which 50% of attendances within the month were treated)	60	7	GRN
A&E Clinical Quality - 95th percentile of times from arrival at A&E to treatment	60	48	GRN

3.3.3 Out of Hours (National Quality Requirements)

We have undertaken a significant amount of work to transform our Out of Hours Service and we are now consistently achieving against the National Quality Requirements, ensuring local people have timely access to clinical advice and treatment out of hours, avoiding the need for unnecessary hospital admissions.

Out of Hours National Quality Requirements (all PCTs)	Target	2011-12 Actual	RAG	Mar-12 Actual	RAG	Apr-12 Actual	RAG
NQR2 - Faxes sent before 08:00	95%	97.95%	GRN	96.86%	GRN	98.21%	GRN
NQR8b - Abandoned calls	5%	0.84%	GRN	1.10%	GRN	1.01%	GRN
NQR8c - Calls answered in 60 seconds	95%	96.38%	GRN	95.61%	GRN	95.30%	GRN
NQR9 - Life threatening conditions pass to ambulance within 3 minutes	95%	97.64%	GRN	100%	GRN	100%	GRN
NQR9 - Urgent calls assessed within 20 minutes	95%	95.94%	GRN	95.76%	GRN	95.09%	GRN
NQR9 - All other calls assessed within 60 mins	95%	91.40%	AMB	86.01%	RED	90.85%	AMB
NQR12 - Emergency PCC (face to face consultation within 1 hour)	95%	82.76%	RED	100%	GRN	100%	GRN
NQR12 - Urgent PCC (face to face consultation within 2 hours)	95%	93.83%	AMB	96.91%	GRN	97.08%	GRN
NQR12 - Less urgent PCC (face to face consultation within 6 hours)	95%	99.14%	GRN	99.33%	GRN	99.74%	GRN
NQR12 - Emergency Home Visit (face to face consultation within 1 hour)	95%	95.65%	GRN	100%	GRN	100%	GRN
NQR12 - Urgent Home Visit (face to face consultation within 2 hours)	95%	92.85%	AMB	95.26%	GRN	95.86%	GRN
NQR12 - Less Urgent Home Visit (face to face consultation within 6 hours)	95%	93.79%	AMB	95.25%	GRN	95.51%	GRN

3.3.4 Mental Health Services

The Trust has recently undertaken a major transformation scheme in consultation with local people to redesign its adult mental health services focused on a recovery model delivered in collaboration with primary care to support service users within the community. Performance against key indicators has been sustained; we have achieved against the Care Programme Approach, Early Intervention in Psychosis and Crisis Resolution and Home Treatment targets. We have also taken action to market psychological therapies to raise awareness and increase the numbers of local people accessing the service.

Mental Health	Target	2011-12 Actual	RAG
Early intervention in Psychosis (no. of new patients taken on)	24	39	GRN
Crisis Resolution and Home Treatment Teams (no. of episodes)	379	579	GRN
Admissions to inpatient services which had access to CRHT teams	90%	100%	GRN
Care programme approach (proportion of patients on CPA discharged from inpatient care followed up within 7 days)	95%	97%	GRN
Improved access to psychological services (proportion of people that enter treatment against the level of need in the general population)	10%	8.40%	RED

3.3.5 Health promotion

One of our key strategic objectives is to improve health outcomes with particular focus on areas of known health inequality. We are on target to achieve against our smoking cessation targets and we continue to achieve high rates of Chlamydia screening amongst the target population of 15-24 year olds. Although narrowly missing our targets for Hampshire and Southampton we have consistently achieved an annual increase in the number of screens undertaken. We achieved in excess of the 35% target for Portsmouth City, a significant achievement, and have developed a Chlamydia screening action plan to ensure sustained delivery in 2012-13 focused on marketing campaigns to target groups, outreach work at local pubs, clubs and festivals and increased use of postal screening kits.

Out of Hours National Quality Requirements (all PCTs)	Target	2011-12 Actual	RAG
Smoking Quitters - Solent East (no. of 4 week quitters that attended NHS stop smoking services)	1300	1395	GRN
Smoking Quitters - Solent West (no. of 4 week quitters that attended NHS stop smoking services)	900	951	GRN
Solent East: Breast feeding at 6-8 weeks (prevalence)	44.4%	42.9%	RED
Solent East: Breast feeding at 6-8 weeks (coverage)	95.0%	98.8%	GRN
Solent West: Breast feeding at 6-8 weeks (prevalence)	n/a	46.5%	GRN
Solent West: Breast feeding at 6-8 weeks (coverage)	95.0%	98.8%	GRN
Chlamydia screening programme - NHS Hampshire	25.0%	24.3%	RED
Chlamydia screening programme - NHS Portsmouth	35.0%	36.1%	GRN
Chlamydia screening programme - NHS Southampton	21.0%	18.4%	RED
Number of breaches of mixed sex accommodation	n/a	0	GRN
Health visitors (FTE)	89.7	91.3	GRN

3.3.6 Quality

We 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. We are on target to deliver against these indicators.

Solent NHS Trust is striving to decrease rates of avoidable infections and, working hard with other healthcare organisations, has reduced the number of C Diff infections by 78% and 60% in Southampton and Portsmouth respectively since 2008/9.

Healthcare Associated Infections	PCO Target 2011-12	2011-12 PCO Actual*	2011-12 PCO Actual**	RAG
MRSA Bloodstream Infections	10	6	2	GRN
Clostridium Difficile Infections	121	87	3	GRN

*Primary Care Organisation (PCO) targets are pre set by the relevant Strategic Health Authority in relation to Healthcare Associated Infections (HCAI).

** Solent NHS Trust does not have set targets but feeds into the PCO targets for the SHIP cluster.

3.4 Serious Incidents Requiring Investigation (SIRI)

Details of how the Trust manages the investigations concerning serious incidents (including incidents relating to information governance) are described in the Annual Governance Statement, Appendix 1.



Section 4:



Section 4: Directors report: Making Solent NHS Trust a better place to work

4.1 Valuing our staff

We are committed to positioning ourselves as an excellent employer and a healthy organisation with learning at its core, where staff feel valued, involved and proud.

Our aim is to ensure that staff feel recognised and supported as they grow within the organisation. We recognise that if we get the culture right it will create a motivated and valued workforce who will deliver excellent customer service and patient care.

Our culture is underpinned by our values and how they are embedded into the everyday working environments. Our employee experience commences before employment begins. Through our recruitment processes, future employees are introduced to our vision, values and goals from the outset and effective recruitment practices ensure that we are recruiting the right people with the right skills and attitude to match our way of working.

Our culture within the Trust is to make everyone feel valued for the work they do and are recognised for their contribution. Our staff are our most valuable asset, if we value the work they do it leads to increased job satisfaction, motivation and happiness at work.



Our VIP (Valued, Involved and Proud) scheme sits within our Reward and Recognition programme and is an annual event bringing the organisational values of INSPIRE to life. The event addresses the staff survey results and staff feedback around staff feeling valued and recognised for their work. It is a formal and public recognition of staff and develops our culture so that staff will see that their contribution makes a difference.

Also within this programme sits our Celebrating Success of Achievement event where we present awards to those individuals that succeeded in achievement from formal qualifications, NVQs and personal achievement also. This demonstrates the importance of our learning organisation and how we nurture the talent of our organisation.

4.2 Action taken to maintain and develop the provision of information to, and consultation with, employees

Engagement, consultation and ensuring effective communications with our staff is of paramount importance to us and is high on our agenda as we move towards Foundation Trust status. Having high engagement levels within our 3,500+ strong workforce means we are able to actively drive change through our staff whilst ensuring they feel valued in their involvement.

Our recent internal survey informed us that our staff feel engaged through team meetings and our other methods of communicating. During the past 12 months we have made good progress with improving our methods of engagement and provision of information to our staff to enable them to understand the “big picture”.

Our culture of information sharing has been enhanced by holding a series of major change events for our leaders and organising wider briefing sessions.

The Chief Executive has hosted several open staff meetings throughout the year along with chat time on the email system with questions and answers, all of which have enabled our staff to hear about changes directly and get their questions answered.

We strongly believe that by involving our staff in decision making processes we can draw upon their knowledge and expertise from their work environment to generate ideas to help develop and modernise our services.

We also have other consultative bodies to discuss specific areas of joint interest with staff representatives such as Health and Safety Committee, the Equality and Human Rights Committee, the Joint Consultative Committee and the Doctors and Dentists Negotiating Committee. Other mechanisms in place to monitor and learn from staff feedback include, business planning within directorates involving managers and staff in setting direction for their areas, regular face to face briefings through which the organisations objectives are cascaded to teams and department, a well-used intranet which includes department sites and live newsfeed, Investors In People and an annual NHS staff survey and action plan.

Further plans for engagement and receiving feedback on how we can value our staff will continue to be delivered through:

- Staff surveys
- Pulse / climate surveys
- ‘Lets talk’ and ‘Making it happen’ focus groups
- Staff engagement Impact group
- Staff suggestion scheme
- Reward and recognition programme

4.3 Policy in relation to disabled employees

The Equality and Human Rights Policy, updated in April 2012, outlines how we will provide equality and fairness for all in our employment and not discriminate on grounds of any of the legally designated protected characteristics that individuals will have (i.e. gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation, disability and age). The Trust's policy is implemented in accordance with all current legislation relating to The Equality Act 2010. Additionally the Trust is accredited with the 'two-ticks' symbol which is awarded by Job Centre Plus to employers who have made commitments to employ, keep and develop the abilities of disabled staff.

4.4 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 its 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.

4.5 Sickness absence data

In our commitment to reduce sickness levels, we have managed to reduce sickness figures from 3.9% at April 2011 to 3.7% at March 2012.

The use of a robust Occupational Health and Employee Assistance Programme has supported managers in the active management and reduction of absence at work due to sickness. This has been coupled with the support and guidance of the HR Team in delivering sickness workshops and supporting specific "hotspots" within the organisation whilst retaining the dignity and respect of our employees.



We are committed to building a culture of inclusivity.

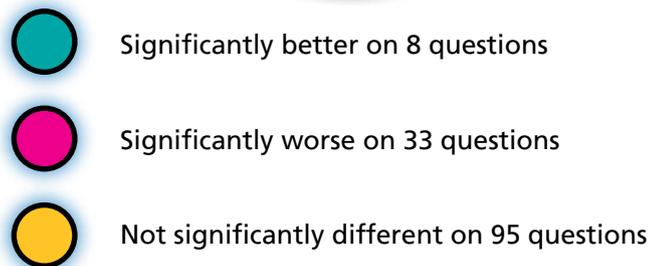
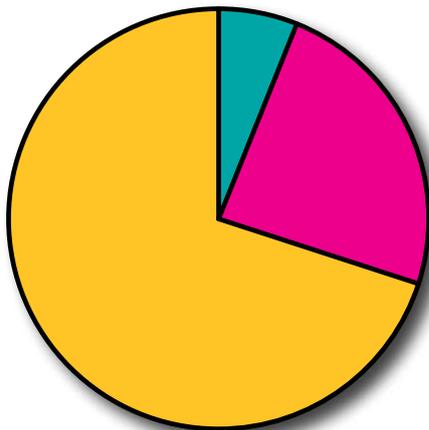


4.6 Staff survey

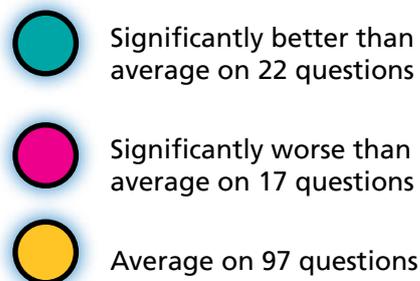
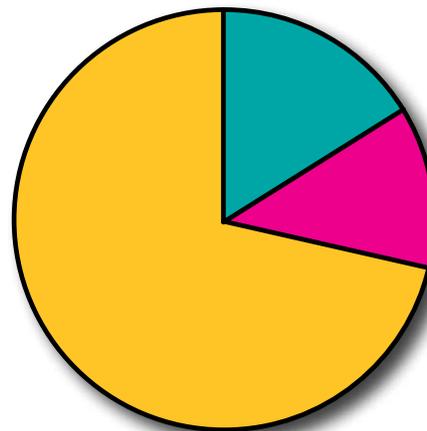
The 2011 annual staff survey was carried out during the months of October, November and December 2011. 1,891 staff out of 3,375 eligible staff returned a completed questionnaire, giving a response rate of 56%. This was above the average against the Primary Care Trust response rate of 53.3%

Overall the survey shows that, notwithstanding the significant organisation change prevalent at the time of conducting the survey, progress has been made year on year. A total of 136 questions were used in both the 2010 and 2011 surveys.

Compared to the 2010 survey, our Trust is



In this year's survey, a comparison can be drawn between our Trust and the average for all 'Picker' Primary Care Trusts on a total of 136 questions. The survey showed that our Trust is:



Our staff reported that there had been an increase in infection control, computer and handling confidential information training along with an increase in taught courses and on the job training.

Our staff continue to remain enthusiastic about their jobs and working for the Trust, however they feel that there still remains insufficient staffing. We recognise the need to maximise efficiency of front line and corporate services, and during a time of transformation and change, we remain committed to engaging with our staff and listening to their feedback.

There is further improvement required. We have identified four key areas for actions. We will:

1. develop an effective appraisal system that recognises and values staff for their work
2. develop a programme to drive patient care as the number one priority for all employees
3. develop a robust and meaningful Health and Wellbeing strategy
4. enhance our staff engagement events for all staff.

An action plan has been developed focusing on key issues in each of these areas. This will continue to be implemented during 2012/13.



We remain committed to engaging with our staff and listening to their feedback.



Section 5:



Section 5: Corporate governance

5.1 About the Directors for the year ended 31 March 2012

The Directors, who held office throughout the year were:

Non Executive Directors:

Dr. Alistair Stokes, Chairman

Appointed to Solent Healthcare Trust as Chairman April 2010, reappointed to Solent NHS Trust April 2011.

Lead NED for:
Health and Safety (incl. Local Security Management)

Alistair Stokes studied science at Cardiff University before going on to post-graduate and post-doctoral research in biochemistry at Cardiff and Oxford. Alistair 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 in the United States and as Managing Director for UK operations and subsequently Regional Director for the Far East and South East Asia for Glaxo PLC. His service with Glaxo was interrupted for two years in the mid 1980s when he served as Regional General Manager for the NHS in Yorkshire. After a leveraged management buy-out of a British biotech and pharmaceutical business, Alistair's company was acquired by a European based multinational, Ipsen SA, which was then listed on the Euronext stock exchange following a successful initial public offering. From 2007, Alistair served as Chairman of the Ipsen Group's UK companies, retiring from that role in 2010. He was appointed to chair Solent in April 2010.

Alistair served 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.



Mick Tutt

Appointed to Solent Healthcare as Independent Lay member April 2010, appointed to Solent NHS Trust April 2011.



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 (RMN, SRN) nurse Mick has managed mental health & learning disabilities services in a number of different Trusts and was responsible for many of the community-based developments which led to the closure of several hospitals he had managed and which are the central feature of a modern mental health service. Mick has also worked with the former Commission for Health Improvement/Healthcare Commission – now Care Quality Commission, since its inception, and acted as Nurse/manager on several Independent Inquiries; specialising in the management and governance arrangements of organisations.

He has an in-depth understanding of change management processes, in a variety of complex organisational developments – over 15 years; not only within the NHS but also involving Local Authorities. Mick has participated in the development of Solent NHS Trust since August 2009, originally as a lay member of the Portsmouth Community and Mental Health Service Board and, subsequently Solent Healthcare Board and since April 2011 as a Non Executive Director. Mick acts as a manager for appeals against Mental Health Act detentions and also chairs the Mental Health Scrutiny committee; reporting regularly to the board on the assurances provided for the safe and effective operation of the Mental Health Act. He also chairs the Assurance committee; reporting regularly to the board on quality and regulatory compliance.

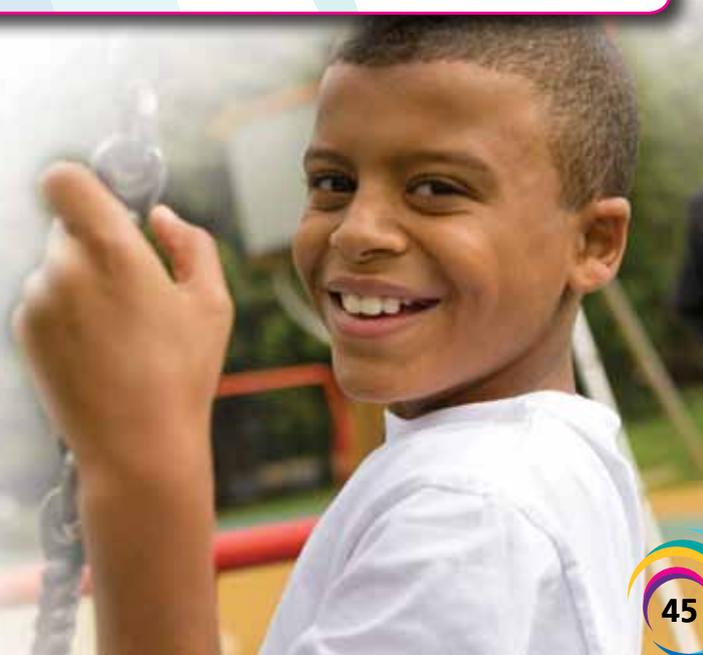
Barry Neaves, Deputy Chair

Appointed to Southampton City PCT June 2007, reappointed to Solent NHS Trust April 2011.



Lead NED:
Patient experience

Barry Neaves 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.



Brad Roynon

Appointed to Solent NHS Trust
April 2011.

Lead NED:
Safeguarding (Adults and Children)

Brad Roynon has joined the Board of Solent NHS Trust having retired in December 2010 from being Chief Executive of Southampton City Council. He held this post since 2001. Over this time Brad reshaped services to become more efficient and to create a clearer customer focus. He also placed particular importance on developing effective partnerships, particularly with the NHS and with the business community. Prior to that Brad was Chief Executive of Carmarthenshire County Council in Wales between 2007 and 2001 and of East Hampshire District Council between 1988 and 1997. Originally from London Brad started his career with the NHS as a management adviser with London Teaching Hospitals, where he undertook a wide variety of projects. From there Brad joined the London Borough of Richmond to become Director of the Chief Executive's Office, before moving to East Hampshire.

Brad always looks to use change to best advantage and he is excited by the potential with Solent Healthcare to create better services, within a challenging financial framework.



Liz Bailey

Appointed to Southampton City
PCT June 2007, reappointed to
Solent NHS Trust April 2011.

Lead NED:
Equality and Human Rights,
Safeguarding (Adults and Children)

Liz Bailey worked for Barclays UK for 35 years, and was the Head of Diversity when she left.

She held a number of senior positions within Barclays and spent the vast majority of her career with them operating from a base within the city of Southampton.

During this time 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.



David Griffiths

Appointed to Solent NHS Trust
April 2011, retired April 2012.

David Griffiths is a qualified accountant and has spent most of his professional career in the pharmaceutical industry. He has lived and worked in the UK, the USA and Switzerland and his last position was Director of Finance and Operations for Roche Pharmaceuticals with global responsibility for finance, information technology, production, supply chain, engineering and quality management

Prior to joining the organisation, David was an Independent Committee Member at Dorset Community Health Services where he took a particular interest in risk management and was Chair of the Finance, Performance and Corporate Risk Group. He also has a personal interest in mental health issues and has recently completed his training as a Mental Health Act Hospital manager. David is a qualified RYA Yachtmaster Instructor and now runs his own sea school based on the Solent. David retired from the Board on 16th April 2012.



Executive Directors:

Dr Ros Tolcher, Chief Executive

Appointed to Solent NHS Trust
April 2011.

Dr Ros Tolcher was appointed to lead Solent NHS Trust from its creation on 1 April 2011. As Accountable Officer for the Trust she is responsible for ensuring that the Trust meets its statutory and service obligations, and works effectively with the local authorities and other partner agencies. The CEO provides overall leadership to the organisation, providing the vision and direction which will enable it to achieve its strategic goals and objectives and deliver growth. Ros trained as a doctor in Southampton, qualifying in 1985. She has worked in and around Southampton and Portsmouth since then, as a Consultant in contraception and reproductive health in Southampton and clinical director of sexual health services in Southampton. In 2003, Ros became Southampton City Primary Care Trust's Medical Director, responsible for clinical leadership, quality, patient safety, governance and clinical effectiveness. As well as leading on key provider service projects, Ros was also heavily involved in the Commissioning work of the PCT. In 2009, whilst continuing to work as Medical Director and working clinically in the Contraception and Sexual Health Service, Ros was appointed Joint Managing Director of Southampton Community Healthcare, the provider arm of the PCT.

In 2010, Ros was appointed Chief Officer of Solent Healthcare, the organisation created through the merger of Southampton Community Healthcare and Portsmouth Community and Mental Health Services. Ros led Solent Healthcare on their pathway to autonomy and the creation of Solent NHS Trust. In 2011, Ros was successfully appointed as Chief Executive of the new Trust. In her role as Chief Executive, Ros is responsible for leading an organisation of over 4,100 staff ensuring the provision of high quality, clinically effective and safe, patient-centred services to patients in Portsmouth, Southampton and wider Hampshire.



Dr Tony Snell, Medical Director

Appointed to Solent NHS Trust
July 2011.

Tony Snell completed his GP training during his Royal Navy career. He worked as a GP near Colchester, becoming a GP Trainer and lead fund holder. In 1995 he became Director of Primary Care at Barnet Health Agency and a year later moved on to be Medical Adviser and Deputy Director of Healthcare Development, E Kent Health Authority. He was interested in evidence-based practice and managed care models in the USA and NHS. Developed and implemented the Primary Care Clinical Effectiveness project (PRICCE). This became the QOF.

In 2001 he was appointed Co-Vice Chair of NHS Confederation, nGMS negotiating team, leading on QOF. In 2003, Tony became Medical Director, Birmingham and Black Country SHA, taking executive lead on public health, inequalities, clinical governance and primary care. In 2006 he was appointed Associate Medical Director, contract research organisation. This was followed by posts as CEO of the new National Health Fund, Anguilla, West Indies. Responsibilities included the setting up of a purchaser/provider, primary care led model, Medical Director, Harmoni, the largest independent primary care provider in UK and Chief Medical Officer, NHS Hillingdon



Dave Meehan,
Chief Operating Officer

Appointed to Solent NHS Trust
April 2011.

Dave Meehan has worked for the NHS in Southampton for over 30 years. He is a qualified accountant by profession and has benefited from working in a range of senior positions including Finance Director and Director of Strategy and Performance. Dave's experience in the NHS provides him with expert knowledge of the services provided by Solent NHS Trust. As Joint Managing Director for Southampton Community Healthcare, Dave led on Organisational Development and Management and Performance Management. He was also actively involved in the development and delivery of clinical services. In April 2010, Southampton Community Healthcare integrated with Portsmouth Community and Mental Health Services to create Solent Healthcare. Dave was appointed Business Director for Solent Healthcare, leading on Transformation, Performance, IT, Estates, Communications and Health Promotion. In April 2011, Dave took up the position as Chief Operating Officer for Solent NHS Trust.



Michael Parr,
**Director of Finance and
Performance**

Appointed to Solent NHS Trust
July 2011.

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 city, 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.



Judy Hillier, Director of Nursing and Quality

Appointed to Solent NHS Trust
April 2011.



Judy Hillier trained as a nurse at Westminster Hospital, London working as a sister in intensive care and cardiology. After a career break to have a family and run a commercial business, Judy returned to the NHS to start a 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. In April 2010, following the integration of Portsmouth Community and Mental Health Services with Southampton Community Healthcare (Southampton City PCT's provider arm) Judy was appointed as Director of Clinical Excellence and Delivery, leading the clinical services and quality directorate. Judy combined her roles with most recently a lead role in the South Central Strategic Health Authority Patient Safety Federation as the lead for 'No Needless Falls' and was a 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.

Operational Directors

Sarah Austin, Director of Strategy

Appointed to Solent NHS Trust
November 2011.



Sarah Austin originally trained as a nurse in London and specialised in renal care in Portsmouth, undertaking both a teaching qualification and a BSc. She entered general management and worked in a variety of operational posts in Portsmouth and gained a Masters in Business Administration. Sarah completed 17 years in Portsmouth as Director of Strategic Alliances, leading the merger with Royal Hospital Haslar. After a spell in the South East regional office leading on cardiac strategy and networks, Sarah spent five years as Director of Central South Coast Cancer Network delivering the cancer strategy and working with clinicians on major service reform. She then worked for 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. She was appointed Director of Strategy in November 2011. In her new role as Director of Strategy, Sarah leads on strategy and business development, communications and patient and public involvement, marketing, external relationship management, strategic planning and redesign. Sarah also leads the Trust's Foundation Trust application.

**Julie Pennycook,
Director of Human Resources
and Organisational
Development**

Appointed to Solent NHS Trust
April 2011.

Julie Pennycook is a Chartered Member of CIPD and Member of HCMI. Having worked in the independent healthcare sector for 15 years she 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.



5.2 Our governance structure

We reviewed our corporate governance structure during 2011/12 to ensure our committees were fit for purpose and provided a sound governance platform to be authorised as a Foundation Trust.

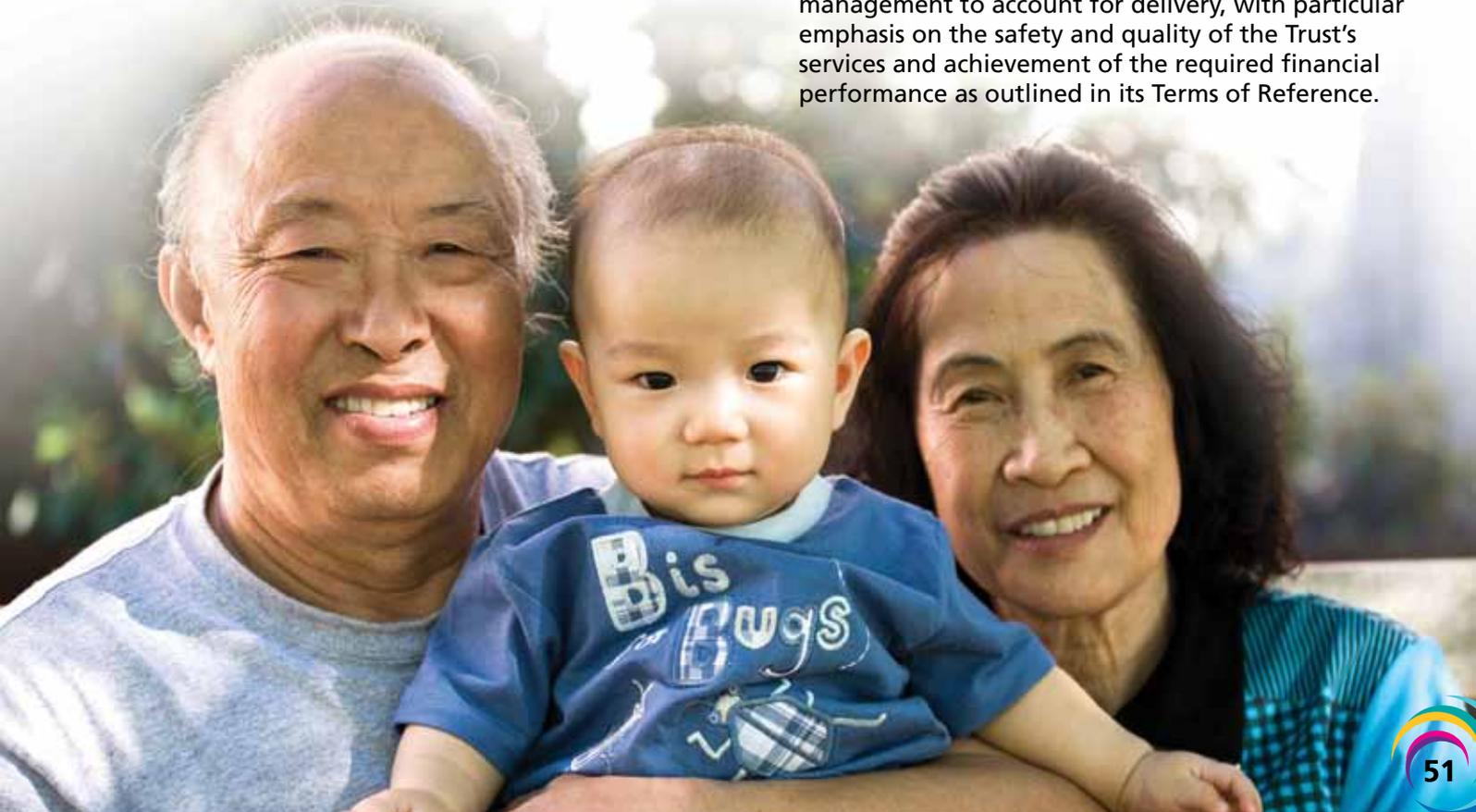
Solent NHS Trust Board

Chair of meeting: Trust Chairman
(Non Executive Director)

Frequency of meeting: Monthly briefing, Part 1 (in public) and Part 2 (in private) meetings

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 demonstrates effective leadership through:

- formulating strategy and setting the vision
- delegating authority to management for the day to day operations of the Trust
- ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable
- shaping a positive culture for the board and the organisation.
- seeking assurances on management actions and care quality.

The Board is responsible for:

- defining the organisational purpose and vision
- specifying the principles that inform actions
- setting strategic direction and identifying priorities
- scrutinising performance and
- defining the appetite for risk and ensuring appropriate controls are implemented to mitigate risk.

The constitution of Solent NHS Trust's Board consists of the following voting members:

- Non Executive Director (Chair)
- Five Non Executive Directors (NEDs)
- Chief Executive
- Chief Operating Officer
- Director of Nursing and Quality
- Director of Finance and Performance
- Medical Director.

The Board has an agreed a Code of Conduct and cycle of business to address.

Dates of forthcoming meetings can be found on our website.

The Board has established the following committees:

Statutory Committees

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

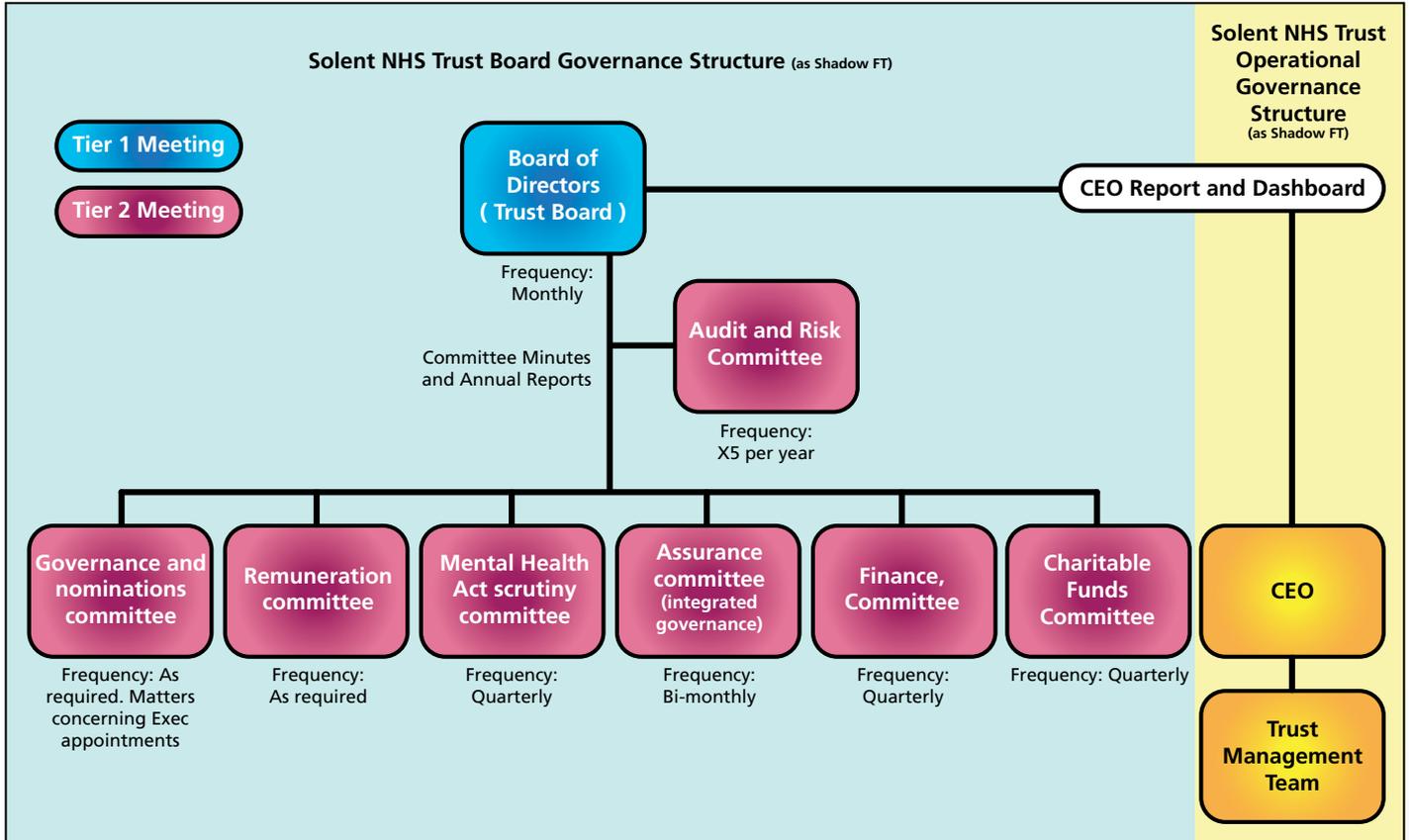
Designated Committees

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

The committees have no executive powers, other than those specifically delegated by the Board in their Terms of Reference which are incorporated within the Trust's Standing Orders.

When considering the reporting subcommittees and groups to the Board committees listed previously, a lean approach was taken to ensure effective and efficient management of the governance structure of the organisation.

The following diagram illustrates the Trust's committee structure:



A summary of each committee's responsibilities and frequency of meeting is illustrated below:

Audit and Risk Committee

Chair of meeting: Non Executive Director

Frequency of meeting: Quarterly (plus additional private meeting with the External Auditor)

The Audit and Risk Committee is chaired by a Non Executive Director with financial expertise. The committee provides one of the key means by which the Trust Board ensures effective internal control arrangements are in place.

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

In carrying out its work, the committee primarily utilises the work of internal audit and external audit. The committee also obtains assurance from the view of other external agencies about the Trusts' procedures, such as Counter Fraud and the Care Quality Commission.

The audit review of the financial year-end annual report and accounts will be discussed by the Committee with the external auditors prior to Board approval and signing of the accounts.

The committee ensures that there is an effective internal audit function established by management that meets mandatory NHS internal audit standards and it reviews the work and findings of the external auditor.

The Audit Committee agrees the schedule of internal audit reviews, receives the reports and follows up on the issues raised. The committee also receives and monitors the policies and procedures associated with countering fraud and corruption. The Local Counter Fraud Service produces progress reports for each meeting giving updates on both reactive and proactive work undertaken in the Trust.

Further information regarding Solent NHS Trust's audit arrangements are detailed in section 5.6 and 5.7

Governance and Nominations Committee

Chair of meeting: Non Executive Director

Frequency of meeting: At least annually and as required (during 2011/12 the Governance and nominations committee met 3 times)

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 directors are 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 Governance and Nominations 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 Appointments Commission (until October 2012 when the Appointments Commission is abolished).

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.

Following the resignation of David Griffiths, Non-Executive Director, in April 2012, the selection process to recruit a replacement Non-Executive Director was led by the Appointments Commission. A full induction process has been implemented for the new appointee.

The Trust recognises the need to amend the committee's Terms of Reference in readiness for Foundation Trust Authorisation.

Remuneration Committee

Chair of meeting: Non Executive Director

Frequency of Meeting: At least annually and as required (during 2011/12 the Remuneration committee met four 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 Solent NHS Trust Board and where necessary make recommendations to the SHA Remuneration Committee about appropriate remuneration,

allowances and terms of service for the Chief Executive and other executive directors, to include:-

- Salary
- Performance related pay
- Provision of other contractual terms and benefits
- Approval of compromise agreements/severance pay or other occasional payments to individuals and out of court settlements, taking account of national guidance
- Receive and note decisions of the Clinical Excellence Awards (CEA) panel

Charitable Funds Committee

Chair of Meeting: Non Executive Director

Frequency of meeting: Quarterly

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

Chair of Meeting: Non Executive Director

Frequency of meeting: Six times per year

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 improve 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. The committee also reviews the exception performance report alongside the Quality report to ensure the triangulation of information.

Finance Committee

Chair of meeting: Non Executive Director

Frequency of meeting: At least six times a year

The Finance Committee is chaired by a non executive director, with a background in Finance. The committee has been established to scrutinise the development of the Trust's commercial strategy, financial strategy and financial plans (including both revenue and capital plans), including the underlying assumptions and methodology used, ahead of review and approval by the Trust Board. This includes the evaluation, scrutinisation and review of individual investment and divestment decisions. The committee also monitor's on behalf of the Board, the Trust's investment and borrowing strategy and policies and sets a framework and relevant criteria for evaluating capital investment proposals within the Trust.

Mental Health Act Scrutiny Committee

Chair of meeting: Non Executive Director

Frequency of Meeting: Quarterly

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.

Operational Governance

Trust Management Team Meeting

Chair of Meeting: Chief Executive

Frequency of meeting: Monthly

The Trust Management Team Meeting (TMT) is the operational decision making group for Solent NHS Trust. Its primary purpose is to ensure delivery of the Trust's annual operating plan and financial plan. It will oversee the effective operational management of the Trust (including contractual commitments, achievement of statutory duties, standards, targets and other obligations) and the delivery of safe, high quality, patient-centred care, which will support the Board in setting and delivering the organisation's strategic direction and priorities. The TMT is an Executive Lead Committee. Separately the Directors meet on a weekly basis and together with the Clinical Associate Directors to discuss and review current operational issues.

Clinical / Medical Leadership

The Trust has redesigned its medical leadership in preparation for future changes to the clinical management of the Trust. There are now single medical clinical leads for each service under three divisional medical leads, reporting to the full time Medical Director, providing advice and quality and governance assurance to the Board. These clinical leads work jointly with Associate Directors to deliver quality and business objectives.

The composition of the Board Committees is included in Appendix 2.

Attendance records of the Committees is included in Appendix 3.

5.3 Register of Director's interests

The register of Director's interests is available for inspection during normal office hours at the Company Secretary's office – a summary of those Directors who have registered interests is extracted below:

Name	Interest declared and registered
Alistair Stokes	Trustee of Hants and Isle of Wight Community Foundation. Governor of University of West London and Chairman of Ringwood and Fordingbridge Club for the blind.
Liz Bailey	Facilitating a series of personal development workshops for staff post MARs.
David Griffiths	Director of Mercator Maritime Ltd. Associate Mental Health Act Hospital Manager – DCHS. Associate Consultant with independent perspective currently working with Moorfield NHS FT.
Barry Neaves	Board member of Spectrum Housing Group. Trustee and Treasurer of Friends of Romsey Hospital.
Mick Tutt	Self employed management consultant working with Worcester County Council Learning Disabilities Service.
Tony Snell	Minority Shareholder Orion Contract Research Organisation, Consultancy Care UK (2010-11) Managing Director for Harmoni until July 2010.

The following members showed nil returns:

Brad Roynon, Ros Tolcher, Michael Parr, Judy Hillier, Dave Meehan (and Operational Directors: Julie Pennycook and Sarah Austin).

5.4 Board development and performance

The directors recognise the importance of evaluating the performance and effectiveness of the Board as a whole, of the committees and of individual directors. The performance is assessed during the year by annual appraisals, mid year reviews (including reviewing individual's contribution to the Board and its committees and attendance records) as well as the Board's ability to make strategic decisions and to manage the Trust effectively.

In terms of annual appraisals, the Chairman undertakes the appraisal of the Chief Executive and the Non Executive Directors; the Chief Executive undertakes the appraisals of the other executive and operational Directors; and the Strategic Health Authority Chairman undertakes the appraisal of Solent NHS Trust's Chairman. The Chairman discusses and reviews the Executive Team's appraisals with the Chief Executive.

During 2011/12 Solent NHS Trust's Board development has been designed to address the findings of both the independent external review undertaken by KPMG and Strategic Health Authority Assessments.

Priorities for development have included

- **Focus on quality;** Board agendas and materials have been adapted accordingly and the programme of board to floor continues. The Board also has a focus at the beginning of each meeting on safety first and will start to examine patient stories to seek further evidence about the quality of services.
- **More focus on strategy;** The Board has worked with Foresight partnership to examine its approach to strategy and agree actions to address strategic planning.

- **A more strategic approach to risks;** The Board has spent time analysing the risks associated with delivering the critical success factors required for delivery of strategic objectives. The Board Assurance Framework has been organised to reflect this approach and is increasingly driving Board business.
- **Relationship management;** The Board has adopted account management through its executives to improve the proactive management of relationships with stakeholders and partner organisations.
- **Foundation Trust (FT) development;** The Board has had a number of workshops to focus on the requirements of becoming a FT and these workshops continue in 2012 with presentations from Directors and Chief Executive Officers and chairs of existing FTs.
- Workshops have also been held on strategic marketing and legal matters.
- The Board have enlisted the support of an external organisation to review individual effectiveness and work with primarily the executive team in building individual and team capability.

The Board Development Programme will continue to be implemented during 2012/13.

5.5 Compliance with the Corporate Governance Code

In accordance with the compliance requirements of Foundation Trusts, Solent NHS Trust is working to ensure the foundations are in place in readiness for authorisation, taking into consideration the requirements of Monitor's Code of Governance. The Board is assured that there are no current departures from compliance requirements.



5.6 Trust Auditors

South Coast Audit continued to be the appointed internal auditors to Solent NHS Trust from its establishment (having previously been the internal auditors for Southampton City PCT) until the conclusion of the audit for the year ended 31 March 2012. The cost of the internal audit provision for 2011/12 was £60k.

The Audit Commission continued to be the appointed external auditors to Solent NHS Trust following its establishment and having been the incumbent auditors to the Trust's predecessor organisations. The cost of the external audit provision for 2011/12 was £129k.

5.7 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 either the internal or external auditors for the year 2011/12 and there were, therefore, no conflicts of interest in relation to their role during this time.

5.8 Annual Governance Statement

A copy of the Annual Governance Statement is included in Appendix 1.



Section 6:

Section 6: Financial review and summary financial statements

6.1 Foreword and Statement on financial position

At the end of our first year of trading we have ended 2011/12 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 £1.86m surplus.
- External Financing Limit (EFL) which is an overall cash management control. The plan was to achieve £0.9m of cash but actually generated £11.7m.
- 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 Trust undershot the target which is acceptable.
- In addition the Trust met the BPPC –Better Payment Practice Code -the target to pay 95% of invoices within 30 days unless otherwise agreed.

In addition we delivered a Cost Improvement Programme of £8m which represented a 4.5% overall cost reduction.



Ros Tolcher
Chief Executive
7 June 2012

6.2 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.

6.3 Financial review and statutory duties in relation to the accounts

6.3.1 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 £1,863,000 in 2011/12.

6.3.2 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 excludes balances held in the Government Banking Service bank accounts. The average net relevant assets of the Trust for 2011/12 are negative, dividends are not payable on negative average net relevant assets and therefore the capital cost absorption rate is 0%.

6.3.3 External financing limit (an overall cash management control)

The Trust was set an External Finance Limit of £0.9m for 2011/12 which it is permitted to undershoot. Actual external financing requirements for 2011/12 were £11.7m and therefore the Trust achieved the target with a positive variance of £10.8m.

6.3.4 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 which the Trust is not permitted to overspend. The Trust was set a capital resource limit of £1.2m for 2011/12. Its actual fixed asset investment was £0.8m, £0.4m within the limit of £1.2m

6.3.5 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 at www.solent.nhs.uk or phone 023 8060 8900

6.4 Statement of comprehensive income for the year ended 31 March 2012

	2011 / 12
	£000
Employee benefits	(130,498)
Other costs	(61,574)
Revenue from patient care activities	186,877
Other Operating revenue	7,058
Operating surplus/(deficit)	1,863
Finance costs	0
Surplus/(deficit) for the financial year	1,863
Public dividend capital dividends payable	0
Retained surplus/(deficit) for the year	1,863
Other Comprehensive Income	0
Total comprehensive income for the year	1,863

6.5 Statement of financial position as at 31 March 2012

	31 March 2012	1 Apr 2012 (restated)
	£000	£000
Non-current assets	2,807	2,581
Current assets	21,817	8,405
Current liabilities	(20,180)	(8,405)
NET CURRENT ASSETS / (LIABILITIES)	1,637	0
TOTAL ASSETS LESS CURRENT LIABILITIES	4,444	2,581
Non-current liabilities	0	0
TOTAL ASSETS EMPLOYED	4,444	2,581
FINANCED BY TAXPAYERS' EQUITY	4,444	2,581

6.6 Statement of cash flows for the year ended 31 March 2012

	2011/12
	£000
Net cash inflow / (outflow) from operating activities	12,407
Net cash inflow / (outflow) from capital expenditure	(604)
Dividends paid	(108)
NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING	11,695
Net cash inflow / (outflow) from financing	0
INCREASE / (DECREASE) IN CASH	11,695

6.7 Statement of changes in taxpayers' equity

	Retained earnings £000
Restated balance at 1 April 2011	2,581
Changes in taxpayers' equity for 2011-12	
Retained surplus/(deficit) for the year	1,863
Balance at 31 March 2012	4,444

6.8 Better payment practice code: Measure of compliance 31 March 2012

Measure of compliance	2011-12 Number	2011-12 £000
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	29,015	34,800
Total Non-NHS Trade Invoices Paid Within Target	27,702	33,085
Percentage of NHS Trade Invoices Paid Within Target	95.50%	95.10%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	1,678	31,382
Total NHS Trade Invoices Paid Within Target	1,525	29,810
Percentage of NHS Trade Invoices Paid Within Target	90.90%	95.00%

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

6.9 Challenges ahead

The challenges we face as we continue along the Foundation Trust application pathway are essentially improving our financial strength, service quality and performance within a financial envelope subject to year on year cost reductions.



We ended 2011/12 in a strong financial position, with a surplus of £1.86M, 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 2012/13 are:

- Delivery of control total of £753k surplus
- Delivery of CIPS plan of £13.3m (7.3% of annual turnover)
- Cost effective usage of current and future estate

The principal non-financial challenge faced by the Trust relates to the potential loss of core business and uncertainty around changes in commissioning arrangements and the future of the Any Qualified Provider agenda. It is anticipated that competition

will increase, most likely from within GP practice and private sector. To mitigate this we are working to implement service line management and provide clarity regarding core and niche services provided. We are also developing our Market Development Strategy to ensure target markets are identified as well as implementing strong account management and maintaining a business calendar for future tenders.

Other key challenges include the potential failure to achieve clinical leadership and empowerment across the organisation. However, we are confident we will strengthen our existing culture to ensure clinical leadership is embedded across the entire organisation; within each service in each clinical division and aligned with our business processes.

The internal control processes for managing risks are outlined in the Annual Governance Statement found in Appendix 1.

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

The financial statements included within section 6 were approved by the Trust Board and signed on its behalf by

A handwritten signature in black ink that reads "Ros Tolcher".

Ros Tolcher
Chief Executive
7 June 2012



Section 7:

Section 7:

Remuneration report

The Trust has a Remuneration Committee that is chaired by a non executive director of the Trust. Membership comprises of 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.

The Trust has 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.

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 NHS Pension scheme procedures.

The Chief Executive and Director of Finance 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 and are remunerated in accordance with the directions of the Secretary of State for Health

7.1 Details of the service contract for each senior manager who has served during the year

There were no early terminations and therefore no provisions are necessary.

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

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



7.2 Pay multiples ²

The mid point of the banded remuneration of the highest paid Director in Solent NHS Trust in the financial year 2011/12 was £162,500. This was 6 times the median remuneration of the workforce, which was £26,556.

In 2011/12, one employee received remuneration in excess of the highest-paid director. Remuneration ranged from £12k - £170k.

In accordance with the Department of Health Transforming Community Services the Trust was created by the Secretary of State on 1 April 2011. As a result of this there is no comparative trading history for the Trust.

Total 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 did not work in March have been excluded together with one individual who is paid a fixed fee for work undertaken and two individuals who receive allowances only.

7.3 Severance payments

A lot of changes have taken place within the organisation in the first year of trading. Whilst we endeavor to do all we can to ensure the continued employment of our staff, there have been 49 severance payments totaling £1,260k made in the year. Twenty-two of these payments relate to compulsory redundancies (£622k) and 27 were other payments (£638k). None of these payments relate to named senior managers 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.

7.4 Salaries and allowances ³

Name and Title	2011 - 2012			
	Salary (bands of £5000)	Other (bands of £5000)	Benefits in kind	*Bonus Payments (bands of £5000)
	£000	£000	£00	£00
R Tolcher – Chief Executive	130 - 135	0	0	25 - 30
J Pennycook- Director of Human Resources and Organisational Development	90 - 95	0	0	0
H Carstairs - Director of Finance – Left 31/08/12	50 - 55	0	0	0
M Parr - Director of Finance and Performance – Joined 01/07/11	70 - 75	0	0	0
D Meehan – Chief Officer	101 - 105	0	0	0
M Broady – Medical Director– Left 31/07/11	50 - 55	0	0	0
A Snell – Medical Director – Joined 25/07/11	75 - 80	0	0	0
J Hillier – Director of Nursing and Quality	90 - 95	0	0	0
S Austin – Director of Strategy - Joined 28/11/11	30 - 35	0	0	0
A Stokes – Chairman	15 - 20	0	0	0
E Bailey - Non Executive Director	5 - 10	0	0	0
B Neaves - Non Executive Director	5 - 10	0	0	0
B Roynon – Non Executive	5 - 10	0	0	0
M Tutt – Non Executive Director	5 - 10	0	0	0
D Griffiths – Non Executive Director	5 - 10	0	0	0

*Bonus Payments: In accordance with the Department of Health Manual for Accounts; amounts paid to medical consultants under the National Clinical Excellence Reward Scheme should be disclosed as bonuses.

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 2012 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5,000)	Cash equivalent Transfer Value at 31 March 2011	Cash equivalent Transfer Value at 31 March 2012	Real increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension to nearest £100
	£000	£000	£000	£000	£000	£000	£000	
R Tolcher	2.5 - 5.0	12.5 - 15.0	40 - 45	120 - 125	555	720	147	
M Parr			20 - 25	70 - 75		359		
A Snell			35 - 40	115 - 120		879		
J Hillier	0.0 - 2.5	0.0 - 2.5	20 - 25	65 - 70	483	527	29	
D Meehan	-2.5 - 0.0	-2.5 - 0.0	45 - 50	135 - 140	941	1,012	42	
J Pennycook	0.0 - 2.5	2.5 - 5.0	5 - 10	25 - 30	126	164	33	
S Austin			35 - 40	85 - 90		523		
M Broady	0.0 - 2.5	0.0 - 2.5	15 - 20	50 - 55	166	226	54	
H Carstairs	5.0 - 7.5	-30.0 - 27.5	75 - 80	180 - 185				

For senior members appointed during the year prior year comparatives are not available. As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

7.6 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.

7.7 Real Increase in Cash Equivalent Transfer Values (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). The factors used to calculate the 2012 CETVs have increased; therefore the value of CETVs for some members has increased by more than expected since 31 March 2011.





Section 8:

Section 8: Independent Auditor's Report to the Directors of Solent NHS Trust

I have examined the summary financial statement for the year ended 31 March 2012 which comprises of the Statement of Comprehensive Income, Statement of Financial Position, Statement of Cashflows for the year, Statement of Changes in Taxpayers' Equity, Better Payments Practice code note, and the Annual Governance Statement.

This report is made solely to the Board of Directors of Solent NHS Trust 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.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

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

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

I conducted my 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. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Solent NHS Trust for the year ended 31 March 2012.

Mark Catlow

Officer of the Audit Commission

**Audit Commission
Collins House
Bishopstoke Road
Eastleigh
Hampshire
SO50 6AD**

8th June 2012



Section 9:

Section 9: Statement of the Chief Executive's responsibilities as the accounting officer of Solent NHS Trust

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 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

Chief Executive Officer



Appendix 1:

Appendix 1 – Annual Governance Statement 2011/12

Name of Organisation: Solent NHS Trust

Organisation Code: 5L1

Governance statement

Scope of responsibility

Solent NHS Trust Board is accountable for internal control. As Accountable Officer, in accordance with the Accountable Officer Memorandum, the Chief Executive is responsible for ensuring a sound system of internal control that supports the achievement of the organisations objectives, aims and policies as well as safeguarding the public funds and assets.

The Board has agreed a Code of Conduct which details the principles and values the Board adheres to recognising the organisation is publicly funded and accountable to Parliament.

The governance framework of the organisation

Solent NHS Trust has governance arrangements defined by the Standing Orders, Standing Financial Instructions and Scheme of Delegation which have been approved by the Board. These documents include clear processes to ensure that the business of the Trust is conducted with transparency and probity. Committees have clear terms of reference and delegated authority, where appropriate.

Board governance framework

The Committee framework is outlined below.

Solent NHS Trust Board

Chair of meeting: Trust Chairman
(Non Executive Director)

Frequency of meeting: Monthly briefing, Part 1 (in public) and Part 2 (in private) meetings

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 demonstrates effective leadership through:

- formulating strategy and setting the vision
- delegating authority to management for the day to day operations of the Trust
- ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable
- shaping a positive culture for the board and the organisation.
- seeking assurances on management actions and care quality.

The Board is responsible for:

- defining the organisational purpose and vision
- specifying the principles that inform actions
- setting strategic direction and identifying priorities
- scrutinising performance and
- defining the appetite for risk and ensuring appropriate controls are implemented to mitigate risk.

The constitution of Solent NHS Trust's Board consists of the following voting members:

- Non Executive Director (Chair)
- Five Non Executive Directors (NEDs)
- Chief Executive
- Chief Operating Officer
- Director of Nursing and Quality
- Director of Finance and Performance
- Medical Director.

The Board has an agreed a Code of Conduct and cycle of business to address.

Dates of forthcoming meetings can be found on our website.

The Board has established the following committees:

Statutory Committees

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

Designated Committees

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

The committees have no executive powers, other than those specifically delegated by the Board in their Terms of Reference which are incorporated within the Trust's Standing Orders.

When considering the reporting subcommittees and groups to the Board committees listed previously, a lean approach was taken to ensure effective and efficient management of the governance structure of the organisation.

A summary of each committee's responsibilities and frequency of meeting is illustrated below:

Audit and Risk Committee

Chair of meeting: Non Executive Director

Frequency of meeting: Quarterly (plus additional private meeting with the External Auditor)

The Audit and Risk Committee is chaired by a Non Executive Director with financial expertise. The committee provides one of the key means by which the Trust Board ensures effective internal control arrangements are in place.

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

The committee is authorised by the Board to investigate any activity within its terms of reference or any matter delegated by the Trust Board.

Governance and Nominations Committee

Chair of meeting: Non Executive Director

Frequency of meeting: At least annually and as required (during 2011/12 the Governance and nominations committee met 3 times)

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. Once authorised as an FT, the committee will amend its Terms of references accordingly and:

- lead the process for the identification and recommendation of non executive director candidates (including the Chairperson) to the Council of Governors
- oversee the process for the nomination of the Chief Executive for approval by the Board and ratification by the Council of Governors
- oversee the process for the appointment of other executive directors including associates.

Remuneration Committee

Chair of meeting: Non Executive Director

Frequency of Meeting: At least annually and as required (during 2011/12 the Remuneration committee met four 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 Solent NHS Trust Board and where necessary make recommendations to the SHA Remuneration

Committee about appropriate remuneration, allowances and terms of service for the Chief Executive and other executive directors, to include:-

- Salary
- Performance related pay
- Provision of other contractual terms and benefits
- Approval of compromise agreements/severance pay or other occasional payments to individuals and out of court settlements, taking account of national guidance
- Receive and note decisions of the Clinical Excellence Awards (CEA) panel

Charitable Funds Committee

Chair of Meeting: Non Executive Director

Frequency of meeting: Quarterly

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

Chair of Meeting: Non Executive Director

Frequency of meeting: Six times per year

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 improve 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. The committee also reviews the exception performance report alongside the Quality report to ensure the triangulation of information.

Finance Committee

Chair of meeting: Non Executive Director

Frequency of meeting: At least six times a year

The Finance Committee is chaired by a non executive director, with a background in Finance. The committee has been established to scrutinise the development of the Trust's commercial strategy, financial strategy and financial plans (including both revenue and capital plans), including the underlying assumptions and methodology used, ahead of review and approval by the Trust Board. This includes the evaluation, scrutinisation and review of individual investment and divestment decisions. The committee also monitor's on behalf of the Board, the Trust's investment and borrowing strategy and policies and sets a framework and relevant criteria for evaluating capital investment proposals within the Trust.

Mental Health Act Scrutiny Committee

Chair of meeting: Non Executive Director

Frequency of Meeting: Quarterly

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.

Operational governance

Trust Management Team Meeting

Chair of Meeting: Chief Executive

Frequency of Meeting: Monthly

The Trust Management Team Meeting (TMT) is the operational decision making group for Solent NHS Trust. Its primary purpose is to ensure delivery of the Trust's annual operating plan and financial plan. It will oversee the effective operational management of the Trust (including contractual commitments, achievement of statutory duties, standards, targets and other obligations) and the delivery of safe, high quality, patient-centred care, which will support the Board in setting and delivering the organisation's strategic direction and priorities. The TMT is an Executive led Committee. Separately the Directors meet on a weekly basis and together with the Clinical Associate Directors to discuss and review current operational issues.

Attendance records at the Board and its committees are available from the company secretary:

External links

The Trust works collaboratively with other NHS organisations and Local Authorities to ensure optimal care and value for money. This includes participation in system-wide sustainability groups.

Board development

Board development has been designed to address the findings of both the independent external review and SHA assessments.

Priorities for development have included

- Focus on quality: The board agendas and materials have been adapted accordingly and the programme of board to floor continues. The board also has a focus at the beginning of each meeting on safety first and will start to examine patient stories to seek further evidence about the quality of services
- More focus on strategy
- A more strategic approach to risks: The Board has spent time analysing the risks associated with delivering the critical success factors required for delivery of strategic objectives. The BAF has been organised to reflect this approach and is increasingly driving board business
- Relationship management
- FT development
- Workshops have also been held on strategic marketing and legal matters

Performance against national priorities set out in the NHS Operating Framework 2011/12

The Trust Board receives monthly performance reports monitoring progress against national performance indicators. Performance issues are discussed with services at weekly performance meetings. Data quality issues are highlighted where appropriate and reports validated; improvement plans are produced to address areas of poor performance. The table below shows Solent NHS Trusts year end position against relevant national operating framework indicators:

Health-Care Associated Infections		
Ref	Measure	RAG
HQU01 (Monitor)	MRSA (No of infections - positive samples)	GRN
HQU02 (Monitor)	Clostridium Difficile (No of infections - positive samples)	GRN

Waiting Times - 18 weeks RTT		
HQU05 (Monitor)	Referral To Treatment (RTT) Waits - the 95th percentile time waited for admitted patients whose clocks stopped during the period on an adjusted basis	GRN
HQU06 (Monitor)	Referral To Treatment (RTT) Waits - the 95th percentile time waited for non-admitted patients whose clocks stopped during the period	GRN
HQU07	Referral To Treatment (RTT) Waits - the 95th percentile time waited for patients on incomplete pathways at the end of the period.	GRN

Waiting Times - 18 weeks RTT

Waiting Times - 18 weeks RTT		
HQU09 (Monitor)	Unplanned Reattendance Rate (No of unplanned follow ups within 7 days of discharge from A&E)	GRN
HQU10_01	A&E Clinical Quality- Median time (minutes) spent from arrival at A&E to discharge.	GRN
HQU10_02 (Monitor)	A&E Clinical Quality- 95th percentile of times (minutes) from arrival at A&E to discharge.	GRN
HQU10_03	A&E Clinical Quality- Single longest time recorded from arrival at A&E to admission, transfer or discharge	GRN
HQU11 (Monitor)	A&E Clinical Quality- Left Without Being Seen Rate: The percentage of people who leave the A&E without being seen	GRN
HQU13_01 (Monitor)	A&E Clinical Quality- median time spent from arrival at A&E to treatment (ie time below which 50% of attendances within the month were treated)	GRN
HQU13_02	A&E Clinical Quality- 95th percentile of times from arrival at A&E to treatment	GRN
HQU13_03	A&E Clinical Quality- single longest time recorded from arrival at A&E to treatment	GRN

Mental Health

SQU13 (Monitor)	Mental Health Measure- Early Intervention in Psychosis (no of new patients taken on) (cumulative)	GRN
SQU14	Mental Health Measure- Crisis Resolution Home Treatment (No of episodes)	GRN
(Monitor)	Monitor: MH (CRHT) - Admissions to inpatients services had access to CRHT teams	GRN
SQU15 (Monitor)	Mental Health Measure- Care Programme Approach (CPA) (proportion of patients on CPA discharged from inpatient care who are followed up within 7 days)	RED
SQU16_1	Mental Health Measure- Improved access to psychological services (proportion of people that enter treatment against the level of need in the general population)	RED
SQU16_2	Mental Health Measure- Improved access to psychological services (proportion of those referred that enter treatment)	GRN
SRS08_02	Length of Stay (Acute & MH) - Average spell duration for non-same day MH discharges	GRN
SRS10 (Monitor)	Delayed Transfers of Care – Acute & MH: No delayed transfers of care of adult patients (aged 18+) as a proportion of occupied beds.	GRN

Health Promotion

SQU18 (East)	Smoking Quitters - Solent East (no of 4 week quitters that attended NHS Stop Smoking Services)	GRN
SQU18 (West)	Smoking Quitters - Solent West (no of 4 week quitters that attended NHS Stop Smoking Services)	GRN
SQU19_05	Solent East: Breastfeeding at 6-8 Weeks (Prevalence)	RED
SQU19_06	Solent East: Breastfeeding at 6-8 Weeks (Coverage)	GRN
SQU19_05	Solent West: Breastfeeding at 6-8 Weeks (Prevalence) - Quarterly	GRN
SQU19_06	Solent West: Breastfeeding at 6-8 Weeks (Coverage) - Quarterly	GRN

Other

HQU08	MSA Breaches (no of breaches of Mixed-Sex Accommodation sleeping accommodation per 1,000 FCEs)	GRN
HRS08	Health Visitors SiP (FTE)	GRN

Quality Accounts

The Quality Account is prepared and published following the most up to date national guidelines. The process followed is fully inclusive of all stakeholders in the preparation including staff, LINks, carers and patients and progress is monitored via the Patient and Public Experience Group, the Assurance Committee, the Audit Committee and the Board. The indicators used to demonstrate achievement and compliance are supported by robust and validated information provided by the services and triangulated through performance reports.

Highlights of Board Committee reports

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

- Quality (covering Regulation, Compliance and Assurance, Risk Management and Patient Safety, Patient Experience and Clinical Effectiveness and Outcomes)
- Performance (including financial performance; incorporating financial risks and opportunities, progress against CIPs, QIPP and CQUIN performance, contract activity & performance, workforce performance and data quality)
- Business and Innovation (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 and Risk Committee, will present an Annual Report to the Board in early 2012/13.

A summary of the internal audits undertaken (and in progress) for 2011/12 financial year are summarised overleaf:

Audit Title	Level of Assurance
Equality & Diversity	Significant
Clinical Records	Significant
Essential Training	Significant
Bank/Agency Nurse Processes / Usage	Limited
Opening Balances	Significant
Out of Hours	Limited
Assurance Framework & Risk Management	Significant
Critical Financial Assurance – Financial Accounting	Significant
Critical financial assurance – Payroll/ESR	Significant
CQC Standards – Monitoring Compliance	Limited
Organisational Governance	Significant
Information Governance Toolkit	Provisional – Limited

Particular areas of improvement identified by the Internal Auditors concerned the following areas;

- CQC Standards – Monitoring Compliance – one high priority recommendation identified
- Bank/Agency Nurse Processes/Usage – six high priority recommendations identified
- Out of Hours - four high priority recommendations identified

All recommendations are followed up to ensure robust action plans are implemented and updates are monitored via the Assurance Committee and reported at each Audit & Risk Committee

The Board receives a monthly summary of changes to the Board Assurance Framework (BAF) highlighting the key risks, gaps in controls and mitigating actions, as well as in-depth reviews on a quarterly basis. The BAF gives assurance to the Board that the risks associated with the achievement of the Trusts' strategic objectives and associated critical success factors are effectively controlled. Each risk has assurances and controls identified to mitigate the risk, any gaps in control or assurance have an action plan which is monitored by the Executive Team. The BAF provides evidence to support the Annual Governance Statement by identifying strategic risks and the internal controls and measures implemented to mitigate these.

Compliance with the Corporate governance code

In accordance with the compliance requirements of Foundation Trusts, Solent NHS Trust is working to ensure the foundations are in place in readiness for authorisation, taking into consideration the requirements of Monitors Code of Governance. The Board is assured that there are no current departures from compliance requirements.

Review of effectiveness of system of internal control

As Accountable Officer, the Chief Executive is responsible for reviewing the effectiveness of the system of internal control. The review is informed in a number of ways as follows;

- Head of Internal Audit Opinion; the opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and the controls reviewed as part of the Internal Audits Work. The overall level of the Head of Internal Audit Opinion for 2011/12 is 'Significant Assurance'.
- Assurance sought from the executive managers within the organisation who have responsibility for the development and maintenance of the system of internal of control
- The monthly review and scrutiny of the Board Assurance Framework and Corporate Risk Register
- Committees including; the Audit & Risk Committee (for independent assurance that the controls are working effectively), and assurance from other committees providing early warning of risks such as; Assurance Committee, Mental Health Act Scrutiny Committee, Finance Committee & Trust Management Team Meeting
- Reports from; Counter Fraud (including the Counter Fraud indicator assessment), external audit, IM&T and Information Governance Steering Group (including IG Toolkit assessment)
- Compliance declarations; including registration with the Care Quality Commission and compliance with NHSLA Risk Management Standards Level 1.

Compliance with NHS Pension scheme regulations

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 in to 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.

Risk assessment process and identification

Risk identification

Risk identification establishes the organisation's exposure to risk and uncertainty. Solent NHS Trust recognises that there is no one correct way to identify risks and, in practice, the use of multiple methods by different staff groups, is more successful. The risk identification processes used by the organisation include, but are not limited to:

- risk assessment process
- adverse event report, 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 audits findings and issues raised by counter fraud.

Risk assessment process

The organisation has a structured risk assessment process. This also includes having trained risk assessors in place to undertake assessment to support local management.

The Service Manager is responsible for managing action planning against identified risk and for escalating risks with additional resource implications via the Service Risk Register. The Risk Management Team receives and centrally records risk assessments to identify commonalities for organisational risk treatment.

Risk assessment and measurement

Once risks are identified, at all levels 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 important to set the risk into context for evaluation, and that some types of incident are more commonplace in some services than in others and are often linked to the client group. Solent NHS Trust recognises that this does not mean that certain incidents should be tolerated within that service but that risk treatment may take a different form.

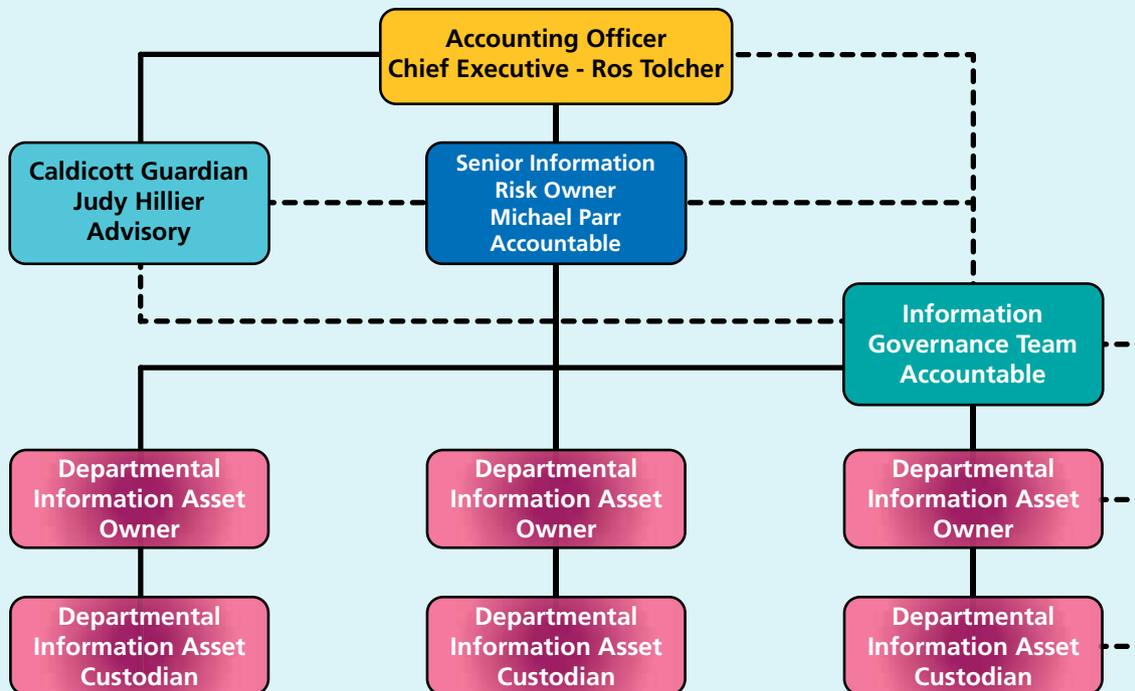
The Trust acknowledges that within clinical settings certain routine clinical assessments for patients will be undertaken and recorded in a different manner, for example in Care Plans. However the methodology of sound risk assessment is still followed. Risks which fall out of the remit of routine clinical assessment or are potentially significant for the organisation are approached and managed inline with this strategy.

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.

Information governance

Within Solent NHS Trust information governance risk fits within the overarching business risk management framework and as such is not managed separately to other business management risk. The information governance management framework ensures that senior individuals within the organisation are allocated responsibility, through the hierarchical IG framework structure. (see fig 1)

Information Governance Management Framework within Solent NHS Trust



The senior information risk owner (SIRO) has implemented the Information Governance Risk Policy and Strategy and reports regularly to the board on any areas of concern. Currently within Solent NHS Trust there are a total of 30 Information Asset Owners (IAO's) who support the SIRO by ensuring that the assets for which they have been allocated responsibility are secure and risk assessed (quarterly) with business continuity plans in place and an annual statement to the SIRO.

The IAO's are supported in turn by 120(approx) Information Asset Custodians (IAC's) who undertake a series of planned audits relevant to the IG toolkit throughout the year which are reported on and assessed by the IG team to ensure IG risk compliance. The IAC's are responsible for raising and reporting risks which may occur within their teams/ services and acting as the local records managers for their respective team/service.

Additional support and information is regularly provided by the Solent NHS Trust Caldicott Guardian who advises in respect to ensuring appropriate information sharing procedures, records management and any potential related risks are adequately and appropriately addressed.

During 2011-2012 a single serious IG incident occurred relating to misdirected faxes. This was due to an incorrect fax number issued by commissioners and a lapse in procedure being followed by Solent staff. This incident also affected other organisations. 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

The Trust Board recognises that sound risk management is essential for meeting objectives and identifying and managing future opportunities, by ensuring risk management forms a fundamental element of its business rather than a separate programme.

The organisation has an approved Risk Management Strategy Policy in place and is committed to ensuring the delivery of continually effective management of risk. The purpose of this strategy is to set out the overall aims, objectives, rationale and key processes for risk management within the Trust. This strategy outlines the framework for risk management and control. A fundamental concept of this framework is the management of risk being accepted and owned by all in accordance with appropriate levels of responsibility and accountability throughout the organisation.

The goal of the risk management framework is the identification, prevention and mitigation of risks based on systems and processes which respond to the reporting of incidents, claims, complaints and risk assessments.

A key tool for the management of specific risks is the use of risks registers at all levels of the organisation, where the most serious risks are then escalated, captured and managed through the Corporate Risk Register or BAF if the risks are specifically related to strategic objectives.

Risk prevention, mitigation and identification of potentially emerging risks are also strongly linked to incident reporting and other reporting systems, for example internal audit or complaints where early indications of emerging issues and risks can be identified. These reports are regularly produced, analysed, triangulated and formally presented to the groups and committees with responsibility for quality, performance, risk and safety. Specific issues can then be discussed and an appropriate response or intervention can be agreed and monitored.

Serious Incidents Requiring Investigation (SIRI)

The Trust has a robust system for the management of Serious Incidents Requiring Investigation (SIRI). We are recognised as being very open and forthcoming regarding the designation and escalation of internal incidents as SIRI's, which in turn are then reported externally to the Commissioners, SHA and others where appropriate.

The Trust firmly believes in and follows a systems-improvement approach to safety and investigations, acknowledging that causes of incidents cannot simply be linked to the actions or behaviour of individual people. Investigations undertake a Root Cause Analysis approach to support openness, trust, fair accountability, continuous learning and service improvement.

We have an organisational SIRI policy which covers very distinct and vital processes to ensure effective management of our SIRI's.

The key areas and arrangements of the policy are:

Key area	Detail
Framework to identify, report and escalate a potential	Includes; communication arrangements, including on-call Directors & Managers and reporting to Commissioners.
SIRI.	
Immediate actions	To ensure the safety of patients and services, which also acknowledges the principles of 'Being Open' and safeguarding arrangements
Strategy Meeting	To instigate a very early meeting with senior management across the relevant disciplines to ensure all necessary early actions have been taken
Investigation Stage	All investigators have adequate experience and have been suitably trained and supported in RCA etc., to undertake SIRI investigations.
Staff Support	The Supporting Staff Policy ensures staff involved in a distressing incident, complaint or claim are provided with the immediate and on-going support they require.
SIRI Panel	A formal panel charged with the responsibility of reviewing and securitising all SIRI investigation reports, chaired by the Director of Nursing & Quality. Members include the Medical Director and Non-Executive Director. The Panel considers the final SIRI Report, recommendations and actions plans and are responsible for internal closure of all SIRIs
Commissioning Reporting / Closure	Once formally approved by the SIRI Panel the investigation reports are issued to the applicable Commissioners for review and sign-off
Aggregated learning	The SIRI panel are responsible for ensuring that aggregated review and wider learning is undertaken and achieved

The Organisation has a formal Corporate Organisational Learning Action Plan which is used to capture all significant outcomes from investigations and other reviews.

The Trust also has an internally designed High Risk Incident System (HRI) that follows similar robust processes as listed above and are for incidents which do not fulfil the SIRI criteria. As the details of a HRI unfold, if the situation presents as a SIRI, it will be reported to the Commissioners.

Review of the effectiveness of risk management and internal control

During the last quarter of 2011/12 an internal audit was conducted on the BAF and Risk Management processes, to provide independent assurance on the processes currently in situ – the report concluded a result of significant assurance.

A Head of Risk Management was recruited in March 2011 and significant improvements in the risk management processes have been established throughout 2011/12.

In May 2011 the Trust achieved level 1 in the NHS Litigation Authority Risk Management Standards.

There is clear evidence of the corporate risk register being presented and discussed at every organisational governance meeting (recently renamed as the Assurance Committee) and Trust Board. Divisional risk registers are presented and discussed the applicable divisional governance groups.

Other risks associated with incidents, claims and complaints are also formally presented and discussed at each governance group.

A major ongoing area of work is fully implementing the new online risk register system, allowing greater control at local service level over their risks. However it is important to note that the new system is implemented and covers all areas of the organisation (both east and west), but currently from a central point, via the risk management team. The internal audit result highlighted that although the full functions have not been implemented at service level, there are clear examples of local service risks being raised and are being managed appropriately. These risks can then be escalated to the corporate risk register or divisional level risk register in accordance with the organisational risk management strategy.

Significant issues

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.

No matters have been brought to the Board's attention where it was considered an infringement against the requirements set out in the Accountable Officers Memorandum.

Significant issues which have been considered by the board during 2011/12, and on which assurances have been sought have included

1. financial performance
2. quality of care

Significant issue: financial performance

This issue had the potential to, (1) prejudice achievement of the business plan; (2) undermine the integrity or reputation of the organisation; and (3) put a significant programme or project at risk.

Brief details: adverse variance in financial performance was identified during Q2. Detailed analysis identified a combination of overspending in some service lines; slow implementation or underachievement of some CIP's and a structural deficit as the cause of a significantly negative run rate. Immediate financial turnaround measures and strengthened controls were implemented and remain in place. The position has been recovered with an improvement in run rate and systematic plans to address the structural deficit being implemented. The control target will be achieved with the application of some non-recurrent measures at year end.

Significant issue: quality of care

This issue had the potential to undermine the integrity or reputation of the organisation.

In January 2012 an internal investigation into an incident involving prison healthcare staff uncovered poor clinical practice of sufficient seriousness to constitute a significant issue for the Trust. Immediate measures to ensure patient safety and continuity of access to care were put in place and further actions to gain assurances on wellbeing were initiated. Further investigation and management of this significant issue is ongoing.

Accountable officer:



Ros Tolcher
Chief Executive

Organisation: Solent NHS Trust

Date: 7 June 2012

Appendix 2:



Appendix 2 – Composition of Board Committees

Membership of Board Committees at 31 March 2012

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	✓	-	(Chair)	✓	✓	-	✓	-
David Griffiths	Non-exec	✓	(Chair)	✓	✓	✓	-	✓	✓
Barry Neaves	Non-exec	✓	-	✓	-	✓	✓	(Chair)	-
Brad Roynon	Non-exec	✓	✓	✓	✓	-	-	✓	(Chair)
Mick Tutt	Non-exec	✓	-	✓	(Chair)	(Chair)	✓	-	✓
Ros Tolcher	Chief Exec	✓	✓	invited	✓	invited	✓	invited	-
Judy Hillier	Exec	✓	-	-	✓	invited	-	invited	✓
Dave Meehan	Exec	✓	-	-	✓	✓	-	-	-
Michael Parr	Exec	✓	✓	-	✓	-	-	invited	✓
Tony Snell	Exec	✓	-	-	✓	✓	-	-	-
Sarah Austin	Operational Director	Attendee	-	-	-	-	-	-	-
Julie Pennycook	Operational Director	Attendee	-	invited	✓	-	-	-	-

Appendix 3:



Appendix 3 – Attendance Records

Director	Position	Board (12 meetings)	Finance Committee (5 meetings)	Remuneration Committee (2 meetings)	Assurance Committee (10 meetings)	MHA Scrutiny Committee (4 meetings)	Governance & Nominations Committee (2 meetings)	Audit & Risk Committee (5 meetings)	Charitable Funds Committee (3 meetings)
Alistair Stokes	Chairman	11	–	2	*3 / 5	3	2	–	–
Liz Bailey	Non-exec	11	–	2	6	2	–	*2 / 2	–
David Griffiths	Non-exec		5	1	*3 / 3	4	–	*3 / 3	–
Barry Neaves	Non-exec	12	–	2	*4 / 6	4	2	5	–
Brad Roynon	Non-exec	11	5	2	*2 / 3	–	–	3	3
Mick Tutt	Non-exec	12	–	2	7	*3 / 4	1	–	2
Ros Tolcher	Chief Exec	12	5	2	7	– **	2	4	–
Judy Hillier	Exec	11	–	–	7	–	–	5	3
Dave Meehan	Exec	9	–	–	8	*3 / 3	–	–	–
Michael Parr	Exec	*9 / 9	5	–	*4 / 5	–	–	*2 / 4	3
Tony Snell	Exec	*7 / 8	–	–	*5 / 7	1	–	–	–
Sarah Austin	Operational Director	12	–	–	–	–	–	–	–
Julie Pennycook	Operational Director	*6 / 6	–	–	10	–	–	–	–

* indicates attendance whilst the relevant director was a member of the committee

** attended by invite

Membership

We are looking for people who would like to get even more involved in their local provider of community and mental health services.

You can decide how involved you would like to be. You might choose to receive updates, you might like to comment on our plans and take part in events. Alternatively, you may consider standing for election as a Governor on our Council of Governors. The choice is yours!

By becoming a member you can:

- have a say in what we do
- help shape our future plans for services and the Trust
- receive the quarterly newsletter 'Shine for members'
- be involved in focus groups or surveys about our services
- be invited to events and health talks
- elect Governors to represent your views
- stand for election as a Governor yourself
- be involved as much or as little as you wish.

If you are over the age of 14 and live in Southampton, Portsmouth or Hampshire.

 sign up today

Visit www.solent.nhs.uk/membership
or call 023 8060 8889.



Please tell us how you feel about the services we provide.

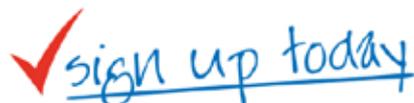
If you have a compliment, concern or complaint please contact the Patient Experience and Engagement Service on

0800 013 2319 or email

soc-pct.schpatientexperience@nhs.uk

Alternatively, visit:

www.solent.nhs.uk/contact-us



To become a member of Solent NHS Trust, please visit
www.solent.nhs.uk/membership



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