

## Agenda

### Solent NHS Trust In Public Board Meeting

Monday 5<sup>th</sup> August 2019 09:30am – 13:15pm

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

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Well Led Domains
1	09:30	5mins	<b>Chairman's Welcome &amp; Update</b> <ul style="list-style-type: none"> <li>• Apologies to receive</li> </ul> <i>To receive</i>	Chair	-
			<b>Confirmation that meeting is Quorate</b> <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> <li>• a minimum of two Executive Directors</li> <li>• at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair</li> </ul>	Chair	-
			<b>Register of Interests &amp; Declaration of Interests</b> <i>To receive</i>	Chair	-
2	09:35	10mins	<b>*Minutes of Extra Ordinary Board meeting 24<sup>th</sup> May 2019 and last Board meeting 3<sup>rd</sup> June 2019, matters arising and action tracker</b> <i>To agree</i>	Chair	-
3	09:45	10mins	<b>Safety and Quality First and Feedback from Board to Floor Visits – to receive</b>	Chief Executive / Chief Nurse	W3
4	09:55	5mins	<b>Annual Self Declaration on Same Sex Accommodation</b> <i>To agree</i>	Chief Nurse	W4,W6
5	10:00	30mins	<b>Patient Story – Child &amp; Family Services</b> <i>To receive</i>	Chief Nurse	W7
6	10:30	10mins	<b>Board reflection on patient story and discussion</b>	Chair	W7
<b>Strategy &amp; Vision</b>					
7	10:40	30mins	<b>Chief Executive's Report</b> <i>To receive</i>	Chief Executive	W1-W8

8	11:10	30mins	<b>Performance Report - including</b> <ul style="list-style-type: none"> <li>• Q1 Business Planning Review</li> <li>• Performance Subcommittee and Regulatory Exceptions</li> <li>• Quality Performance</li> <li>• Financial Performance</li> <li>• Workforce Performance</li> <li>• NHSI Single Oversight Framework</li> <li>• Research Performance</li> </ul> <i>To receive</i>	Executive Leads	W5, W6
9	11:40	10mins	<b>Break</b>		
10	11:50	10mins	<b>Freedom to Speak Up Annual Report</b> <i>To receive including:</i> <ul style="list-style-type: none"> <li>• <i>Vision and Strategy – to approve</i></li> </ul>	Independent FTSU Guardian	W4-W6
11	12:00	5mins	<b>Designated Body Annual Report and Statement of Compliance</b> <i>To receive and agree</i>	Chief Nurse	W4
12	12:05	5mins	<b>Brexit Preparedness</b> <i>To receive verbal update</i>	COO Southampton	W4,W5
<b>Reporting Committees and Governance matters</b>					
13	12:10	5mins	<b>Board of Directors Terms of Reference and Code of Conduct</b> <i>To agree</i>	AD of Corporate Affairs and Co Sec	W4
14	12:15	10mins	<b>People and OD Committee</b> <i>To receive update from 13<sup>th</sup> June 2019 meeting</i> <i>To also include:</i> <ul style="list-style-type: none"> <li>• <i>Outcome of BAF deep dive</i></li> <li>• <i>Response to Baroness Harding's Letter 'Learning lessons to improve our people practices'</i></li> </ul>	Committee Chair	W1-8
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15	12:25	5mins	<b>Audit &amp; Risk Committee</b> <i>To receive verbal update from 1<sup>st</sup> Aug 2019 meeting</i>	Committee Chair	W5
16	12:30	5mins	<b>Finance Committee (non- confidential) Chairs Update</b> <i>To receive update from 22<sup>nd</sup> July 2019 meeting</i>	Committee Chair	W4
17	12:35	5mins	<b>Assurance Committee</b> <i>To receive update from 18<sup>th</sup> July meeting including:</i> <ul style="list-style-type: none"> <li>• <i>Patient Experience Annual Report</i></li> <li>• <i>Safe Staffing Six Monthly Report</i></li> <li>• <i>Safeguarding Adults and Children's Annual Report</i></li> <li>• <i>Assurance Committee Terms of Reference</i></li> </ul>	Committee Chair	W4, W5, W6, W8

18	12:40	5mins	<b>Complaints Review Panel</b> <i>To receive update from 4<sup>th</sup> June 2019 meeting</i>	Committee Chair	W5-6
19	12:45	5mins	<b>Charitable Funds Committee Minutes &amp; Chairs update</b> <i>To receive update from 12<sup>th</sup> July meeting and the Charitable Funds Committee annual report 2018/19</i>	Committee Chair	W4
20	12:50	5mins	<b>Governance and Nominations Committee</b> <i>To receive update from 12<sup>th</sup> July meeting – inc. Governance and Nominations Terms of Reference</i>	Committee Chair	W4
21	12:55	5mins	<b>Community Engagement Committee</b> <i>To receive update from 23<sup>rd</sup> July meeting</i>	Committee Chair	W4, W7
<b>Any other business</b>					
22	13:00	10mins	<b>Reflections</b> <ul style="list-style-type: none"> <li>• lessons learnt and living our values</li> <li>• matters for cascade and/or escalation to other board committees</li> </ul>	Chair	-
23	13:10	5mins	<b>Any other business &amp; future agenda items</b>	Chair	-
24	13:15	---	<b>Close and move to Confidential meeting</b> The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows: “that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)	Chair	-

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**Date of next meeting:**

- 7<sup>th</sup> October 2019 – In Public Board Meeting

# Minutes

## Extra Ordinary Board In Public

Friday 24<sup>th</sup> May 2019 13:00-14:00

Kestrel 1 & 2, Highpoint Venue, Bursledon Rd, Southampton, SO19 8BR

<b>Chair:</b> Catherine Mason, Chair (CM)	
<b>Members:</b> <b>Sue Harriman</b> , Chief Executive (SH) <b>Andrew Strevens</b> , Director of Finance (AS) <b>Sarah Austin</b> , Chief Operating Officer, Portsmouth and Commercial Director (SA) <b>David Noyes</b> , Chief Operating Officer Southampton and County Wide Services (DN) <b>Jackie Ardley</b> , Chief Nurse (JA) <b>Jon Pittam</b> , Non-Executive Director (JPi) <b>Mike Watts</b> , Non-Executive Director (MW) <b>Stephanie Elsy</b> , Non-Executive Director (SE)	<b>Attendees:</b> <b>Rachel Cheal</b> , Associate Director of Corporate Affairs and Company Secretary (RC) <b>Jayne Jenney</b> , Corporate Support Manager and Assistant Company Secretary (JJ)  <b>Apologies:</b> <b>Helen Ives</b> , Chief People Officer (HI) <b>Francis Davis</b> , Non-Executive Director (FD) <b>Dan Meron</b> , Chief Medical Officer (DM)
<b>1</b>	<b>Chairman's Welcome and Apologies to Receive Confirmation that the Meeting is Quorate Register of Interests &amp; Declaration of Interests</b>
1.1	Apologies were received as noted above. There were no further updates to the register and declaration of interests and the meeting was confirmed as quorate.
<b>2</b>	<b>Audit Results Report</b>
2.1	It was noted that the report was discussed and recommended at the Audit & Risk Committee.  It was confirmed that there is no requirement to write to the Secretary of State. <b>The Board approved the Audit Results Report.</b>
2.2	<u>Letter of Representation</u> It was noted that the narrative had been considered and recommended at the Audit & Risk Committee. <b>The Board approved the letter of representation.</b>
2.3	<u>Audit Opinion</u> The Board received the unqualified Audit Opinion as presented to the Audit and Risk Committee.  The Trust's success in achieving a surplus position was highlighted. SH suggested that consideration should be given to share the position appropriately at the Annual General Meeting. <b>The Board approved the Audit Opinion.</b>
<b>3</b>	<b>Annual Accounts</b>
3.1	AS confirmed extensive discussion at the Audit & Risk Committee including a review of the adjusted surplus and rationale regarding adjustments to corporate costs.

	<p>The Board formally noted appreciation for the hard work undertaken by AS and the Finance Team on achievements made.</p> <p><b>The Board approved the Annual Accounts.</b></p>
<b>4</b>	<b>Annual Report – including the Annual Governance Statement</b>
4.1	<p>RC shared the Annual Report and Annual Governance Statement following presentation and recommendation for approval at the Assurance and Audit &amp; Risk Committees.</p> <p>It was noted that the Audit Opinion is expected to be signed off by auditors on Tuesday 28<sup>th</sup> May 2019.</p>
4.2	<p>The Board formally noted appreciation of the hard work undertaken by RC and her team.</p> <p><b>The Board approved the Annual Report and Annual Governance Statement.</b></p>
<b>5</b>	<b>Quality Account</b>
5.1	<p>JA provided confirmed that the Quality Account has been extensively considered through the appropriate governance process.</p> <p>CM highlighted the document to be an improvement from the previous year, with the inclusion of clear objectives and achievements made.</p> <p>The Board’s appreciation for the hard work and contributions to create the report was noted.</p> <p><b>The Board approved the Quality Account.</b></p>
<b>6</b>	<p><b>Governance Update including:</b></p> <ul style="list-style-type: none"> <li>• <b>Declarations of Interest</b></li> <li>• <b>Board Self-Certification NHSI Provider Licence</b></li> <li>• <b>Compliance – annual declaration</b></li> </ul>
6.1	<p>RC explained the requirement of the Board to self-certify compliance in accordance with the NHS Provider Licence.</p> <p><b>The Board approved the Trust’s declaration of compliance.</b></p>
6.2	<p>Regarding declarations of interest, CM asked for assurance that declarations have been reviewed by Board members and is an accurate record. This was confirmed.</p>
6.3	<p>No further business was discussed and the meeting was closed.</p>
<b>7</b>	<b>Close</b>
7.1	<p>The next In-Public Board meeting will be held on Monday 3<sup>rd</sup> June 2019 at Mary Rose Room, Haven Community Centre, The Salvation Army, Lake Road, Portsmouth, PO1 4HA.</p>

# Minutes

## Solent NHS Trust In Public Board Meeting

Monday 3<sup>rd</sup> June 2019, 09:30am-13:40pm

Mary Rose Room, Haven Community Centre, The Salvation Army, Lake Road, Portsmouth, PO1 4HA

<b>Chair: Catherine Mason, Trust Chair (CM)</b>	
<b>Members:</b> <b>Sue Harriman</b> , Chief Executive (SH) <b>Andrew Strevens</b> , Director of Finance (AS) <b>Sarah Austin</b> , Chief Operating Officer, Portsmouth and Commercial Director (SA) <b>David Noyes</b> , Chief Operating Officer Southampton and County Wide Services (DN) <b>Dan Meron</b> , Chief Medical Officer (DM) <b>Jackie Ardley</b> , Chief Nurse (JA) <b>Helen Ives</b> , Chief People Officer (HI) <b>Mick Tutt</b> , Non-Executive Director (MT) <b>Jon Pittam</b> , Non-Executive Director (JPi) <b>Stephanie Elsy</b> , Non-Executive Director (SE)	<b>Attendees:</b> <b>Rachel Cheal</b> , Associate Director of Corporate Affairs and Company Secretary (RC) <b>Jayne Jenney</b> , Corporate Support Manager and Assistant Company Secretary (JJ) <b>Emma Palmer</b> , Corporate Support Assistant (EP)  <b>Apologies:</b> <b>Mike Watts</b> , Non-Executive Director (MW)
<b>1</b>	<b>Chairman's Welcome &amp; Update, Confirmation that meeting is Quorate</b>
1.1	CM welcomed all attendees to the In-Public meeting.
1.2	<p>CM announced the immediate resignation of Non-Executive Director, Francis Davis due to his increase in work commitments. It was noted that a letter of thanks was to be sent to FD for his time and commitment to the Trust.</p> <p>MT was also thanked for organising a legal update provided by Paul Barber on the Mental Capacity Act and Mental Health Act the previous week.</p>
1.3	The format of the meeting was explained and apologies noted as above.
<b>2</b>	<b>Patient Story – End of Life Story</b>
2.1	<p>JA introduced Mrs Y, who cared for her mother and staff members from the End of Life service.</p> <p>Mrs Y provided a background of her mother's life, of her long term significant mental health issues and later cancer diagnosis. Mrs Y explained to the Board her mothers' care experience, including admission to Jubilee House.</p> <p>The Board were informed of concerns raised in relation to communication, particularly in relation to listening to carers, the lack of access to patient notes by carers, and expectations with regards to length of stay at Jubilee House.</p> <p>The Board were briefed on Mrs Y's experience of the support given when her mother passed away.</p>
2.2	JA expressed her apologies on behalf of the Trust for the care provided and for the failures identified to the Board. JA thanked Mrs Y for attending the meeting to highlight the issues to enable the Trust to learn and act upon.

2.3	TT shared his gratitude to the Board for receiving the story and highlighted the importance of continuing to flag patient and carer experiences. TT also emphasised the importance of being aware of and supporting vulnerable families who may not readily be able to speak up.
2.4	The Head of Quality and Professions within Adult Services Portsmouth assurance that identified issues have been reviewed and a significant number of improvements made since.
2.5	SH thanked Mrs Y for telling her story and commented on the impact it had had. SH asked if the Trust needs to learn more about how to respect carers and ensure enough power is provided to assist with providing the right care. Mrs Y agreed and commented on the frustrations carers can experience.  CM thanked all for attending the Board and highlighted the importance of sharing matters that could be addressed and improved by the Trust. <i>Mrs Y and staff members left the meeting at this point.</i>
<b>3</b>	<b>Board reflection on patient story and discussion</b>
3.1	The Board reflected on the story received. SH commented on the change in service model at Jubilee House and the need to therefore manage expectations and ensure appropriate communication.
3.2	DM shared his opinion of the Trust's failure to effectively empathise and communicate with the family.
3.3	It was agreed that JA draft a letter of thanks for CM to sign and send. <b>Action: JA/CM</b>
<b>4</b>	<b>Minutes of Last Meeting and action tracker</b>
4.1	It was noted that an Extra Ordinary In Public Board meeting was held on the 24 <sup>th</sup> May 2019 where the Board approved the financial accounts, annual report and quality account.  The minutes of the meeting held on 1 <sup>st</sup> April were agreed as an accurate record subject to a minor spelling amendment in item 2.1.
4.2	<u>Action 631 Providing Newspapers to Brooker</u> JA confirmed that newspapers are to be delivered to Brooker Ward and magazines also circulated. To be reviewed in 6 months.
4.3	The following actions were confirmed as closed: AC000687, AC000688 and AC000689.
<b>5</b>	<b>Register of Interest &amp; Declaration of Interests</b>
5.1	There were no further updates to report.
<b>6</b>	<b>Matters Arising</b>
6.1	There were no matters arising to report.
<b>7</b>	<b>Any Other Business</b>
7.1	No further business was requested.

8	<b>Safety and Quality First and Feedback from Board to Floor Visits</b>
8.1	There were no urgent matters of safety to report.
8.2	There were no material updates to note for the Board to Floor Visit Update report. JA explained the regularity of visits conducted. <b>The Board received the report and noted outcomes.</b>
8.3	<p><u>Board to Floor Visits</u> <u>CAMHS - Portsmouth</u></p> <p>JPi briefed the Board on his recent visit. The rescheduling and prioritising of waiting lists were noted however JPi highlighted there to be a challenging target to achieve. It was noted that the visit was well organised and staff were very engaging. Staff challenged funding with regards to the small amount required that would resolve the waiting list problem.</p> <p>Evidence was shared with regards to good personal development and flexibility of staff to provide cover across teams.</p> <p>JPi commented on Falcon House initially being difficult to find now that the back entrance to St James site has closed, however confirmed that the building is used very well.</p>
8.4	<p><u>Mental Health Teams and Solent Mind Services</u></p> <p>MT briefed the Board on his recent visits. MT informed the Board that he has not yet received the formal report. MT reported that his visit reinforced the quality of Solent’s community based mental health service, particularly when provided in partnership with other organisations to reach out to vulnerable people. MT commented on being witness to professionalism, commitment and insight into interventions offered.</p> <p>It was noted that NHS Confederation Mental Health Network are to be invited to return to complete their understanding of Solent’s alternative offer of mental health care.</p>
8.5	CM shared her recent opportunity to visit the wards at the Limes with MT and of good informal discussions held.
8.6	<p>SH echoed MT’s comments with regards to the benefits of partnership working and referred to a visit to Substance Misuse Services, in partnership with the St James Society who is more connected to the need of the community.</p> <p>Partnership working and opportunities for other areas of the Trust was discussed and it was noted that a passport facility to enable staff to cross Trusts within careers is being considered within STP discussions.</p>
8.6	MT highlighted estates work required on the road leading to the Orchards and of issues with the back gate at Falcon House. AS confirmed ongoing conversations in progress to address.
8.7	<p>MT referred to the suggestion regarding increasing engagement with non-clinical staff during visits and confirmed that he has always done so and highlighted the importance of understanding issues from a non-clinical perspective.</p> <p><b>The Board received the updates.</b></p>



<b>Strategy &amp; Vision</b>	
<b>9</b>	<b>Chief Executive's Report</b>
9.1	SH provided material updates since the circulation of the report. SH informed the Board of the planned Solent Award Recognition Ceremony being held at the Ageas Bowl and encouraged attendance to celebrate Trust staff and their achievements.
9.2	SH referred to challenges associated with the progression of a full business case for the RSH and Western Community Hospital due to national capital restraints and confirmed that the Trust is now in a position to proceed following notification from NHS I&E.
9.3	The Board was informed of the Trust's achievement in moving to level 1 of the Single Oversight Framework which provides maximum autonomy. This was noted to be due to a number of factors including the break-even position, as well as the positive CQC and staff survey results. CM congratulated the team for their efforts.
9.4	<u>Trust Management Team Meeting (TMT) update</u> SH provided a summary of recent business and confirmed that organisational development and performance was reviewed, broad conversations were held regarding STP work and JA presented on community data sets. The Board were informed of the review being conducted of the role and function of the TMT meeting. There is to be a focus on workforce, technology and estates.
9.5	MT referred to medical staffing challenges in Mental Health and informed the Board that unfortunately the overseas appointment will not be pursued.
9.6	JPi asked if the BAF financial risk should remain high given the current financial position. AS commented on debate held in this respect at the recent Finance Committee and provided justification for retaining the score, citing the number of CIP schemes and associated delivery challenges.
9.7	CM commented that Estates were not included on the top BAF scores and asked if there are any new risks for inclusion. DN provided assurance that Estates sits within the top 3 risks within services and acknowledged the need to reflect on the detail reported. It was confirmed that a separate estates BAF entry is included, but is not considered within the top risk scores.
9.8	CM asked for further information regarding the non-compliance of the Falsified Medicines Directive and implications for the Trust. DM confirmed that all organisations are currently unable to comply with the new process and provided assurance that the Trust is not more exposed than others.
<b>10</b>	<b>Performance Report</b>
10.1	<u>Business Plan End of Year – CPMO Report</u> AS summarised the key areas of achievement as well as highlighting to the Board areas of non-achievement and rationales.
10.2	The Board discussed the CPMO report content and format and it was agreed that further intelligence with regards to the impact of non-achieving schemes would be beneficial.

10.3	<p><u>Operational Performance - Portsmouth</u>  SA emphasised demand and capacity issues, particularly concerning waiting times.  SA informed the Board of the temporary closure of COAST services and summarised expectations regarding staffing and reopening arrangements.  CM asked if the Trust is in breach of the COAST contract. SA explained that discussions were being held with Commissioners to achieve an agreed position.</p>
10.4	<p><u>Operational Performance - Southampton</u></p> <ul style="list-style-type: none"> <li>• DN updated the Board with regards to the growth of insulin requirements and greater financial pressure that is being monitored.</li> <li>• DN reported on discussions being held in relation to the transformation of Primary Care, particularly in consideration of GP staffing challenges.</li> <li>• A review on CAMHs waiting list and improved performance within 16 week referral target was noted.</li> <li>• The improvements in dental GA performance were acknowledged</li> </ul>
10.5	<p><u>Quality</u>  JA raised the importance of ‘Legs Matter Week’.  A photo was taken for promotional purposes.</p>
10.6	<p>JA referred to the reported CDiff case on Jubilee and the consequential learning. JA provided confirmation that the Trust has followed correct procedures.</p> <p>JA reported on a deep dive undertaken on the spike in reported restraints and seclusions. JA confirmed there to be no issues identified and confirmed satisfaction with the reporting process through the MHASC.</p>
10.7	<p>SE asked if the reported number of pressure ulcers and serious incidents are typical. This was confirmed and JA provided assurance that any matters of concern would have been included within the report.</p>
10.8	<p><u>Finance</u>  AS summarised the M1 financial position, and provided rationale concerning the £37k adverse plan JPi asked if the Trust is confident in recovering the deficit during the remainder of the year. AS explained the budget phasing of reserves and commented on being comfortable with break-even expectations but acknowledged challenges.</p>
10.9	<p><u>Workforce</u></p> <ul style="list-style-type: none"> <li>• HI highlighted an increase in turnover and absence over the last 6 months.</li> <li>• It was noted that national NHS Interim People Plan has been published and updates and implications for Solent will be reported through the People and OD (POD) Committee.</li> <li>• HI informed the Board that consideration is being given to how the Trust is responding to Baroness Dido Hardings recent letter entitled ‘ <b>Learning lessons to improve our people practices</b>’ and will be reported to POD Committee.</li> <li>• HI highlighted plans to work with Integrated Care Systems on a POD Strategy and workforce plan.</li> <li>• In relation to Communications it was noted that the Trust’s new website is now live. HI reported that there is further development work to be undertaken however noted a significant improvement in style and accessibility.</li> </ul>

10.10	As the Workforce SRO for the HIOW STP, SH commented on potential differential data collection methodologies used across HIOW partners in relation to staff sickness and vacancies and associated challenges when presenting such data at an STP level.
10.11	SE enquired about the progress with the development of the collaborative bank process. HI provided a status update.
10.12	JA informed the Board of the innovative development of a mobile App allowing staff to book directly into bank shifts. The need to increase the app usage was agreed. <i>SW joined the meeting at this point.</i> <b>The Board received the Trust Performance Report and further updates.</b>
<b>11</b>	<b>Delivery of the Academy of Research &amp; Improvement Annual Report</b>
11.1	DM updated the Board with regards to research improvements and explained the national research metrics and achievements made by the Trust within the research arena. DM commented on additional funding provided to trusts however highlighted good results delivered by Solent.
11.2	CM shared her enthusiasm for the research work that sits within Trust values and noted the evidence of continued development.
11.3	<p>Presentation provided.</p> <ul style="list-style-type: none"> <li>SW informed the Board of support provided by the Academy on research development in partnership with patients and community members.</li> <li>It was noted that the Trust is to be visited by two external trusts to look at the work undertaken and how it has been achieved.</li> <li>SW shared the scope of work that is supported across the Trust and the performance figures. It was noted that the market share has increased by 2%.</li> <li>SW shared the range of studies undertaken during the past year.</li> </ul> <p>CM enquired how many of the studies were lead by Solent. SW confirmed that the Trust is leading on 20-30% of studies.</p> <ul style="list-style-type: none"> <li>SW briefed the Board on audits and evaluations undertaken and the results. CM asked if the number of research studies are monitored and suggested the inclusion by service line.</li> </ul>
11.4	MT commented that staff do not always identify what they do as research due to the work being business as usual and cited positive examples of Solent Mind and IAPT partnering.
11.5	SW highlighted improvements achieved as a consequence of regular audits undertaken with regards to physical health within a mental health setting.
11.6	<p><u>Quality Improvement Programme</u></p> <p>SW provided the Board with a presentation on the Quality Improvement Programme. SW briefed the Board on improvements to the programme and increase in activity.</p> <p>CM commented on the benefit of actively promoting the Trust's QI approach, particularly in relation to system working.</p>

11.7	<p>CM highlighted the tremendous amount of work undertaken by the team to raise the profile and deliver the outcomes achieved.</p> <p>SE suggested further marketing of the work through the Trust communication team would be beneficial.</p> <p><b>The Board received the report and further update. SW left the meeting at this point</b></p>
<b>12</b>	<b>Proposal regarding the future approach to the Trust's Performance Report</b>
12.1	<p>AS provided a brief update of the NHSi presentation 'joining the dots' previously delivered. Key highlights included the CQC expectation that Boards receive information using Statistical Process Control (SPC) and to efficiently identify areas of significance and trends in performance.</p> <p>AS demonstrated examples where SPC is currently used across the Trust and proposed a 6 month programme of implementing further SPC reports at executive level meetings and Board. It was also agreed that individual Board Committees consider the relevant KPIs for measurement and reporting via SPC methodology over the forthcoming months.</p> <p>MT commented that Elliot Wylde will be liaising with Alasdair Snell to improve the reporting of data for the Mental Health Act Scrutiny Committee.</p>
12.2	<p>SH commented on the need to implement SPC across the Trust and provide learning opportunities at service level to avoid a complete reliance on the Performance Team with regards to data interrogation and interpretation.</p> <p><b>The Board noted the presentation and further update.</b></p>
<b>13</b>	<b>Delivery of the Learning Disability Strategy</b>
13.1	<p>JA informed the Board of the withdrawal of the Terms of Reference of the Learning Disability Strategy Implementation Group (LDSIG) appended to the paper. It was agreed that reporting of the implementation be via the Assurance Committee.</p>
13.2	<p>It was noted that AS has agreed to be the Accountable Executive Director for the delivery of the Strategy and Learning Disability Improvement Standards.</p>
13.3	<p><b>The Board noted that Executive Directors and Clinical Directors will identify suitable representatives from within their teams/services to be Implementation Leads and members of the Implementation Group.</b></p> <p><b>The Board agreed that the LDSIG will report directly to the Assurance Committee under the designated Non-Executive Director.</b></p>
<b>14</b>	<b>CQC Follow Up Report</b>
14.1	<p>JA highlighted there to be no outstanding actions identified from the 6 month re-visit following the initial CQC inspection to Brooker Ward. CM requested that congratulations are conveyed to Brooker.</p> <p><b>Action: JA</b></p> <p><b>The Board noted the contents of the CQC Follow Up Report.</b></p>
<b>15</b>	<b>Professional Engagement and leadership six monthly report</b>
15.1	<p>There were no material updates to note.</p>

	CM commented on a new facility being built at St Marys for Podiatry and enquired about service improvement expectations and training of podiatrists. JA informed the Board of work being undertaken with other organisations by Clare Mander, AHP Professional Lead and Clinical Lead for Accessible Information, to review how the Podiatry service can develop in future.
15.2	MT commented on the report being comprehensive and understandable and asked if the same process is to be planned for medical activity. DM commented that an integrated report to include the medical workforce should be developed in future.  It was noted that a Solent AHP Conference is to be held on 10 <sup>th</sup> October and an invite will be sent to all Board members. <b>The Board noted the six month report.</b>
<b>16</b>	<b>Health and Safety Annual Report and Statement of Intent</b>
16.1	AS summarised the key elements of the report and informed the Board of associated challenges where the Trust is beholden on landlords and cited the recent intruder incident at the RSH. The number of fire related incidents was highlighted.
16.2	JPi commented favourably on the improvements to the format of this year's report.
16.3	CM asked if the higher number of falls reported on Brooker Ward were due to the clientele This was confirmed to be the case.
16.4	CM suggested the inclusion of trend information in future reports. It was agreed that AS include comparative narrative within future reports. <b>Action: AS</b>
16.5	The Board discussed the report content. SA suggested the use of comparable data from similar local organisations would be helpful as a way of benchmarking. HI also suggested the inclusion of triangulation of Occupational Health information data. AS to look into including the information. <b>Action: AS</b>
16.6	SE queried the triangulation of information with regards to the reported violence to staff, with the staff survey. HI confirmed meetings in place with service lines to correlate the staff survey with incident reporting which can be reported back to the Board at a later date. <b>It was noted that the statement of intent has been signed by SH as Accountable Officer.</b> <b>The Board noted the Health and Safety Annual Report.</b>
<b>Reporting Committees</b>	
<b>17</b>	<b>Charitable Funds Committee Minutes &amp; Chairs update</b>
17.1	MT updated the Board with attempts made to recruit to the role of honorary director position, which have unfortunately been unsuccessful and confirmed that the Committee will now consider alternative options for the development and use of charitable funds. . <b>The Board noted the update.</b>
<b>18</b>	<b>Assurance Committee</b>
18.1	The Learning from Deaths paper was noted as omitted from the Board pack. To be provided for information. <b>Action: JJ</b>

18.2	<p>JPi commented on the delay in the delivery of the End of Life Strategy and enquired about the current position with the End of Life Policy. JA provided assurance that a policy had been written last year using national guidance and best practice from across the country. JA confirmed there to be no plans to rewrite the policy, unless the strategy required there to be.</p> <p>JA updated the Board with regards to continued progress with the End of Life Strategy and of the need to ensure adequate time is given to engage with communities.</p> <p><b>The Board noted the Assurance Committee exception report and End of Life update.</b></p>
<b>19</b>	<b>Audit &amp; Risk Committee</b>
19.1	<p>JPi reported that the Committee received the Internal Audit plan for 2019/20. It was noted that following recommendation from the Committee on 24<sup>th</sup> May, the Board subsequently approved the financial accounts, annual report and quality account as well as receiving the audit opinion.</p>
19.2	<b>The Board noted the update.</b>
<b>20</b>	<b>People and OD Committee</b>
20.1	There was no meeting held to report. The next meeting is scheduled for 13 <sup>th</sup> June 2019.
<b>21</b>	<b>Community Engagement Committee (CEC)</b>
21.1	There was no meeting held to report. The next meeting is scheduled for 23 <sup>rd</sup> July 2019.
<b>22</b>	<b>Finance Committee (non-confidential) Chairs Update</b>
22.1	There were no matters to bring to the attention of the Board.
<b>23</b>	<b>Complaints Review Panel</b>
23.1	No meeting held to report. The next meeting is scheduled for 4 <sup>th</sup> June 2019.
<b>24</b>	<b>Governance and Nominations Committee</b>
24.1	No meeting held since last Board. The next meeting is scheduled for 12 <sup>th</sup> July 2019.
<b>25</b>	<b>Mental Health Act &amp; Deprivation of Liberty Safeguards Scrutiny Committee Chairs update</b>
25.1	<ul style="list-style-type: none"> <li>• MT reported on the Mental Health Act and Mental Capacity Act training provided prior to the Scrutiny Committee and of the positive feedback received regarding the event.</li> <li>• An update was received on how to address internal audit findings.</li> <li>• The appointment of the new MHA and MCA Lead was acknowledged.</li> <li>• Some progress was noted regarding the wider system's way of providing more appropriate acceptance of challenge and DM was keen that risks associated with individuals are escalated.</li> <li>• The Committee considered s136 usage, the majority of which was for people outside of the Portsmouth area. The Committee acknowledged challenges in avoiding breaches of timed seclusions due to AMP travelling times when out of area. It was noted that the Trust breaching numbers are lower than any other Mental Health provider in the country.</li> </ul>

	<ul style="list-style-type: none"> <li>Issue with the reporting of ethnicity reporting was highlighted and it was noted that the Mental Health Act Scrutiny Committee have discussed this areas of reporting over a longer period of time.</li> <li>It was noted that Elliot Wylde is undertaking a review in his new role and suggested linking with him as part of the strategy review.</li> <li>HI highlighted a training session being provided on Essential Diversity and Inclusion to help teams consider how to hold constructive conversations and feel comfortable in asking questions.</li> <li>It was noted that the exception report was to be added to the Board paper pack.</li> </ul> <p><b>The Board noted the update.</b></p>
<b>Governance matters</b>	
<b>26</b>	<b>Committee Annual Reports</b>
26.1	<p><b>The following committee annual reports were approved by the Board:</b></p> <ul style="list-style-type: none"> <li><b>Governance and Nominations Committee</b></li> <li><b>Assurance Committee</b></li> <li><b>Audit and Risk Committee</b></li> </ul>
<b>Any other business</b>	
<b>27</b>	<b>Any other business &amp; future agenda items</b>
27.1	JA shared an e-mail received during the Board from Mrs Y to thank the Board for her invitation and opportunity given to share her story.
<b>28</b>	<b>Reflections – lessons learnt and living our values</b>
28.1	The Board reflected on the meeting. SH commented on the important areas covered within the meeting and the Board echoed SH’s comments.
28.2	<p>The Board reflected on the patient story and how this may have been received by the service. They discussed offering the opportunity for staff members to tell their story, via a future confidential meeting if appropriate. <b>Action: JA</b></p> <p>There were no further discussions and the public section of the meeting was closed.</p>
<b>29</b>	<b>Close and move to Confidential meeting</b>

Overall Status	Source Of Action	Date Action Generated	Minute Reference/ Additional URN	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
On Target	Board meeting - In Public	03/06/2019	3	AC000953	BOD1 - Board Reflection on Patient Story	CM asked if the Board formally wrote a letter of thanks to people who attend to provide a patient story. It was agreed that JA draft a letter for CM to sign.	Jackie Ardley	22/07/2019 21/07/2019 - update - Complete
On Target	Board meeting - In Public	03/06/2019	16	AC000954	BOD1 - Health and Safety Annual Report and Statement of Intent	CM referred to the higher number of falls incidents reported for Brooker Ward and asked if this was due to the clientele. This was confirmed to be the case. CM also suggested the inclusion of trend information. It was agreed that AS include narrative to explain numbers in the next annual report and circulate narrative for the current year on email.	Andrew Strevens	04/07/2019 Update - 04.07.19 -  The falls data (witnessed and not witnessed) for Brooker Ward is significantly higher than other inpatient wards, reflecting the clientele within the unit. Brooker Ward provides care to OPMH patients, who although elderly with some frailty, will spend most of their time out of bed. It being an outlier is expected. Action complete.
On Target	Board meeting - In Public	03/06/2019	18	AC000955	BOD1 - Learning from Deaths Dashboard	MT commented that the Learning from Deaths dashboard should have been appended to the Assurance Committee exception report. It was agreed that this be circulated for information and attached / reuploaded onto the website	Jayne Jenney	22/07/2019 22/07/2019 - update - Learning from Deaths report circulated and papers re-combined and uploaded onto the website.
On Target	Board meeting - In Public	03/06/2019	28	AC000956	BOD1 - Reflections - Lessons Learnt and Living our Values	SA raised a question with regards to how staff may have felt during the patient story. It was agreed that JA discuss further with AA and the staff group in attendance to gain feedback and understand how or if the Board could improve discussions. It was also agreed that the staff be approached to consider whether they wished to present their story at a future Board meeting (potentially within the confidential session if appropriate).	Jackie Ardley	22/07/2019 21/07/2019 - update - JA and AA discussed feedback. With future sessions a feedback session will be arranged post Board to discuss impact and learning.



<b>Title of Paper</b>	Annual Self Declaration on Same Sex Accommodation							
<b>Author(s)</b>	Angela Anderson, Associate Director Professional Standards & Regulation			<b>Executive Sponsor</b>		Jackie Ardley, Chief Nurse		
<b>Date of Paper</b>	23 <sup>rd</sup> July 2019							
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability	X	<b>W2</b> Vision & Strategy		<b>W3</b> Culture	X	<b>W4</b> Roles & Responsibilities	
	<b>W5</b> Risks and Performance		<b>W6</b> Information		<b>W7</b> Engagement		<b>W8</b> Learning, Improv & innovation	
<b>Action requested of the Board</b>	<input type="checkbox"/> To receive		<input checked="" type="checkbox"/> For decision					
<b>Link to BAF risk</b>	BAF # -----All----- Concerning -----All risks-----							
<b>Level of assurance (tick one)</b>	Significant		Sufficient	X	Limited		None	

### Solent NHS Trust Self Declaration on Same Sex Accommodation – July 2019

Solent NHS Trust is pleased to confirm that we are compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice.

Delivering single sex accommodation simply means providing an environment where men and women do not share sleeping accommodation and bathroom and toilet facilities.

Solent is committed to providing accommodation that complies with the delivering same sex accommodation standards and considers these to be a key factor in maximising patient privacy, dignity and respect.

- ✓ There are no exemptions from the need to provide high standards of privacy and dignity
- ✓ Men and women should not have to sleep in the same room, unless sharing can be justified by the need for treatment or by patient choice. Decisions should be based on the needs of each individual not the constraints of the environment, nor the convenience of staff.
- ✓ Men and women should not have to share toilet and washing facilities with the opposite sex, unless they need specialised equipment such as hoists or specialist baths.
- ✓ Men and women should not have to walk through the bedrooms/ bed bays or bathroom/ toilets of the opposite sex to reach their own sleeping, washing, toilet facilities.

### What does this mean for our patients?

Patients who are admitted to any of Solent NHS Trusts' wards can expect the following:

- The room where you sleep will only have patients of the same sex as you
- Transgender patients/service users should be accommodated in the same ward areas as your chosen gender

- All toilet and bathroom facilities will just be for people of the same sex as you and if it is not ensuite will be close to your bed area

In all our wards there will be both male and female patients but patients of the opposite gender will not share your sleeping area. However you may have to cross a ward corridor to reach your bathroom but you will not have to walk through the opposite-sex area.

Any breach of same sex sleeping accommodation will be reported as an incident and highlighted to the Trust Board. Breaches will also be reported to the CQC in line with regulation.

**What do I do if I think I am in mixed sex accommodation?**

If you have any concerns about your accommodation being “mixed sex” during your admission, please ask to speak to the nurse in charge on your ward or alternatively contact our Patient Advice and Liaison Service (PALS) on **0800 013 2319**.

**Recommendations:**

The Board is asked to:

- Approve the **Self Declaration on Same Sex accommodation**

# CEO Report – In Public Board

Date: 26<sup>th</sup> July 2019

This paper provides the Board with an overview of matters to bring to the Board's attention which are not covered elsewhere on the agenda for this meeting. The Board is asked to note the content of this report. Operational matters and updates are provided within the Performance Report, presented separately.

## Section 1 – Things to celebrate

### Queens' Nurse Title

Suzi Graves, an integrated services matron for Community Nursing Southampton, Tracey Tudball, a Clinical Manager for the Lordshill community nursing team, Julie Southcott, Modern Matron for Community Nursing Portsmouth, and Helen Ellerby, Specialist Nurse in Sexual Health in Winchester and Eastleigh were all awarded the prestigious title of Queen's Nurse, by the Queen's Nursing Institute for demonstrating a high level of commitment to patient care and nursing practice at a ceremony in London on Friday 21 June.

We are incredibly proud that four of our nurses have been awarded this huge honour. Jackie Ardley, Chief Nurse, and Angela Anderson, Associate Director of Professions, are meeting with all Solent Queens' Nurses to share and learn together.



Helen Ellerby, Julie Southcott, Suzi Graves and Tracey Tudball.

### NHS Parliamentary Awards

For the second year in a row, a member of Team Solent has won the Lifetime Achievement Award as the Parliamentary Awards. Pam Campbell, who works as a Nurse Consultant for our Homelessness and Health Inequalities, was announced as the national winner of this prestigious award in June. The awards celebrate people who have innovated, impressed and make a real difference to how the NHS provides care for patients. Pam has dedicated her career to the most vulnerable people in Southampton and was a founding member of the Homeless Healthcare Team, set up in July 1992, which is recognised as a national leader in the field of homelessness. Pam's story received significant media coverage, including in the Nursing Times and on Meridian. We are all incredibly thrilled for Pam who is an inspiring and selfless lady.



Pam Campbell with Matt Hancock, Secretary of State for Health and Social Care and Simon Stephens, NHS

### Prime Minister recognition for diabetes

Beth Kelly, Diabetes Specialist Nurse, and Sharon Steele, At Risk Foot Lead in our Podiatry Service, were invited to 10 Downing Street in June by the Prime Minister as a recognition of the role they play in diabetes care, treatment and prevention, keeping people safe and well and in the community. Beth was also invited after she won a national award in 2018 as part of the Diabetes Specialist Nurse Forum, an online community that supports specialist diabetes nurses around the country. The Forum was also named as finalists at June's prestigious Health Services Journal Value Awards for the same project. Sharon, who works within the diabetes multi-disciplinary team at Queen Alexandra Hospital in Portsmouth, received the invite in recognition of her clinical and service development work for people experiencing foot complications resulting from diabetes. Both Beth and Sharon fully deserve recognition for their excellent work in the area of diabetes, and to be invited to visit Number 10 by the Prime Minister is a great honour and really underlines their hard work and dedication to their roles.



Beth Kelly



Sharon Steele



### Annual Academy of Research and Improvement Conference and National Institute for Research League Tables

On 11 July 2019, we held our 9<sup>th</sup> annual Academy of Research and Improvement Conference with the theme of 'Learning Together: A Journey to Excellent Care' – a reflection of all of the improvement projects which have patients and service users as equal partners,

highlighting the difference this is making. We also reflected at the event that good things happen every day and we must learn from and celebrate this. Our two key note speakers, who attended the event, are leaders in their fields – Dr Adrian Plunkett who founded the Learning from Excellence Movement gave an inspirational talk, and Joe Bluden, a national leader on patient engagement, who launched our new participation toolkit. Over 200 colleagues and partners attended the conference, which was again, designed together with our Side-by-Side group.



The Choir at Tonic Music, performing at the conference

During July our Academy was also recognised as the country's best performing research centre in the category of 'Care Trusts' for the number of people recruited into studies, and the number of studies running during 2018/19. It is the second year running that the Academy has topped the National Institute for Research's (NIHR) league table for the number of participants recruited to studies.

### NHS Providers visit to Solent NHS Trust



We welcomed Saffron Cordery, Deputy CEO, Alex Richardson, Public Affairs Officer and Finn O'Dwyer- Cunliffe, Policy Advisor on 16 July 2019 to hear about Solent NHS Trust, our purpose and role in keeping people out of hospital, and the difference we make. Saffron briefed colleagues on key

strategic updates before visiting our Urgent Response Service at Sembal House in Southampton where she was able to witness, first hand, partnership working and integration in action.

## Section 2 – Internal matters (not reported elsewhere)

### Jubilee House proposed move

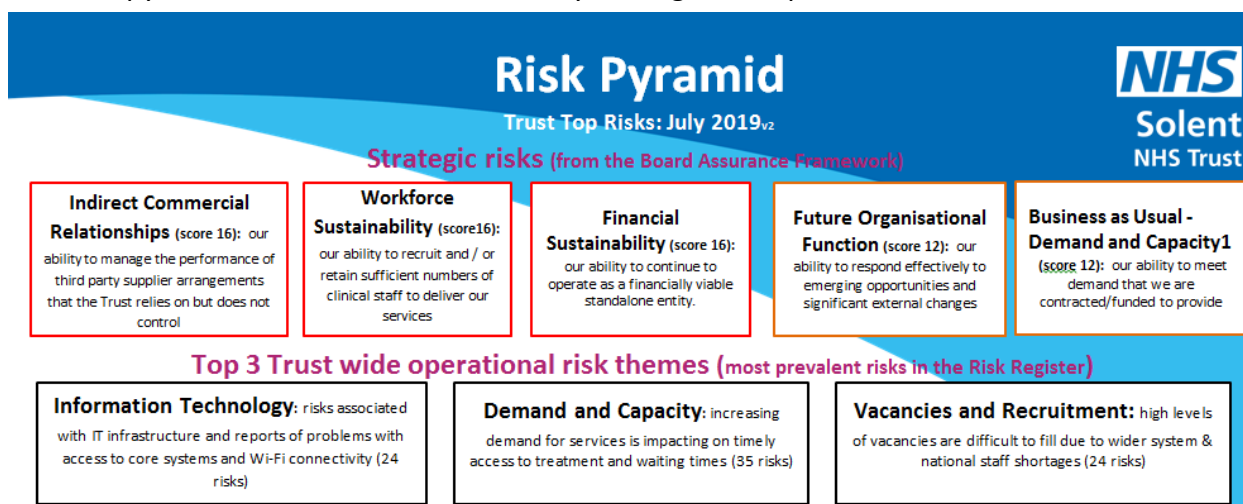
We shared informally with the Portsmouth Health and Overview Scrutiny Panel (HOSP) our plans to redevelop Jubilee House on 25<sup>th</sup> June 2019, ahead of a formal paper being presented at the HOSP meeting on 18<sup>th</sup> July 2019 (Appendix 2). The HOSP support us proceeding as set out and we will now work to finalise the plans for the new pathways and staffing model, as well as for the space required in both the care home facility and the new Jubilee House. At HOSP's request we will provide further detail regarding the capital plans and will present a detailed update at the September meeting, particularly addressing timelines as well as a request to further engage with patients and carers on our proposals.

### Notification of post accounts Indicative Provider Sustainability Fund (PSF) Value 2018/2019

We were informed on 3<sup>rd</sup> July 2019 by NHSI of our final notification of the 2018/19 year-end Provider Sustainability Fund (PSF) value for Solent NHS Trust. As a result, NHSI allocated an additional £207,000 general distribution PSF in the sector consolidated accounts for Solent NHS Trust bringing the total indicative PSF to £3,828,000 for 2018/19. As the accounts were agreed by both auditors and the Board back in May 2019, the additional PSF bonus will be accounted for within the 2019/20 accounts and our control total for this financial year will therefore be adjusted accordingly.

### Corporate Risk Register / Board Assurance Framework

The risk pyramid below summarises our key strategic and operational risks:



Regarding the operational risk register, items of note are:

1. Child & Family Services continues to have wheelchairs as one of their top 3 risks in the risk pyramid
2. The risk regarding Primary Care Behavioural change has been removed from the pyramid as the risk has been mitigated. A workforce risk remains connected to our vacancies within Primary Care.
3. Five risks have been removed from the pyramid as they have been displaced by higher score

risks, or risks with higher proximity. The scores of the displaced risks have not changed:

- Adults Portsmouth Wheelchair Provision (replaced by an increase in score in the existing SaLT Capacity risk).
- Adults Southampton Wheelchair Provision, Ports Community Neuro Service and SaLT Staffing (replaced by a new WHCCG Tender – In-patient Sustainability risk, and an increase in score and/ or proximity in the existing Community Nursing Vacancies, and Ward Vacancies risks).
- Sexual Health IOW HIV Care – mitigation in place.

Wheelchair waiting list initiatives have been implemented by commissioners in both Southampton and Portsmouth and the provider continues to work closely with us - consequently we are beginning to see a reduction in number of people waiting.

A copy of the full Board Assurance Framework is provided separately to the Board within the confidential papers.

#### Update from Trust Management Team (TMT) meeting:

A TMT meeting was held on 24<sup>th</sup> July 2019; a summary of business discussed is outlined below;

- The Committee agreed the revised TMT Terms of Reference (Appendix 1)
- An update was provided by the CEO, highlights as follows;
  - CDs to consider the momentum associated with a CQC ‘good to outstanding’ plan and the next iteration of the Trusts narrative
  - Colleagues were briefed on the recent NHS Providers visit and positive feedback and were informed that SH is to attend a dinner event with NHSI/E Chair Dido Harding
  - Colleagues were informed of the current NED vacancy and associated appointment process
  - Informed of the NHS Long Term Plan - Implementation Plan and associated corresponding timescales and requirements for STP/ICS and ICP 5 year plans
- A deep dive entitled ‘NHS Interim People Plan in action’ was held, using ‘Glisser’ an interactive platform, hosted by the Chief People Officer where the Committee were asked for opinions on the maturity of the Trusts response against the NHS interim People Plan 5 key themes and opinions on key priority areas. The Committee were also briefed on the national and regional context and implications for sovereign organisations working across systems. The benefit of using an interactive tool was demonstrated – enabling further debate and thinking to be built upon at future sessions.

Sealings - none to report

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

Reference	Commissioner	Description
CPRO_0155	NHS Portsmouth CCG	Main CCG contract for Portsmouth
CPRO_0156	Southampton City CCG	Main CCG contract for Southampton
TBC	Portsmouth City Council	0-19 Section 75 agreement – currently being finalised, Finance Committee asked to approve the contract in principle
CPRO_0155	NHS Portsmouth CCG	Variation to revise 18/19 finance schedules
CPRO_0051	Southampton City Council	Termination of the section 76 pass through agreement

## Section 3 – Matters external to the Trust – including national updates, system and partnership working

### Southampton Systems update

We remain engaged with partners and committed to the Better Care Southampton programme – the focus is currently on the integration of Primary Care Networks and how they will operate. Our colleagues in University Hospital Southampton Foundation Trust are experiencing very significant pressures, particularly within the Emergency Department, which is symptomatic of strain on the entire Southampton urgent and emergency care system. System Leaders have come together and formulated a plan to improve the situation and Solent has offered to generate additional capacity to help alleviate pressures particularly within physiotherapy and children's services – we are waiting to see whether the system is able to resource the uplift required.

### Portsmouth and South-East Hampshire Systems update

The Portsmouth Multispecialty Community Provider (MCP) Programme continues to make good progress and Primary Care Network (PCN) Clinical Directors have now joined the partnership. The next major development is the commencement of the Long Term Condition (LTC) Hub which combined staffing from primary care, Solent and Portsmouth Hospitals Trust (PHT).

### Hampshire & Isle of Wight Sustainability & Transformation Partnership (HIOW STP) including STP Long Term Plan Development

Following the publication of the NHS Ten Year Plan and the Interim People Plan, supported more recently with the publication of the implementation guidance, the HIOW STP is engaged in the generation of a Five Year Plan for HIOW. McKinseys have been instructed to support this work over the summer and all STP partners are engaged. Each organisation has been asked to generate a Five Year Plan that in essence creates the sub-plans of the overarching HIOW Plan. For Solent, the implications are:

- We will align our business plans to the LTP as part of the business planning process
- We need to build an activity and workforce and finance model based on this to feed into the STP based on a set of STP led assumptions.

Alongside this, the Roadmap to becoming an Integrated Care System by April 2020 continues, delivered and led via all Accountable Officers in HIOW. Solent continues to be actively involved in multiple programmes of work within the STP, most recently the Chief Nurse was actively involved in a three day workshop that addressed nursing workforce supply issues.

STP Annual Report 'Working Together in 2018/19' - Appendix 2

### West Hampshire CCG Leadership changes

Maggie Maclsaac, Chief Executive of Hampshire and Isle of Wight Partnership of CCGs and Southampton CCG will take up the role of Accountable Officer of West Hampshire CCG when Heather Hauschild leaves at the end of July. NHS West Hampshire CCG will continue as an independent statutory organisation. We look forward to working with Maggie in the development of the future Integrated Care System.

## Recovery College

We were informed on 4<sup>th</sup> July 2019 that Portsmouth University Executive Board approved the partnership for the Recovery College – the next steps are to agree the license arrangements for the space, and develop a Service Level Agreement which will formalise the operational aspects of delivery and equipping the identified space. Further steps will also include marketing and communications. This is a great step forward for the Recovery College providing an academic partner and much needed classroom space ready to expand our offer to armed forces and civilians even further.



## Trust Management Team Meeting

### 1 Constitution, roles and responsibilities

1.1 The Trust Management Team Meeting (TMT) is the Senior Leadership Meeting of the Trust.

Its primary purposes are to;

- be the key forum for sharing contemporaneous intelligence concerning the health and care system and other strategic matters from the CEO with the Senior Leadership Team
- bring senior leaders together to consider key culture changing topics
- allow executive leads to fully brief colleagues on the key work-streams on a rotational basis

1.4 The meeting will be structured as follows (unless determined by the Chair):

#### Section 1: CEO Update

The CEO or their deputy will provide contemporary intelligence regarding the national and local health and social care system and strategic updates of significance to Solent NHS Trust. The Leadership team will be responsible for the relevant consideration and cascade as appropriate

#### Section 2: Culture changing topics

Such topics will be agreed in advance by the group

#### Section 3: Shaping our Leadership

Sessions will be hosted by executive leads on a rotational basis focusing on the following topics:

- Workforce
- Estates
- Technology

Relevant matters for escalation/ contemporary issues from the reporting groups will also be flagged to the meeting.

#### Section 4: Exception reports/ contemporary issues from Subgroups

Including:

- JCC/JCNC
- ICT Group
- Care Groups
- Performance Subcommittees
- Estates, Facilities and Sustainability Group
- Finance and Commercial Group

Chairs/ executive leads of the above groups will highlight matters of escalation that cannot be resolved locally, and provide key status updates as well as shared learning opportunities. Key updates will be provided as part of the rotational deep dive (as per section 3) with matters in between being escalated as appropriate.

In addition; the Group will be responsible for ratifying operational policies and reviewing the Board Assurance Framework and operational risk register.

### 2 Membership

2.1 The TMT comprises:

- Chief Executive (Chair)
- The Executive Team
  - Deputy CEO and Director of Finance & Performance (Deputy Chair)
  - Chief Operating Officer Southampton & County
  - Chief Operating Officer Portsmouth & Commercial Director
  - Chief Nurse
  - Chief Medical Officer
  - Chief People Officer

(or their deputy where the Executive Director send their apologies)

- Representatives from Services Lines – either the Operational Directors and/or Clinical Directors
- Deputy COO Portsmouth and Director of Transition, Deputy Finance Director and Chief Pharmacist
- Corporate Associate Directors / Corporate ‘Heads of’

## 2.2 Attendance by Members:

Members are required to send an appropriate deputy where they themselves cannot attend.

## 3 **Attendees**

3.1 The following will be attendees

- The relevant Director may request that their deputies/first line reports attend some or all of the meetings as appropriate.

3.2 The TMT may call upon any employee to attend the meeting.

## 4 **Secretary and meeting administration**

4.1 The Executive Assistant to the CEO will be the secretary to TMT

4.2 The agenda and any working papers shall be circulated to members five working days before the date of the meeting. Minutes of the meeting will be shared with the members following agreement by the Chair.

## 5 **Quorum**

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

- the Chair or their nominated deputy;
- a minimum of two Executive Directors

The CEO or the Deputy CEO and Director of Finance must always be in attendance.

## 6 **Frequency and notice of meetings**

6.1 The TMT will meet six times a year. Meetings of the committee shall be summoned by the secretary of the committee at the request of the Chairman.

## 7 **Authority**

7.1 The TMT has no powers, other than those specifically delegated in these Terms of Reference.

7.2 The TMT is authorised:

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

7.3 The Chief Executive, through the TMT, will hold Directors via their service, managers, senior managers and clinicians, accountable for the operational management of their areas of responsibility.

## 8 **Reporting**

8.1 All reporting Groups are required to report to the TMT via exception reporting.

8.2 The Chief Executive will brief the Board on business transacted and matters discussed at TMT meetings via the CEO Report and will report on any matters of escalation or significant risk.

8.3 The TMT shall identify the matters for cascade to the rest of the organisation /groups as appropriate.

Version	13
Agreed at TMT	Date: July 2019
Date of Next Review	Date: July 2020



Hampshire and Isle of Wight  
Sustainability and Transformation Partnership

# Hampshire and Isle of Wight Working together in 2018/19



MOVING FORWARD TOGETHER



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# Foreword

Health and care partners in Hampshire and the Isle of Wight have a long history of working together. During 2018/19 NHS and local government organisations have continued to join forces to tackle the historical challenges that had been difficult to solve by working separately. Leaders are trying new and different approaches to tackling these issues and we are beginning to see real improvements in the services we offer our population as well as our financial performance. Furthermore, the recent publication of the NHS Long Term Plan, has reinforced our confidence that we are heading in the right direction and are on track to make real improvements for both our local population and our dedicated workforce.

Over the last two years we have listened to local people, our staff, partners and politicians to understand what they want from health and care services in Hampshire and the Isle of Wight. This document details the progress we have made during 2018/19, along with our ambitions for the future. Make no mistake, it is a large and complex journey to improving our health system. We know there is more work to do and we're committed to making the changes that we know you want to see.

**Richard Samuel, Senior Responsible Officer**

**Lena Samuels, Independent Chair**

The NHS is a people business. It can seem large and complex but at its most simple it's two people sitting in a room: one person needs help and the other is offering it.

**Professor Sir Bruce Keogh, NHS England National Medical Director (2013-2018)**

# Introduction

The Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) is one of 44 STPs in England. Local NHS organisations and councils have drawn up proposals to further improve health and care in the areas they serve where it makes sense to work at scale. For example, on projects where we can take advantage of economies of scale, share expertise or make better use of our finite resources.

During 2018/19 health and care organisations across Hampshire and the Isle of Wight continued to work together as a partnership, to address the many opportunities and challenges facing us. We have been developing ways by which local people know how to stay well whilst making sure we provide safe, high quality, consistent and affordable health and care for our population.

We are tackling issues such as reducing the amount of time it takes people to recover from illness, improving the quality of care, supporting people to manage their day to day health whilst making sure we make the best possible use of tax payers money. Our plan is long-term, well-thought through, based on feedback from our local population and devised by people who work in the local NHS and social care system.

As a partnership, we are committed to ensuring health and social care services are about helping keep people well for longer – allowing them to live independent lives and avoid being admitted to hospital. This document details the progress we made in 2018/19 towards achieving our goals.



# Key achievements



Opened 11 children's hubs, where a variety of health and care professionals support parents across the area



GP appointments now available during the evening and at the weekend across Hampshire and the Isle of Wight



Achieved £190 million in savings by reducing waste and becoming more efficient



Antibiotic prescribing in primary care reduced by 20% - the biggest reduction in the country



111.nhs.uk

Mental health nurses and clinicians with specialist paediatric training now based at the 111 call centre



Introduction of our staff passport saves us £6000 every time someone moves to another role within the local system



People throughout the area can now book an appointment at their GP practice, order repeat prescriptions and view their medical record online.



We are one of two national exemplars for the way in which we offer personalisation and choice to pregnant women



Hampshire and Isle of Wight has one of the highest early diagnosis rates and as part of the Wessex Cancer Alliance the highest ten year survival rate in the country



One of the first areas in the country to have mental health services working closely with housing to ensure people can be treated safely as close to home as possible



## Community Ambassadors in North and North East Hampshire and Farnham

The Community Ambassador Programme brings together individuals, voluntary sector, faith organisations and community groups who have a large reach into and throughout the north and north eastern parts of the county.

Community ambassadors help us better understand local issues, who we need to speak to and the best way to reach them. They help us to learn from individual experiences and those with expert knowledge when developing, improving or evaluating local health services.

Our community ambassadors are involved in many ways, including but not limited to:

- supporting and shaping projects using their own lived experience, local or specialist knowledge
- reviewing, testing and developing leaflets or literature intended for patients and the public
- passing on important information through their networks.

Opposite are just some of the ambassadors supporting our work.



## Wessex Voices

We are delighted that we have been supported throughout the year by Wessex Voices, a partnership between NHS England and the five local Healthwatch. Wessex Voices was established in 2015 to transform the way local people are involved in designing and planning health services.

They have provided advice and guidance on how to make patient and public involvement more meaningful to many of the Hampshire and Isle of Wight work programmes, including cancer, mental health, children and young people, and digital.

Wessex Voices are also training our staff through their well respected Empowering Engagement Programme. This programme is supporting staff from a variety of disciplines to involve local people in their improvement projects, embedding good engagement into their day to day work.







Improving mental health through peer support

## Peer Support Worker Support Network

A peer support worker is an individual who has lived experience of a situation and can help others focus on their recovery. We have begun implementing an exciting and innovative project, seeking to provide a Peer Support Network across Hampshire and the Isle of Wight, accessible to all, irrespective of location, and which provides a consistent service across the area.

The network, hosted by Solent Mind, will provide support, advice, guidance and training to peer support workers, further progressing the work already undertaken through Building Healthcare Partnerships programme.

The network is being developed and supported by representatives from NHS England, CCGs, local authorities, voluntary sector, peer support workers and other partners.

The Network was launched in January 2019 and will begin reporting progress later in 2019/20.

## Our plans for the coming year

During 2019/20 we will be extending the ways in which we involve people by introducing an online Hampshire and Isle of Wight Citizens' Panel. The Panel will be a way for local people to share their views on a range of health and care topics and will help us reach an even wider selection of our population. This exciting development will be an opportunity for us to hear from those people with whom we don't often speak due to a variety of reasons such as their availability, accessibility issues and time constraints.



# Involving our staff

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The engagement of our workforce is key in ensuring that we utilise their expertise and experience in the way we work as a health and care system.

This year, we developed a system-wide staff partnership forum, engaging with staff representatives and unions on key issues and developments within the system. We have also held a number of workforce summits to engage a wide range of people across our system, and have covered issues such as recruitment and retention, the availability of nurses and allied health professionals and technology.

We use many different methods to share information with our workforce and to engage with them. We have undertaken a range of focus groups and surveys to gather data to inform our work around the collaborative bank (a way in which to share staff between organisations reducing the need to pay for agency staff) and flexible retirement. We have also introduced regular staff communication to keep partners informed about the developments and achievements of this work stream.

This work, along with that described on the previous page, are just a small selection of the things that we are doing to make sure the voice of local people and our staff are central to our efforts to improve health and care in Hampshire and the Isle of Wight.



During 2018/19 we have focused on understanding and mitigating the levels of financial risk across our health system. As we move into 2019/20 we will continue to do this whilst developing a renewed focus on the additional challenge our local authority colleagues face. We also need to ensure we secure additional funding for the system. For 2019/20, there is a potential £84 million of additional funding available.

## Savings programmes

In 2017/18 we delivered 79% of our savings programme saving £165 million.

In 2018/19 we delivered 87% of our savings programme saving £190 million

## Provider sustainability funding

In 2017/18 we achieved £25 m (49%) of our £51m provider sustainability funding and achieved a further £23m in bonus PSF payments, getting a total of £48m of additional cash into the system.

In 2018/19 we achieved £35m (83%) of our £42m provider sustainability funding and achieved a further £27m in bonus PSF payments, getting a total of £62m of additional cash into the system.

Whilst £20 million more funding was received than the available funding, we lost access initially to £24 million of PSF as two organisations were unable to accept their control totals.

A significant amount of work was undertaken in the year to work together as a finance community to maximise access to PSF, of the missed funding, two organisations missed their access to the funding due to missing A&E performance targets and 1 organisation missing due to missing their Q4 financial target.

## Commissioner sustainability funding

In 2018/19 a new funding initiative to support commissioners financial substantiality was created. £7.2 million was available and received in full into our CCGs.

## Financial performance

In 2017/18 we intended to end the year with a surplus of £49.8 million, however we ended the year with a deficit of £21.9 million, a difference of £71.6 million. This was after receiving £23 million in PSF bonus payments.

In 2018/19 we expected to end the year with a deficit of £19.7 million, however we end the year with a deficit of £39.9 million, a difference of £20.2 million. This was after receiving £33.2 million in additional funding.





**Online consultations** - Three quarters of GP practices across Hampshire and Isle of Wight now provide online consultations via their practice website. This supports patients to get to the right service first time around and helps staff by reducing admin time on the phone. 80% of people using the service say they would recommend it to their friends and family.



**GP appointments** - GP practices across Hampshire and the Isle of Wight are working together to make improvements to the care you receive. This includes providing evening and weekend appointments for all our population.



**Online appointment booking and electronic prescriptions** - People throughout Hampshire and the Isle of Wight can now book an appointment at their GP practice, order repeat prescriptions and view their medical record online.



**Smartphone apps** – We have developed a number of apps to support you in managing your health  
**My Maternity** - A digital maternity record for women and health professionals, replacing paper notes.  
**My Medical Record** – An online personal health record, used in our hospitals, which allows you to add information about your health including details which may be monitored as part of your current treatment, such as your weight or blood pressure. In some cases this may reduce the need for you to attend outpatient appointments.  
**NHS App** – this will go live across Hampshire and the Isle of Wight during 2019.



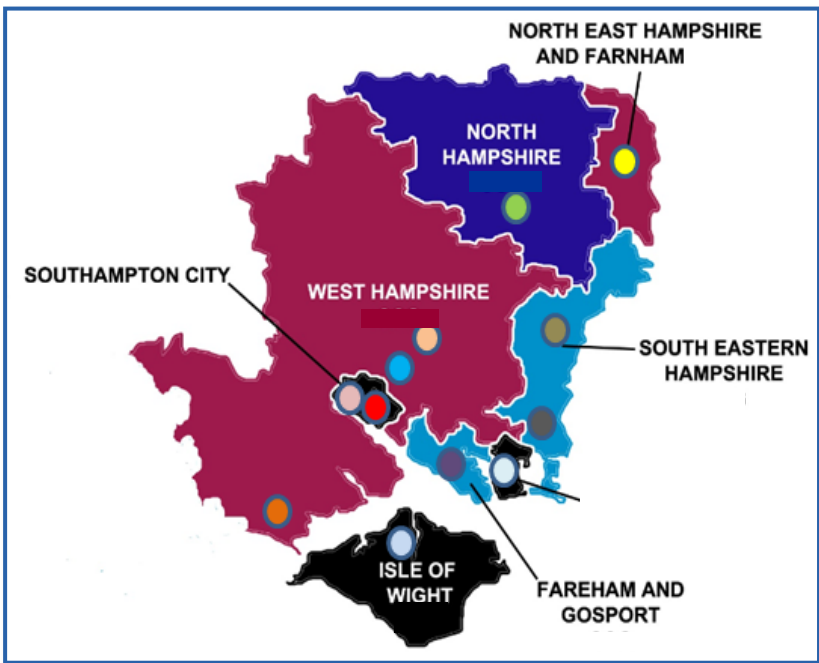
**Accessing data to improve care** - Your medical record can be accessed, when appropriate for your care, by professionals across the area. This has helped our staff to provide services more locally at community and medical centres, reducing the need for unnecessary trips to hospital whilst also reducing the need to have repeat tests.



**WiFi** - Wi-Fi access for patients and staff is now available in over 90% of NHS buildings. This enables a wider range of staff to work in local areas as well as allowing patients to access their medical records on their mobile devices.



**End of life care** - We have been working to improve the care for patients who are at the end of their life, enabling more people to leave hospital and die peacefully, with the care that they need, in a place of their choice.



**Connecting care children's hubs** – Across Hampshire and the Isle of Wight we have established 11 connecting care children's hubs. These are a one-stop service supporting children and their families to reduce the need for them to attend hospital. The hubs offer support from a variety of professionals such as GPs, paediatricians, mental health workers, school nurses, health visitors and children's dieticians and we are already seeing the benefits. Feedback from parents shows that 98% of those that have used the hubs would recommend them to friends, with 93% of hub staff saying they would recommend this new approach to colleagues. Since it started, the Chandlers Ford hub has witnessed a 13% drop in children's GP appointments, a 20% drop in the need to refer children to hospital and a 3% drop in the number of children attending A&E.



**Sexual Health** - Promotion of digital appointments for sexual health screening has resulted in an increase in uptake. This has led to infections being treated quicker, supporting a reduction in spread of sexually transmitted diseases.



**Follow-up care** - Following treatment for breast, colorectal and prostate cancer, more patients are now able to control their own follow up care, supported by training and access to clinical support. Access to online support has reduced the number of follow up appointments and enabled faster access to care when needed.



**Maternity Pioneer** – Hampshire and the Isle of Wight was given Pioneer status for personalisation and choice. This means that we have been able to test out new ways for women to receive maternity care which is centred around them and their families. Following this pioneer period we were named as one of two national exemplars.



**Care homes** - We have improved the way in which we support people living in care homes by offering additional clinical care and support in homes across Hampshire.

## **Collaborative bank**

We have developed a system-wide staff bank to help support staffing levels in our trusts and reduce the reliance on agencies. This will enable staff to book shifts in either their own or another trust in our system. This exciting project is at an early stage and will be closely monitored to understand the financial and staff benefits.

## **Reducing recruitment incentives**

We know that many of our staff move around our system for new roles. In order to stabilise our workforce and reduce competition we have ceased to offer 'golden hello' finance incentives to staff from within the system.

## **Mental health first aid training**

We have delivered training to 180 staff across a number of sectors, including the police, increasing both awareness and knowledge of how to support people experiencing a mental health crisis or illness.

## **Education and development**

During times of change we know that we need to provide our workforce with even more support. We have therefore developed a system-wide organisational development plan and network, offering support for the development of local teams as well as system-wide issues such as values based recruitment and talent management. We have also developing education approaches across the system, including improving English language skills for overseas nurses.



## **Staff portability**

We have introduced a staff passport, which means that training, pre-employment checks and references can be carried from one organisation to another. It costs about £6,000 to perform these checks for each new member of staff. The passport therefore saves both time and money and means our staff spend more time caring for patients. Our plan is to expand the passport to social care and primary care over the coming year.

## **Recruitment and retention**

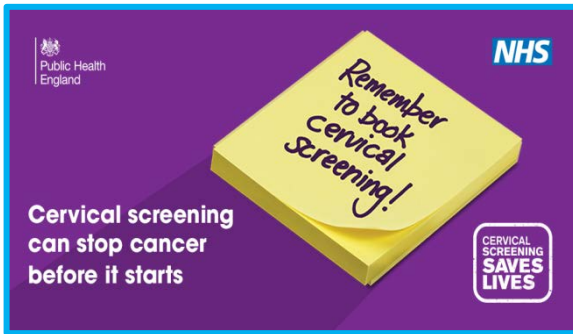
We want our staff to experience a high level of job satisfaction and we are looking at new ways to attract and retain our value workforce. Amongst the options under consideration are flexible retirement and housing.

## **Primary care workforce**

Hampshire and the Isle of Wight has been included in the national GP International Recruitment Scheme and we have a number of programmes running to support better GP recruitment and retention.

## **Nursing supply**

We have begun a system-wide nursing supply programme to address the issues our trusts face with recruiting and retaining nursing staff.



In a drive to save lives by **improving the early diagnosis of cancer**, we are working to increase the uptake of cervical screening across Hampshire and the Isle of Wight. Working with local women to understand the reasons for not attending a screening appointment, we have been investigating ways to make appointments more accessible.

In addition, Southampton City CCG, in partnership with the Wessex Cancer Alliance, was awarded £4.75 million in funding over the next four years to support the roll out of **lung cancer health checks**.

Southampton is the only area in the south of England chosen for this new scheme and only one of ten in England.



Cancer patients who are physically fit before having surgery tend to have a better recovery. Unfortunately, cancer treatments such as chemotherapy, which patients often receive before their surgery, reduce a patient's fitness.

The **WesFit fit for surgery** programme was launched this year, providing people who have a cancer diagnosis access to an exercise programme aimed at improving their recovery after surgery. The first of its kind, the programme has attracted national and international interest.



**Living with cancer** - We are delighted to report that, in Hampshire and the Isle of Wight, more people continue to survive one year and beyond from their cancer diagnosis. In fact, we have **one of the highest early diagnosis rates** in the country with 55% of cancers diagnosed at stages 1 and 2, (Jan 2017). In addition, the Wessex Cancer Alliance, of which Hampshire and Isle of Wight is a part, have the **highest ten year survival rate in the country**.



## Reducing smoking rates

All our hospital trusts now actively encourage patients to stop smoking. As part of a Hampshire and Isle of Wight scheme, hospital staff hold discussions with patients and encourage them to stop smoking, describing the positive impacts on their health. Smoking cessation is now a core element of patient conversations, with 70% of smoking patients at our hospital trusts having received stop smoking advice. Work will continue in 2019/20 to increase the uptake of stop smoking support.



**Making every contact count (MECC)** is an approach to behaviour change that uses the millions of day to day conversations that health and care professionals have with people, to encourage positive changes in behaviour. These changes are aimed at having a positive effect on the health and wellbeing of individuals, communities and populations. This year we trained 1,041 health and care staff to hold these sometimes difficult conversations, with the people with whom they come into contact. This is a significant rise from the number of people trained last year and we will continue to support our staff to Make Every Contact Count.

**Reduce your risk of Type 2 diabetes.**

**HEALTHIER YOU**  
NHS DIABETES PREVENTION PROGRAMME

**The NHS Diabetes Prevention Programme** is in action across Hampshire and the Isle of Wight, identifying and supporting people at high risk of developing Type 2 diabetes.

7,000 people have now been referred to the programme with over 3,000 people attending the initial session. People attending the course are losing an average of 3.4kg (7.5 lbs) in six months.



## The Keep Well Collaborative

The Keep Well Collaborative is a network of housing, health, social care, statutory and voluntary agencies who work together to improve the mental health and wellbeing of local communities by keeping people safe and well at home.

As part of our work we have provided key advice and guidance which has improved the quality of the services that offered by health and social care. For example, the newly launched mental health service within NHS 111 now ensures someone's home situation is taken into account to understand their overall wellbeing. We have supported collaborations between Solent NHS Trust and Vivid Housing and Southern Health NHS Foundation Trust and Winchester City Council to develop wellbeing services which keep people safe at home.

We have also facilitated training for housing staff in mental health first aid (MHFA) and Connect 5 principles to help them provide support to those vulnerable residents experiencing mental ill health that do not meet the criteria for ongoing support . This work also led to a local housing provider developing specific call centre scripting when tenants threaten suicide.

The team are also supporting work to:

- improve accommodation options for those people coming out of hospital who potentially need access to rehabilitation services/facilities
- support NHS colleagues to explore the options for key worker housing;
- support the development of a set of housing options to reduce the need to care for mental health patients far from their home;
- use health, housing and social care data across Hampshire and Isle of Wight neighbourhoods to support the development of primary and community care.



**The NHS  
non-emergency  
number**



**MHFA England**



**The Personalised Care Programme** aims to offer people greater choice and control over the way they receive health and care support. During its first year it provided over 1500 people with a personal health budget, over 8,500 now have personalised care plans and support in place, and over 20,000 people have been offered the opportunity to personalise their care (more than double the target for the year).

## Parent Health Literacy

The Healthier Together Programme continues to go from strength to strength. Led by Dr Sanjay Patel, paediatrician at University Hospital Southampton, the programme provides parents with clear and consistent advice and information to support them in making decisions about their child's health, including when and where to seek help. It also aims to provide appropriate training and education to staff, parents, children and young people through workshops, courses, the curriculum and the resources on the Healthier Together website.

Over the last twelve months use of the Healthier Together website has more than quadrupled, with A&E attendances for children remaining static whilst the national average continues to rise. Training courses for a wide variety of staff have taken place including staff in A&E, NHS 111 and GPs, all aimed at ensuring parents receive consistent advice no matter where they access care.

The impact of this initiative has been further recognised by the 20% reduction in antibiotic prescribing via primary care over the last year. Nowhere else in the country has seen such a substantial decrease.

Over the coming year the team will be expanding their training sessions to paramedics and community pharmacists, and developing advice on a wider range of illnesses.

The Healthier Together resources can be found here [what0-18.nhs.uk](https://what0-18.nhs.uk)



## RESTORE2

Recognise early soft-signs, Take observations, Respond, Escalate

West Hampshire Clinical Commissioning Group has developed RESTORE2, a practical support tool for nursing and residential homes which detects and manages patients whose condition is deteriorating. This has now been rolled out to many homes across Hampshire and the Isle of Wight, and is making sure the right decisions are made quickly when a patient's condition deteriorates.

It is designed to support homes and health professionals to:

- recognise when a resident may be deteriorating or at risk of physical deterioration
- act appropriately according to the resident's care plan to protect and manage the resident's health
- obtain a complete set of physical observations to inform escalation and conversations with other health professionals
- speak with the most appropriate health professional in a timely way to get the right support
- provide a concise history to health professionals to support their professional decision making.

### Winter plans

The winter of 2018/19 saw all health and care organisations in Hampshire and the Isle of Wight working together to provide the best possible services for local residents. Using systems which helped staff understand when emergency services across the area were under significant pressure whilst adapting our approach to ensuring appropriate staffing levels, saw an increase in the number of patients being seen within the four hour target over the peak winter period.

### Mental health crisis support in Portsmouth and SE Hampshire

During the year Southern Health NHS Foundation Trust and Solent NHS Trust began a project with commissioners to look at how people access our community mental health services and how improvements could be made. We undertook months of careful observations of how teams were working, including over 150 hours of workshops and consultations with hundreds of patients, carers and staff. Amongst other things, people told us that they want the same service available to all, with timely access and alternatives to being admitted to hospital. We have already started to make changes in response to these findings.

### Mental Health - A case study example

**The Willow Group in Gosport now employ a General Mental Health Practitioner (GMHP) to support patients with mental ill health. Within the GP practice, the GMHP provides early support and use of non-medical therapies in the treatment of mental health issues.**

**This additional expertise within the practice also increases the speed at which people are referred for assessment to the right mental health specialist.**

## Discharge from Hospital

Over the last two years all our hospital trusts have been focusing on reducing the amount of time people stay in hospital after being admitted in an emergency. As well as putting new processes into place to reduce hold ups, Hampshire Hospitals is looking at how it can support patients even more. Amongst other things, they now assess people for frailty in order to understand what support they might need when they're discharged. The result of this has been a reduction in the amount of time spent in hospital, a reduction in the number of patients staying more than 21 days and a reduction in the number of patients waiting to be discharged.

## Caring for you closer to home

We have established 35 groups of GP practices who are working together with community services to support people in their local area. Within these groups are dedicated teams made-up of a mixture of different health and social care professionals such as pharmacists, physiotherapists, mental health practitioners and community signposters. They provide a wide range of support to stop people having to go into hospital when they don't need to; reduce the amount of time people stay in hospital (by getting them home safely, as quickly as possible) whilst giving GPs, and all members of the team, more time to focus proactively on people with the most complex needs.

## Shared care records

With our partners in Dorset, Hampshire and the Isle of Wight is one of five areas nationally that have been chosen to develop and speed-up how we share health and care information internally to improve services. Our digital teams have built on the success of the Hampshire Health Record and upgrading the system to the new **Care and Health Information Exchange (CHIE)**. This will improve our ability to plan and offer the best care services for local people. An example of how services are already using the shared care record is detailed below in our 'Focus on Sepsis' section which would not have been possible without the ability of staff from different sectors to be able to read a patient's medical record.

## Focus on sepsis

Over the last year all our trusts have been focusing on how they improve the quality of care for patients with sepsis. At Hampshire Hospitals NHS Foundation Trust teams have worked together across the different aspects of sepsis care to improve both the safety and quality of care they provide. Key partners in this work are the Wessex Patient Safety Collaborative, South Central Ambulance Service, the Local Medical Committee, local GPs, out of hours GP services, Hampshire County Council, along with local care/nursing homes, CCGs and trusts.

This combined approach has meant that more patients are now receiving antibiotics within an hour of diagnosis, a key target in the treatment of sepsis.

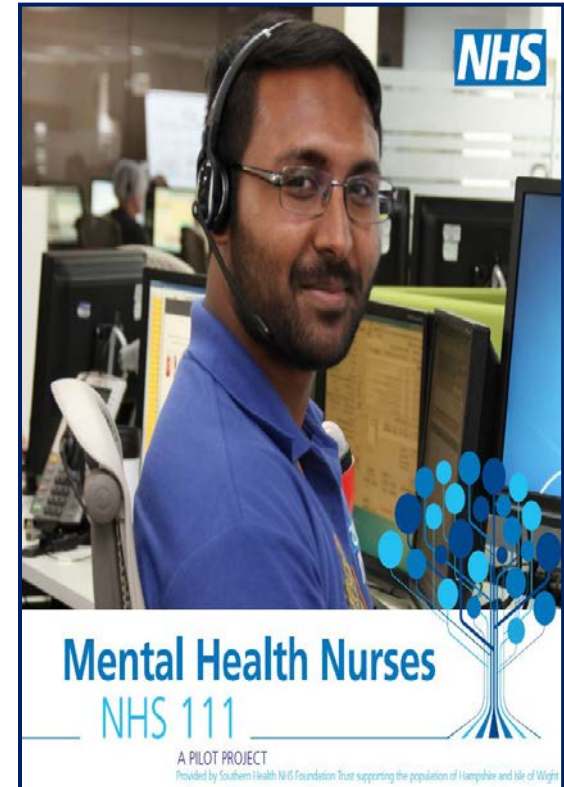


We know that when people have an urgent health need they want to speak to someone that can help them quickly. The NHS111 and 999 services are receiving more calls from people with mental health conditions and parents with unwell children than ever before. This often leads to ambulances being dispatched and people being referred to A&E and GP services. However, people have told us that this isn't what they want, they would prefer instead to receive specialist support straight away and not be sent to a busy emergency department or travel to an out of hours GP, which could, in many cases, be a worse experience for them.

To respond to this feedback we have developed two new elements to the NHS111 service. The first provides 24/7, 365 day access to mental health nurses to ensure a consistent, confident and reliable service for both children and adults. Mental health nurses are located in the operations centre of NHS111 and 999 and calls are transferred to them when the caller is assessed as possibly having a mental health need with no physical health need. Calls can last around 30 minutes, allowing the mental health nurses to support individuals into a more stable condition, either whilst they wait for further care or are in a position to look after themselves. Once the callers needs are assessed the nurses are able to refer people on to a wide range of professionals, from mental health specialists to housing specialists. This new service forms part of the wider mental health strategy across Hampshire and the Isle of Wight apart of which is a focus on offering alternative places for people to go to when they are in crisis.

The 111 service in Hampshire and Isle of Wight receives about 1500 calls every week regarding children between 0 – 5 years of age. 80% of these calls are referred to a GP, with 10% sent to A&E. Often, in less serious situations, parents are keen to look after their child at home. Therefore, we have provided paediatric training for the nurses in the 111 call centre, to help them support the parent to care for their child, if appropriate, or alternatively to direct them to the best service for their child's needs. This coming year we aim to improve this service even further by introducing video consultations and providing access to paediatric nurses.

Both of these initiatives are part of the review into urgent and emergency care, supported by all the health and care organisations in Hampshire and the Isle of Wight. It proposes a fundamental shift in the way urgent and emergency care services are provided. Improving out of hospital services, offering more care in community settings and reducing the need to attend and be admitted to hospital. Our aim is to provide an urgent and emergency care service that is safe, consistently high quality and which meets the needs of our local population.



**£3.6 million** is being invested to improve the way in which lung cancer is assessed and diagnosed across Hampshire and the Isle of Wight. This work will also increase the number of lung cancers diagnosed at an early stage, often making them more treatable.

**£1 million** has been invested in the Wesfit programme to help people on the road to recovery as soon as they receive a cancer diagnosis, rather than waiting for them to undergo treatment.

**£1 million has been secured to support GP retention.** This money has been used within local health systems to develop schemes to help doctors, who might otherwise leave the profession, remain in clinical general practice.

We have attracted **£12 million** in funding to **improve the IT capabilities** of our hospital trusts.

Additional funding has placed **pharmacy services in care homes**, to ensure the frail members of our population are taking the most appropriate medicines.

**£2.5 million** will be invested in increasing the uptake of **screening and immunisations** for harder to reach populations.

**We secured a total of £30.8 million for Hampshire and Isle of Wight in 2017/18** (Wave 3 funding)

We received:

- £17.5 million for additional theatres, a pharmacy distribution centre, improved outpatients and a single patient record.
- £10.3 million for the transfer of services to allow the sale of St. James Hospital
- £3 million for the reconfiguration of Woodhaven at Tatchbury Mount for children and adolescent mental health services.

In 2018/19 we secured **£81 million of funding** (known as Wave 4 funding).

- £10.2 million to upgrade the Burrell Centre in Winchester
- £58.3 million for a new emergency department at Portsmouth Hospital
- £15.8 million to upgrade wards in the Western Hospital in Southampton
- £2.6million to relocate the GP practice at Cosham Health Centre to a more modern site
- £2.4million for the same day access centre in Basingstoke

During the year we received a **Health Foundation Award of £75,000**. This funding was used to support a review of **inpatient and community mental health services** in order to improve outcomes for adults and older people experiencing severe mental illness. The team is using the money to develop new ways to reduce the number of people travelling out of area for acute and psychiatric intensive mental health care, instead focusing care and treatment as close to home as possible.

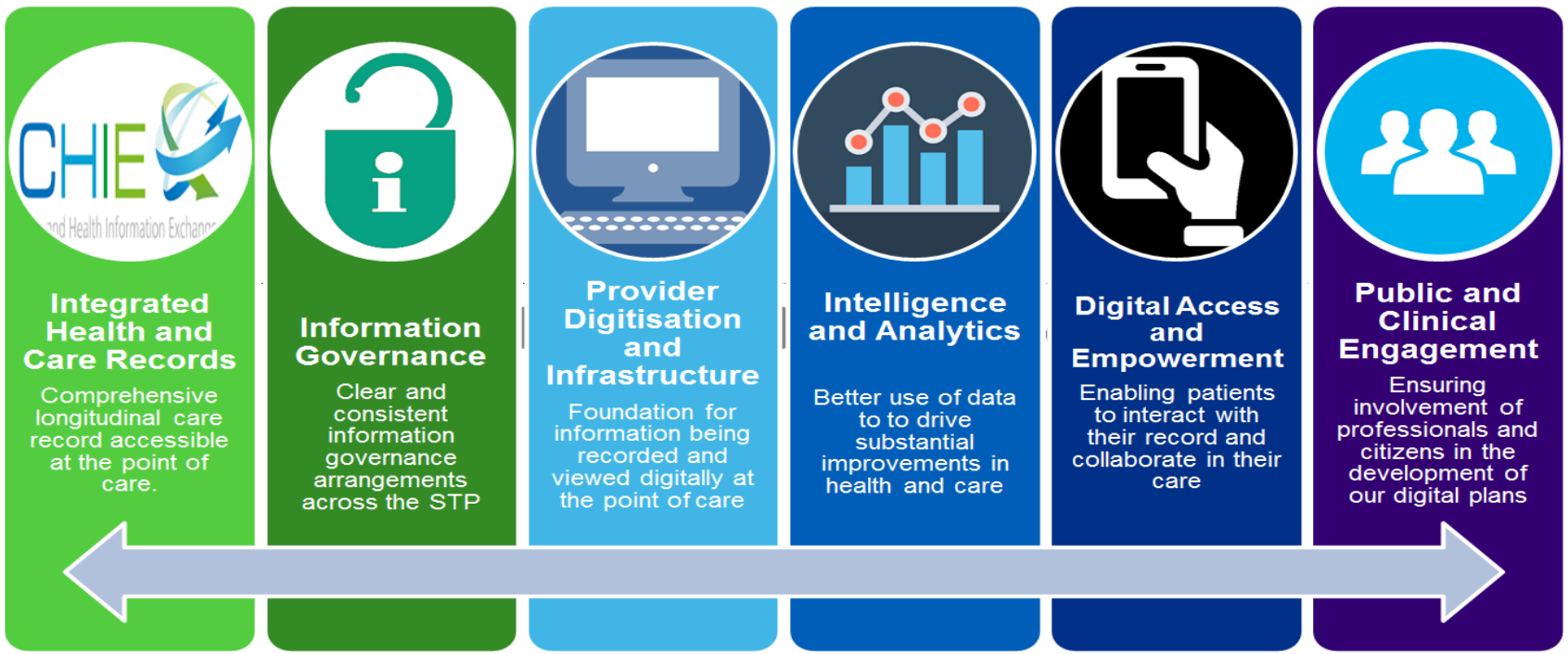
# Investing in your care – Digital Transformation 19

Over the last two years, teams from across health and care organisations in Hampshire and Isle of Wight have worked together in a new way to start to make positive changes for our citizens and our staff.

Our digital teams have brought together experts in technology, information security and data analysis, to understand the best ways in which we can share your data securely, using the right technology, to help our staff work across the area to support people in a variety of locations.

In fact, leaders of the health and care system nationally have recognised our progress and provided us with additional funding to modernise the IT in our hospitals and develop our shared care record. Our investment in technology in GP practices and community health centres is making it easier for people to access health and care professionals through access to WiFi, apps and online and video consultations.

We are delighted to have three trusts named ‘Global Digital Exemplars’: Hampshire Hospitals, University Hospital Southampton and South Central Ambulance Service have all received funding to invest in new technologies to improve patients’ experience.



Whilst improving the quality of the care we provide is our top priority, we also want to make sure that we reduce waste and spend taxpayers money as wisely as possible. Many of the pieces of work mentioned in this document have already generated efficiencies of both time and money over the last year and we expect this to continue into 2019/20. Below are just a few examples of how we're reducing waste and becoming more efficient.



## Reducing unused and unfit buildings

During the past two years we have improved the way in which we deliver some of our services by moving them away from properties that were no longer fit for purpose. We have released a total of 3.06 hectares of unneeded land with a value of £11.9 million. We have also reduced the operating costs of our buildings by £1.3 million per annum.

This work is ongoing with a five year plan in place to identify surplus land and to reinvest in our estate.

**Online appointments** have meant that two thirds of the people using the system could be managed remotely, reducing the need to travel into the GP practice. This is saving just under 5000 GP appointments every month in Hampshire and the Isle of Wight equating to a financial saving of around £55,000 per year. We know however, that this is just the start. As more and more people know about the service we anticipate usage rising considerably with savings forecast to reach well over £1million each year. Whilst saving money this will also free up valuable GP and nurse time to spend with people with more complex needs.

**Staff portability** - The introduction of our staff passport is saving £6000 every time an employee moves within the system. Whilst in its infancy we expect to see significant savings during 2019/20.

## Improving mental health services for children and young people

During the year we implemented a six month pilot project aimed at reducing the number of children and young people admitted to hospital with severe mental illness. The project also looked at how we can make sure children and young people are cared for in an environment as close to their home as possible, reducing the amount of time spent in hospital and supporting families following discharge. By undertaking this project we not only provide local children with a better experience of care but also streamline the way we work so that mental health specialists are able to spend more time supporting young people more intensively in their home.

Overall the project generated £1.1 million savings from a £500,000 investment and is currently being refined to make sure we further improve outcomes for children.



The following organisations are supporting the delivery of sustainability and transformation programmes of work in Hampshire and the Isle of Wight:

NHS Fareham and Gosport Clinical Commissioning Group  
NHS Isle of Wight Clinical Commissioning Group  
NHS North Hampshire Clinical Commissioning Group  
NHS North East Hampshire and Farnham Clinical Commissioning Group  
NHS Portsmouth Clinical Commissioning Group  
NHS South Eastern Hampshire Clinical Commissioning Group  
NHS Southampton City Clinical Commissioning Group  
NHS West Hampshire Clinical Commissioning Group  
Hampshire County Council  
Isle of Wight Council  
Portsmouth City Council  
Southampton City Council  
NHS England and Improvement  
NHS England (HIOW)  
NHS South Central and West Commissioning Support Unit  
Hampshire and Isle of Wight GP surgeries  
Hampshire Police  
Hampshire Hospitals NHS Foundation Trust

Isle of Wight NHS Trust  
Portsmouth Hospitals NHS Trust  
Solent NHS Trust  
South Central Ambulance Service NHS Foundation Trust  
Southern Health NHS Foundation Trust  
University Hospital Southampton NHS Foundation Trust  
Care UK  
Wessex Academic Health Science Network  
Wessex Clinical Networks  
Wessex Clinical Senate  
Wessex Local Medical Committees  
Health Education Wessex  
Local voluntary and community organisations  
Hospital and community trusts in neighbouring areas  
Wessex Voices  
Healthwatch Hampshire  
Healthwatch Portsmouth  
Healthwatch Isle of Wight  
Healthwatch Southampton

For more information on any of the details within this document or to get involved in our work please email:  
[SEHCCG.HIOW-STP@nhs.net](mailto:SEHCCG.HIOW-STP@nhs.net)



## **Proposed relocation of the Jubilee House Intermediate Care Service**

### **Summary**

Solent NHS Trust has adopted a new practitioner model, ensuring that our care is completely patient focused. We are working increasingly with strategic partners, including Portsmouth City Council, to provide an integrated, responsive service that provides the highest possible quality of care for all patients and residents across Portsmouth and surrounding areas.

Together, Solent NHS Trust and Portsmouth City Council are working collaboratively to achieve the best outcomes for patients and staff across both organisations.

This document provides an outline of developments that are being proposed to improve the quality of services offered to a patient group that are currently supported whilst at Jubilee House in Cosham, Portsmouth.

The following information provides context, notes reflecting the learning from user engagement and additional issues that have combined to create a need for change. This, and additional information, is also being provided for all employees involved as part of an engagement process. The proposed changes include the relocation of services and therefore of the employees.

As an organisation, Solent NHS Trust continually looks at ways we can improve patient care and are working towards practitioner led clinical services within the city.

### **Introduction**

Jubilee House is a community inpatient facility, with 25 beds, managed by Solent NHS Trust, in Cosham, Portsmouth. Originally built over one hundred years ago as a farm building on the Wymering manor estate, it has undergone a number of building alterations and changes to its purpose.

Jubilee House has been used, and highly valued, as accommodation for patients receiving end of life care, with patients in the main benefitting from the privacy of single rooms.

In line with the NHS Long Term Plan and feedback from service users and relatives, end of life care is now commonly provided in patients own homes, enabling people to die at home with dignity. In addition, there is community nurse support and residential care homes that offer long term accommodation.

These are appropriate alternatives to inpatient or community hospital wards, and so the provision of end of life care at Jubilee House has reduced and now typically accounts for less than 20% of admissions.

Over time, it has become apparent that the current building is no longer fit-for-purpose. To ensure we can continue to deliver the very best possible care to our service users, we have considered alternative accommodation for the unit.

The following options appraisal would provide the maximum benefit to service users and staff. If approved, the relocation would be scheduled to commence from the end of 2019, following a significant engagement and communication phase and support from key stakeholders.

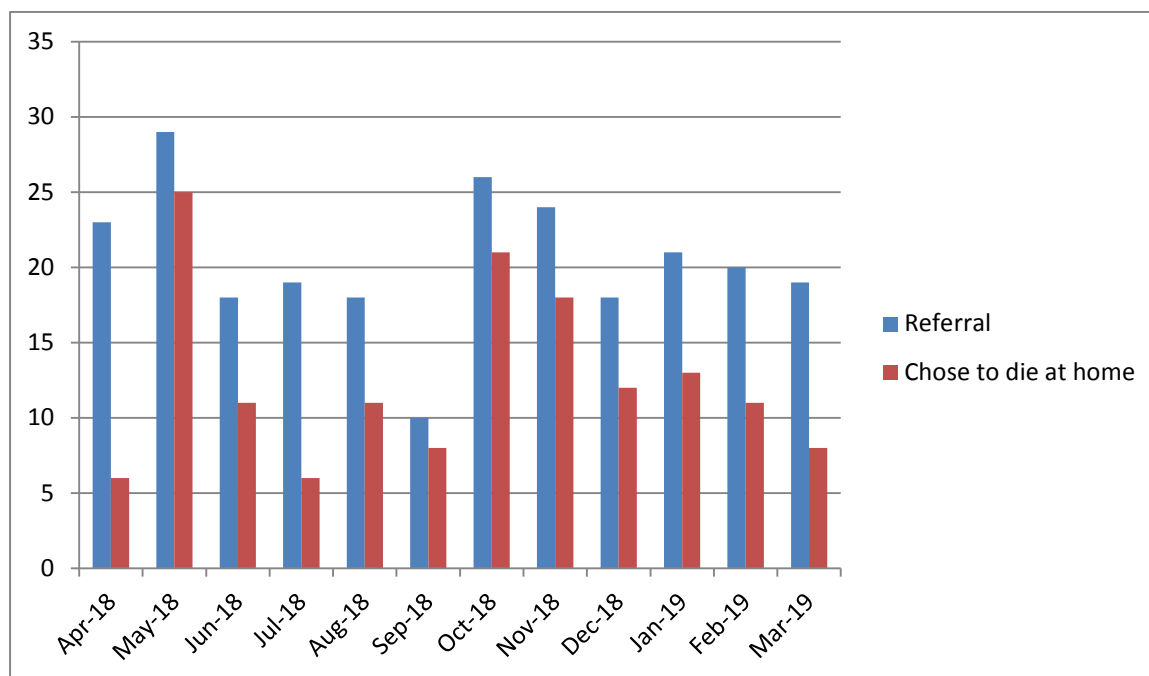
### **Case for change**

In May 2017, Solent NHS Trust piloted an End of life community provision, in order to increase the choices for local people. This provision increased the number of people who could be supported to receive end of life care at home through the creation of an integrated nursing and domiciliary care service.

In 2018 this provision was mainstreamed and now offers up to 11 home care spaces a day for local residents. The service is frequently at capacity and this has reduced the demand on Jubilee House.

Instead, Jubilee House accommodates patients requiring rehabilitation and medical input to facilitate further recovery and those requiring Continuing Healthcare (CHC) assessment or the planning of long term care packages. In addition, some patients are admitted (from secondary care hospital beds) to receive care whilst waiting for longer term packages of community based care to be established (referred to as 'bridging'). The patient group now commonly includes people with dementia and those with a higher level of need requiring full active management, including the potential for resuscitation.

The below graph shows the number of referrals v the number of people/ families who chose to die at home.



### The nature of the current need for inpatient community beds

There is a need to provide inpatient community beds for patients in three groups:

1. People with a low to medium level of medical need that require support with rehabilitation and re-ablement or, in some complex cases, people requiring end of life care. These patients may need a community bed to prevent admission to a secondary care hospital bed, or to enable timely discharge from the hospital.
2. People in secondary care hospital beds that will be supported with a package of care in the community, but for whom this is not currently available. Community beds are required for these patients to provide 'bridging'; i.e. to enable discharge from an acute hospital whilst awaiting or planning the package of care or future placement.
3. People who have been discharged from Acute care, who require a Continuing Healthcare assessment to determine what the most appropriate placement and/or services are.

Effective use of the Jubilee House service would be to designate it as a low-medium acuity intermediate care service, accepting Portsmouth patients described as group 1 (above).

Continuing Healthcare assessment and accommodation to provide 'bridging' are more appropriately facilitated in a care home setting where a less medical, home-like environment is more suitable and beneficial to patients' well-being.

Therefore, the most appropriate reorganisation would facilitate:

1. A new, modern Jubilee House unit lead by an advanced practitioner providing day-to-day full time patient support, with rehabilitation facilities and with an environment more in keeping with a medium acuity intermediate care service.
2. Beds, for patients requiring a Continuing Healthcare assessment, to be moved directly to an appropriate care home or other environments with domiciliary support.
3. Patients requiring end of life care to be managed based on clinical need; as inpatients at Jubilee House, in care home environments or supported with domiciliary care.

### **Risks for continuing to run the Jubilee House unit out of current premises**

There is awareness that:

- Jubilee House has a u-shaped design with a dining room and dedicated off-corridor bathrooms, resulting in considerable walking distances for patients and employees.
- Nursing administration areas are a small enclosed office off the main corridor and space on the first floor, with neither allowing direct observation of the rooms. The absence of a central nurses' station, hinders active ward management and increases risk.
- Storage areas are similarly enclosed in dedicated areas away from the living space.
- The patient group typically requires physiotherapy and/or occupational therapy support as part of rehabilitation and this is hindered by the absence of suitable facilities (e.g. there is no gym or appropriate therapy spaces).
- The building is out of date does not provide the caring environment we would aspire to.
- Jubilee House is also disadvantaged by poor connectivity; the city's community healthcare services, social care services and primary care services all use a shared electronic clinical record which can be difficult to access.

### **Service User engagement, involvement in developing proposals and potential impact**

A co-production approach has been used when considering the ways in which the provision of intermediate care at Jubilee House could be enhanced. This has involved numerous meetings with relatives who have experienced services at

Jubilee House for CHC assessment, end of life care and 'bridging' admissions for those awaiting a package of care elsewhere.

Some of those involved were identified as a result of their use of the complaints process, but others were also directly approached to gain feedback from their recent experience of Jubilee House.

The opinion of service users has enabled a more comprehensive understanding of the needs and wishes of patients and their families.

Engagement with relatives has highlighted concern regarding:

- the detrimental effects of single rooms that provide limited stimulation to patients with dementia
- the need for both continuity and speciality in decision making over patients with more complex medical needs and/or those moving into end of life care
- The need for more advanced nursing practices, including parenteral (intravenous) nutritional support.

### **The proposal of a new Jubilee House service**

The availability of a purpose built unit and the opening of a modern, purpose built care home in Portsmouth present significant opportunities for addressing patient needs as described above.

It is therefore proposed that we facilitate:

1. The use of a further 12 beds, to enable Continuing Healthcare assessments and 'bridging' to be facilitated for Portsmouth patients, at Harry Sotnick House in central Portsmouth.

2. The relocation of the low acuity rehabilitation and re-ablement patients within the Jubilee House service, potentially to a new unit at the recently refurbished St Mary's Hospital. This unit would retain the Jubilee House name and be support 10 beds, providing a modern intermediate care facility with appropriate space for rehabilitation, supporting people with a low to medium level of medical need.

As neither Harry Sotnick House, nor the proposed new location for the Jubilee House service, would require significant building works, a phased development could be facilitated by the end of 2019.

There is a need to complete an engagement process with existing employees and to undertake appropriate workforce planning and training. The employee resource will be strengthened by the addition specialist practitioners in leadership roles.

Recruitment to add the specialist support from senior practitioners is already on-going, as there has been a commitment to facilitate this to enhance the intermediate care services provided by the existing partnership of Portsmouth City Council and Solent NHS Trust.

The proposal would end the use of the current Jubilee House building in Medina Road, Cosham. This site need could be repurposed ideally for other health or social care developments as appropriate.

The proposals respond to feedback from engagement with patients, relatives, service employees and partner organisations.

The proposed reconfiguration of the current Jubilee House services will deliver an improved quality of service by deploying existing staff resources more efficiently and into accommodation that is suited to its purpose. As such, the proposal does not represent a reduction in the services being offered nor is there any reduction in the staffing cost of service delivery, although capital and non-pay costs will reduce.

## **Benefits of the proposal**

Creation of an integrated team at Harry Sotnick House will allow for the effective cross fertilisation of ideas amongst health and social care professionals to improve patient care.

## **Other considerations**

### **Waiting times**

We will be able to take an increased number of female patients so waiting times will be reduced for this group. An improved environment will mean that new patients can be admitted in a timelier manner. In our current ward the lack of de-escalation space means that admissions have to be carefully planned and often delayed until previous patient is settled.

### Travel time

Travel time for Portsmouth patients and their families should not be affected by these moves. Public transport connections to all sites are good and on street parking is available.

### Environment, including housing

The facilities recommended will have modern infrastructure, reducing energy waste. Due to the arrangement of modern waste management facilities at these sites, recycling rates should significantly increase.

### Catchment area

The services that Jubilee House provide are predominantly commissioned by Portsmouth Clinical Commissioning groups (CCGs).

### Finance

We are currently working with Portsmouth City Council colleagues to ascertain the precise professional skills and staffing numbers required but accept that the patient numbers will remain as they are or increase. Based on this, we do not expect cost savings to staffing across the city.

	Current Staff in Post	Jubilee in Spinnaker	Harry Sotnick House	Recruitment	Redeployment	Total
Registered	19.36	11.25	14	-5.9	0	19.36
Unregistered	17.14	8.61	0	0	8.53	17.14
<b>Total</b>	<b>36.5</b>	<b>19.86</b>	<b>14</b>	<b>-5.89</b>	<b>8.53</b>	<b>36.5</b>

### Communication and engagement

We have developed a communications and engagement plan, in conjunction with our strategic partners at Portsmouth City Council. The main aim of this plan is to ensure we:

- Communicate and engage effectively with Service users and their families and carers, to ensure we capture their concerns and inform them of the potential of this project.



- Communicate and engage effectively with our people, to ensure we remove concerns around the proposed changes and inform them of the potential benefits for service users and for them, working as part of an integrated team.
- Communicate with key stakeholders in advance of any changes, ensuring a clear and transparent decision making process that will lead to improved conditions and outcomes for our service users and our people.

## **Key stakeholders:**

### *Patients and families*

Through the complaints process and face to face dialogue, the concerns raised by service users and their families have created a detailed picture of the experience of staying at Jubilee House. This feedback has directly informed the proposals in this document. Following any approval for these proposals, the intention is to engage with service users and their families, to reduce anxiety and to show we are listening to their concerns by offering a solution.

### *Staff/clinicians*

Our people are our biggest asset. To ensure that they are able to deliver the best care and work in a healthy environment, we have taken on board their thoughts. Following any acceptance of the proposals in this document, we will consult effectively and engage with our teams to ensure the best possible outcomes for them.

### *Portsmouth Hospital Trust*

As a key partner and stakeholder, we are engaged with Portsmouth Hospital trust and will continue to be so, ensuring that our proposal supports a system wide approach to care for Portsmouth residents.

### *Healthwatch (Portsmouth; Southampton and Hampshire)*

Should these proposals be accepted, we will share this information with Healthwatch Portsmouth at the earliest opportunity to ensure that we have their oversight and views on any changes.

### *HOSP (Portsmouth)*

We would provide regular updates to HOSP on any service move or change and the outcomes for service users and our people.

## **Other communications channels**

We will also share information around the proposal through a range of channels including:

- Press releases and briefing to local media
- Uploaded information on Solent NHS Trust and Portsmouth City Council's websites.
- Letters to GPs and other health and social care partners.
- Regulators

## **Conclusion**

**The driving force of this proposal is the great care of patients.**

The proposed reorganisation of community beds presents an opportunity to improve the quality of care for patients, whilst reducing risk, by transferring the Jubilee House services to a new in-patient facility and a care home environment with dedicated accommodation for those requiring Continuing Healthcare Assessment or awaiting the provision of longer term packages of care.

<b>Presentation to</b>	<input checked="" type="checkbox"/> In Public Board Meeting	<input type="checkbox"/> Confidential Board Meeting			
<b>Title of Paper</b>	Trust Board Performance Report – June 2019				
<b>Author(s)</b>	Alasdair Snell	<b>Executive Sponsor</b> Andrew Strevens			
<b>Date of Paper</b>	26/07/2019	<b>Committees presented</b> TMT			
<b>Link to CQC Key Lines of Enquiry (KLoE)</b>	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective			
	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive			
	<input checked="" type="checkbox"/> Well Led				
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability	<b>W2</b> Vision & Strategy	<b>W3</b> Culture	<b>W4</b> Roles & Responsibilities	
	<b>W5</b> Risks and Performance	<b>W6</b> Information	<input checked="" type="checkbox"/>	<b>W7</b> Engagement	
	<b>W8</b> Learning, Improv & innovation				
<b>Action requested of the Board</b>	<input checked="" type="checkbox"/> <b>To receive</b>	<input type="checkbox"/> <b>For decision</b>			
<b>Link to BAF risk</b>	BAF #59 concerning Demand and Capacity				
<b>Level of assurance (tick one)</b>	Significant	Sufficient	<input checked="" type="checkbox"/>	Limited	None

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

**Board Recommendation**

The Board is asked to receive the report.

**Assurance Level**

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

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## 1.1 Business Plan Quarter 1 Report 2019/20

Corporate Portfolio Management Office

By Aaron Scott and Matthew Rowsell



## 1. Executive Summary

This year the planning cycle has been extended from 1 year to cover the next 3 years. This is due to increased partnership working across the region requiring some projects to have longer implementation periods due to their complexity. Solent NHS Trust has also taken a planning approach that enables service lines to plan as part of their respective care groups. This enabled place based care to factor into Business Plan setting whereby different service lines could complement each other's objectives, where appropriate, based on where patients reside. Planning in Care Groups (Southampton, Portsmouth and County Wide Services) will also fit with Integrated Care Partnership (ICP) and Multispecialty Community Provider (MCP) strategic plans.

Also, in a slight change to the previous year, and as a reflection on Service Lines now being in the third year of planning with Commercial and CPMO oversight, guidance on objective setting was refined although the same reviews and sign-off were made to ensure that objectives are Specific, Measurable, Achievable, Relevant and Time Managed (SMART).

As a result, there was a slight increase in the number of objectives being set from 62 in 2018/19 to 70 in 2019/20. As with the 2018/19 business plans, the dates of delivery of milestones are anticipated to fluctuate throughout the year as the objectives and related projects move into delivery phases and milestones are refined to reflect actual key dates and progress as they occur. The slight increase has been considered to still be manageable for keeping check on milestone updates and is largely due to the Child and Family Service Line increasing their objectives to reflect activities in the East and West care groups separately.

The below table shows 2019/20 business objectives and milestones agreed as at end of March 2019 together with the number of 2018/19 objectives awaiting delivery. The number of milestones forecast for completion in 2019/20 has increased by 119 compared to the previous planning cycle. This reflects the more detailed and longer timescales that business plans now cover. At the end of 2018/19, there were still 28 business objectives outstanding, however 20 of them have now naturally closed or are formally being integrated in the 2019/20 plans. A total of 8 objectives will continue to be monitored until fruition as they do not form part of the 2019/20 planning cycle.

Of the 477 milestones planned for the year, 82 have been completed in Quarter 1. This follows the usual pattern for milestone completion to be busy at the beginning of the year as projects begin, followed by a steady level of progress in the middle two quarters, then with the final quarter experiencing high levels of activity at the end of the year as objectives are completed.

	New Objectives for 2019/20	Milestones for 2019/20 Objectives	Outstanding Objectives at end 2018/19	Objectives closed as they form new plans or now complete	2018/19 Objectives rolling over to 2019/20
Adults Portsmouth	6	42	3	3	0
Adults Southampton	4	22	1	1	0
Child and Family East	6	26	2*	0	2*
Child and Family West	6	26			
Commercial	5	33	2	0	2
Estates and Facilities	4	23	3	2	1
Finance and Performance	3	14	1	1	0
People and Organisational Development	5	53	3	3	0
ICT	4	15	1	1	0
Mental Health	4	40	2	1	1
Primary Care Services	5	43	5	5	0
Quality	6	38	1	1	0
Research and Improvement	3	41	0	0	0
Sexual Health	4	28	1	1	0
Specialist Dental Services	5	33	3	1	2
	70	477	28	20	8

\*The Child and Family objectives were not divided between East and West in 2018/19.



## 2. Q1 Summary

### 2.1 2019/20 Business Objective Progress

Business objectives are given a colour status in order to provide a quick reference to the health of the objective. The figures below provide the overall position at the end of Quarter 1 for 2019/20 objectives:

- **59 objectives (84%)** are rated as **green** indicating they are on target for completion by intended dates.
- **9 Objectives (13%)** are highlighted as **amber**, indicating that they may be experiencing difficulty or delay, however this delay will not be detrimental to the overall success of the objective.
- **1 Objective (1.5%)** is currently rated as **red**. This means that the objective has 1 or more milestones outstanding that have a significant impact on achieving the intended outcomes of the objective.
- **1 Objective (1.5%)** has successfully met all the planned milestones and the business objective is now complete (shown as **blue** below).

Figure 1: A comparison of RAGs from Quarter 1 in 2018/19 and Quarter 1 in 2019/20:



Business objectives (2019-20) that are currently Red or Amber in Quarter 1 are detailed in Appendix B and C of this report.

Figure 2: An overview of the 2018/19 Business Objectives currently outstanding:

#### 2018/19 Business Objectives



Of the 8 2018/19 business objectives that have not yet completed that will continue to be monitored in 2019/20, 7 are 'Amber', indicating that they are experiencing problems, however there is mitigation in place to deliver them and 1 objective is rated 'Green' indicating that it is on track to deliver shortly in Quarter 2. Updates for these objectives are in Appendix A of this report.



## 2.2 Quarter 1 Successes

During Quarter 1, there has been 1 business objective that has met all of the planned milestones and successfully completed ahead of schedule:

**Mental Health Services** – The service planned to implement an Extra Contractual Referral framework for AMH/OPMH placements and ensuring appropriate clinical justification, value for money and reduced placement costs with an agreed risk/sharing agreement with Portsmouth Clinical Commissioning Group by June 2019. This has been implemented successfully and the service are already over performing on the trajectory of savings that had been predicted. A fully operating panel and joint governance arrangement have been in place since December 2018.

## 2.3 Quarter 1 Key Development

Although not yet complete, there has been positive progress made across a number of business objectives. A key example is below:

**Specialist Dental Services** – A key objective for Specialist Dental Services is to deliver a special care dental service on the Isle of Wight by December 2019. The mobilisation and delivery of this service has been very successful and the team received positive feedback from NHS England (NHSE). All the estates works at the sites were completed 4 weeks ahead of schedule, enabling the service to advance with patient care. The team are now awaiting final signature from NHSE on the contract for the service provision which is expected in Quarter 2.

**Sexual Health Services** – An exciting objective for the Service is to create an online shop to sell condoms and Sexually Transmitted Disease testing kits to those people out of area, or those who prefer to choose to purchase products instead of attending clinics. Delivery is ahead of schedule, and is predicted to go live in late July, 7 months ahead of originally planned timescales. This is a new venture for the Trust and is an innovative way forward for the service.



## 3. Next Quarter

### 3.1 Finalising 2018/19 Objectives

The next quarter will see the Service Lines make a focussed effort to complete and close the 2018/19 plans that had run over. A number of them involve third parties or are part dependent on wider projects across the local health systems, but will be closely monitored to ensure progress is made.

Outstanding Business objectives will be reported on at Performance Review Meetings thereby gaining oversight from the relevant Chief Operating Officer for each Care Group within Solent NHS Trust.



## 4. Appendix

### 4.1 Appendix A - 2018/19 Objectives to be completed in 2019/20

There are 8 business objectives that have carried over into the 2019/20 delivery year. These objectives do not form part of the 2019/20 planning cycle so will continue to be monitored and progressed through to delivery concurrently.

#### Commercial

*To collaborate within the STP and wider Mental Health and Community partners to ensure we are getting Value for Money in line with the Carter recommendations and the Department of Health Future Operating Model by March 2019*

#### Update

Issues with data quality and conflicting priorities within Procurement have led to this objective missing original target dates. The team is working with NHS Supply Chain (Future Operating Model) and across the STP to identify the opportunities available. Internally the team are working across multiple functions to improve procurement data and system training.

#### Commercial

*Improve commercial and transformational, capabilities, capacities and processes within the commercial team and across the Trust to ensure Solent can proactively deliver and respond to system change, in line with our commercial strategy by March 2019*

#### Update

The Commercial team completed a significant review of key processes to ensure improved commercial capabilities, capacities and processes. Documentation to support functional toolkits for business cases, contracts management, tender processes and project management have been developed and are ready to be uploaded to SolNet for access for all Trust staff. This Objective is now scheduled to complete in September 2019.

### Estates & Facilities

*We will deliver a robust, effective and value for money FM service through the continuance of our FM transformation project ensuring we deliver on quality by March 2019*

#### Update

The Facilities department has a number of on-going changes being proposed. A transformation programme for Cleaning Services will now be implemented between July and September 2019 and will therefore complete during Quarter 2.

A paper detailing proposed changes to security provision is due for sign off this month and will shape the future of security services in how they are managed and delivered. These changes are expected during Quarter 3 2019/20.

### Child & Family

*Service Line infrastructure developments will support the delivery of our key business objectives by March 2019*

#### Update

As planned, Children's East Therapies undertook pilot work with ViewPoint (Solent NHS Trust Data Visualisation tool) team to good effect and reporting of service data was delivered during Q4 2018/19. Since this time, the service is aligning with a wider Trust objective regarding SystemOne (Solent NHS Trust Clinical System) Optimisation and the benefit and outcome of this will replicate the original goals and aspirations of this objective. The service will continue to review progress throughout 2019/20.

### Child & Family

*There will be an improved staff and patient experience of the delivery of children's services healthcare by March 2019.*

#### Update

In the west system - CAMHS Integrated Single Point of Access (SPA) has gone live in partnership with third sector colleagues. This has improved access to the mental health pathway for children and families, and improved timeliness of initial assessments for families. For our 0 - 19yrs Early Help Services, a new Front Door has been developed which will support a consistent approach to access for families for our Early Help Services. This is due to go live for a testing period in July 2019.

### Specialist Dental Services

*We will provide accessible dental treatment for bariatric patients by working with NHS England in conjunction with the Managed Clinical Network by end of March 2019.*

#### Update

The service is currently working with the managed clinical network, commissioners and estates department to ensure facilities are suitable for bariatric patients. The necessary facilities are available for treating of patient but waiting room and toilet facilities still need attention before they are suitable.

### Specialist Dental Services

*We will ensure that the service provides 'Accessible Information' communication tools to meet the accessible information standard 2016 for patients, carers and parents by end of March 2019.*

#### Update

All staff trained and champions are in place. However, the teams are currently working on communication needs for patients who use different languages. Ensuring that the language translation is correct needs careful attention to detail especially when using medical terms.

### Mental Health

*We will begin work with Southern Health NHS FT to adopt a standard approach to beds and bed management including admission criteria, treatment standards, multi-disciplinary team provision and discharge facilitation by March 2019 with further development in 2020.*

#### Update

Work has commenced with Southern Health NHS FT to adopt a standard approach to beds and bed management including admission criteria, treatment standards, multi-disciplinary team provision and discharge facilitation. Development will continue through to 2020. All of the preparatory processes have been completed, with executive support now required to aid progress.

#### 4.2 - Appendix B - Quarter 1 Issues for 2019/20 (Red Objectives)

The following objective has been escalated to red as this will likely not achieve the intended outcome by March 2020:



#### Child and Family East

*We will undertake an estates rationalisation programme in Fareham and Gosport to implement a centralised Better Care hub in the geography by March 2020:*

← This objective has experienced delays in Quarter 1 due to lack of Nicholson Gate landlord responsiveness. Original solutions were limited however alternative premises for the Better Care hub have now been identified as a way forward. Initial site visits from estates and service transformation lead took place at the end of June and were positive in terms of space, location and cost. The next steps due to take place in order to advance are visits by clinicians and estates are drawing up potential floor plans for new sites.

#### 4.3 Appendix C - Quarter 1 Challenges for 2019/20 (Amber Objectives)

At the end of Quarter 1 there were 9 Business Objectives which were considered amber. The below tables detail the challenge and mitigation in place for each:





#### Adults Portsmouth

- Design and implementation of an 'Integrated community model' community model to safely manage people's health and social care needs:*

←	There have been IT issues between Solent and Portsmouth City Council which has slowed down the level of integration of the model in recent weeks.
→	Timescales of the South locality roll-in have been reviewed and it is now expected that phase 1 will take place by August 2019.



## Adults Southampton

2. *We will deliver a financial recovery plan, reviewing all income and expenditure and by developing and remodelling our services to meet financial targets:*

	The Service Line is currently running behind financial plan due to overspend on bank and agency in Quarter 1. There are also a number of cost pressures that the service is closely monitoring which could have an impact on the success of the objective.
	The service is confident that this will be pulled back as plans come to fruition and newly recruited staff come into post.



## Child and Family West

3. *We will create a Eastleigh and Southern Parishes Delivery Hub to support a seamless service delivery and experience for our families via placed based care:*

	This has been escalated to amber as progress in this area is slow and there is difficulty finding a suitable solution that is affordable
	Potential sites are being explored; however this is still under review.



## Finance and Performance

4. *To reshape how Solent NHS Trust uses ESR by creating position controlled hierarchies in the system, enabling consistent and accurate oversight on staffing establishments and vacancies, whilst leading on robust workforce planning:*



	The project has experienced some early staffing issues in the Workforce Team, with a number of posts out to advert to assist with work packages.
	The Project has filled one of three staffing posts, however it is a key role and they will not be in place until August. The 2 remaining posts are more junior roles and should be easier to appoint to.

## ICT

5. *We will support our staff to provide great care by developing our technology in line with national (NHS Digital) and local (STP/ICP) strategy:*



	This objective has been escalated to amber as a result of the delay in achieving sign off of the Managed Print Service business case.
	ICT continue to work with Directors to provide clarification where requested.

6. *We will enhance our engagement and communication with Trust services through the delivery of a new ICT Communication Strategy:*



	There has been a delay in sending out the survey for Service Engagement Team which has subsequently impacted some milestones. Decision was taken to combine this survey with the wider survey about ICT.
	This is being produced following the completion of the 30-60-90 Improvement Plan with CGI and will be advertised in July 2019.

## Specialist Dental Services



7. *We will provide the x- ray facilities into our general anaesthetic sites to enable all patients to have the use of this facility:*

	There were some IT issues experienced which were causing a slight delay in progress.
	IT connection to access dental software is now suitable and currently awaiting connectivity results of the scanner. Positive progress has been made with this objective and providing results are satisfactory, the service is aiming to complete this objective by October 2019, 2 months ahead of plans.

8. *We will increase the number of general anaesthetic sessions across Hampshire to meet demand:*

	The service was unable to gain additional sessions at Royal Surrey County Hospital. The service is still making contact with sites across Hampshire in order to increase the number of sessions available.
	Another provider has offered Solent additional adult sessions and this is currently with finance in order to review costs. The service has also made good progress with moving patients to sites with shorter waiting times at Basingstoke and Winchester.

9. *The service will work with care homes to improve oral health with the introduction of oral health care plans and training of care home staff:*

	There has been substantial media coverage nationally regarding the lack of adequate oral health care in care homes following reviews from the Care Quality Commission (CQC).
	As a result, the service is currently putting together three separate packages for oral health care which can then be offered to care homes for additional income generation. The service is assessing need and demand to be able to put together a plan for successful delivery of this project.



## 2.1 Solent NHS Trust Performance Report - Operations

June 2019/20

Activity		Same Period 2018/19
<b>15,264</b>	New Referrals in month*	<b>14,977</b>
<b>73,766</b>	Attended Contacts in month*	<b>75,285</b> -2% ↓
<b>2,894</b>	DNA'd Appointments in month* <b>3.8%</b>	<b>3,353</b>
<b>31</b>	Delayed Patients in month (DTCOs)	<b>34</b>
<b>409</b>	Delayed Days in month	<b>481</b>
<b>13,779</b>	Discharges in month*	<b>14,712</b>

### Key Performance Indicators

**202** KPIs due in month

**163** KPIs achieved in month



### CQUIN Schemes

**9** CQUIN Schemes

**n/a** Milestones due YTD

**n/a** Milestones Achieved YTD



**0** Contract Performance Notices (CPN) Open

### Hotspots

Jubilee House  
COAST / CCN Service Provision  
Portsmouth

Solent MIND  
Waiting List  
Security at RSH

Secondary Care Psychological  
Therapies Waiting Times  
Sexual Health data availability  
issues

Azi Demand Increasing

Sexual Health complaints  
increasing - access  
Dental GA Waiting Times

Adult Speech and Language  
Therapy Waiting Times  
CAMHS Liaison in ED

CAMHS Portsmouth  
Waiting List

OPMH Waiting  
Times  
MSK 0-12 Portsmouth Waiting  
Times

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

## 2.2 Performance Subcommittee and Regulatory Exceptions

### Portsmouth Care Group

There have been a number of ongoing risks and issues identified at Jubilee House relating to patient care, medicines management and privacy and dignity. A comprehensive review of all previous interventions is being taken to the Quality Improvement and Risk Group in August. The ward continues to operate on reduced beds to ensure staff are supported to maintain appropriate standards.

In line with the recently published nursing standards related to the core skill set of student nurses, a training programme has been developed. Initial delivery will concentrate in Jubilee House and will focus on both registered and unregistered staff over the next 6 months to ensure that staff are aware of how to support learners in practice.

Mental Health services have now completed all actions identified as 'must-dos' at the last CQC inspection.

Pressures on services within the Mental Health service line continue to impact waiting times for patients in a number of areas:

- Solent MIND have an agreement to deliver care on behalf of Solent. It has been highlighted that waiting times for this service were not being fully monitored and has resulted in patients waiting longer than expected for assessment. Safety is ensured as patients remain under the care of the Solent team but there has been a delay in treatment being delivered. There are currently 60 people waiting, with a small number having been waiting for 6 months. This arrangement will be reviewed and a deep dive of service provision undertaken. We are confident that the strong relationship with Solent MIND will ensure a good and sustainable response and a more integrated service.
- The Secondary Care Psychological Therapy service continues to have issues with long and increasing waiting times. There are currently 197 people on the waiting list, with the longest wait at 49 weeks for complex intervention. An options paper is being developed to consider future options.
- Waiting times concerns identified in the Older Persons Mental Health community service continue, however patients who have breached the 6 week waiting time recently are not as a result of capacity within the service but due to other factors such as patient choice or where the patient has been admitted to hospital as is unavailable for the appointment.
- There has been an increase in demand for the Assessment to Intervention (A2i) service resulting in the service currently running at 5 weeks from referral to assessment against a 4 week target. Expressions of interest have been asked of our staff within the Crisis Resolution Home Treatment Team to undertake a 3 month secondment to support the waiting list reduction.

The COAST service remains closed in Portsmouth with the CCN service prioritising urgent cases. The recruitment to vacancies is proceeding well and a revised model for the services is being developed with staff and external partners. The COAST service is unlikely to resume until early-mid autumn.

There has been additional investment made within the Musculoskeletal 0-12 and CAMHS services to immediately address the increasing demand and reduce waiting times and recruitment has commenced. This should see performance in these services start to increase.

Plans are underway to address the model of care and waiting times with the Community Paediatric Medical Service and Looked after Children service. Temporary staffing will be required to address demand in the short term.

Short-term funding has been agreed to provide CAMHS Liaison in the Emergency Department at Portsmouth Hospitals Trust. Recruitment is underway and the service should recommence in September. The local system continues to make the case for substantive funding for a broader liaison service to be provided alongside the adult service. The business case is due to be presented in July.

## Southampton & County Wide Care Groups

There has been a number of security issues raised relating to the Royal South Hants Hospital. Two break-ins were reported in recent months and a further issue has arisen which involved a patient. The investigation into these incidents is ongoing. Additional security has been put in place and reminders have been sent across all sites to highlight the importance of closing doors and windows, monitoring visitors on wards and ensuring the early reporting of such events.

An increase in waiting times for speech and language therapy services has been noted in Southampton but potentially affects all areas across the Trust. A deep dive across the Speech and Language Therapy services will be undertaken to understand what impact on patient safety and quality this may be having and what actions would be required to mitigate. In the interim period, clinical triage is ongoing to ensure patients at high risk are managed safely.

Solent is now sharing robust and validated data with Millbrook and is working collaboratively to help improve the provision of Wheelchairs. However, we have still seen no tangible improvements in service delivery to our patients from Millbrook and waiting lists continue to grow.

A number of issues were raised at a recent deep dive into our Specialist Dental Service:

- The air quality at the Poswillo site has now been checked and the service is waiting for the findings.
- Waiting times for patients requiring a dental procedure under GA continue to be an issue across the County. Despite much investigation, no sufficient resolution to this has yet been identified.

The Sexual Health service has recently experienced issues with the availability and quality of data being reported from their patient record system. A number of issues have contributed to this, but the primary issue is between CGI (our IT provider) and Equinti (the patient record system host). Data feeds have been temporarily interrupted, causing the service to have delayed and limited oversight of their activity to enable sufficient planning.

An increasing number of complaints received by the Sexual Health service relating to access to their services can be attributed to the reduction in funding the service has received this financial year.

Aggression continues to be significant issue in Primary Care and Mental Health services. Service lines are working to support staff and increase conflict management training. Staff are being supported to continue to report issues through the incident reporting system and through their line managers.

## Local Performance

There has been a reduction of 2% in the overall number of patient contacts during June 2019. There does not appear to be one particular area that this can be attributed to, and year-to-date our contacts are up by 2.2%. There is a similar pattern with the number of referrals, although June 2019 is higher than the same period in 2018, the gap is closing. Further investigation will be undertaken to understand the specific areas of variance.

## Regulatory Performance

The Trust has achieved a level 1 on the NHS Improvement scale, where level 1 is the best and level 4 the most challenged. This is a good result for the trust.

We have redesigned the NHS Improvement Single Oversight Framework (SOF) (section 6.1) to incorporate Statistical Process Control (SPC) analysis. The CQC recommends Trust Boards review SPC analysis to ensure that the right data is being looked at in the right way. It aims to make the messages simple and obvious, and give a

more effective approach to assurance. The new style SOF reduces the amount of data provided, but highlights those areas of statistical significance, meaning that these areas are given sufficient focus, and non-statistical significant variation is not given unnecessary attention. Each indicator is given two ratings, one based on the capability of the target being achieved, and the other identifying whether the variance in performance is significant or not.

### **Positive exceptions on this month's Single Oversight Framework:**

#### **Quality of Care Indicators**

##### **Proportion of Temporary Staff**

This indicator is being highlighted as a positive as the target has been consistently achieved for the past 6 months. This is a really positive achievement for the Trust as this would have encompassed the tail end of the Winter Pressures when temporary staffing is usually at its peak.

##### **Staff Friends and Family Test - % recommend care**

This indicator is highlighted as a positive as the target has been consistently achieved for the past 6 data points. The Friends and Family data is only collected three times per year, so in this case the capability indicator is reflecting above target performance for the past 24 months. This is a really positive achievement for the Trust.

##### **Mixed Sex Accommodation Breaches**

This indicator is highlighted as a positive as the target has been consistently achieved for at least the past 6 data points. Mixed Sex Accommodation breaches occur extremely infrequently and therefore this is a result the Trust would expect.

##### **Community Friends & Family Test - % positive**

This indicator is being highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This is a really positive achievement for the Trust and something which the Trust is extremely proud of.

##### **Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days**

This indicator is being highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This is a really positive achievement as it demonstrates the excellent support given to Mental Health service users following discharge from our inpatient units.

##### **% clients in employment**

This indicator is being highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This is a positive achievement as it is a quality marker on the service we deliver and the health of our patient cohort.

##### **Occurrence of any Never Event**

This indicator is highlighted as a positive as the target has been consistently achieved for at least the past 6 months. The Trust would not want any Never Events to occur and therefore this is a result the Trust would expect.

##### **NHS England/ NHS Improvement Patient Safety Alerts outstanding**

This indicator is highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This occurs extremely infrequently and therefore this is a result the Trust would expect.

##### **Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias**

This indicator is highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This occurs extremely infrequently and therefore this is a result the Trust would expect.

##### **Escherichia coli (E.coli) bacteraemia bloodstream infection**

This indicator is highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This occurs extremely infrequently and therefore this is a result the Trust would expect.

**MRSA bacteraemias**

This indicator is highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This occurs extremely infrequently and therefore this is a result the Trust would expect.

**Admissions to adult facilities of patients who are under 16 yrs old**

This indicator is highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This occurs extremely infrequently and therefore this is a result the Trust would expect.

**Operational Performance****Maximum 18 weeks from referral to treatment (RTT) – incomplete pathways**

This indicator is highlighted as a positive as the target has been consistently achieved for at least the past 6 months. Although the target has been maintained, the most recent 6 months have been consistently below the mean level of performance. This is an early warning indication of changes within the usual pattern of performance, and is in line with known waiting list pressures in one of our RTT applicable services (Community Paediatric Medical Service).

**Inappropriate out-of-area placements for adult mental health services**

This indicator is highlighted as a positive as the target has been consistently achieved since October 2018 following a period of out of area bed usage whilst maintenance works were carried out at the Maples ward. Out of area placements occur extremely infrequently under usual circumstances and therefore this is a result the Trust would expect.

**People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral**

This indicator is being highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This is a positive achievement and although performance does vary month on month, there is no significant cause for concern identified.

**Improving Access to Psychological Therapies (IAPT) - Proportion of people completing treatment moving to recovery**

This indicator is being highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This is a positive achievement and although performance does vary month on month, there is no significant cause for concern identified.

**Improving Access to Psychological Therapies (IAPT) - Waiting time to begin treatment - within 6 weeks**

This indicator is highlighted as a positive as the target has been consistently achieved for at least the past 6 months. Although the target has been maintained, the most recent 6 months have been consistently below the mean level of performance. This is an early warning indication of changes within the usual pattern of performance, and requires some further investigation to understand what is causing the reduction in performance. It is worth noting, performance continues to be safely above the target of 75%.

**Improving Access to Psychological Therapies (IAPT) - Waiting time to begin treatment - within 18 weeks**

This indicator is being highlighted as a positive as the target has been consistently achieved for at least the past 6 months. This is a positive achievement for the service.

**Negative exceptions on this month's Single Oversight Framework:****Quality of Care Indicators****Staff Sickness**

The staff sickness indicator shows that without significant intervention, the target will never be achieved. As the 4% target is an internal target which was set several years ago, it has been agreed that the People and OD Committee will review this and propose an amended target which is aspirational but achievable in the coming months.

### Staff Turnover

The staff turnover indicator shows that without significant intervention, the target will never be achieved. Similarly to the staff sickness indicator, the 12% target is an internal target which was set several years ago. The People and OD Committee will also review this and propose an amended target which is aspirational but achievable in the coming months.

### Staff Friends and Family Test - % recommend employer

This indicator shows that without significant intervention, the target will never be achieved. This means that the organisation need to make a change in order to positively impact performance against this metric, otherwise the 80% target will never be achieved. Whilst the 80% target is internally set, this is not something the Trust is likely to reduce in order to achieve it as this would not be in the best interest of our staff.

### % clients in settled accommodation

This indicator is being on both capability and variance. The capability to achieve the target is highlighted as a positive, reflecting that the target has been consistently achieved for at least the past 6 months, however the variance is showing a special cause for concern. This means that the performance against this indicator, whilst it remains above target, has been reducing for the past 6 months, and would indicate that some investigation is necessary to identify what is causing the reduction. The target for patients in settled accommodation is internally set at 59%. This is based on the England position from the February 2019 Mental Health Services Dataset publication by NHS Digital. Our performance remains considerably higher than this benchmark at 79.4% during June.

A number of indicators are reported as being below target but are not identified as being statistically significant. This includes the Mental Health Friends and Family Test, Diagnostic Waiting Times and the Data Quality Maturity Index (DQMI). The DQMI is considerably under target at 70.9% against a 95% target; however it is worth noting that the data reported is always 3 months in arrears due to the NHS Digital publication schedule. Focus is being given to this metric nationally, with a CQUIN in place to concentrate efforts on improving the score. It is anticipated that a marked increase will be seen in the performance against this metric throughout the year.

In future, indicators highlighted as red but not statistically significant will not be referenced unless there are specific exceptions to highlight.


### Use of Resources

The Use of Resources score has achieved a level 3 in month. This is reflective of the planned financial deficit at this point in the year.

### 3.1 - Quality Performance

June 2019/20

#### Serious Incidents

- 5** Serious incidents occurred in month
- 10** Less year to date than 17/18 
- 1** YTD Healthcare Infections / Cdiff / MRSA
- 0** YTD Safety compliance breaches


#### Friends and Family Test

- 2002** Responses received
- 135** Less than same month 17/18 
- 97%** Positive ratings %
- 1%** Negative ratings % 

#### Formal Complaints

- 13** Complaints received in month
- 18** Required response in month
- 1** Breaches in month

#### Pressure Ulcers in Solent Care

- 22** Occurred in month
- 3** More than same month 18/19 

#### Patient Experience - Plaudits Received

"thank you all for the kindness, help and understanding you have all shown in the last few weeks."

You have all helped me recover in so many ways. We hope you all have good fortunes now and in the future."

"Thank you for being the most supportive and kind health visitor anyone could ever wish for."

"You really made a difference to mum, what you did was really powerful, she feels more at ease and has a plan in her head"

"To all the nursing staff. Thank You so much for all the excellent care you have given. She has progressed so well with your help. We would definately recommend your services."

## 3.2 Chief Nurse Commentary June

### Current Events to Note

- We are currently working through a consultation process at the moment which will close the current Jubilee facilities and potentially re-open a new Jubilee on the nearby St Mary's site. The service has seen a number of changes in recent times and in response to these changes and some concerns raised, we have:
  - delivered a planned programme of development for all clinical staff based at Jubilee which aligns to the new Nursing Standards and is competence based. The programme also reflects the changes in patient profile (continuing care) at Jubilee;
  - increased senior clinical ward leadership to support the team to deliver improvement; and
  - additional GP sessions supporting effective clinical decision making as part of the multi-disciplinary team.
- Colleagues attended the 2019 NHS Parliamentary Awards in London on 10 July, supporting Pam Campbell, Consultant Nurse Homeless Healthcare, who was awarded the Lifetime Achievement Award for her key role in supporting the homeless community in Southampton. Pam has made a significant difference to some of the most vulnerable people in our community and is an inspiration to us all.
- Rebecca Burgos and Paige Mills were nominated for the Chief Allied Health Professional Officer (CAHPO) of England awards for their work in 'Occupational Therapy leading Vocational Rehabilitation in Primary Care'. We are delighted they were shortlisted and attended the award ceremony in London where they were in the top 3 of the workforce category. They will be presenting their work at the forthcoming AHP conference on 14 October 2019.
- The Trust participated in the Hampshire & Isle of Wight (HIOW) Nursing Supply workshops held w/c 15 July 2015. The Chief Nurse, the Associate Director Professional Standards, the Learning & Development manager, Operational manager for Community Nursing Portsmouth and the Clinical Ward manager from Spinnaker Ward all attended to represent the Trust and to influence this important system-wide work. The workshop was run using the QI methodology and clear actions and work-streams have been developed with a particular emphasis on supporting and retaining student nurses who train in HIOW.
- In July, we celebrated the graduations of a number of our colleagues across the Trust, achieving Degrees, Masters and PhD's in their individual specialities. This is really positive for the organisation, ensuring we continue to learn and deliver excellent evidence based care.
- The 2019 Research and Innovation Conference held in July included a celebration of the active involvement of patients, families, carers and members of the local community in the development of The Solent Academy. The Side by Side Team welcomed our new Associate Director for Community Engagement and Experience, Sarah Balchin, and we are looking forward to working in partnership to explore how we can use the positive lessons learned from the Academy's approach to participation, and apply those to our everyday clinical and business practice.
- The National Guardian, Freedom to Speak Up, has contacted the Trust explaining that her team and NHS England have undertaken a piece of work analysing a subset of questions from the NHS staff survey which it was felt could be used as a proxy measure of Freedom to Speak Up culture in Trusts. In her letter she confirmed that Solent recorded the highest index score for 2018 for Combined Mental Health/Learning Disability/Community Trusts, with an index score of 86%, the highest recorded across all Trusts was 87%. As a result, the National Guardian has confirmed that she would like to include our reflections in her report and has invited the Trust to attend and participate in the national event to launch her report. The National Guardian has also invited us to engage with her team so that they can understand how we have achieved this so that others can learn from our experiences. Our Independent lead Guardian, Pamela Permalloo-Bass, has made contact with the national team to move this forward



- Oakdene Ward recently had a routine Mental Health Act 1983 Monitoring visit schedule. There were no required actions as an outcome of the visit which was extremely positive and reflected the excellent care provided to service users.
- In June, the Portsmouth CCG provided a report on their visit to Spinnaker Ward which was very positive in relation to the care observed and the welcoming and professional manner of the staff. A number of recommendations have been made and are currently being considered by the clinical manager and leadership team.

## Complaints Update

Across May and June 2019, the Trust received a total of 30 formal complaints. The complaints are broken down by service line in the tables below:

Service Line	May 2019	June 2019
Adults Portsmouth	2	0
Adults Southampton	2	1
Children's Services	0	4
Primary care	4	5
Sexual Health	1	0
Adult Mental Health	5	3
SPA	0	0
Special Care Dentistry	1	0
Corporate	1	0
Infrastructure	1	0
<b>Total</b>	<b>17</b>	<b>13</b>

The themes within our complaints are consistently related to concerns about access to appointments, staff attitude, concerns regarding communication and quality of clinical care received. The detail relating to the outcomes, learning and actions will be included in the quarter 1 Patient Safety Report.

There was one breach due to the service approval process being delayed, by one day. The complaints policy has been reviewed and approved by the Assurance Committee. A key change to the policy is the removal of the internal 30 day response target which is replaced by the need to agree the response timescale with the complainant; this will be based on the complexity of the complaint and the concerns raised.

We have had feedback from the PHSO relating to two separate cases. One relates to a complaint which they have informed us they have closed with no further action required and the second case relates to a complaint in which they have suggested they 'may not uphold' pending our response to questions raised in their letter to the Trust.

The team are trialling the inclusion of plaudit information on the quality dashboard. May saw a slight decrease from April, but we have seen a further increase in June with 112 received with Adults Southampton and OPMH receiving the highest numbers.

Receiving plaudits is important for staff and teams as they provide the opportunity to reflect on the positive impact they have on patients/service users.

## Incident Updates

During this reporting period, the Quality Team have been working in partnership with the Performance Team to develop a new approach to data reporting which will in future include analysis using Statistical Process Control

(SPC). It is anticipated that this will be implemented for the next reporting period and so the Board can expect to see information presented in a different format.

The incident data for May and June indicates a slight but not significant increase in the number of incidents reported compared to the same period last year, with Adults Portsmouth and Adults Southampton being the highest reporters of incidents. There has been a small but not significant drop in patient related incidents in May and June dropping from 622 reported in April compared to 528 in June. However, the severity of incidents reported remains consistent with previous years with low levels, average of 3%, reported as moderate or above.

The concerns reported previously regarding Information Governance (IG) breaches has continued and it is noted that there continues to be a steady increase across the Trust in the numbers of IG breaches with 136 reported YTD compared with 107 for the same period 2018/19. Whilst the breaches have remained under the threshold for an SI to be undertaken, it is a concerning trend. To consider this in more detail, a critical incident analysis to identify if there are any root causes, e.g. are they happening predominantly when staffing levels are low and people are under pressure or when volume of activity has increased.

The new categories for reporting pressure damage is becoming embedded in practice and in May and June there were no category 4 pressure ulcers (PU) reported. Whilst the overall number reported is up slightly from 63 for the first quarter of 2018/19 to 71 for quarter 1 2019/20, this is in line with expectation following the changes and introduction of two new categories.

A new PU review form has been produced and is being completed to a higher standard than previously which is enabling a more in depth review and discussion regarding the findings by the PU panel members. It has also been identified that there is an increase in staff now attending the PU panel which is enabling a greater discussion and increased dissemination of the areas discussed and any subsequent learning.

Further improvements are planned during quarter 2 with the transfer of leadership for the PU panels moving from an experienced bank nurse to senior clinical staff from Adults Southampton and Adults Portsmouth, who will be chairing the panels with effect from October 2019. This change will ensure the learning and improvements identified are fully understood and embedded in practice with more direct clinical involvement in the process.

Compliance with MRSA screening has remained consistent achieving 98% during this period of reporting.

Following the reported spike in April, the number of restraints reduced by 50% in May to 23 but a further increase has been seen in June with 49 reported, which is higher than the 46 reported in April. This correlates with the same pattern of decrease and increase in seclusions with 6 in May and 8 in June. Whilst all episodes of restraint and seclusion are reviewed in detail and actions taken are confirmed as appropriate, lawful and managed in a safe and competent way, there is a need to continue to monitor this position. It was also noted that the current policy, which is under review, does not differentiate between restraint and what is referred to as clinical holding. It has been agreed to separate these and produce a separate clinical holding policy which will support safe practice across the Trust.

The performance in relation to Venous Thrombo-Embolicism (VTE) Assessment has shown significant improvements YTD, compared with 2018/19, with YTD compliance at 99% compared to an end of year position of 94%. This suggests a sustained improvement month on month indicating the recent changes made are having a positive impact; however it is a position which will continue to be closely monitored.

## Serious Incident (SI) Update

During May and June, twelve serious incident investigations were registered. The categories are detailed below:

Category	May	June
Unexpected death	2	0
Delayed diagnosis	1	1
Self-Harm	2	0
Patient accident/incident	1	1
Assault by inpatient	0	1
Safeguarding Vulnerable Adults	0	1
Information governance breach	0	1
Sub optimal care of the deteriorating patient	0	1

We have seen a shift in the categories of reported SI's in June compared to March/April data with no pressure ulcer or medication related SI's in this period. The outcomes and learning from these investigations will be shared and discussed at the SI panels in August and September and themes and learning identified will be reported in the quarterly Patient Safety Reports.

## Friends and Family Test (FFT)

The new Associate Director for Community Engagement and Experience commenced with the Trust in July 2019 and will, over the coming months, be reviewing our approach to patient feedback and engagement whilst also leading on the tender process to procure the system which will deliver the optimum impact.

For this reporting period the following is noted:

- FFT continues to provide positive feedback with 97% of respondents reporting they are extremely likely/likely to recommend Solent services
- Number of responses has increased in June to 24% from 14% in May but remains significantly lower than April which was 57%
- The significance of the percentage responses is not clear, therefore the Associate Director Community Engagement and Experience will lead a piece of work to better understand this and to optimise the opportunity to continue to increase the number of responses received
- AMH services continue to experience challenges in reporting patient feedback
- The total number of responses by service line shows small but not significant variance month on month.




## Staff Friends and Family Test (FFT)

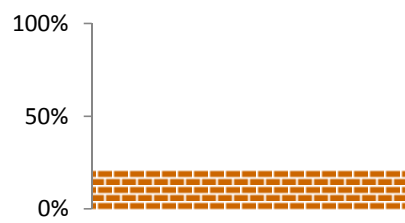
The Staff FFT for June shows an improvement in levels of engagement with 1084 responses received in June compared to 1042 in March and the highest number since September 2018. The information is currently being analysed but the key message is:

- 72% of respondents reported they were extremely likely/likely to recommend Solent as an employer, an increase of 3% from March.

4.1 - Financial Performance

June 2019/20

Performance		Purchase Orders and Debts	
	<b>£238k</b> £40k	<b>Deficit in Month</b> Favourable to plan	Eligible invoices raised in month <b>956</b>
	<b>£1,045k</b> £9k	<b>Deficit YTD</b> Favourable to plan	<b>925</b> Purchase orders raised in month
	<b>£0k</b> £0k	<b>Breakeven Year End Forecast (adj)</b> Achieving control target	Purchase orders raised in month against eligible invoices <b>97%</b>
			<b>£5,709,009</b> Total debt month end
			<b>£1,124,654</b> Total debt over 90 days month end <b>20%</b>

Savings		Capital Finance Summary	
<b>£1,759,000</b>	Savings Target YTD	<b>£1,412,000</b>	YTD Spend
<b>£1,023,000</b>	Savings Delivered YTD	<b>£6,649,000</b>	Year end plan
<b>£252,000</b>	QIA Savings Delivered YTD		<b>21.2%</b> Spend against year end plan
	<b>58%</b> Savings Achieved		

## 4.2 Finance Commentary

### Month 3 Results

The Trust is reporting an in month adjusted deficit of £238k for month 3, £40k favourable plan and a year to date adjusted deficit of £1,045k, £9k favourable to plan. The Trust has achieved the quarter 1 control total of £1,053K deficit and has recognised £367k Provider Support Funding (PSF) and Financial Recovery Funding (FRF) income in the quarter.

Whilst the Trust has made a deficit of £1,045k in quarter 1, the full year control total is breakeven, with CIP schemes planned for the second half of the year and additional PSF and FRF (85% over Q2-Q4).

Discussions are ongoing with particular services regarding the ability to deliver their plan; particular pressures lie in Adults Southampton, Sexual Health, Estates and some Corporate areas.

### CIPs

CIP delivery in month 3 was £332k (£255k adverse to plan) and year to date £1,023k (£736k adverse to plan). Most service lines under delivered on CIP schemes, although made up for the shortfall by non-recurrent means. It is recognised that delivery of CIPs is difficult in the current climate; extra effort is being applied to put all CIP schemes through the QIA process, with the majority in the approval process.

### Capital and Cash

Year to date capital expenditure at month 3 is £1,412k. Projects totalling £3,988k have been approved and in most cases are in progress.

The Trust is budgeted to receive £4,768k PDC funding for Phase 2 project at St Marys and St James hospitals in 2019-20, £2,024k of which has been spent YTD.

The cash balance at 30 June 2019 was £11m.

### Aged debt

Debt over 90 days overdue has increased by £327k since May. The Trust are working closely with SBS, setting priorities of debt to chase (generally highest value and oldest debt) and finance are working with services to clear queries/provide further backup where required.

### NHS I SOF Use of Resources Score

The Trust remains a 3 mainly due to the planned YTD deficit. The YTD deficit is driving a low value of revenue available for capital service, reducing the liquidity days (SPC highlights a movement of 6 since FY18/19), and is driving a negative I&E Margin. As the deficit reduces, this should bring the Trust back to a 2 overall, however expectations are that this will not happen until the second half of the year at the earliest as per the plan and similar to last year. Also impacting on the liquidity days is the impact of Capital spend on Phase 2 St Marys, where the cash drawdown is after payments are made.

5.1 - Workforce Performance

June 2019/20

There were **2,908.8** FTE in post this month, which equates to **3,523** staff in post.  
 A decrease of **2.4** since last month

- 86%** YTD mandatory training compliance
- 67%** YTD information governance training completed
- 35%** YTD appraisals completed

Bank and Agency

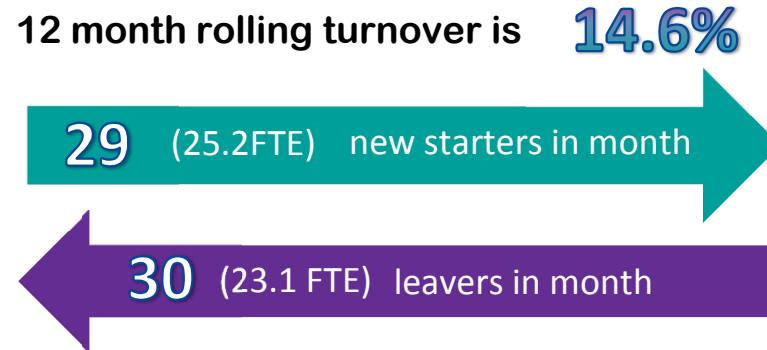
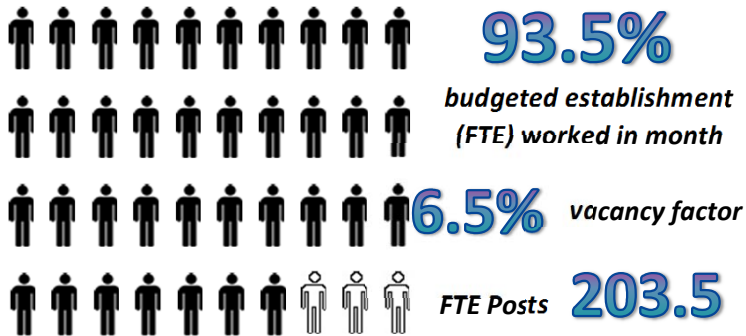
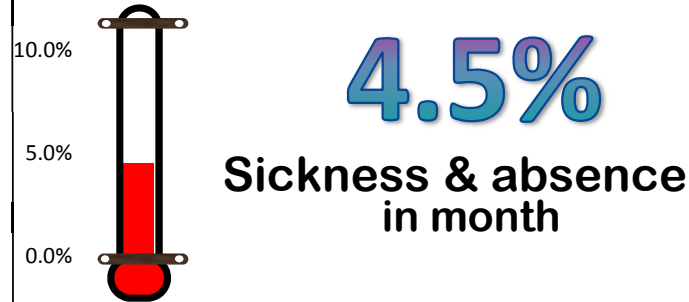
**31,609** Hours requested in month

**19,601** Hours filled by bank in month **£465,446**

**9,959** Hours filled by agency in month **£429,704**

**2,048** Hours requested not filled

In month, Solent are above agency ceiling by **£149,704**



## 5.2 – People & OD Commentary

### Sustainable Workforce

Full time equivalent (FTE) in post for June (M3) was 2909, which is a decrease of 2.4 since last month. The vacancy factor in June was 6.5%, which is higher than it should be for this time of year. Our nursing vacancy rate is currently 5.3%. At the Workforce Planning Group, it was noted that most services have transformation underway including service redesign and skill mixing, which coupled with shortages, may be slowing down recruitment. The risk as we enter the Summer is that annual leave combined with sickness, turnover and vacancy rate will create a shortfall in available workforce and a direct increase in agency spend. An activity impact analysis of recruitment is being undertaken and recommendations will go back through service line governance meetings for immediate implementation.

Average annual staff turnover is at 14.6% and the nursing turnover rate has further improved to 14.3%, which is a significant and sustained improvement. The sickness rate in month is 4.5%, which put into context, compares favourably to the peer median of 5.8% in the Model Hospital tool. However, it should be noted that the sickness rate has been on a gradual rise over the last year. A deep dive / SPC analysis is being undertaken and will be reported back through TMT.

In month agency spend for June was £429,704, which does not compare favourably with this time last year. Sustained agency reduction continues to be a challenge and whilst the Hampshire and IOW Collaborative Bank will support improvement efforts, we have instigated our own workforce optimisation programme which will report back through Finance Committee and People & OD Committee. It should, however, be noted that our agency staffing in month is 1.7% on average for the year, which compares favourably with the peer median of 3.9% in the Model Hospital tool.

The e-Rostering improvement plan continues and will feed into the workforce optimisation programme. An internal audit is also being scoped to review solutions for effective and sustainable e-rostering across the broad footprint of services in a Community and Mental Health Trust.

An STP-wide analysis of the risk created by the pension tax limit has been commissioned and Solent is fully involved in shaping a system-wide solution. The risk within Solent at present is smaller than with acute trusts, which is where the majority of the medical consultant workforce is deployed.

A deep dive into the workforce sustainability Business Assurance Framework (BAF) risk took place at the last People and OD Committee as well as a roundtable discussion on external forces impacting People & OD. The interim NHS People Plan will be presented at the next TMT and the outputs from all of these sessions will be used to form a new People & OD strategy. The aim is to form this strategy in partnership across the system.

### Learning & Development

The statutory and mandatory training rate in June was 86.1% against a target of 90% and the Information Governance (IG) and Performance Appraisal (PA) rates are climbing since returning to 0% at the start of the year. A report into non-compliance has been provided for immediate action.

Career conversations continue to take place with support from the Learning and Development team, including the Adults Portsmouth service line that has identified learning opportunities for Senior Health Care Assistants, Trainee Nurse Associates and Advanced Practitioners.

## Leadership, Culture & Values

The National Freedom to Speak Up Guardian office has notified us that we are a top performing trust on the new Freedom to Speak Up Index, scoring the highest for trusts of our type. This is in addition to our results from the Listening into Action league table, where we also scored the highest for trusts of our type.

Leadership development continues at all levels within services, with specially developed programmes designed for teams and roles. In addition, there is an open information session with Solent University to promote three Management and Leadership Degree and Masters Apprenticeship programmes for business and clinical leaders.

## Health and Wellbeing

Absence due to mental health has been rising during Q1. There is a health and wellbeing plan (including flu) and mental wellbeing plan in place linked to the Thriving at Work review. We have also invested in new wellbeing practitioners who will be available to individuals and teams through a new and innovative outreach programme. The significant work underway in continuing to support the health and wellbeing of our people is part of our Quality priorities.

## Communication & Engagement

In Q1, the Trust has issued 12 proactive media releases, had coverage in 43 online and print articles, and received a total of £54k Advertising Value Equivalent (AVE). There were also 27 radio or television broadcasts, including coverage of International Nurses' Day, the veteran's covenant fund, the Good Grubclub, three generations of nurses story on BBC Radio Solent and Pam Campbell winning a Parliamentary Award on ITV Meridian. Our social media following also continues to grow, increasing reach and engagement.

Plans for the future of Jubilee House are underway through Portsmouth City Council and HOSP. Over time, it has become apparent that the way in which people prefer to receive end of life care has changed and that services would benefit from being located in a modern, adaptable environment. Initial engagement discussions with staff affected by these proposals have started in July.



## 6.1 NHS Improvement Single Oversight Framework

Month: Jun-19

Indicator Description		Internal / External Threshold	Threshold	Current Performance	Capability	Variance
<b>Quality of Care Indicators</b>						
Organisational Health	Staff sickness (rolling 12 months)	I	4%	4.5%	F	
	Staff turnover (rolling 12 months)	I	12%	14.6%	F	
	Staff Friends & Family Test - % Recommended Employer	I	80%	73.0%	F	
	Proportion of Temporary Staff (in month)	I	6%	4.4%	P	
Caring	Written Complaints	I	18	13	?	
	Staff Friends & Family Test - % Recommended Care	I	80%	85.0%	P	
	Mixed Sex Accommodation Breaches	E	0	0	P	
	Community Friends & Family Test - % positive	E	95%	97.0%	P	
	Mental Health Friends & Family Test - % positive	E	95%	90.0%	?	
Effective	Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	E	95%	100.0%	P	
	% clients in settled accommodation	I	59%	79.4%	P	
	% clients in employment	E	5%	6.3%	P	
Safe	Occurrence of any Never Event	E	0	0	P	
	NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	0	P	
	VTE Risk Assessment	E	95%	98.0%	?	
	Clostridium Difficile - variance from plan	E	0	0	?	
	Clostridium Difficile - infection rate	E	0	0	?	
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	E	0	0	P	
	Escherichia coli (E.coli) bacteraemia bloodstream infection	E	0	0	P	
	MRSA bacteraemias	E	0	0	P	
	Admissions to adult facilities of patients who are under 16 yrs old	E	0	0	P	
<b>Operational Performance</b>						
	Maximum 18 weeks from referral to treatment (RTT) – incomplete pathways	E	92%	95.7%	P	
	Maximum 6-week wait for diagnostic procedures	E	99%	98.0%	?	
	Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	E	0	0	P	
	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50%	100.0%	P	
	Data Quality Maturity Index (DQMI) - MHSDS dataset score	E	95%	70.9%*	?	
	Improving Access to Psychological Therapies (IAPT)					
	- Proportion of people completing treatment moving to recovery	E	50%	55.6%	P	









- Waiting time to begin treatment - within 6 weeks	E	75%	99.7%		
- Waiting time to begin treatment - within 18 weeks	E	95%	100.0%		

**Use of Resources Score**

Use of Resources Score	E	2	3		
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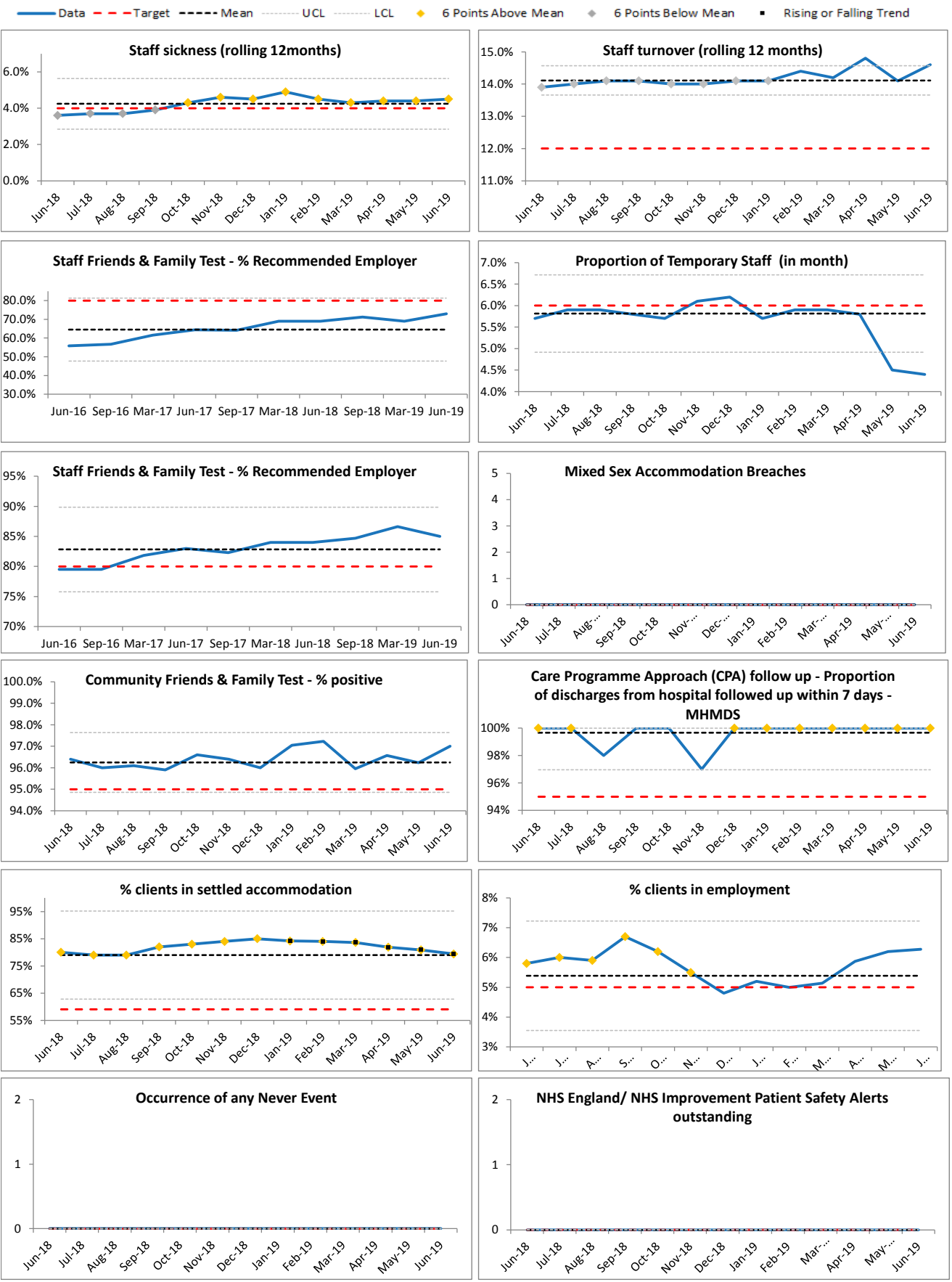
\* Data reported 3 months in arrears due to NHS Digital publication timescales

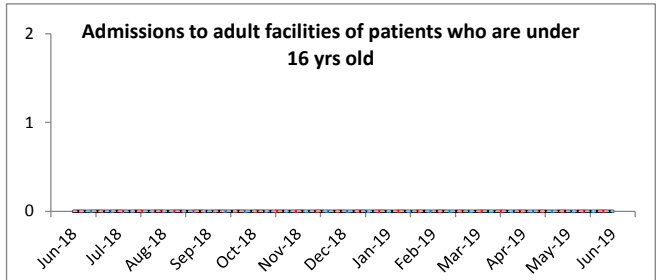
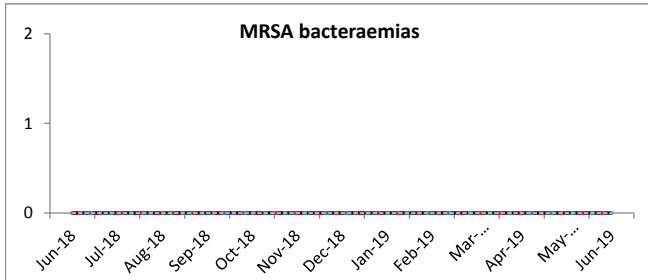
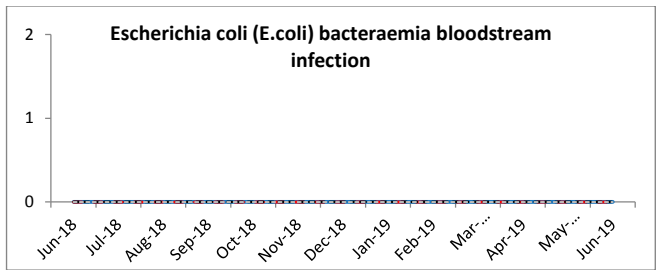
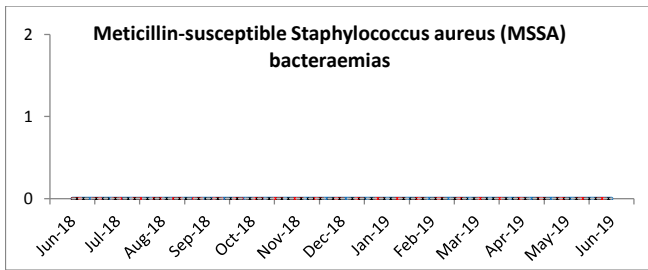
**Key**

Capability		Consistently achieving target	Target achieved for 6 consecutive data points
		Achieved and missed target intermittently	Periodic changes in the data that are random
		Consistently missing target	Target missed for 6 consecutive data points
Variance		Special cause note - High	High special cause concern is where the variance is upwards (for 6 data points) for an above target metric
		Special cause note - Low	Low special cause note is where the variance is downwards (for 6 data points) for a below target metric
		Common cause	Periodic changes in the data that are predictable and expected
		Special cause concern - Low	Low special cause concern is where the variance is downwards (for 6 data points) for an above target metric
		Special cause concern - High	High special cause concern is where the variance is upwards (for 6 data points) for a below target metric

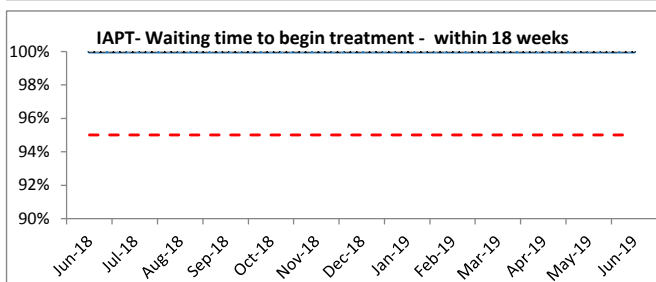
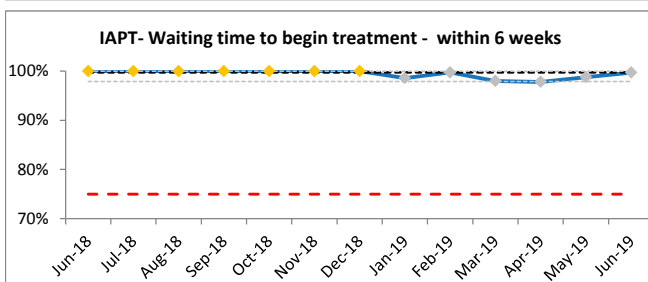
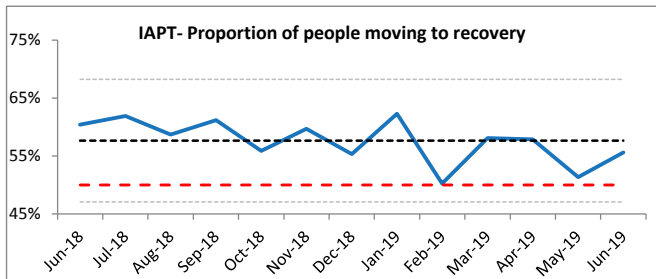
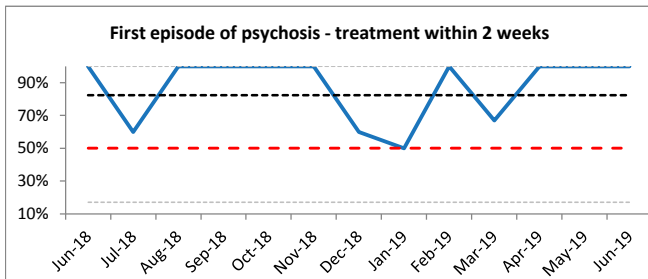
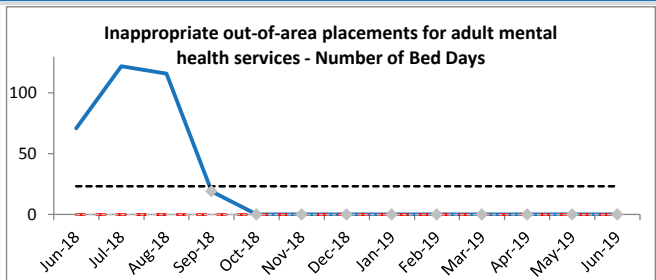
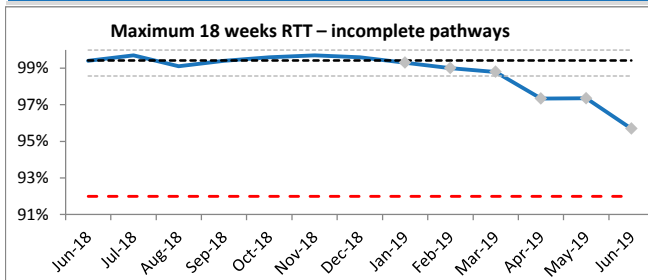
Items of Exception

Quality of Care Indicators





**Organisational Health**



## 6.2 NHS Provider Licence - Self Certification 2018/19

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

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

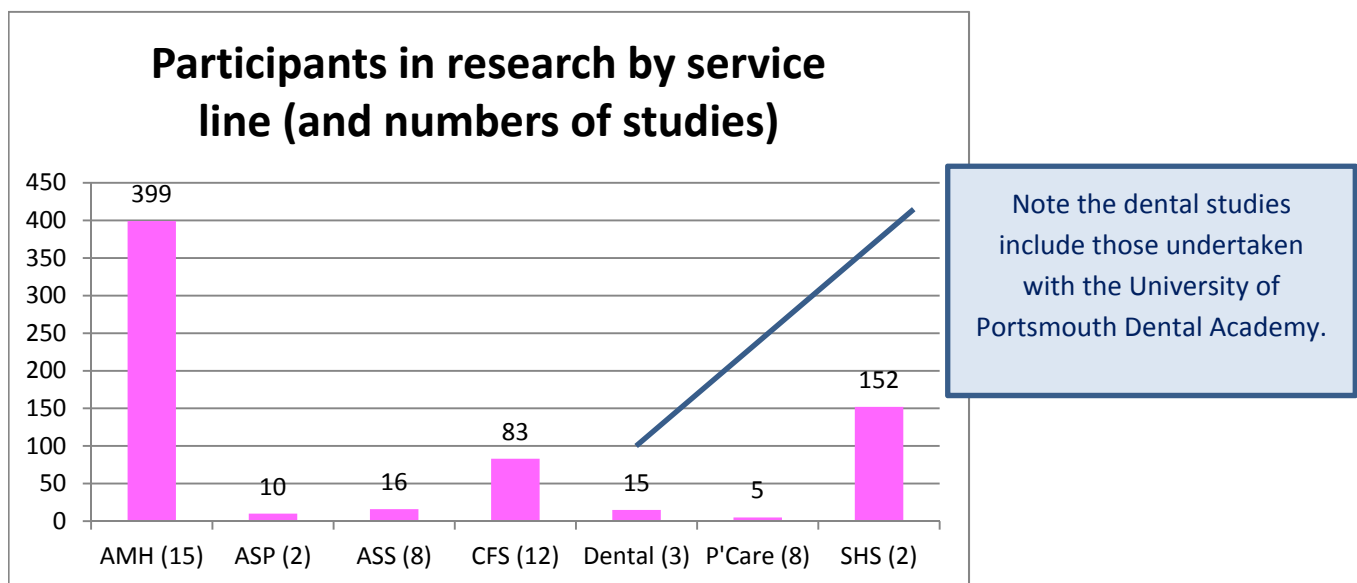
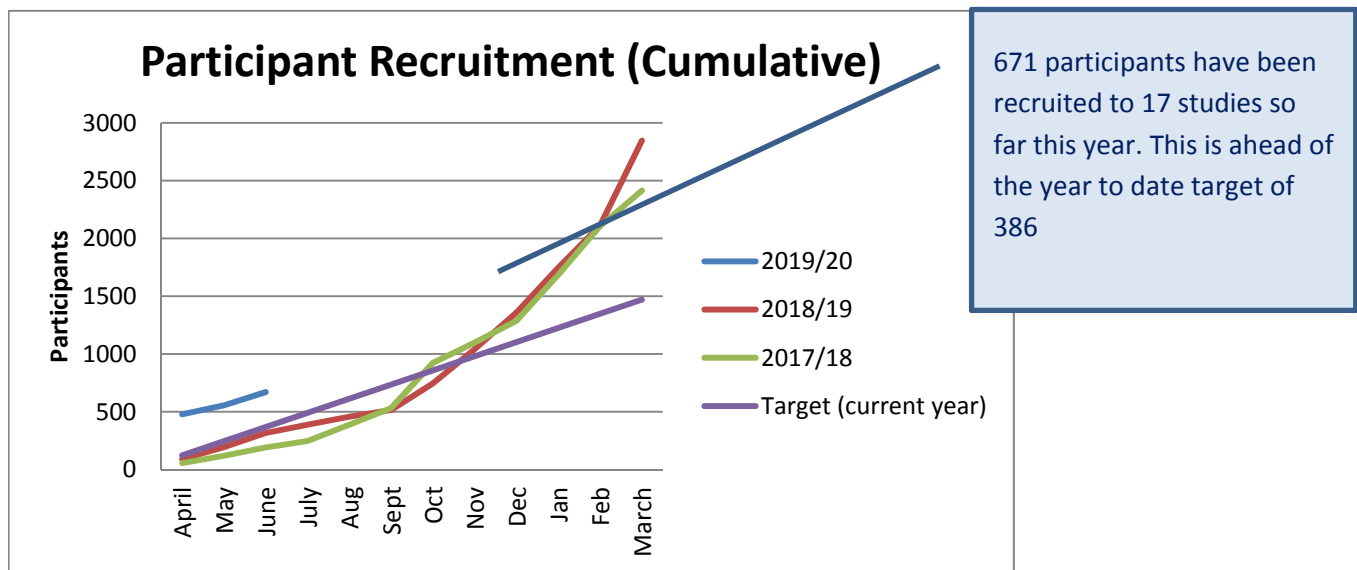
# 7.1 Academy of Research and Improvement

## Report to Solent NHS Trust Board

June 2019

As an NHS organisation, Solent’s research performance is measured by the number of participants recruited into studies. To date this year we are significantly ahead of our target. There are open studies in each of our Service Lines, but the most research active are within our mental health, children’s and sexual health services.

Overall in Solent, we have seen 77,943 patients this year (April-June). This means that 0.01% of our patients have participated in research.



# Academy of Research and Improvement

## Report to Solent NHS Trust Board

June 2019

### Clinical Audit & Evaluation – completion against plan, Q1 2019-20

	Projects on Plan	Completed
Adults Portsmouth	4	2
Adults Southampton	36	2
Child & Family	41	1
Adult Mental Health	22	0
Primary Care	40	2
Sexual Health Services	20	6
Specialist Dental	17	0

The Audit and Evaluation Completion rate against plan for the first quarter is 7%. This is expected at this time of year.

The number of projects on the plan for Adults Portsmouth is low. This is under review.

### Publications (a selection):

Moran, B., Gasmelsid, N & Foley, E (2019) **Online sexual health testing – saint or sinner?** International Journal of STD & AIDS 2019, Vol. 30(7S) 21

*This was a third year medical student project, which compared online and in-clinic testing for STIs . The study demonstrated that across over 5000 patients detected with chlamydia there is no difference in age nor indices of social deprivation in patients between the two. Additionally patients detected with chlamydia on line were treated sooner and were less likely to require retreatment than those initially detected in clinic. This demonstrates high accessibility and efficacy of the online testing service. This project was the winner of the Best Undergraduate Project prize at the Annual BASHH (British Association of Sexual Health and HIV) Conference, out of 400 entries.*

Raman, S. & Richardson, T (2019) **An evaluation of predictors of dropout from Emotional Coping Skills programme in a community mental health service.** The Cognitive Behaviour Therapist, Vol 12 e35

*This is another student project, from the Clinical Psychology Doctoral Programme in the Community Mental health Team. It evaluated predictors of drop out from and Emotional Coping Skills Programme with data from 49 clients. The evaluation found that contrary to common assumption, clients using substances, who are highly anxious or who experience greater degrees of emotional dysregulation are not more likely to drop out compared with other individuals.*



<b>Presentation to</b>	<input checked="" type="checkbox"/> In Public Board Meeting	<input type="checkbox"/> Confidential Board Meeting						
<b>Title of Paper</b>	Freedom to Speak Up – Annual Report 2019							
<b>Author(s)</b>	Pamela Permalloo - Bass	<b>Executive Sponsor</b> Jackie Ardley						
<b>Date of Paper</b>	22 <sup>nd</sup> July 2019	<b>Committees presented</b>						
<b>Link to CQC Key Lines of Enquiry (KLoE)</b>	<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led			
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability		<b>W2</b> Vision & Strategy		<b>W3</b> Culture	X	<b>W4</b> Roles & Responsibilities	
	<b>W5</b> Risks and Performance		<b>W6</b> Information		<b>W7</b> Engagement		<b>W8</b> Learning, Improv & innovation	X
<b>Action requested of the Board</b>	<input checked="" type="checkbox"/> <b>To receive</b>		<input type="checkbox"/> <b>For decision</b>					
<b>Link to BAF risk</b>	BAF # ----- Concerning ----- or					<input checked="" type="checkbox"/> N/A		
<b>Level of assurance (tick one)</b>	Significant		Sufficient		Limited		None	X

## 1. Introduction of Freedom to Speak Up in the NHS

Since the introduction of Freedom to Speak Up in 2015 and as a consequence of recommendations made by Sir Robert Francis, we have implemented processes within the Trust to ensure our staff are able to easily raise concerns and to seek confidential advice and support.

The Independent Lead Freedom to Speak Up Guardian came into post on the 1<sup>st</sup> December 2018, this report will cover cases and themes relating from January 2019 – June 2019. Cases and reports prior to this date have been reported via the National Guardian Office data collection as numbers reported only.

### 1.1 Freedom to Speak Up at Solent NHS

Our Quarterly Freedom to Speak Up (FTSU) Oversight Group, which is chaired by a Non-Executive Director (Chair of the Audit & Risk Committee), is attended by the Chief Executive, Chief People Officer, Chief Nurse and our Independent Lead FTSU Guardian. At the meeting, the Independent FTSU Lead Guardian and Executives provide assurance to the Lead Non-Executive Director for FTSU on behalf of the Board that issues raised are dealt with promptly and appropriately by the Trust. The FTSU Independent Lead Guardian briefs colleagues on:

- Current cases and actions taken, taking into account confidentiality and anonymity
- Regulatory & national requirements from the National Guardian Office
- Organisational themes

The Chief Nurse and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and/or staff wellbeing.

The Group also oversees supporting work programs associated with FTSU including:

- The development of the strategy and associated implementation plan
- Completion of the National Board Self- Assessment
- Ensuring appropriate promotion and engagement to support an open culture of raising concerns.

Our Independent Lead Freedom to Speak Up Guardian is supported by 6 Freedom to Speak Up Guardians working across our services.

## 2. Assessment of issues

From January 2019 to June 2019 31 staff contacted the Freedom to Speak Up Guardians with concerns. All cases were supported and resolved internally. In addition, other engagement activities have been undertaken to raise awareness of Freedom to Speak Up and to further embed Freedom to Speak Up within Solent NHS Trust.

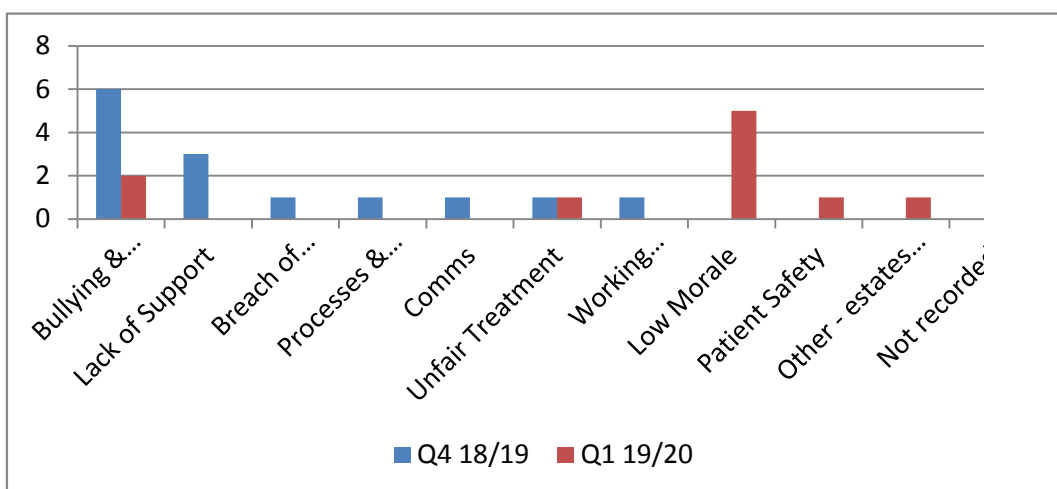
The FTSU have highlighted themes and observations coming from individual cases and staff feedback, the overarching themes are as follows:

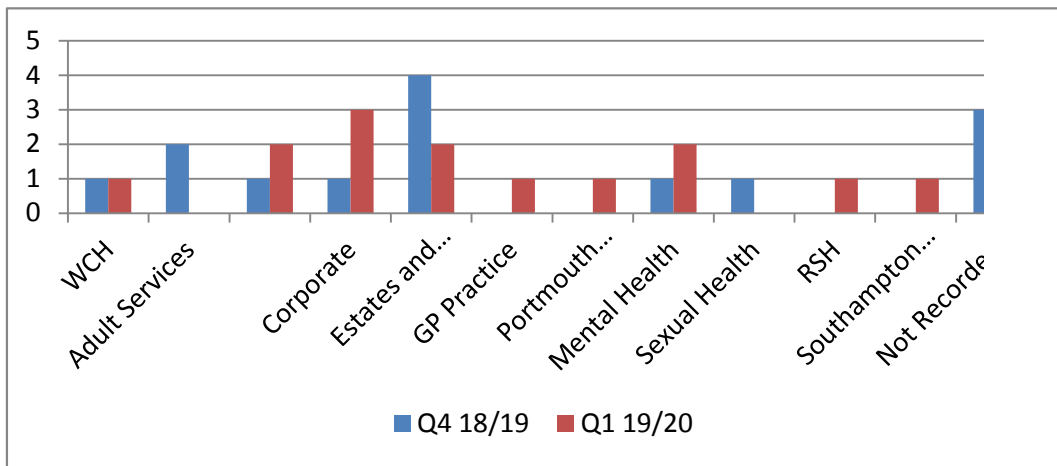
- Dealing with difficult behaviours within teams.
- Conflicts of interest arising from personal relationships which have included, line management friendships/relationships with perception of conflict of interest or lack of fairness with decision making.
- Internal staff promotions without personal/ professional development to fulfil the role.
- Impact of poor behaviour and values in small department.

As a result of staff speaking up the organisation has continued to develop a positive learning culture. Organisational improvements include:

- Policy on relationships at work and potential conflicts – currently in draft format.
- Development of internal coaching & mentoring network.
- Learning conversations with senior leaders to improve cultural environments.
- Developed a closer working relationship(s) with the Counter fraud office, we have designed a protocol on working together and ran a bespoke training session for the FTSU Guardians.

### 2.1 January to June 2019 the graph below tables the number of cases, themes and locations.





### 3. Triangulating potential patient safety or workers experience(s)

The FTSU guardians will assess matters that relate to patient safety and/or the experience of the workforce, using information to triangulate data or verbal evidence as appropriate. This creates a broader picture of FTSU culture at Solent NHS ensuring that any barriers to speaking up are addressed. With regards to potential patient safety risks, FTSU will escalate as appropriate with any opportunities to learn and improve are implemented using existing processes and systems.

### 4. Action taken to improve FTSU culture

As part of our wider engagement plan, FTSU has attended a variety of events including; corporate induction, team meetings, clinical workshops, nurse's conference and training events.

The FTSU PR has been refreshed working with the Communication director and an external PR company, with new posters, pop up and logo. We are in the process of developing an online tool to promote fictional case studies on how FTSU can support the workforce.

The recent CQC inspection report highlighted hot spots where some members of the workforce were unaware of FTSU, as a result we have developed and delivered bespoke sessions that dovetails into the CQC observations. We have adopted a soft PR approach, identifying support with members of the workforce who are unaware of the speaking up process.

The FTSU records all their cases, with bi monthly FTSU guardian meetings. Through regular communications the FTSU Guardians will assess their effectiveness of the speaking up process, handling of individual cases, whilst retaining individual confidentiality and anonymity.

The FTSU Guardians will also discuss and assess any information or instances where people who have spoken up may have suffered detriment. Recommendations for improvement would then be led by the Lead FTSU Guardian for discussion at the FTSU Oversight meeting(s). Information on actions taken to improve the skills, knowledge and capability of the workforce to speak up and to support others to speak up, respond to the issues they raise effectively would be discussed and actioned accordingly.

#### 4.1 Feedback from FTSU cases 2019

*"I felt listened to and no longer feel alone"*

*"The Guardian was empathetic, supportive and a great listener"*

*"I appreciated having someone to confidential speak to and help me work out best course of action"*

#### 4.2 Feedback from Staff Inductions 2019

*'I appreciated that the Speak Up Guardian team appears to be more friendly than in other trusts I've had contact with'*

## **5. Further areas of work for 2019- 2020**

- FTSU will conduct an annual audit of cases at the end of Dec 2019. The audit will then be reported to the Audit and Risk Assurance Committee in the Spring of 2020.
- The FTSU will ensure each Guardian is regularly updated for their learning & development.
- We plan to recruit further guardians from BAME communities to reflect our local demographics.
- Working with the Head of Communications we will develop a FTSU Communication strategy that will improve overall FTSU messages which will include a quarterly newsletter to staff.
- Design a FTSU power-point presentation including a vlog to be used for a variety of workshops, seminars and events.
- As our process matures we will update the FTSU log case data to analyse trends relating to AfC band, protected characteristics such as gender, age, ethnicity etc. We will also assess different divisions without compromising on anonymity which we can use to triangulate data.

## **6. Recommendations :**

Board to note the report

### **6.1 Author:**

Lead Freedom to Speak Up Guardian – Pamela Permalloo-Bass

## Freedom to Speak Up Vision and Strategy Solent NHS Creating an Open Speaking Up Culture at Solent NHS Trust July 2019

### Purpose

Sir Robert Francis's 'Freedom to Speak Up' review in February 2015 highlighted the need for the creation of the National Guardian and Freedom to Speak Up Guardians at every Trust in England as a 'vital step towards developing the right culture and environment for speaking up'. This document sets out the Trust's Freedom to Speak Up vision and strategy.

This document should be read alongside the Trust's Speaking Up Policy. The Trust has adopted the standard integrated policy which will be reviewed as required to continue to meet national guidance and best practice.

### Our Vision

We are committed to promoting an open and transparent culture across the organisation to ensure that all members of staff feel safe and confident to speak out.

Our Board and senior leadership team will support this agenda by:

- modelling the behaviours from our HEARTs values to promote a positive culture in the organisation;
- providing the resources required to deliver an effective Freedom to Speak Up function
- having oversight to ensure the policy and procedures are being effectively implemented.

Our Lead Independent FTSU Guardian and FTSU guardians have a key role in:

- helping to raise the profile of speaking up in our organisation
- providing confidential advice and support to staff in relation to concerns they have about patient safety
- providing confidential advice and support to staff in relation the way their concern has been handled.

The Trust are fully engaged with the National Guardian's Office and the local & regional network(s) of Freedom to Speak Up Guardians in our region to learn and share best practice.



## Our Strategy

The Trust will take the following actions to deliver this vision:

- Implement separate policies, which clearly differentiate between a grievance and raising a concern.
- increase awareness for all staff so they are clear about what concerns they can raise and how to raise them.
- ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively.
- provide regular communications in a variety of formats to all staff, including those permanently employed on a full-time/part-time basis, temporary/ contracted workers and volunteers to raise the profile and understanding of our speaking up service,
- communicate key findings to senior leaders about the level and type of concerns raised and any resultant actions taken, as is appropriate under the scope of confidentiality.
- share good practice and learning from speaking up, through a variety of for communication methods, with the key aim of fostering openness and transparency, such as, newsletters, staff briefings, team meetings and the intranet.
- actively seek the opinion of staff to assess that they are aware of and, are confident in using local processes and use this feedback to ensure our arrangements are improved based on staff experiences and learning.



## Outcomes and Measures

1. Annual staff survey results.
2. Regular review of referrals with other functions involved in the process like Human Resources and Local Counter Fraud Specialist.
3. Number of channels available for staff to raise concerns including network champions and other internal and external routes like Staff Side Representatives.
4. Quarterly FTSU updates for all staff via communication team and intranet.
5. Evidence that FTSU cases are assessed and evidence based, led by someone suitably independent in the organisation, recording and reporting to the National Guardian Office.
6. High level findings provided to the Trust board and relevant committees.
7. Speaking Up policy annually reviewed and improved.
8. Executive oversight quarterly meeting to discuss openly themes and organisational trends, to develop a learning culture.



## Monitoring and Review

Our Quarterly Freedom to Speak Up (FTSU) Steering Group, which is chaired by a Non-Executive Director (Chair of the Audit & Risk Committee), is attended by the Chief Executive, Chief People Officer, Chief Nurse and our Independent Lead FTSU Guardian. At the meeting, the Independent FTSU Lead Guardian and Executives provide assurance to the Lead Non-Executive Director for FTSU on behalf of the Board that issues raised are dealt with promptly and appropriately by the Trust. The FTSU Independent Lead Guardian briefs colleagues on:

- current cases and actions taken taking into account confidentiality and anonymity
- regulatory/national requirements from the National Guardian Office

The Chief Nurse and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and /or wellbeing.

The Group also oversees supporting work programmes associated with FTSU including the development of the strategy and associated implementation plan, the completion of the National Board Self- Assessment and ensuring appropriate promotion and engagement to support an open culture of raising concerns.

A Freedom To Speak Up Annual Report will be presented to the Board each year by the Freedom To Speak Up Guardian and the Executive Lead for Raising Concerns which will include:

- An assessment of the Trust's Speaking Up Policy;
- An overview of the cases reported and the themes identified;
- National & Regional Benchmarking
- An improvement plan for the next 12 months

Our Independent Lead Freedom to Speak Up Guardian is supported by 6 Guardians working across our geographic services.





<b>Presentation to</b>	<input checked="" type="checkbox"/> In Public Board Meeting		<input type="checkbox"/> Confidential Board Meeting					
<b>Title of Paper</b>	Designated Body Annual Board Report and Statement of Compliance							
<b>Author(s)</b>	Sally Cordall, Business Manager		<b>Executive Sponsor</b>	Dan Meron, Chief Medical Officer				
<b>Date of Paper</b>	27 <sup>th</sup> June 2019		<b>Committees presented</b>	None				
<b>Link to CQC Key Lines of Enquiry (KLoE)</b>	<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led			
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability	<input checked="" type="checkbox"/>	<b>W2</b> Vision & Strategy	<input type="checkbox"/>	<b>W3</b> Culture	<input type="checkbox"/>	<b>W4</b> Roles & Responsibilities	<input checked="" type="checkbox"/>
	<b>W5</b> Risks and Performance	<input type="checkbox"/>	<b>W6</b> Information	<input checked="" type="checkbox"/>	<b>W7</b> Engagement	<input type="checkbox"/>	<b>W8</b> Learning, Improv & innovation	<input type="checkbox"/>
<b>Action requested of the Board</b>	<input checked="" type="checkbox"/> <b>To receive</b>		<input type="checkbox"/> <b>For decision</b>					
<b>Link to BAF risk</b>	BAF # ----- Concerning ----- or				<input checked="" type="checkbox"/> N/A			
<b>Level of assurance (tick one)</b>	Significant	<input type="checkbox"/>	Sufficient	<input checked="" type="checkbox"/>	Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

NHS England has developed The Framework of Quality Assurance for Responsible Officers and Revalidation (FQA). The purpose of the framework is to support designated bodies and responsible officers in providing assurance that systems and processes are in place, identifying areas in which development will be required over the coming year and engaging Boards and management teams.

Every year, all Responsible Officers are asked by NHS England to present an annual report to their Board. Following this, a statement of compliance is signed off by the Chairman or Chief Executive Officer of the designated body's Board and submitted to the Higher-Level Responsible Officer by 27th September 2019.

### Board Recommendation

The Board is asked to note.

### Assurance Level

The Board is asked to consider whether this paper provides sufficient assurance.

## Designated Body Annual Board Report

### Section 1 – General:

The board of Solent NHS Trust can confirm that:

1. The Annual Organisational Audit (AOA) was submitted on 15<sup>th</sup> May 2019.
2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.
3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.
4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained on GMC Connect.
5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.
6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.
7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

### Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.
2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.
3. There is a medical appraisal and revalidation policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).
4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners. A process of recruitment is in place if this drops below agreed ratio.
5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent).

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process at the Decision Making Group (DMG) and the findings are reported to the Board or equivalent governance group.

### **Section 3 – Recommendations to the GMC**

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.
2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

### **Section 4 – Medical governance**

1. This organisation creates an environment which delivers effective clinical governance for doctors.
2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.
3. There is a process established for responding to concerns about any licensed medical practitioner's fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.
4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.
5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.
6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

## Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

## Section 6 – Summary

### Actions ongoing

1. Review the use of appraisee feedback  
We are currently exploring redesign of the appraisal feedback form, with the new Appraisal Lead, to improve the value of data collected in order to assist appraisers to develop in their role. We are also reviewing the best way to analyse information.
2. Opportunities for involving patients & public in revalidation  
A Non Executive Director has joined the monthly Decision Making Group as a lay person.

## Section 7 – Statement of Compliance:

The Board of Solent NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

### Signed on behalf of the designated body

Chief executive or chairman

Official name of designated body: Solent NHS Trust

Name: SUE HARRIMAN

Signed: 

Role: CHIEF EXECUTIVE

Date: 12 JULY 2019.



<b>Title of Paper</b>	Annual Review of Board Terms of Reference and Code of Conduct							
<b>Author(s)</b>	Rachel Cheal, Associate Director Corporate Affairs & Company Secretary	<b>Executive Sponsor</b>			Sue Harriman, CEO			
<b>Date of Paper</b>	18 <sup>th</sup> July 2019							
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability		<b>W2</b> Vision & Strategy		<b>W3</b> Culture		<b>W4</b> Roles & Responsibilities	X
	<b>W5</b> Risks and Performance		<b>W6</b> Information		<b>W7</b> Engagement		<b>W8</b> Learning, Improv & innovation	
<b>Action requested of the Board</b>	<input type="checkbox"/> To receive		<input checked="" type="checkbox"/> For decision					
<b>Link to BAF risk</b>	BAF # -----All----- Concerning -----All risks-----							
<b>Level of assurance (tick one)</b>	Significant		Sufficient	X	Limited		None	

The following governance documentation has been reviewed and updated (changes tracked):

**Board Terms of Reference** - the terms of reference have been reviewed and using the NHS Providers 'The Foundations of Good Governance- Compendium of Best Practice' as a basis, have been simplified, retaining the core statutory constituents whilst also reflecting Solent specific references.

**Board Code of Conduct** – the Code of Conduct has been reviewed and minor changes highlighted including emphasising the agreed values-based behaviours. Related to the code of conduct, the Social Media Policy has also been updated separately to include guidance for the use of social media during purdah.

#### Recommendations:

The Board is asked to:

- Approve the **Board Terms of Reference** , and
- Approve the **Code of Conduct** (individual Board members will then be asked to make individual declarations following the meeting).

## Solent NHS Trust Trust Board Terms of Reference

*Reference to “the Board” shall mean the Trust Board*

### 1 Constitution

1.1 The Board is accountable to the Secretary of State for the effective direction of the affairs of Solent NHS Trust, setting the strategic direction and appetite for risk of the Trust, establishing arrangements for effective governance and management and 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

1.2 The Board has established the following Committees:

- Audit & Risk Committee
- Governance & Nominations Committee
- Remuneration Committee
- Mental Health Act Scrutiny Committee
- Assurance Committee
- Finance Committee
- Charitable Funds Committee
- People and OD Committee

### 2. Purpose

- The purpose of the Trust Board is to govern the organisation effectively and ensure that the Trust is providing safe, high quality, patient-centred care.
- The Board is responsible for ensuring Solent is a value based organisation which provides; Great Care, is a Great Place to Work and provides Great Value for Money, where everyone counts and contributes.
- The Board leads the Trust by undertaking the following key roles:
  - Ensure the management of staff welfare and patient safety
  - Formulating Strategy, defining the organisations purpose and identifying priorities
  - Ensuring accountability by holding the organisation to account for the delivery of the strategy and scrutinising performance
  - Seeking assurance that systems of governance and internal control are robust and reliable and to set the appetite for risk
  - Shaping a positive culture for the board and the organisation.

### 3. Responsibilities

#### 3.1 The general responsibilities of the board are:

- to maintain and improve quality of care;
- to ensure that the trust meets its obligations to the population served, its stakeholders and its staff in a way that is wholly consistent with public sector values and probity;
- to foster positive and productive external relationships with partners and stakeholders in the local health economy, in particular with patient/user groups and forums; Local Authorities, Health and Wellbeing Boards, Sustainability & Transformation Partnership partners, Healthwatch and Primary Care.
- to exercise collective responsibility for adding value to the trust by promoting its success through direction and supervision of its affairs in a cost effective manner;
- to ensure compliance with all applicable law, regulation and statutory guidance.

In fulfilling its duties, the trust board will work in a way that makes the best use of the skills of non-executive and executive directors.

### 3.2 Leadership

The board provides active leadership to the organisation by:

- ensuring there is a clear vision and strategy for the trust that is well known and understood by stakeholders and is being implemented within a framework of prudent and effective controls which enable risk to be assessed and managed;
- ensuring the trust is a good employer by the development of a workforce strategy/plan and its appropriate implementation and operation;
- promotes the health and wellbeing of staff
- implementing effective board and committee structures and clear lines of reporting and accountability throughout the organisation.

### 3.3 Quality

The board:

- ensures that the trust's quality of service responsibilities for clinical effectiveness, patient safety and patient experience, are achieved;
- has an intolerance of poor standards, and fosters a culture that puts patients first;
- ensures that it engages with all its stakeholders, including patients and staff on quality issues; and
- ensures that issues are escalated appropriately and dealt with.

### 3.4 Strategy

The board:

- sets and maintains the trust's strategic vision, aims and objectives, being cognisant of Sustainability and Transformation Partnership for Hampshire and the Isle of Wight, ensuring the necessary financial, physical and human resources are in place for it to meet its objectives;
- determines the nature and extent of the risk it is willing to take in achieving its strategic objectives;
- monitors and reviews management performance to ensure the trust's objectives are met;
- oversees both the delivery of planned services and the achievement of objectives, monitoring performance to ensure corrective action is taken when required;
- develops and maintains an annual business plan, and ensures its delivery as a means of taking forward the strategy of the trust to meet the expectations and requirements of stakeholders;
- ensures that national policies and strategies are effectively addressed and implemented within the trust.

### 3.5 Culture, ethics and integrity

The board:

- is responsible for setting values, ensuring they are widely communicated and adhered to and that the behaviour of the board is entirely consistent with those values;
- promotes a patient-centred culture of openness, transparency and candour;
- ensures that high standards of corporate governance and personal integrity are maintained in the conduct of trust business;
- ensures the application of appropriate ethical standards in sensitive areas such as research and development;
- establishes appeals panels as required by employment policies particularly to address appeals against dismissal and final-stage grievance hearings;
- embeds the Learning Organisation and Quality Improvement ethos into all activities;
- ensures that directors and staff adhere to any codes of conduct adopted or introduced from time to time.

### 3.6 Governance and Compliance

The board:

- ensures compliance with relevant principles, systems and standards of good corporate



- governance and has regard to guidance on good corporate governance and appropriate codes of conduct, accountability and openness applicable to NHs provider organisations;
- ensures that all licence conditions relating to the trust's governance arrangements are complied with;
  - ensures that the trust has comprehensive governance arrangements in place that guarantee that the resources vested in the trust are appropriately managed and deployed, that key risks are identified and effectively managed and that the trust fulfils its accountability requirements;
  - ensures that the trust complies with its governance and assurance obligations in the delivery of clinically effective and safe services taking account of patient and carer experiences and maintaining the dignity of those cared for;
  - ensures that all the required returns and disclosures are made to the regulators;
  - formulates, implements and reviews standing orders and standing financial instructions as a means of regulating the conduct and transactions of trust business;
  - agrees the schedule of matters reserved for decision by the board of directors;
  - ensures the proper management of and compliance with the Mental Health Act and other statutory requirements of the trust;
  - approves the Annual Report, Quality Account and Annual Accounts
  - considers directives, comments and recommendations from its committees and takes the appropriate action
  - ensures there are appropriately constituted appointment and evaluation arrangements for senior positions
  - ensures that the statutory duties of the trust are effectively discharged;
  - acts as corporate trustee for the trust's charitable funds.

### **3.7 Risk**

The board:

- ensures an effective system of integrated governance, risk management and internal control across the whole of the trust's clinical and corporate activities;
- ensures that there are sound processes and mechanisms in place to ensure effective user and carer involvement in the development of care plans, the review of quality of services provided and the development of new services;

### **3.8 Finance**

The board:

- ensures that the trust operates effectively, efficiently, economically;
- oversees the achievement of the Trust's Control Total;
- ensures the continuing financial viability of the organisation;
- ensures the proper management of resources and that financial responsibilities are fulfilled;
- ensures that the trust achieves the targets and requirements of stakeholders within the available resources;
- reviews performance, identifying opportunities for improvement and ensuring those opportunities are taken.

## **4 Membership**

- The Trust Board will comprise the following:

Voting members:

- Independent Chair (Chairperson)
- Five Non-Executive Members
- Chief Executive
- Chief Nurse
- Director of Finance & Performance
- Chief Medical Officer
- Chief People Officer

Non voting members:

- Chief Operating Officer Portsmouth and Commercial Director
- Chief Operating Officer Southampton and County
- In the case of the number of votes for and against a motion being equal, the Chair of the Board will have a second, casting vote.
- A manager who has been appointed formally to act up for an officer member during a period of incapacity or temporarily to fill an officer member vacancy, shall be entitled to exercise the voting rights of the officer member.
- Members will be expected to attend at least 75% of meetings.
- When an executive director member is unable to attend a meeting, a nominated deputy must be identified. The nominated deputy must be a direct report to the Board member.

**5 Attendees**

- The following will be attendees at the meeting;
  - Associate Director of Corporate Affairs and Company Secretary
- In addition, lead officers representing other services/departments may attend when required or at the invitation of the Chair.

**6 Secretary and Administration**

- The Corporate Support Manager and Assistant Company Secretary or their nominee shall act as the secretary of the committee.
- The administration of the meeting shall be supported by the Corporate Support Manager and Assistant Company Secretary who will arrange to take minutes of the meeting and provide appropriate support to the Chairman and committee members.
- The agenda and any working papers shall be circulated to members five working days before the date of the meeting.

**7 Quorum**

No business shall be transacted at meetings of the Board unless the following are present;

- a minimum of two Executive Directors
- at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair

**8 Frequency**

- Meetings will be held every other month or more frequently if required, under the Chairmanship of the Solent NHS Trust Chair.
- The following meetings will be held:
  - In Public Meeting
  - Confidential Meeting
  - Workshops (in private) to support board development and strategic planning

**9 Notice of meetings**

- Meetings shall be summoned by the secretary at the request of the Chairman.
- Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member and any other person required to attend, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to members and to other attendees as appropriate, at the same time.

**10 Minutes of meetings**

- The secretary shall minute the proceedings of all meetings, including recording the names of those present and in attendance.
- The secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.
- Minutes of meetings shall be circulated promptly to all members once agreed.

- Minutes will be available under the Freedom of Information Act 2000.

**11 Authority**

The Board may :

- seek any information it requires from any employee of the Trust in order to perform its duties
- obtain, at the Trust’s expense, outside legal or other professional advice on any matter within its terms of reference, and
- call any employee to be questioned at a meeting of the Board as and when required.

**12 Reporting**

- The Board will develop an Annual Cycle of Business where scheduled items throughout the year will be presented.
- The Board will receive updates (including exception reporting) from its reporting Committees via the relevant Committee Chairs. The Chairs of Committees will also be responsible for ensuring relevant information and decisions are reported and cascaded back through the appropriate communication channels.
- The Board will receive project reports on an ad-hoc basis.
- Member’s attendance at meetings will be disclosed in the Trust’s Annual Report.

Version	9
Agreed at Trust Board	
Date of Next Review	XXX 2020

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## Board of Directors: Code of Conduct

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<b>Purpose of Agreement</b>	To outline the behaviours and requirements expected of the Board
<b>Reference Number</b>	Solent/Corporate / BoDCoC/01
<b>Version</b>	Version <b>6</b>
<b>Name of Approving Committees/Groups</b>	Board of Directors
<b>Operational Date</b>	August 20 <b>19</b>
<b>Document Review Date</b>	August 20 <b>20</b>
<b>Document Sponsor (Name &amp; Job Title)</b>	<b>Catherine Mason, Chair</b>
<b>Document Manager (Name &amp; Job Title)</b>	Rachel Cheal, Associate Director of Corporate Affairs and Company Secretary

Version	Summary of amendments
2	Overall document review and incorporation of Regulation 5 Fit and Proper Person requirements – amended Appendix 2.
3	Annual Review- updated section 3.1 to reflect new organisational values, changes made to reference ‘Members Council’ throughout, no other material amendments required
4	Annual Review
5	Overall document review- updates made to: <ul style="list-style-type: none"> <li>• Referencing General Data Protection Regulation (section 5.5, pg4)</li> <li>• Referencing new policy title ‘Managing Conflicts of Interest’ (section 8.4, pg5)</li> <li>• Appendix 2 Self-declaration updated following approval of the Fit and Proper Person SOP at the Feb 2018 Governance and Nominations Committee (removing reference to Monitor /FT)</li> <li>• Appendix 3 – referencing SolNET (the Trust’s intranet) and updated Board report template to be used</li> </ul>
6	<b>Annual Review and deletion of reference to the Members Council</b>

*Foreword – this Code of Conduct applies specifically to the Board of Directors (as defined below); however the principles described equally apply to all members of staff.*

## **1. Introduction**

- 1.1 High standards of corporate and personal conduct are an essential component of public services. Solent NHS Trust is required to comply with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant Code of practice.
- 1.2 The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of the <sup>1</sup>Board of Directors.
- 1.3 This Code forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the Trust.
- 1.4 The Code is intended to operate in conjunction with the Standing Orders. The Code applies at all times when the Board are carrying out the business of the Trust or representing the Trust. **Due consideration should always be given to the public nature of the role and how conduct and behaviour in all settings can reflect upon the Trust.**
- 1.5 The Board must also comply with the statutory and general duties requirements conferred by legislation as set out in the NHS Act 2006 (“NHS Act”), as amended by the Health & Social Care Act 2012 (“HSCA”).
- 1.6 The Board must also comply with the following;
  - [Standards for NHS Board Members](#) 2012
  - [Code of Conduct - Code of Accountability in the NHS 2004](#)

## **2. Principles of public life**

All Directors are expected to abide by the Nolan principles of: selflessness, integrity, objectivity, accountability, honesty, transparency and leadership:

- 2.1 **Selflessness:** Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- 2.2 **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- 2.3 **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit alone.

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<sup>1</sup> For the purpose of this document the Board of Directors/ Directors means, Board members (voting) and non-voting (i.e. other executive directors and lay members)

- 2.4 **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- 2.5 **Openness:** Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- 2.6 **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- 2.7 **Leadership:** Holders of public office should promote and support these principles by leadership and example.

### 3. Corporate vision & values

- 3.1 Solent NHS Trust Board of Directors will also adhere to the following organisational values developed with staff and the Board:



The Board have agreed a set of values-based behaviours that should be upheld in all interactions. These behaviours form part of the Board appraisal and development programme.

### 4. General Principles

- 4.1 The Board of Directors has a duty to conduct business with probity, to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.
- 4.2 The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for service users and for the public.
- 4.3 The Board of Directors therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of conduct. The Board of Directors will lead in ensuring that the provisions of the Standing Orders, Financial Standing Orders and an

accompanying Scheme of Delegation conform to best practice and serve to enhance standards of conduct.

- 4.4 The Board of Directors expects that this Code will inform and govern the decisions and conduct of all Directors.

## **5. Confidentiality and Access to Information**

- 5.1 Directors must comply with the Trust's confidentiality policies and procedures.
- 5.2 Directors must not disclose any confidential information, except in specified lawful circumstances.
- 5.3 Information on decisions made by the Board of Directors and information supporting those decisions should be made available in a way that is understandable.
- 5.4 Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation and Directors must not seek to prevent a person from gaining access to information to which they are legally entitled.
- 5.5 The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the General Data Protection Regulation<sup>2</sup>, the Freedom of Information Act and other relevant legislation which will be followed at all times by Board of Directors and all staff.
- 5.6 As part of this Code of Conduct, the Board are asked to confirm their agreement with the Non-Disclosure Agreement, located in Appendix 1.

## **6. Register of Interests**

- 6.1 Directors are required to register all relevant interests on the Trust's register of interests in accordance with the provisions of the Standing Orders.
- 6.2 It is the responsibility of each Director to update the register entry if their interests change.
- 6.3 A pro forma is available from the Company Secretary - failure to register a relevant interest in a timely manner may constitute a breach of this Code.

## **7. Conflicts of Interest**

- 7.1 Directors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
- 7.2 Directors have a further statutory duty not to accept a benefit from a third party by reason of being a Director or for doing (or not doing) anything in that capacity.

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<sup>2</sup> The GDPR replaces the Data Protection Act

- 7.3 If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the corporation, the Director must declare the nature and extent of that interest to the other Directors. It is equally important to register any potential conflicts.
- 7.4 If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.
- 7.5 The Chair will advise directors in respect of any conflicts of interest that arise during Board of Directors meetings, including whether the interest is such that the Director should withdraw from the meeting for the period of the discussion.
- 7.6 In the event of disagreement it is for the Board of Directors to decide whether a Director must withdraw from the meeting. The Company Secretary will provide advice on any conflicts that arise between meetings.
- 7.7 Further information can be found within the Standing Orders.

## **8. Gifts and Hospitality**

- 8.1 The Board of Directors will set an example in the use of public funds and the need for good value in incurring public expenditure.
- 8.2 The use of the Trust for hospitality and entertainment, including hospitality at conferences or seminars, will be carefully considered.
- 8.3 All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board of Directors is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage the reputation of the Trust in the eyes of the community.
- 8.4 The Board of Directors has adopted a '*Conflicts of Interest Policy*' which will be followed at all times by Directors and all employees. Directors and employees must not accept gifts or hospitality other than in compliance with this policy.

## **9. Freedom to Speak Up /Whistle – Blowing**

- 9.1 The Board of Directors acknowledges that staff must have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this Code and other concerns of an ethical nature.
- 9.2 The Board of Directors has adopted a Freedom to Speak Up Policy (whistle-blowing policy) on raising matters of concern which will be followed at all times by Directors and all staff. The policy sets out the arrangements and procedures to be followed in situations where staff wish to raise a concern, the document also outlines the scrutiny and oversight by the Audit and Risk Committee.



## 10. Personal Conduct

10.1 Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute.

10.2 Specifically Directors must:

- Act in the best interests of the Trust and adhere to its values and this Code of Conduct
- Uphold the reputation of the Trust and ensure appropriate messaging in the public domain, including on social media, in accordance with the Trust's Social Media Policy
- Respect others and treat them with dignity and fairness, ensuring that communications are appropriate
- Seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion
- Be honest and act with integrity and probity
- Contribute to the workings of the Board of Directors as a Board member in order for it to fulfil its role and functions
- Recognise that the Board of Directors is collectively responsible for the exercise of its powers and the performance of the Trust
- Raise concerns and provide appropriate and constructive challenge regarding the running of the Trust or a proposed action where appropriate
- Recognise the differing roles of the Chair, Deputy Chair, Senior Independent Director, Chief Executive, Executive Directors and Non-Executive Directors
- Make every effort to attend meetings where practicable
- Adhere to good practice in respect of the conduct of meetings and respect the views of others
- Take and consider advice on issues where appropriate
- Not use their position for personal advantage or seek to gain preferential treatment; nor seek improperly to confer an advantage or disadvantage on any other person
- Accept responsibility for their performance, learning and development, including taking feedback from colleagues

## 11. Fit and Proper Person Requirements

- 11.1 In accordance with Monitor’s NHS Provider Licence Condition G4 and Regulation 5 of the Regulated Activities Regulations, Health & Social Care Act 2008, Directors are asked to confirm their compliance with the Fit and Proper Persons Test as outlined in Appendix 2.

## **12. Fraud, Corruption and Bribery**

- 12.1 In accordance with the Bribery Act 2010 and the Trust’s ‘Fraud, Corruption & Anti –Bribery Policy’, Solent NHS Trust is committed to supporting anti-bribery and corruption initiatives and recognises the importance of ensuring that there are appropriate policies and procedures in place to ensure that all staff are aware of their responsibilities. Solent NHS Trust is absolutely committed to maintaining an honest, open and well-intentioned atmosphere. It is also committed to the elimination of any fraud within the Trust and to the rigorous investigation of any such cases. The Board of Directors will comply with the Trust’s policy.

## **13. Board Principles regarding meeting etiquette and administration**

- 14.1 Principles of meeting etiquette and administration are summarised in Appendix 3.

## **14. Compliance**

- 14.1 The members of the Board of Directors will satisfy themselves that the actions of the Board of Directors in conducting Board business fully reflect the values, general principles and provisions in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon.
- 14.2 All directors, on appointment, will be required to give an undertaking to abide by the provisions of this Code of conduct.

## Appendix 1 - Non Disclosure Agreement

Dear Director

As a member of the Board of Directors, you will hold a valued and trusted position within our organisation. In the course of discharging your role, you will receive Confidential Information (please see further below). To protect the interests of the Trust and its service users, the Code of Conduct expects you to agree to respect the confidentiality of such information.

Please confirm your agreement to do so by signing and returning to the Trust the enclosed compliance form. Please direct any questions you may have to the Trust Secretary.

For the purposes of this commitment, “Confidential Information” means:

- (a) all information (whether communicated orally or in writing) relating to the business, financial, staff or other affairs of the Trust disclosed to you in your capacity as a Director of the Trust (including, without limitation, agendas and minutes relating to meetings); but excluding any information already in the public domain (for example, Part 1 In Public Board agendas and associated papers) and
- (b) all notes, memoranda or other documents prepared by you which contain, reflect or are generated from the information referred to in (a) above.

If you are in any doubt as to whether particular information is Confidential Information, please check with the Trust Secretary.

It is worth emphasising that the Trust is committed to transparency and openness, as well as to meeting its statutory obligations. To be clear, nothing in this letter or the commitment which it seeks from you shall prejudice any rights that you may have under the Public Interest Disclosure Act 1998 and/or any obligations that you have or may have to raise concerns about patient safety and care with regulatory or other appropriate statutory bodies pursuant to applicable professional and ethical obligations (including those obligations set out in guidance issued by regulatory or other appropriate statutory bodies from time to time).

Yours sincerely

Rachel Cheal, Associate Director of Corporate Affairs & Company Secretary, on behalf of Solent NHS Trust.

## Appendix 2 - Fit and Proper Person Declaration

### Pre-employment and annual declaration for Director and

#### Director-equivalent posts

##### Solent NHS Trust (“the Trust”)

1. It is a condition of employment that those holding director and director-equivalent posts provide confirmation in writing, on appointment and thereafter on demand, of their fitness to hold such posts. Your post has been designated as being such a post. Fitness to hold such a post is determined in a number of ways, including (but not exclusively) by the NHS Provider Licence Condition G4, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (“the Regulated Activities Regulations”), and the Trust’s Standing Orders.
2. By signing the declaration below, you are confirming that you do not fall within the definition of an “unfit person” or any other criteria set out below, and that you are not aware of any pending proceedings or matters which may call such a declaration into question.

##### **NHS Provider Licence Condition G4,**

3. Condition G4 provides that the Licensee shall not appoint as a director any person who is an unfit person, except with the approval in writing of the Regulator.
4. Directors contracts contain a provision permitting summary termination in the event of a director being or becoming an unfit person. The Trust shall also ensure that it enforces that provision promptly upon discovering any director to be an unfit person, except with the approval in writing of the Regulator.

(Regarding governors, no person who is unfit may become or continue as a governor, except with the approval in writing from the Regulator).

If the Regulator has given approval in relation to any person in accordance with the above the Trust shall notify the Regulator promptly in writing of any material change in the role required or performance by that person.

5. An “unfit person” is defined at condition G4 as:
  - (a) an individual:
    - (i) who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged; or
    - (ii) who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; or
    - (iii) who within the preceding five years has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or

- (iv) who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986; or
- (b) a body corporate, or a body corporate with a parent body corporate:
  - (i) where one or more of the Directors of the body corporate or of its parent body corporate is an unfit person under the provisions of sub-paragraph (a) of this paragraph, or
  - (ii) in relation to which a voluntary arrangement is proposed under section 1 of the Insolvency Act 1986, or
  - (iii) which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act) appointed for the whole or any material part of its assets or undertaking, or
  - (iv) which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act, or
  - (v) which passes any resolution for winding up, or
  - (vi) which becomes subject to an order of a Court for winding up.

### **Regulated Activities Regulations**

6. Regulation 5 of the Regulated Activities Regulations states that the Trust must not appoint or have in place an individual as a director, or performing the functions of or equivalent or similar to the functions of, such a director, if they do not satisfy all the requirements set out in paragraph 3 of that Regulation.
7. The requirements of paragraph 3 of Regulation 5 of the Regulated Activities Regulations are that:
  - (a) the individual is of good character;
  - (b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;
  - (c) the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;
  - (d) the individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and
  - (e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.
8. The grounds of unfitness specified in Part 1 of Schedule 4 to the Regulated Activities Regulations are:
  - (a) the person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;
  - (b) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
  - (c) the person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

- (d) the person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
- (e) the person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
- (f) the person is prohibited from holding the relevant office or position, or in the case of an individual for carrying on the regulated activity, by or under any enactment.

### **Trust's Standing Orders**

9. The Trust's Standing Orders (section 2.10) places a number of restrictions on an individual's ability to become or continue as a director. A person may not become or continue as a director of the Trust if:

- a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.
- a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it.
- a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him;
- a person who, in the case of a non executive director other than the initial non-executive directors, no longer satisfies paragraph 29 (if applicable);
- a person whose tenure of office as a chairman or as a member or Director of a health service body has been terminated on the grounds that his appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- a person who has had their name removed from a list maintained by a direction under any NHS act or has otherwise been disqualified or suspended from any healthcare profession, and has not subsequently had their name included in such a list or had their qualification re-instated or suspension lifted (as applicable), and due to such reasons is considered by the Trust to be unsuitable to be a Director;
- a person who by reference to information revealed by a disclosure and barring service (established under section 87 of the Protection of Freedoms Act 2012) check is considered by the chief executive to be inappropriate on the grounds that their appointment may adversely affect public confidence in the Trust or otherwise bring the Trust into disrepute;
- a person who has, or has been in the last five years prior to their application to be a member, been involved as a perpetrator in a serious incident of assault or violence, or in one or more incidents of harassment, against any of the Trust's employees or other persons who exercise functions for the purposes of the Trust (including volunteers), and following such behaviour has been asked to leave, has been removed or excluded from any hospital, premises or establishment, in accordance with the relevant Trust policy for withholding treatment from violent / aggressive patients;
- a person who has within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;

- a person who is a governor of the Trust or an executive or non-executive director or a governor of another NHS foundation trust, an executive or non-executive director, chair, chief executive officer of another Health Service Body or a body corporate whose business includes the provision of health care services, or which includes the provision of any service to the Trust;
- a person who is a member of a local authority health overview and scrutiny committee;
- a person who is a subject of a disqualification order made under the Company Directors' Disqualification Act 1986;
- a person who has failed without reasonable cause to fulfil any training requirement established by the Board of Directors;
- a person who has failed to sign and deliver to the Secretary a statement in the form required by the Board of Directors confirming acceptance of the Directors' Code of Conduct;
- a person who has knowingly or recklessly made a false declaration for any purpose provided for under this constitution or in the 2006 Act;
- a person who is the spouse, partner, parent or child of a member of the Board of Directors (including the chairman) of the Trust; or
- a person who is the subject of a sex offenders order and/or his name is included in the sex offenders register.

**Declaration**

I acknowledge the extracts from the Provider Licence, Regulated Activities Regulations and the Trust's Standing Orders above. I confirm that I do not fit within the definition of an "unfit person" as listed above and that there are no other grounds under which I would be ineligible to continue in post. I undertake to notify the Trust immediately if I no longer satisfy the criteria to be a "fit and proper person" or other grounds under which I would be ineligible to continue in post.

I declare that I have not been at any time responsible for, privy to, contributed to, or facilitated, any serious misconduct or mismanagement in the carrying out of a regulated activity in any former roles. If the Trust discovers information, after appointment, that suggests an individual is not of good character, or if concerns or findings regarding misconduct or mismanagement under the Fit and Proper Person requirements are made, these will be shared with Regulators as appropriate and may lead to action in accordance with the Trust's disciplinary policy.

Name	
Signed	
Date	
Position	

## Appendix 3 - Solent NHS Trust Board Principles

The members of Board of Directors hereby agree to follow the below principles:

1. Apologies sent to the Associate Director of Corporate Affairs and Company Secretary ASAP
2. Agenda items to be agreed by Chair and Chief Executive Officer at least 2 weeks prior to meeting
3. In accordance with the Intelligent Board Recommendations, every member of the Board needs sufficient information at a high enough level to be confident that the organisation is well run. Papers must be presented in accordance with the Board Report template and guidance<sup>3</sup> available on SolNET. The submitted board paper while succinct must contain sufficient information to act as a stand-alone paper without reference to any additional papers which may be made available outside the formal board papers. Executive sponsors must not rely upon board members reading additional papers as a means of communicating critical information.
4. Papers received after the deadline stipulated will not be accepted and will be deferred, unless with express permission from the Chair.
5. Authors of papers to ensure that they are sponsored by the relevant Executive Lead, prior to being submitted for circulation to the Board with the agenda
6. Agendas and papers to be circulated 5 working days prior to meeting
7. All papers to be read prior to meeting
8. A.O.B to be agreed at the start of the meeting
9. A Register of Interests will be maintained and all members will separately declare any interests in agenda items at the start of the meeting, which will then be recorded in the minutes.
10. Throughout the meeting Members will address the Chairperson as 'Chair' or as otherwise agreed.
11. Attendance at the meeting should take priority over other meetings, however it is recognised that on occasions there will be competing priorities. In these circumstances the Board Member shall negotiate with the Chair/Chief Executive Officer regarding attendance
12. Mobile phones and blackberries will be switched off during the meeting and not used (except in the case where the attendee is on-call. The Chair should be notified at the start of the meeting in such cases). Use of laptops/ ipads is only permitted for the sole purpose of supporting the meeting.
13. These principles are extended to Board Committees.
14. An annual agenda cycle will be maintained by the Secretary to the Board and will include the standing items that are required to be presented each month.

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[http://intranet.solent.nhs.uk/DocumentCentre/\\_layouts/15/WopiFrame.aspx?sourcedoc=/DocumentCentre/ManagedTemplates/Board%20Report%20template.doc&action=default](http://intranet.solent.nhs.uk/DocumentCentre/_layouts/15/WopiFrame.aspx?sourcedoc=/DocumentCentre/ManagedTemplates/Board%20Report%20template.doc&action=default)



## Annual Declaration of Compliance with Code of Conduct

1. I confirm that I have received and read the **Code of Conduct** for the Board of Directors. I confirm that I have complied with the Code to date and I agree to comply with it in the future in carrying out my role as a Director of Solent NHS Trust.

In doing so, I also;

2. confirm my agreement to preserve the confidentiality of confidential information, as outlined in the **Non Disclosure Agreement**, Appendix 1
3. acknowledge the extracts from the Provider Licence, Regulated Activities Regulations concerning **Fit and Proper Persons requirements** as outlined in Appendix 2. I confirm that I do not fit within the definition of an “unfit person” as listed and that there are no other grounds under which I would be ineligible to continue in post. I undertake to notify the Trust immediately if I no longer satisfy the criteria to be a “fit and proper person” or other grounds under which I would be ineligible to continue in post.
4. confirm I understand and respect the details outlined in **Solent NHS Trust Board principles**, Appendix 3.

<b>Name (please print)</b>	
<b>Signature</b>	
<b>Date</b>	

Please return this completed signed form to: - **Associate Director of Corporate Affairs & Company Secretary, Solent NHS Trust, Solent NHS Trust Headquarters, Highpoint Venue, Bursledon Rd, Southampton, SO19 8BR**

Exception and recommendation report

(for upward reporting from groups/Committees)

<b>Committee /Subgroup name</b>	<i>People &amp; OD Committee</i>				<b>Date of meeting</b>	<i>13<sup>th</sup> June 2019</i>			
<b>Chair</b>	<i>Mike Watts</i>				<b>Report to</b>	<i>Board</i>			
<b>Well Led KLoEs</b>	<b>W1</b> leadership Capacity & Capability	x	<b>W2</b> Vision & Strategy		<b>W3</b> Culture	x	<b>W4</b> Roles & Responsibilities		
	<b>W5</b> Risks and Performance	x	<b>W6</b> Information	x	<b>W7</b> Engagement	x	<b>W8</b> Learning, improvement & innovation	x	

**Key issues to be escalated**

The 19/20 CQUIN flu vaccination target has been further increased to 80%. There is a comprehensive plan in place and this target will be extremely challenging to achieve in a Community Trust. During the flu season, the Board will receive assurance that the plan is being delivered.

The SEQOHS (safe, effective, quality Occupational Health Services) 5-yearly inspection (equivalent to a CQC inspection) took place in March and showed what an asset OH is to our organisation. The re-accreditation has now been confirmed.

There has been a gradual increase in sickness absence over the last year, which coupled with vacancies, will pose a risk to safe staffing levels and Agency spend as we move into the summer holiday season. The POD Committee will receive a deep dive on sickness absence using SPC analysis at the next meeting.

The Interim People Plan has been published and contains 5 key themes for action. There is a much greater focus on the role of Region and ICS in solving workforce challenges and we await the full plan at the end of the year. There are three key workforce programmes in the HIOW STP that the Board should be sighted on: 1) collaborative bank 2) nursing supply 3) key worker housing.

**Decisions made at the meeting**

The Committee received a 'deep dive' on the Workforce Sustainability risk and controls in the BAF. The Committee agreed with the recommendations to:

- Continue with the overall People & OD strategic direction (noting the Trust strategy is due for renewal)
- Implement those improvement actions related to sustainable workforce which have been identified in the POD business plan
- Identify and prioritise additional BAF/Deep Dive actions and investments to be made to enable a breakthrough/accelerated development to the way that sustainable workforce is managed in the Trust
- Leverage the Interim NHS People Plan activities to support the Trust's sustainable workforce strategy
- Continue to pursue integration (as part of Solent's wider strategy) and work with system partners to join up workforce and OD planning and development

The Committee gave their approval to the Learning & Development strategy, which will now go to TMT. The POD Committee will receive assurance via implementation plan updates.

**Recommendations**

The BAF has been reviewed following the deep dive and it is recommended that the score remains at 16. The controls will be further updated after analysis of the Interim People Plan has taken place at TMT.

A letter was received from Dido Harding concerning lessons to be learned from people practices. There are seven recommendations, which are being reviewed for assurance purposes and will be presented to the next POD Committee. There is a requirement for ongoing Board oversight and it is recommended that a people practices report is added to the agenda cycle.

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

There continues to be variability in the effectiveness and consistency of e-rostering across the trust, which creates a risk to safe and sustainable staffing. There is a roster improvement programme in place, which reports to the POD Committee. E-rostering will form part of the internal audit plan and its scope will include workforce sustainability. The outputs of the demand and capacity audit and previous safe staffing audit were noted as key linkages.

## Exception and recommendation report

<b>Committee /Subgroup name</b>	<b>Assurance committee</b>	<b>Date of meeting</b>	18 <sup>th</sup> July 2019
<b>Chair</b>	<b>Mick Tutt</b>	<b>Report to</b>	Trust Board
<b>Key issues to be escalated</b>			
<p>We received further up-dates on the on-going <b>concerns raised by continued problems experienced with the (3<sup>rd</sup> party) Wheelchair provider</b> and the <b>risks arising from access to the (3<sup>rd</sup> party) county-wide Equipment store</b>. Progress reported suggested that a verbal material up-date, at the Board, may provide further assurance</p> <p>We also received an up-date on progress with regard to <b>statutory &amp; regulatory compliance</b> (with regard to CQC expectation). Whilst assurance could be provided regarding the actions arising from the last (autumn '18) Inspection, and a recent Mental Health Act Review again demonstrated positive feedback regarding Mental Health Act 1983 expectation, some risks were raised with regard to one of the residential services provided. Further assurances regarding this should be considered, at the Board – although this may need to be during the confidential session</p> <p>We received the following <b>reports</b>:-</p> <ul style="list-style-type: none"> <li>➤ the <b>experience of people</b> who access services provided by the Trust and, sometimes their carers, (<b>annual</b> report) – where the future development of Community Engagement would refine this assurance further in future reports</li> <li>➤ <b>Safeguarding (annual</b> report) – where, it was emphasised, there had been both a significant improvement in compliance and a focus on learning during the coming year. The new arrangements, across Hampshire, for partnership working were outlined</li> <li>➤ <b>safe (nurse) staffing</b> (a <b>twice-yearly</b> report) – which had begun to incorporate some assurances regarding multi-disciplinary, as opposed to pure nursing, staffing</li> </ul> <p style="text-align: center;"><i>these 3 reports are included, within the overall 'Board pack'; to ensure dissemination</i></p> <p>We also received our standard <b>exception-reporting from the Quality Improvement &amp; Risk (QIR) group and our Chief Operating Officers</b>:-</p> <ul style="list-style-type: none"> <li>➤ the incidence of <b>breaches in Information Governance compliance expectation</b> continued to present some concern. Assurance was provided that there were no, essential, 'themes' to the breaches, and it was suggested that thought be given to a retrospective Critical Incident Analysis; to understand root causes</li> <li>➤ there was a concern that other services could be experiencing the early indicators of what became a <b>recruitment &amp; retention risk</b> within some Portsmouth services, previously. Assurance was provided that further consideration of the underlying issues would be given – before the next meeting</li> </ul>			

**Decisions made at the meeting**

We endorsed the **current, relevant, BAF entries** and also received – and endorsed – the **Operational Risk Pyramid**, with relevant mitigations noted

The following policies were ratified by the Committee, including those following approval via chair's action:-

- Hand Hygiene Policy
- Standard Precautions Policy
- Salary Overpayment and Underpayment Policy
- Dental Radiation Protection Policy
- Conflicts of Interest Policy
- Social Media Policy

**Recommendations to the Trust Board**

**The Board are asked to**

- **note the issues set out above**

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

None of note

Item 17.2



Solent NHS Trust

# Patient Experience Annual Report 2018/19

'Patient and carer feedback making a difference'

# Contents

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## Statement from the Chief Nurse

I am delighted to present to you our Annual Patient Experience Report for the 2018/19 financial year. This report provides you with an overview of the feedback we have received from the people who use our services, their families and carers, the lessons we have learnt and the changes we have made as a consequence.

In presenting this report, I first want to thank all our service users who have taken the time to tell us about their experiences. At Solent NHS Trust we believe it is essential that we develop an equal partnership with our patients, their families and their carers so that we can work together to strive for consistent excellence in patient experience. We cannot do this alone, the voice of our patients is essential to achieve our aspiration.

I also want to use this opportunity to formally and personally thank all our volunteers who give us something very special; their time, effort and in some cases their own insight of having used our services. Our volunteers help out in a great many ways including supporting our befriending services, ward helper roles and many more making such a huge difference to our staff patients and visitors – thank you for your continued support.

Equally, I want to thank and congratulate our staff who provide the care to our local community. It is through their commitment to engage with their service users that we have achieved our highest level of patient feedback during 2018/19 building on the already fantastic achievements during last financial year.

We value all forms of feedback. We are delighted by the overwhelming positive and complimentary comments given to our services. This feedback is shared with our staff and contributes significantly to positive staff morale. It also enables us to know what our patients feel we do well and we use this insight to learn and ensure the spread across all our clinical areas.

It is important to acknowledge that unfortunately there are times when we do not manage to deliver the level of excellence in patient experience to which we aspire. It is essential that we listen and learn when this is the case to help us with our continuous improvement journey. I urge you, our services users, your families and carers to tell us how we are doing and I pledge my personal commitment to you as the Executive with overall responsibility for the experience of our patients to lead to ensure the insights you give us lead to ongoing improvement. I also urge our staff to ensure that the opportunities for our service users, their families and carers to tell us how we are doing are always available and actively utilised.

We know there's a lot more we can do to actively, and meaningfully, engage with our community and to ensure a more consistent approach across our services and interactions with people. During 2019/20 we aim to continue to build on our work to date in maximising opportunities for patients, families and carers to provide feedback and inform changes to service by seeking to embed a new survey software system.

Thank you so much for all your support to date, I look forward to yet another year to build on the excellent work, engagement and achievements to date.



Jackie Ardley

**Chief Nurse**

Date: June 2019



**Honesty**

Open & honest



**Everyone counts**

Inclusive and valuing everyone



**Accountable**

Accountable for our actions



**Respectful**

Showing respect, dignity & compassion



**Teamwork**

Working together

## Section 1: Introduction

The patient experience team has been led for sometime by Ann Rice, Head of Patient Experience. Through her leadership we have moved from strength to strength and supported services to make improvements which have a direct impact on patients, carers and families experiences and outcomes. In March 2019, Ann retired from the service and in this annual report we would like to formally acknowledge the commitment she has shown to ensure the patient voice is heard and changes made as a result.

In 2018/19 our Volunteer Manager has continued to engage with patients, carers, the public and partner organisations to increase the profile and number of volunteers across Solent Services. This work is reaping reward as we continue to increase this invaluable resource.

We are excited to welcome our new Associate Director for Community Engagement and Patient Experience in 2019/20. This development will bring new and exciting opportunities for us to continue to learn and improve.

## Section 2: Annual overview of the feedback received

Patient experience is one of the three domains of quality, together with patient safety and clinical effectiveness. The pertinent quality goals for 2018/19 are to **'learn from complaints and feedback'** and to **'involve people in the development of services'**.

This section provides an annual overview of the various sources of patient feedback that have been received throughout 2018/19; which includes our Friends and Family Test (FFT) results, patient surveys and feedback received from other online feedback systems.

### Friends and Family Test (FFT)

The infographic below highlights the overall results from 2018/19. **There has been a 35% increase in the number of FFT responses compared to 2017/18**, which is a significant improvement even when compared to the 26.5% increase during 2016/17. The improved response rate is symptomatic of the positive strides in the diversity and inclusivity in the FFT feedback methods i.e. the ability to feedback via email and the introduction of a child-friendly format 'Monkey Survey'. It is important to note that there have also been considerable improvements with our technology reporting platform which now enables the FFT data to be reviewed at team level.

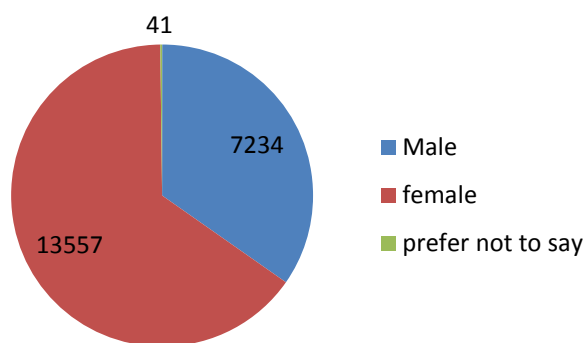


### Demographic Data:

Exploration of the demographics of those who responded via FFT provides a helpful insight into the diversity and inclusivity of the FFT process. There is no national FFT demographic data for comparison.

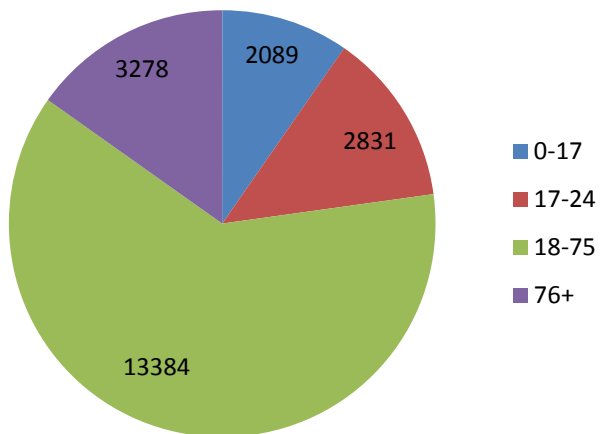
Solent have seen an improvement during 2018/19 with over 90% of respondents having self-reported their information against each of the characteristics collected (Gender, Age Range and Ethnicity). In terms of ethnicity, we recognise that the majority of returns reporting a White/White British ethnic background (93%) does not fully reflect the demographics of ethnicity across the Solent locality. On this basis, during 2019/20 Solent NHS Trust Quality team will be working with Service Lines to further understand the potential barriers to patients from specific ethnic groups participating in this feedback to inform steps to be taken to seek to improve response rates moving forward.

#### Gender – 20,832 returns of those completed



- **93.2%** of people who completed the FFT identified their gender.
- A higher proportion of responses from females (65%) is to be expected as there were a greater number of clinical contacts with females. This proportion has stayed consistent with last financial year (64% 2016/17)
- 41 patients noted they would prefer not to identify their gender

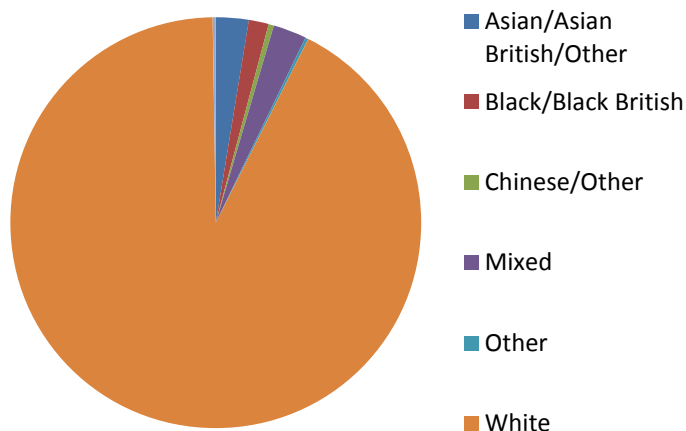
### Age range – 21,589 returns of those completed



- **93.17%** of people provided their age range.
- The majority of responses are from those aged 18-75 years (13,384).
- Comparison with the clinical record data shows that the distribution of age ranges from patient experience survey responses is broadly representative of our clinical population. This suggests that the range of methods available for patients to provide feedback is meeting patient needs.

*\*There is a crossover of age range distribution due differences in the way data is collected on various surveys.*

### Ethnicity – 21,287 returns of those completed









- **93.15%** of people identified their ethnicity, an increase from 2016/17 (80%).
- **93%** of those who responded identified as White/White British.
- Different ethnicity descriptors are used on the electronic patient record and therefore the data can not be easily compared.

Asian/Asian British/Other	2.58
Black/Black British	1.57
Chinese/Other	0.42
Mixed	2.62
Other	0.24
White	92.34
Prefer not to say	0.23

## Disability:

It is not possible to provide the percentage or proportion who provided information about their disability as respondents could select more than one option. The table below shows the number of times the different disability options were selected. Of note is that the proportion of respondents that have registered a preference 'not to say' has increased by 36% when compared to last financial year. Solent NHS Trust will be working closely with our patient representatives during 2019/20 to seek to understand the reason why patients appear to be less comfortable or able to disclose their needs. In addition to this, Solent are initiating a tender in August 2019 to commission a new Staff and Patient FFT Survey System and will be working with both the new Provider and Service Lines to launch the new system which we anticipate will have improved ease of access for patients/staff and enhanced analysis of feedback. Target date for implementation April 2020.

						
17/18	Hearing Disability = <b>1493</b>	Visual Disability = <b>805</b>	Physical Disability = <b>2857</b>	Communication Disability = <b>397</b>	Learning Disability = <b>489</b>	Other/prefer not to say = <b>1012</b>
16/17	838	458	1486	319	522	744

## Section 3: Summary of Learning from Patient and Carer Feedback

Solent NHS Trust is recognised as an organisation with a strong improvement culture, with learning being at the core of everything we do. Feedback from both patients and staff is pivotal to implementing any change and continuing to make improvements to our services for the benefit of our patients, carers and families.

The following section illustrates some examples where we can demonstrate how patient and carer feedback has made a difference.

**Service line:** Accessible Information

**Change:** Engagement Activity

Powerful stories from those living with communication disability were used to highlight the importance of a positive welcome, active listening, allowing time, providing accessible information alongside the need for communication partners to keep trying.

Highpoint has now become our first venue trained in Communication Access. Solent NHS Trust is part of the national soft launch of the Communication Access Symbol UK and the first Community Trust nationally to launch this symbol.

Attendees at the launch learnt about the development of the symbol and the guiding principles of communication access.

Our internal Accessible Information workshop has been 'Communication Access Accredited' and future rollout of the symbol is planned over the coming months.'



## Service: Patient Experience

**Engagement activity:** Carers Rights Day Friday 30 November 2018- Each year Carer's Rights Day brings organisations across the UK together to help carers know their rights and find out how to get the help and support they are entitled to. This year we wanted to raise the profile of informal carers with a focus on our staff who are carers. We did this by relaunching Solent's Staff Carers Pledge and by asking our staff who are working alongside providing care to a loved one to complete a survey.

**Lessons learnt:** We recognised that staff who are also carers may need additional support to maintain their health and well-being at work.

**Change made:** An initial staff carer's network was held in February 2019 with the aim of engaging with staff who are informal carers to help us shape what support should be provided in the workplace.

## Service: Estates and Facilities

**Engagement activity:** Reports of negative comments relating to overhanging trees and potential harm/damage for residents opposite the St. James Hospital site.

**Lessons learnt:** Engaging with the local residents by joining their Facebook page has enabled insight on how residents experience problems that Solent needs to act on.

**Change made:** The Estates team visited residents and offered to deal with the problems. In two cases, our gardening contractors were tasked with the removal of trees overhanging a resident's property.

**Impact:** This quick action and the resulting positive feedback ensured that residents know where to come if they have concerns so that issues can be dealt with swiftly. This has had a positive impact on the Trust's relationship with the local residents.

## Service: Children's Services

**Engagement activity:** Three parent meet and greet meetings were arranged in Q3 with the aim of giving parents the opportunity to meet with senior members of the management team and have any questions answered. It was also an opportunity to ask parents to become involved as partners in quality improvement activities.

**Lessons learnt:** Attendance numbers at the meetings was disappointing with only 5 parents attending. However, the in depth conversations with these parents were extremely valuable. The parents provided important insights on how parents are informed when their child is seen by the service when they are in special school and the reports they receive being too lengthy and how these could be improved by focusing on key elements, e.g. what needs to be focused on at home, at school and by the team involved with their child's care. Parents also all agreed that rather than being invited in, the service should go out to meet parents.

**Change made:** Since these meetings, work has been undertaken to identify groups where parents of service users attend and contact made with them to see if they would support us to go and speak to parents. One support group has been attended and as a result of this 15 parents registered an interest in assisting Solent Children's services with projects looking at service improvement going forward. So far another 5 groups have been contacted and dates arranged to attend three of them.

**Impact:** Increased parent engagement and coproduction with regards to the services offered by Solent Children's services.

## Service: Academy of Research & Improvement

**Engagement activity:** The Side-By-Side group are a patient involvement group who are committed to working in partnership with the Academy of Research and Improvement. The group hosted coffee mornings in Portsmouth and Southampton as an opportunity to advertise and engage with the public about joining Side-by-Side. The coffee mornings were held at non NHS sites.

**Lessons learnt:** Running small scale informal events at community (non NHS) venues is a good setting to engage with patients and the public. The group found Social media and internal communications to be useful ways to inform others of events, but we found that, more importantly, existing relationships and networks attracted people to attend.



**Change made:** More than 10 individuals have expressed interest in being part of Side-by-Side. The group is now looking at how it can make being involved as accessible as possible and support people to be engaged in a meaningful way.

**Impact:** Through expanding and diversifying Side-by-Side the group anticipates that our patient population will be better represented in sharing a varied patient & public perspective

### Service: CAMHS Southampton

**Engagement activity:** Solent has sought to engage with the “Young Shapers” to be part of the design of a Muriel for CAMHS West Waiting room.

**Changes made:** The Muriel has been designed based on feedback from the “Young Shapers” which were either the Jungle theme or Southampton Landmark themes. The young people then saw the pictures of both designs and decided to choose the Southampton landmark theme. We have also chosen Pastel colours as requested by the group.

**Impact:** The Muriel is now being put in place and the “Young Shapers” group have been very much part of this development and engaged fully with the service.

### “You Said We Did” – Learning and Actions

Alongside the above, there have been further changes made in response to patient feedback received during 2018/19 in the format of “You Said, We Did” learning actions from FFT responses received. A snapshot of these during 2018/19 is detailed below:

#### Service Line: Adults Southampton

**You said:** *You were unclear about what onward arrangements had been made by the Urgent response Service and that there was lack of clarity at the final visit.*

**We did:** *The final visit is now undertaken by an Associate Practitioner or Registered Clinician to include final review, discussion regarding onward referrals and a new discharge letter is left at the patient’s home with the contact number for the team they have been referred to.*

#### Service Line: Adults Southampton

**You said:** *Care is not joined up across health care teams and organisations, you are asked to tell your story over and over again, care is not personal to you and you feel ‘done to, not with’*

**We did:** Our Neurological service has engaged with patients in partnership with the Acute Trust to develop a “My Medical Record” Online self-management platform. My medical record is now live for Neuro patients and we have well over 200 patients registered on it. It supports communication and self-management across trust boundaries and with the patient having ownership over their information.

**Service Line: Specialist Dental Service**

**You said:** *'I felt ill because of the heat in the surgery. It's far too hot to lie there having treatment. My clothes feel like I've been swimming. I have sweated so much. I don't know how Bernadette works all day in that heat!'*

**We did:** Portable air-conditioning units have been delivered to the clinic. Staff have reported an improvement in temperatures within the surgeries. Plans are in place via Solent Capital Group to explore options to address this long term with more substantial infrastructure to ensure the clinic rooms are maintained at a comfortable temperature for both staff and patients.

**Service Line: Adult Mental Health Services**

**You said:** Impossible to get help in an urgent case, I have made several attempts to get here as a matter of urgency over the past 3/4 months and this was the soonest available, also can never get hold of allocated worker.

**We did:** We know that our duty system is becoming increasingly busy to cope with the demand. We have increased duty workers to two each day and have introduced daily urgent assessment slots for those who need them.

**Service Line: Children and Families Service Line**

**You said:** Some patients were unaware of discharge plans.

**We did:** The therapy team have created a rehab leaflet, supportive admission pack and goal planning sheet. This can also be shared with families if required.

**Service Line: Sexual Health Services**

**You said:** 'Online booking service is good but it is time consuming to add details in each time on the off chance that an appointment will be available to book.'

**We did:** We are improving the online booking process so patients do not have to enter their details each time; instead they will log on to a portal and have their own password. This will be ready in the Summer 2019.

**Service Line: Primary Care Services**

**You said:** 'Can't get through on the phone reception staff rude.'

**We did:** We have completed considerable training with our reception staff and we are working to continue to support staff to provide them with the tools and techniques to remain polite and friendly in what is a very challenging role.

Due to the high number of calls across 3 branches of our GP surgery we decided to introduce a contact centre where calls for all 3 branches land at the same destination point. This means that each of the receptionists, regardless of their normal working location, from the contact centre can answer and deal with calls from either branch resulting in a fairer distribution of calls amongst the staff and an improved customer service for our patients.

The receptionists cover the calls or cover the reception desk on a daily rota basis so that they have the ability to concentrate on either the caller on the phone or the visitor to the desk without interruption.

**Service Line: Children's Services**

**You said:** 'In 5 years SLT has hindered not helped our non-verbal child - we would rather SLT were not involved in our child's education.'

**We did:** The service identified a number of actions which sought to improve communication and offer support systems to understand why input is felt to be 'hindering' or not working.

- Termly coffee mornings (including 1:1s)
- Letters to parents, now stating dates that SLT present in school/working alongside staff as well as those specifically working with their child
- Service now inputting to school newsletters
- Amended standard wording of reports
- Therapy meetings with school staff now held
- Additional supervision/support from senior SLT to guide new therapy staff in establishing positive relationships.

**Service Line: Specialist Dental Service**

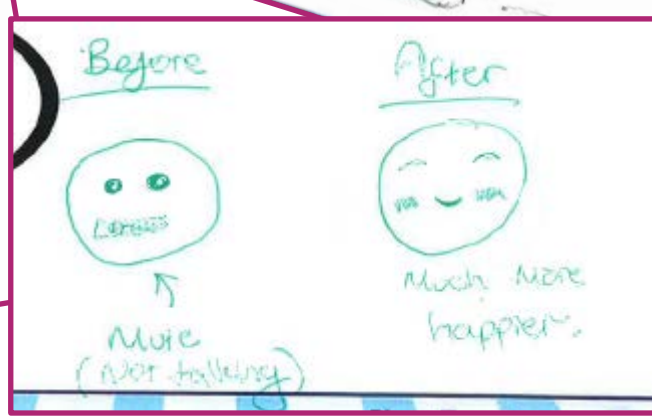
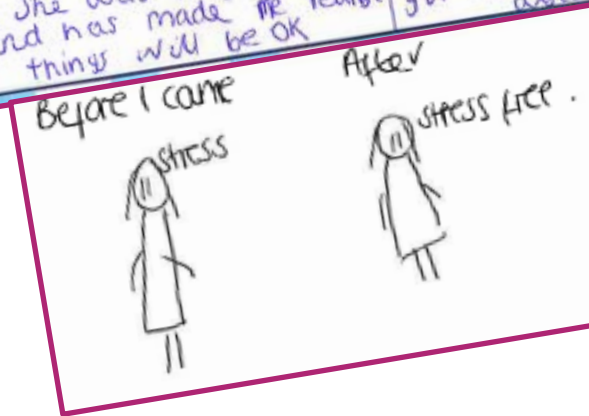
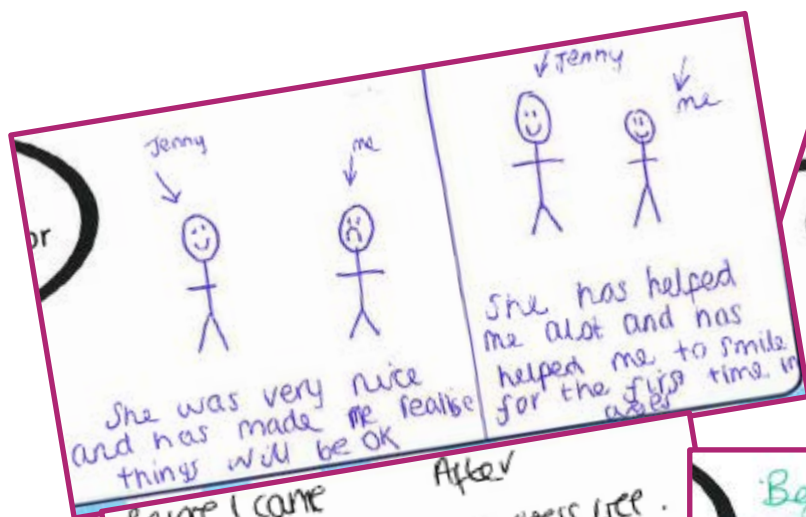
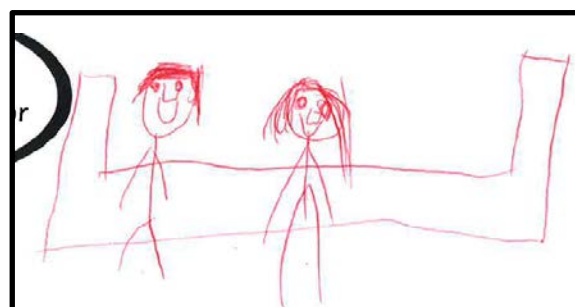
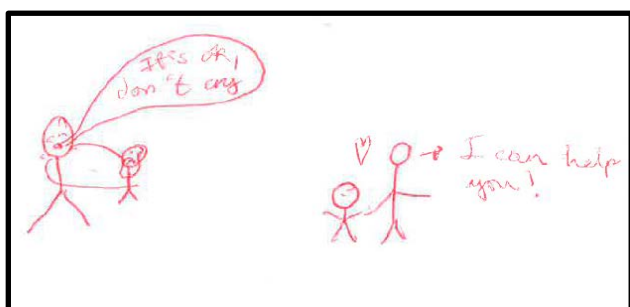
**You said:** 'Please may the animals be put back on the ceiling, they help me concentrate and they are a big help.'

**We did:** Posters were removed following some advice given; the decision was later reversed (as long as conditions were met). It appears this message was not received by all staff. New posters to decorate the ceiling and an article in the 'news' has been communicated to ensure all staff are aware of this change and the posters on the ceiling have been replaced.

**Examples of Feedback from children using Monkey Wellbeing:**

Children and Family Services are aware of a variable return rate of the monkey survey depending on the nature of the patient contact, noting that clinics receive a higher rate of received forms than those interventions delivered through home visits. The Service are aware that the surveys are easier to access as a print out, on this basis the team have made print outs of the monkey wellbeing survey available at the reception desks across all sites where patients

and families sign in and out following clinic to promote increased participation. The teams are currently working to review participation following this change.



## Section 4: Community Access for All - Community Engagement Event and Annual General Meeting

On the 10<sup>th</sup> September 2018, Solent held its Annual General Meeting with an encouraging 71 attendees who included people who have experience of using our services, volunteers, staff, representatives from our partner organisations and the public. We were also joined by the Royal College of Speech and Language Therapists who, with their partners, have led the national Communication Access Symbol project over the past 2 years and Solent NHS is extremely proud to be one of the first NHS Trusts to register as an early adopter of the Communication Access Symbol. For us it is a natural progression of our accessible information journey

### What is the Communication Access Symbol UK?

- Communication access is as important as physical access and every person has a right to be treated with dignity and respect.
- Currently there is no specific symbol for communication access in the UK.
- Following a 2 year national project run by the Royal College of Speech and Language Therapists (RCSLT) later this year will see the launch of the new Communication Access Symbol UK. The symbol will be used to illustrate that a service/team can support the communication access standards.
- Good communication benefits everyone and effective communication access for all is achievable through awareness, education and training.

### Steps we took to support communication access at our AGM:

1. Promotional resources about the event and AGM included an easy read leaflet/poster and sign up form.
2. This year people were encouraged to sign up for the event. The online registration included four key questions about communication and information needs aligned to the Accessible Information Standard so that the right support could be planned ahead of the event.
3. People were welcomed at the registration desk where their support needs were checked and, where appropriate, those with communication and information needs were offered a 'Communication Access Symbol UK' sticker to help others identify that they may need additional support.
4. Rather than a traditional health fair, we designed an interactive community engagement event that enabled people to explore our services through their senses with the intention of providing a more shared experience, accessible to all.
5. Everyone received an accessible resource pack that included a range of resources to support understanding including a dual format agenda, a visual floor plan to guide people through the event and a large print version of the Directors poster.
6. To maximise the accessibility of the AGM presentation, British Sign Language (BSL) interpreters signed alongside the Chairman's welcome and the review by our Chief Executive, Chief Nurse and Finance Director. Easy read summaries were also provided in the welcome packs.
7. The open question and answer session was replaced by small group table discussions. A table host and communication facilitator was present at each table and Board members were invited to join the table

discussions. A range of communication tools were available to support discussion and the facilitators ensured everyone was listened to and had an equal voice.

## Experiential Engagement Pods

Prior to the opening of the AGM we offered an experiential community engagement event providing an opportunity for people to find out about our services through sensory experience. Attendees were able to visit 'pods' where a number of our clinical and support services hosted interactive sessions:

### 2 Estates and Catering

Taste speciality food developed for people with swallowing problems and difficulties with textured food. It's true that a ham and cheese pureed toastie tastes just the same! Explore some of our environmental design, specifically created to help people with Dementia and anxiety disorders. Take a look at new way-finding signage, designed to help people find their way around our buildings easily.

### 3 Health Visiting and School Nursing

Explore our digital advances, including the new Solent Childrens website and the Baby Buddy App for children and their families. Baby Buddy guides parents and health professionals through pregnancy, birth and the first six months. Find out more about Solent Pulse, our new text messaging service that allows children, and families, to get a quick response from a health professional.

### 4 Accessible Information Team

The Accessible Information Team are showcasing resources that have been developed to support people with a range of communication and information needs. Explore how we produce Easy Read resources, see how we are doing at screening and recording accessible information needs, and watch our new sleep animation to help children with special needs.

### 5 Speech and Language Therapies

An interactive session which will give you the opportunity to explore the different types of communication aids which are used by people to support them to actively communicate. The team are also exhibiting Alternative and Augmentative Communication aids which can be used as an alternative to speech, or to supplement it.

### 6 Southampton Response Service and Sensory Services

Try a BIOSWAY balance machine which is a balance assessment machine, and learn more about falls, the risk of falling and preventing falls. Experience the different types of sight loss people may have and how sensory loss affects people's day-to-day lives.

### 7 Sensory Integration, Learning Disability Services

A sensory sanctuary for people to come and explore different sensory equipment which is used to calm and centre people who have difficulties coping with sensory stimulus. The team are exhibiting some of the technology and equipment they use to help people with learning disabilities manage day to day life.

### 8 Sexual Health Services

Take part in a demo of live chat, our new online service. Play some games to learn about the risks alcohol can have on safe sex, and find out more about people's anatomy and physiology.

### 9 Mindfulness and Virtual Reality

Spend some time trying Mindfulness techniques using a Mindfulness CD, created by Dr Thomas Richardson from our Mental Health Recovery Team. Wander around the streets of Barcelona using a virtual reality headset, and discover how we are beginning to use virtual reality to help people with agoraphobia face their fears.

### 10 Experiences of Care live art

Add your creative touch to our live artwork with artist Joe Ross, who will be designing a collective piece of art for display at St. Mary's Community Health Campus in Portsmouth.

### 11 Academy of Research and Improvement

Our Academy of Research and Improvement launched in the summer. Find out how the team at the Academy work alongside our teams, the people who use our services and our partners to identify and investigate new ideas and different ways of working. Spend time listening to Mary Ramsay talk about her passion for making a difference to Dementia care in Portsmouth, and how she has worked with our teams to help make meal times easier for patients. We also introduce the concept of Quality Improvement through *Mr Potato Head*.

### 12 Recruitment and Volunteers

Solent NHS Trust is an organisation where our values are at the heart of everything we do, guiding the way we work together and care for people. We are proud to be an organisation which is very focused on our people and our patients. We have a real commitment to building a happy and engaged workforce, in an environment where people feel happy and motivated to deliver. We would love for you to join our team.

### 13 Healthwatch Southampton and Portsmouth

Established in 2013, Healthwatch works to improve the power of people's voice and ensure that their needs, and ideas for improvement, are listened to and responded to by services. Talk with representatives from Healthwatch about their work and find out how you can get involved in improving care locally.

### 14 Royal College of Speech and Language Therapy

We are delighted to be joined by the Royal College of Speech and Language Therapy who have, with their partners, led the national Communication Access Symbol project over the last two years. Find out about the development of the Communication Access Symbol for the UK and its underpinning standards. Talk with therapists about the plans for the future and how you can get involved.

As this was our first event supporting the Communication Access Symbol UK we asked people to feedback on how we did at meeting their needs so that we can develop our approach in the future. The feedback on the day was overwhelmingly in support of our adapted approach. Examples of comments are:

Why have we not used accessible information more. Communication that is clear and meaningful is so important  
 Very enjoyable evening, great to see initiatives and fantastic work over the last year. I feel inspired.

Excellent engagement event.  
 Really valued the Accessible Information examples

## Section 5: Our volunteers

We recognise the significant contribution volunteers make to our services; they help to enhance the patient experience and enable communities to participate in the community health agenda. Our volunteers also enhance and enrich the work of our employees.

Providing volunteer opportunities and supporting volunteering helps promote active citizenship and social inclusion. In addition, developing volunteer opportunities enables us to foster our relationships and profile with local people.

We continue to actively recruit volunteers into both clinical and non-clinical roles. They help to enhance our services by:

- meeting, greeting and directing service users
- gathering patient feedback
- providing clerical assistance
- befriending
- providing peer support
- gardening and tending to flowers

During 2018/19, following active recruitment of volunteers across the trust, Solent achieved a total of 146 volunteers in post (with a further 12 applications in progress), 89 of these relate to League of Friends on

the St Marys Hospital Campus and the remaining 57 within Solent NHS Community Services. These pivotal volunteers are providing support to patients and services across a broad range of areas including:

- **Specialist Dental Service** – Supporting to ‘Meet and Greet’ patients and accompany patients whilst they wait to be picked up by transport.
- **The Patient Experience Service** – providing clerical assistance with sorting and collating surveys.
- **Jubilee House** – Patient Experience Volunteer is supporting staff and patients by helping to capture feedback from both patients and carers.
- **Admiral Nursing** - The memory café is an opportunity for carers of people with dementia to meet and socialise with others who understand their situation in an informal and friendly setting. Memory café volunteers help support the Admiral Nurses to provide such an environment.

### A VOLUNTEER STORY

“I contacted Solent NHS Trust, back in the summer of 2018 after seeing a role advertised as a Patient Experience Volunteer at Highpoint. At my interview with the Voluntary Service Team, I was honest with them, in the fact that I wanted a career change (I had no previous experience in admin) and my goal was to find paid employment. This did not faze the team and I was given the opportunity to join them with the understanding I would try and commit to at least 6 months voluntary service.

I am truly grateful for the opportunity given as I have gained so much experience within the past 6 months and I have now been offered a position with the Bank Team.

This really has made a difference to my life!”

During 2018/19, we celebrated Volunteers Week and all the hard work and commitment our volunteers offer the Trust. Throughout the week, Solent championed the talents and importance of our volunteers through the website, social media feeds and media output.

A personalised letter from the Chief Nurse was sent to all the volunteers, thanking them for their valuable contribution and the most important gift of all ‘their time’.

A number of celebrations took part in Q1 for the NHS 70 celebrations, which the volunteers played a key part in. Robert who has volunteered for the Trust for 25 years joined David Noyce, Chief Operating Officer Southampton & County Services in cutting the cake.





Dear Chrissy

A very big thank you to everyone involved in putting together yesterday's 70th Celebrations, it was lovely to see so many of the staff and volunteers enjoying the occasion, and truly it is a wonderful example of the NHS Team spirit in action!

Regards

*Thank  
you*



As well as offering traditional volunteer opportunities we also ask people to become volunteers by experience (also known as experts by experience or peer volunteers). Volunteers by experience are recruited to share their own life experience of a health condition or of using a service.

## Section 6: Looking ahead

The annual patient experience report aims to bring together a range of sources of feedback to give us insight to better understand what matters to our patients. It provides a snapshot of what our patients have told us and our actions as a consequence. It is a high level report and our services are provided with monthly team level reports to enable them to monitor how they are doing and take any necessary action in as near real time and as close to service delivery as possible.

The report has enabled us to review where we are and plan for the year ahead. Key priorities include:

- Implementation of the community engagement strategy
- To further understand the possible barriers to patients from specific ethnic groups responding to the various forms of patient feedback to inform steps to be taken to increase the response rates within the BAME group during 2019/20.
- Improve the consistency with which we capture demographic information across patient experience and clinical systems to ensure we know we are being inclusive and reaching all groups of our patient population and responding to their individual needs in relation to patient experience.

- 
- To work closely with our patient representatives during 2019/20 to seek to understand the reason why patients appear to be less comfortable or able to disclose their disability needs.
  - Continue to promote the need for all clinicians to be 'carer aware' and identify and signpost carers to support.
  - Expand the range and inclusivity of methods available for patients, carers and their families to provide feedback, particularly focused on ensuring technological advances to increase accessibility
  - To further develop our accessible information work to increase the number of areas across the Solent locality that have the communication access symbol UK in place.

<b>Presentation to</b>	<input checked="" type="checkbox"/> In Public Board Meeting	<input type="checkbox"/> Confidential Board Meeting
<b>Title of Paper</b>	Safe Nurse Staffing – six monthly report	
<b>Author(s)</b>	Associate Director of Professional Standards and Regulation	<b>Executive Sponsor</b> Chief Nurse
<b>Date of Paper</b>	June 2019	<b>Committees presented</b> QIR; Assurance Committee, Board
<b>Link to CQC Key Lines of Enquiry (KLoE)</b>	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective
	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive
	<input checked="" type="checkbox"/> Well Led	
<b>Action requested of the Board</b>	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision

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

### Introduction

This report aims to provide the Board with;

- o Assurance that nurse staffing levels within each ward/unit are appropriate to meet the needs of patients and service users in our care and explain the approaches in place to monitor and manage staffing levels.
- o The Board is asked to note the current reported position and endorse the action being taken to maintain and monitor safe staffing levels.

### Background

The Trust is required, as outlined in the NQB Guidance, to report to Board on safe nurse staffing every Six months. The last report was presented in January 2019 covering the period June to November 2018. This report covers the time period December 2018 to May 2019.

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

### Overview

Solent NHS Trust recognises that while the national mandate for reporting relates to in-patient nurse staffing levels it is essential as a community provider to both acknowledge and include the contribution other disciplines, within the overall establishment, make to ensure that clinical teams deliver safe, effective and high quality care in an increasingly complex environment. The Trust started to report Care Hours per Patient Day (CHPPD) from November 2018 and has completed the work to identify clinical teams where Allied Health Professionals should be included in the planned staffing levels, the criteria being that they are permanently part of the ward roster. Numbers meeting the criteria across the Trust are low with most Allied Health Professionals (AHPs) working across different clinical sites.

As previously reported the Trust reviewed the NHSI guidance published in October 2018 and individual service lines have considered the implications for their clinical areas. Many of the indicators identified in the guidance are currently part of the Trust quality monitoring and are now discussed at the safe staffing meetings held monthly with service lines. A roster improvement programme has also commenced and will include consideration of additional matrix to be monitored through the roster dashboard which will be developed as part of this work.

#### **Safe Staffing Meetings:**

Safe staffing meetings have continued during this reporting period and have included for the first time some of the smaller service areas where there are low numbers of staff and so may be more vulnerable in terms of sustainability.

The reliance on temporary staffing in some service areas remains a requirement, particularly across mental Health services. This relates in the main to the ongoing challenges to recruit to Band 5 posts and reflects both the national and local picture. To ensure safe staffing levels the team take the approach of block booking agency staff that are integrated into the team, completing the same training and included in both clinical supervision and the annual appraisal process.

The discussions at safe staffing meetings have identified some themes particularly in relation to management and finalising responsibilities of the rosters and the impact of delays in implementation of the hierarchy project. There is a variety of systems across the Trust for managing the rosters with many areas continuing to rely on clinical time to plan and approve rosters. It has been recommended that all areas consider having identified administration support to undertake the day to day management of the rosters thereby releasing clinical time to focus on patient care. There is evidence across the organisation where this system is in place the rosters are managed more effectively and reliance on temporary staffing, particularly agency staff, is less.

A further theme identified has been that not all finalising of rosters are completed by those with budgetary responsibilities. This can result in errors and over or under payments and the need for the roster teams to reopen rosters to make corrections. Services have been reminded of the need to ensure that rosters are finalised by the appropriate level and to consider where this can be a shared responsibility so that there is no delay in this process which affects staff pay.

The safe staffing meetings have been helpful in identifying areas which require a more focused discussion in relation to a range of related issues. In this reporting period for example there has been concern regarding the level of vacancies in children's community nursing in Portsmouth. This resulted in detailed discussion at the meetings and an agreement to have a focused discussion with the senior leadership team for the service line and the Chief Nurse to better understand the challenges and explore possible solutions.

Similarly the discussions with Sexual Health services have identified some concerns regarding the sustainability of staffing in the Sexual Assault Referral Centre (SARC) and the HIV pharmacy element of the team. As a result a more detailed discussion on this area is planned to take place in June 2019.

It was noted that there was a very high level of spend in April & May for community nursing in Adults Southampton and again a focussed review to understand this in more detail including impact on patient care, has been planned to take place in June 2019.

As reported previously identifying a suitable acuity and dependency tool for our inpatient areas remains a challenge and we were expecting the collaborative work between Keith Hurst & Shelford Group to be made available during this reporting period. The application for licences to use the tool was launched in April and it was intended to implement the use of the tool at that time. However an issue with the liability for the web-based tool has been identified and at present NHSI have with-held access to the tool. We are monitoring the position and have escalated to NHSI to seek resolution.

NHSI have recognised the lack of development of acuity and dependency tools for non-traditional inpatient units such as those in community settings. Solent has expressed an interest in being involved in the pilot work to develop this and we are awaiting feedback.

Whilst the trust has not adopted a formal acuity & dependency tool, the Board can be assured that Neurological wards are currently using a national tool & other services are using local adapted tools, clinical judgement & other quality indicators to assess acuity & dependency. This has an influence on agreeing the staffing levels to ensure care can be delivered safely.

CHPPD data is now being reported nationally for all in-patient areas acute and community. CHPPD are calculated by adding the hours of Registered Nurses (RNs) and Health Care Support Workers (HCSWs) providing care during the 24 hours and dividing it by the numbers of patients on the ward at midnight. The CHPPD data, **appendix 1**, has been included in this report for the first time and as can be seen there is variance across our wards. However when taking into account wards of a similar nature the level of variance is less significant. For example in December 2018 the CHPPD for Fanshawe, Spinnaker, Jubilee House and Lower Brambles was similar and is what is expected given the nature of the similarities in patient profile. In that same month Maples would appear an outlier with a CHPPD of 22.5, however taking into consideration the 136 suite and the acuity of the patients on the ward it would be expected that this area would have a higher CHPPD than our continuing health care/rehabilitation wards.

Nationally this data is accessible through the model hospital and on reviewing the first available data in January NHSI identified Solent as an outlier with both a high degree of variance internally and when compared against the national data. In late April a discussion was held between Solent Chief Nurse and NHSI leads to understand this variance. The discussions and data confirmed the reason for the variance being that all of the wards across Solent were identified under the same speciality description and so there was not a like with like comparison. It is important to understand that variance is not necessarily a problem but what is important is that as an organisation and as individual wards we understand the reason for it and that it is an appropriate variance.

The outcome of this work is to agree the descriptions and send these to NHSI so that there is a more accurate comparison in future reports. In addition it has been agreed internally that there will be a change to the approach currently taken in the safe staffing meetings. From September 2019 bringing similar ward areas will meet together to discuss their safe staffing and to understand their CHPPD and any variance. For example the four rehabilitation wards mentioned above will come together in the same meeting and will be reviewed using the CHPPD data and the data from the model hospital. This will enable a better understanding of variance and will support inpatient units to work together to share good practice, learning and develop consistency.

### In-patient units

The Trust has continued to comply with the requirement to upload safe staffing data, via Unify, with details of the staffing position in each of the in-patient areas including uploading the reports onto the Trust internet site. To achieve this reports at ward level are reviewed monthly and they outline the actual numbers of staff on duty each shift and compare this with the planned levels awarding a RAG rating which has been nationally defined. For the unify report the information is presented as a percentage compliance against planned, the data for this reporting period is included in **appendix 2** for reference.

For the majority of this reporting period the data shows that staffing levels were either on or above plan but with some variance particularly on our Mental health wards which is consistent with the challenges with recruitment mentioned previously. Where services are below plan the gaps are filled either by moving staff flexibly across clinical areas, staff undertaking overtime shifts or use of bank or agency. The key priority is to ensure the clinical needs of patients are fully considered and decisions made on this basis. Where there is low bed occupancy or where patient levels of acuity and dependency is lower than usual the clinical managers may take the decision that the below plan

staffing levels are safe. This approach ensures that patients are safe and receive the appropriate care.

When considering safe staffing and impact of not having the planned numbers it is essential to consider other indicators in order to identify if there has been any adverse impact as a result on below planned staffing numbers.

The table below summarises the incident reporting in relation to key indicators which are considered when looking at safe staffing during this reporting period.

Table 1:

Ward	Assault - Non-Physical	Assault - Physical	Medication Errors / Management	Pressure Ulcers	Slips, Trips And Falls	Grand Total
ADP Spinnaker Ward	1	1	15	24	24	65
ADS Fanshawe Ward	2	0	16	15	30	63
ADS Lower Bramble Ward	1	1	12	15	16	45
ADS Snowdon Ward	0	0	15	2	16	33
ADS The Kite Unit	10	18	12	0	18	58
MHS Oakdene	3	4	2	0	3	12
MHS The Limes (Brooker)	6	74	25	2	166	273
MHS The Orchards Acute - Hawthorn	11	17	23	0	4	55
MHS The Orchards PICU - Maples	26	60	23	0	0	109
Jubilee House	0	5	6	10	19	40
<b>Grand Total</b>	<b>60</b>	<b>180</b>	<b>149</b>	<b>68</b>	<b>296</b>	<b>753</b>

The review of incident data shows an overall increase in the numbers of incidents in comparison to the previous period with the most notable increase in reported Assault – Physical, medication errors and slips, trips and falls. The highest levels for the latter were noted in the Limes (Brooker ward) with 166 reported incidents. During this period the ward had some patients who were high risk of falls and in the majority of cases there was no harm caused to the patient. During this period the limes were mainly on or above plan but with one episode, February, where they were significantly below plan for registered nurses. The Limes was also the area that experienced the highest number of physical assaults and this is in line with the challenging behaviours related to the patients cared for in this area.

A further reason for the increase in total number of reported incidents relates to the increase in incidents reported under these categories in Jubilee House with no incidents reported in the previous period under these specific categories. This is currently being explored to establish if this was a reporting error or a true reflection at the time.

An increase in reported pressure ulcers is noted and relates directly to the introduction of two new categories not previously recorded/reported. This change was made in line with the new National Guidance introduced in the second part of this reporting period. The Board is assured that this increase is not a cause for concern at this time but will continue to be monitored through normal governance processes.

Table 2 below summaries the complaints and services concerns. This also includes the themes per in-patient ward for November 2018-May 2019.

Ward	Number of Complaints	Number of Service Concerns	Themes
Jubilee House	3	1	The themes identified related to communication with families and quality of care delivery The service concern was raised internally and resulted in a section 42 enquiry
Spinnaker Ward (SMH)	0	1	The themes in this service concern related to communication with family and quality of care experienced
The Orchards Acute - Hawthorn	0	1	No specific themes identified but related to communication between the patient & staff
The Orchards PICU - Maples	1	1	The theme identified related to communication and staff interactions
The Limes	0	2	General concern about care delivery and medications
RSH – Lower Brambles	0	1	Injury sustained during moving and handling
Snowdon Ward (WCH)	1	0	Patient not supported during a clinical appointment outside of the ward.
<b>Total</b>	<b>5</b>	<b>7</b>	

During the reporting period there were 5 formal complaints received which related to the inpatient wards. This is a further, but not significant, reduction from the previous period. There was an increase in the number of service concerns raised from 3 in the last report to 7 in this period showing an upward trend. The complaints are spread across the wards with Jubilee house receiving the highest number and Hawthorns with no formal complaints which is an improvement from last reporting period when they received the highest number.

On reviewing the unify data it is not possible to make a correlation between safe staffing and the complaints received. The wards receiving complaints/service concerns had, in the main, planned or above plan staffing levels. The exception to this would be The Limes who had challenges in the early part of the reporting period with regular periods of being under plan particularly during December, January and February; however they showed an improved position in the latter part. Considering the themes of the complaints however it is possible that delays in care and administration of medications were impacted by staffing levels although not cited by the complainants as a concern.

## Community Teams

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

The community nursing service in Southampton continues to use the demand and capacity tool developed to manage caseloads and ensure appropriate cover across all localities. They have also introduced new roles, community clinical educators, who work alongside clinical staff to ensure competencies of staff are checked, and that 'eyes on practice' is part of the review of quality of care. The teams have experienced some staff turnover and are currently using increased levels of temporary staffing to ensure care continues to be delivered safely. This will be reviewed in detail in June 2019.

Portsmouth community nursing team are seeing improvements in recruitment and retention and have recently recruited successfully to vacancies. They have also introduced new band 5 roles with a lead in tissue viability which will support improved care of patients with the aim to reduce pressure damage through prevention and education.

Children's services continue to experience difficulties with recruiting experienced children's nurses which is in line with the national picture. In addition during this period the clinical matron based in Portsmouth left the organisation. There are plans to replace the role but the team are currently in discussion with Portsmouth Hospital Trust, exploring the possibility of a joint appointment across acute and community services. This development supports the move toward greater integration of

these teams which it is hoped will enhance both the experience and outcomes for children and young people.

In addition the children’s therapy services are undergoing a significant transformation of teams/services and a specific safe staffing meeting was chaired by the Chief Nurse. A number of areas were explored and a detailed QIA relating to the changes was requested. The aim of the new model is to develop more equitable provision across the geographical area and to reduce the times that patients are waiting for some therapy. This position will continue to be monitored.

Primary care services continue to experience difficulties in recruiting GPs but have had good success in recruiting to the Advance Nurse Practitioner roles. In addition they have also had success in recruiting to practice nurse trainees and will continue to support this approach to attracting nurses into these roles.

Specialist Dental services have on-going challenges with recruiting registered dental nurses across their localities. They are being supported by workforce colleagues to explore ways in which they can compete on a more equal footing with private providers. The progress and risks are monitored through the safe staffing meetings.

Sexual health services have continued to have vacancies within the nursing teams and while they are actively recruiting into these again there is a national shortage of nurses trained in sexual health. To address this the service are recruiting band 5 and providing an extensive training programme which will in time provide them with the required competencies for a band 6 role. This does not directly impact on patient safety but does impact on performance and so the team where possible over recruit in order to reduce gaps in the longer term.

### Bank and Agency Usage

Demand for Bank has remained static over the last 6 month period. Community Nursing in Southampton have seen a significant increase in demand over the past 3 month with a 50% increase in agency usage due to vacancies within the services. Focus has been on the scrutiny of rosters and staffing levels, the implementation of a successful recruitment project, including recruitment fairs and university open days for nursing students.

Community Nursing in Portsmouth has seen continued reduction in demand over the past 6 months which is attributed to a recruitment focus the team have undertaken. Improved numbers of Bank Community nurses has helped to significantly reduce the need for off framework agencies nurses.

Demand remains high within Adult Mental Health. This continues to be attributed to high levels of vacancies. Work has been undertaken by service to address the long term recruitment plan and the introduction of Band 4 Mental Health practitioners, and focused recruitment remains in place. There has been a slight reduction in demand over the past 2 months which can be attributed to recent RMN recruitment.

At the beginning of the year Spinnaker saw a large increase in bank requirements due to the opening of the gym with additional beds that also required cover 24/7 during this period. However the beds were not utilised as expected.

Adults Southampton in-patient areas have remained at a static level due to continued nurse vacancies across these teams.

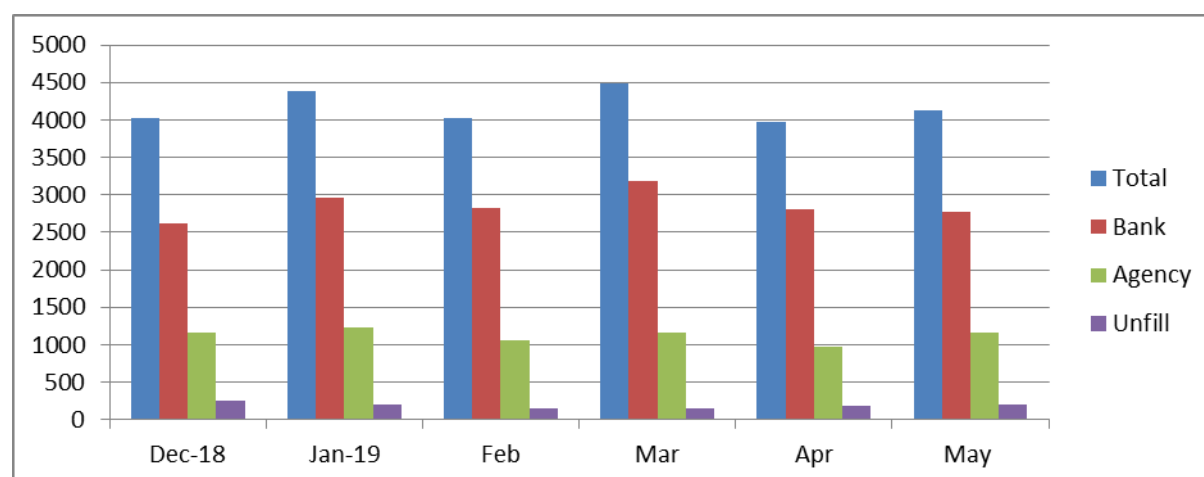
Table 3 highlights level of Bank & Agency requests for clinical areas for Dec 2018 – May 2019

Clinical Dec 18 - May 19	Req	Bank	%	Agency	%	Unfilled	%
AMH SERVICES	6351	3860	61%	2267	35%	224	4%



PORTSMOUTH ADULT SVS	4069	2069	51%	1612	40%	388	9%
PORTSMOUTH CHILDREN SVS	673	673	100%				
SOUTHAMPTON ADULT SVS	4094	2477	60.50%	1245	30.50%	372	9%
PRIMARY CARE	1423	1405	99%			18	1%
SOUTHAMPTON CHILDREN SVS	1132	1132	100%				
DENTAL SERVICES	796	343	43%	453	57%		
SEXUAL HEALTH SERVICES	186	180	97%			6	3%
<b>TOTALS</b>	<b>18724</b>	<b>12139</b>	<b>65.00%</b>	<b>5577</b>	<b>30.00%</b>	<b>1008</b>	<b>5%</b>

Table 4 demonstrates level of Bank/Agency requests over last 6 month period.



### Conclusion/Next Steps

The Board can be assured that positive progress continues to be made in strengthening the approach the Trust is taking in relation to understanding the staffing position across the organisation. Although seeing a reduction in turnover across the Trust, and more specifically within the nursing workforce, concern remains regarding the ongoing challenges in both recruiting and retaining staff. This is a particular concern across mental health services and the continued reliance on temporary staffing to ensure safe staffing levels remains a pressure.

Based upon the data and information available it is evident that services are considering patient safety and the need to deliver safe, quality care when making decisions in relation to staffing levels and the use of temporary staffing. They remain diligent and are continuing to work with professional and workforce leads to focus on retaining staff with the necessary skills and competence to meet the increasingly complex patient needs as well as recruiting into current vacancies.

The work on agreeing the appropriate acuity and dependency tool for services will continue and it is hoped that a solution will be identified through the work being undertaken by NHSI. It is also hoped that the current roster improvement programme will start to show improved performance across the organisation.

The planned changes to the safe staffing meetings will also help to develop knowledge and understanding of variance in similar clinical areas and to foster learning from good practice and performance.

#### Key Priorities for the next six months:

- To implement new approach to safe staffing meetings
- To continue to explore the development of a Red flag/safe staffing dashboard to reflect the NQB guidance

**Board Recommendation**

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

Ward name	Main two specialities Specialty 1	Dec-18			Jan-19			Feb-19		
		CHPPD			CHPPD			CHPPD		
		Registered midwives/nurses	Care Staff	Overall	Registered midwives/nurses	Care Staff	Overall	Registered midwives/nurses	Care Staff	Overall
ADP Jubilee House Continuing Care	315 - PALLIATIVE MEDICINE	3.7	4.3	8.1	3.5	3.7	7.2	3.8	3.9	7.6
ADP Spinnaker Ward	315 - PALLIATIVE MEDICINE	3.8	3.5	7.4	3.3	4.2	7.5	3.3	4.9	8.1
ADS Fanshawe Ward	314 - REHABILITATION	4.0	4.1	8.1	3.6	3.7	7.3	3.8	3.8	7.6
ADS Lower Brambles Ward	314 - REHABILITATION	2.9	4.2	7.1	2.6	3.7	6.3	2.7	3.9	6.6
ADS Snowdon Ward	314 - REHABILITATION	5.0	5.5	10.5	4.9	5.3	10.2	4.6	5.0	9.6
ADS The Kite Unit	314 - REHABILITATION	5.8	10.2	16.0	7.3	11.8	19.2	5.9	10.7	16.6
MHS Oakdene	710 - ADULT MENTAL ILLNESS	3.4	3.7	7.0	3.4	7.2	10.6	3.2	6.7	10.0
MHS The Limes	715 - OLD AGE PSYCHIATRY	3.3	6.8	10.1	3.5	3.5	6.9	3.7	4.2	7.9
MHS The Orchards Acute - Hawthorn	710 - ADULT MENTAL ILLNESS	3.5	5.1	8.7	3.7	5.3	9.0	3.5	4.9	8.4
MHS The Orchards PICU - Maples	710 - ADULT MENTAL ILLNESS	7.1	15.4	22.5	7.6	15.8	23.4	7.3	14.8	22.1

Ward name	Main two specialities Specialty 1	Mar-19			Apr-19			May-19		
		CHPPD			CHPPD			CHPPD		
		Registered midwives/nurses	Care Staff	Overall	Registered midwives/nurses	Care Staff	Overall	Registered midwives/nurses	Care Staff	Overall
ADP Jubilee House Continuing Care	315 - PALLIATIVE MEDICINE	3.9	4.0	7.9	4.0	4.2	8.2	3.7	3.6	7.3
ADP Spinnaker Ward	315 - PALLIATIVE MEDICINE	3.5	4.9	8.4	3.5	4.0	7.5	3.7	3.4	7.0
ADS Fanshawe Ward	314 - REHABILITATION	3.8	4.0	7.7	4.1	4.2	8.3	3.9	3.7	7.6
ADS Lower Brambles Ward	314 - REHABILITATION	2.8	4.1	6.9	3.1	4.5	7.6	2.7	3.9	6.6
ADS Snowdon Ward	314 - REHABILITATION	4.7	5.1	9.8	4.7	5.1	9.9	4.8	6.0	10.8
ADS The Kite Unit	314 - REHABILITATION	4.9	9.5	14.4	7.3	12.0	19.3	6.1	11.1	17.2
MHS Oakdene	710 - ADULT MENTAL ILLNESS	4.1	7.4	11.6	3.9	6.8	10.7	3.4	6.8	10.2
MHS The Limes	715 - OLD AGE PSYCHIATRY	3.4	3.6	7.0	3.7	4.3	7.9	3.6	4.0	7.7
MHS The Orchards Acute - Hawthorn	710 - ADULT MENTAL ILLNESS	3.4	5.7	9.1	3.7	5.9	9.6	3.8	5.9	9.7
MHS The Orchards PICU - Maples	710 - ADULT MENTAL ILLNESS	7.5	13.6	21.1	7.6	16.0	23.6	7.9	14.0	22.0

Appendix 2

		Dec-18				Jan-19				Feb-19			
Ward Name	Main two specialties	Day		Night		Day		Night		Day		Night	
		Fill Rate		Fill Rate		Fill Rate		Fill Rate		Fill Rate		Fill Rate	
	S1	Registered	Care Staff	Registered	Care Staff	Registered	Care Staff	Registered	Care Staff	Registered	Care Staff	Registered	Care Staff
AMH Oakdene	710 - ADULT MENTAL ILLNESS	80.0%	100.0%	125.8%	100.0%	81.3%	98.4%	129.0%	100.0%	80.0%	109.8%	125.0%	110.7%
AMH Orchards - Haw thorn	710 - ADULT MENTAL ILLNESS	104.0%	137.6%	103.2%	120.4%	101.6%	143.5%	109.7%	98.9%	89.2%	132.2%	95.0%	91.1%
AMH Orchards - Maples	710 - ADULT MENTAL ILLNESS	72.6%	94.4%	106.5%	158.9%	75.4%	95.2%	104.8%	146.8%	82.2%	122.9%	103.3%	125.8%
The Limes	715 - OLD AGE PSYCHIATRY	83.3%	109.1%	95.7%	106.5%	81.7%	115.1%	94.6%	105.6%	75.0%	102.5%	87.8%	100.8%
Jubilee House	315 - PALLIATIVE MEDICINE	104.6%	130.4%	89.2%	161.3%	99.1%	124.4%	86.0%	122.6%	96.5%	108.1%	82.7%	120.0%
Spinnaker	314 - REHABILITATION	97.4%	115.5%	100.0%	100.0%	100.0%	146.5%	100.0%	196.8%	89.3%	146.0%	88.3%	230.0%
Low er Brambles	314 - REHABILITATION	99.4%	95.3%	96.8%	100.0%	99.4%	98.6%	100.0%	100.0%	99.3%	98.0%	100.0%	100.0%
Fanshaw e	314 - REHABILITATION	97.4%	96.8%	100.0%	96.8%	98.7%	101.1%	100.0%	98.4%	90.0%	94.4%	93.3%	93.3%
Snow don Ward	314 - REHABILITATION	105.6%	134.2%	100.0%	101.6%	100.8%	126.5%	101.6%	103.2%	93.3%	110.7%	88.3%	91.7%
Kite	314 - REHABILITATION	99.2%	96.8%	100.0%	138.7%	104.0%	103.6%	100.0%	106.5%	94.2%	102.1%	93.3%	138.3%

		Mar-19				Apr-19				May-19			
Ward Name	Main two specialties	Day		Night		Day		Night		Day		Night	
		Fill Rate		Fill Rate		Fill Rate		Fill Rate		Fill Rate		Fill Rate	
	S1	Registered	Care Staff	Registered	Care Staff	Registered	Care Staff	Registered	Care Staff	Registered	Care Staff	Registered	Care Staff
AMH Oakdene	710 - ADULT MENTAL ILLNESS	80.6%	99.2%	122.6%	101.6%	82.0%	100.0%	123.3%	101.7%	78.1%	105.6%	122.6%	100.0%
AMH Orchards - Haw thorn	710 - ADULT MENTAL ILLNESS	91.9%	150.0%	108.1%	111.8%	97.5%	147.2%	106.7%	108.9%	99.2%	150.0%	106.5%	111.8%
AMH Orchards - Maples	710 - ADULT MENTAL ILLNESS	90.9%	116.9%	112.9%	120.2%	89.4%	138.8%	115.0%	134.2%	88.7%	122.6%	111.3%	113.7%
The Limes	715 - OLD AGE PSYCHIATRY	90.9%	103.8%	101.1%	102.4%	98.9%	110.8%	101.1%	108.3%	88.2%	115.3%	98.9%	108.9%
Jubilee House	315 - PALLIATIVE MEDICINE	100.5%	132.3%	90.3%	114.5%	105.7%	142.9%	93.3%	130.0%	108.3%	128.1%	91.4%	112.9%
Spinnaker	314 - REHABILITATION	95.5%	146.5%	100.0%	261.3%	90.7%	126.0%	100.0%	156.7%	93.5%	112.3%	101.6%	93.5%
Low er Brambles	314 - REHABILITATION	98.7%	97.5%	98.4%	100.0%	99.3%	99.6%	98.3%	101.7%	98.7%	98.2%	100.0%	98.4%
Fanshaw e	314 - REHABILITATION	96.1%	98.4%	96.8%	100.0%	93.3%	102.2%	100.0%	100.0%	99.4%	97.3%	100.0%	96.8%
Snow don Ward	314 - REHABILITATION	99.2%	120.6%	96.8%	100.0%	99.2%	122.0%	101.7%	103.3%	99.2%	150.3%	100.0%	104.8%
Kite	314 - REHABILITATION	96.0%	104.8%	100.0%	146.8%	111.7%	98.3%	100.0%	150.0%	104.0%	97.2%	100.0%	150.0%



Item 17.4



**Safeguarding Children and Adults**  
**Annual Report**  
**1 April 2018 - 31 March 2019**





## Acknowledgements

The Head of Safeguarding would like to thank the Safeguarding Champions for participating in the competition to design the Safeguarding Champion badge, as illustrated on the front cover. Congratulations to Lisa Adams, Paediatric Physiotherapist for her winning design.

## Executive Summary

This annual report covers the period from 1<sup>st</sup> April 2018 until 31<sup>st</sup> March 2019 inclusive. Solent NHS Trust is a community and mental health provider for a wide range of adult and children's services across Hampshire, Portsmouth and Southampton. Solent NHS Trust is regulated by the Care Quality Commission (CQC) who seeks assurance that Health and Social Care Services provide people with safe, effective, compassionate, high quality care. In November 2018, CQC rated Solent NHS Trust as good across all domains and outstanding in the caring domain.

The Solent NHS Trust Board should be assured that during 2018/19 arrangements were in place to safeguard and protect all those accessing and using Solent NHS services, including children, young people and adults.

The Care Quality Commission defines Safeguarding as protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care, (2018)

Solent NHS demonstrated safeguarding assurance in 2018/19 by having in place:

- Named Nurse for Safeguarding children which ensures the Trust meets the statutory requirements as identified in Working Together to Safeguard Children (WTTSC, 2018), Care Act (2014), NHS England Accountability and Assurance Framework (2015) and Mental Capacity Act (2005).
- Solent NHS Board Executive Lead for Safeguarding (Chief Nurse), along with the Associate Director for Professional Standards and Regulation have provided strategic leadership and support within Solent NHS.
- Safeguarding governance arrangements', including the Solent Safeguarding Steering group, chaired by the Chief Nurse, is an established forum where safeguarding concerns and risks are discussed and reviewed.
- Reporting through the Quality Improvement & Risk group to the Assurance Committee, the Board has been kept informed on a quarterly basis regarding safeguarding incidents, investigations and outcomes for patients. They also receive an annual report summarising activity across the year and progress against priorities.
- In September 2018 the Board received safeguarding training during a Board Workshop, to fulfill the training requirements as outlined in the intercollegiate documents for children, young people and adults.



- Active involvement with the Local Safeguarding Boards, for both Southampton and Portsmouth and the sub groups for Southampton, Portsmouth and Hampshire has continued. Solent staff contributes to the development of Board priorities, procedures and working arrangements to safeguard and protect vulnerable people, at both an operational and strategic level. This includes contributing to the Local Safeguarding Children Boards, (LSCB) and local Safeguarding Adult Boards, (LSAB) audit programme, Safeguarding Adult Reviews, Serious Case Reviews, Learning Reviews, Partnership reviews.
- Solent can provide assurance with participation in multiagency partnership working arrangements that ensure Solent engagement and contribution to Adult Section 42 (Care Act, 2014) enquiries and children Section 17 and Section 47 enquiries (Children Act, 1989).
- Policies and procedures have been reviewed and are in place to support the assessment of need and vulnerability of children, young people and adults accessing Solent services.
- Solent Safeguarding Children's team members represent the Trust at the Multi Agency Risk Assessment Committee, (MARAC), across both cities and play an active role in the High Risk Domestic Abuse (HRDA) meetings that are in place within Southampton Multi-Agency Safeguarding Hub (MASH) to ensure Solent staff are aware of the risk and support being put in place to prevent further episodes of abuse.
- The Named Nurse children's safeguarding is the Trust lead for Child Sexual Exploitation (CSE). There is representation at the LSCB Missing, Exploited and Trafficked subgroups across both cities at an operational and strategic level.
- Safeguarding Children and Safeguarding Adults Training Programmes are in place to ensure compliance with intercollegiate requirements (2018). Adult safeguarding training includes a variety of topics, such as Mental Capacity Act, DOLS, and Domestic Abuse. Both sets of training promote a 'Think Family' approach to safeguarding.
- Robust recruitment processes are in place including Disclosure and Barring Service Checks (DBS) for all staff requiring that level of clearance. Volunteers within Solent are subject to the appropriate checks prior to working with any clients. This remains in line with the Lampard Report (2015).

### Priorities for 2019/20

Following discussion with the team and colleagues across the service lines the following areas have been identified as the priorities for the coming year and are in line with the safeguarding boards priorities:

- Develop a safeguarding strategy for Solent NHS Trust
- Review the mandatory safeguarding training offer and content
- Update and streamline the safeguarding pages on the intranet
- Continue to work with Hampshire Adult Social Care to develop robust processes for responding to requests for Section 42 enquiries into concerns about Solent Services
- The Safeguarding Steering group to review action plans from case reviews, Section 42 Enquiries and audits
- Develop a pathway to share learning from case reviews and audits



- Develop training on how to complete chronologies
- Domestic abuse training being developed
- Child sexual exploitation training developed to continue to be provided
- Support clinicians to embed MARM and MSP into practice
- Complete the audit plan





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## 1.0 Introduction

Solent NHS Trust endorses everyone's Human right to live their life free from abuse and harm. The Trust is committed to working in partnership with key stakeholders across Southampton, Portsmouth, Hampshire and the Isle of Wight to ensure that children and adults at risk, accessing Solent services, are identified and protected from abuse and harm.

This report provides assurance that Solent NHS Trust is compliant in accomplishing its safeguarding responsibilities in line with the safeguarding legislative framework and as required by the 4 Local Safeguarding Children Boards, (4LSCB), the 4 Local Safeguarding Adults Boards, (4LSAB). Safeguarding children, young people and adult concerns are identified and responded to appropriately. The report will give an overview of safeguarding activity undertaken by the Solent NHS Trust Safeguarding Team from 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019.

The 'Think Family' approach to safeguarding exemplifies a combined approach to responding to concerns, whilst taking into consideration that people live in families and communities. Solent NHS Trust's Safeguarding Team advocates the Think Family approach and underpins the Trust's priority to provide quality services that are safe and effective.

Over the year the team has provided:



6150 MASH Contacts Navigated



24 Supervision Sessions



37 Child & Adult Case Reviews/Scoping



630 Advice Calls



31 Training Sessions



5 Rapid Responses

## 2.0 Safeguarding Structure and Governance

The Chief Nurse provides executive leadership for the safeguarding agenda supported by the Associate Director for Professional Standards and Regulation and the Head of Safeguarding. The Head of Safeguarding joined Solent NHS Trust in October 2018, to provide the strategic direction and leadership for the Safeguarding Children and Adults Team and is supported by the Named Nurse for Safeguarding Children and the Safeguarding Adults Lead.

The Named Nurses for Looked After Children, (LAC), remain within the Children's and Families Service Line and provide leadership for the LAC agenda; the named doctors for LAC also provide leadership in this area of work. Medical leadership for safeguarding children is provided by two



Named Doctors for Safeguarding Children and the named doctors for LAC, see Appendix a for the Safeguarding and Looked After Children Team structures.

## 2.1 Safeguarding Children Team

The Named Nurse for Safeguarding Children provides the operational leadership for the safeguarding children's agenda as defined in Working Together to Safeguard Children (2018). She fulfils the Trust's statutory requirements, acting as the lead for the safeguarding children agenda, including: Missing, Exploited and Trafficked children and Female Genital Mutilation.

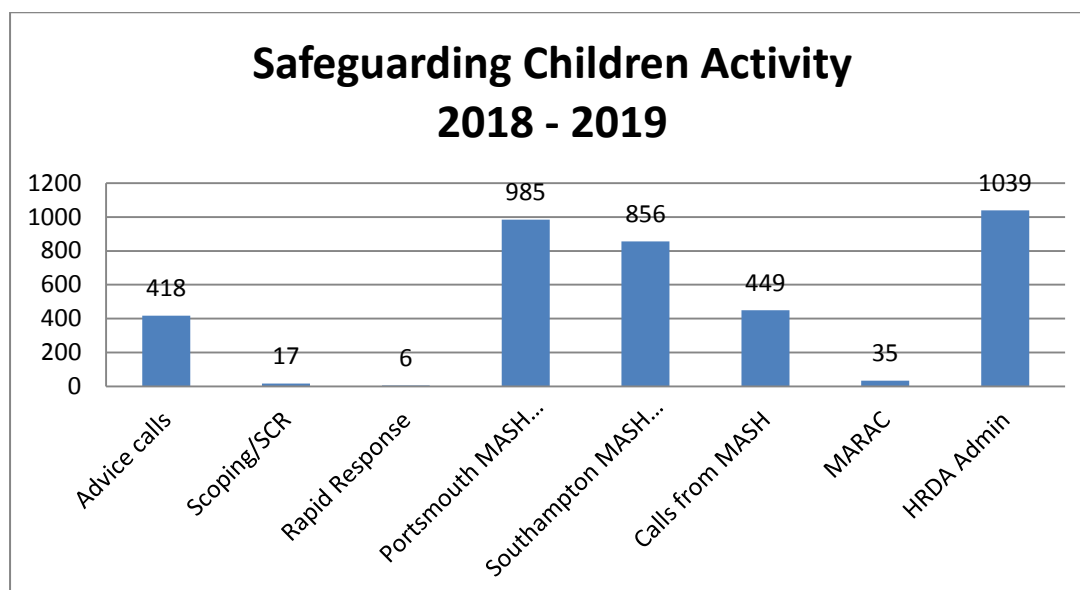
The Named Nurse leads a team of expert Safeguarding Specialists who have enhanced knowledge and skills in relation to safeguarding children. The team provide expertise and promote professional curiosity, challenge and collaboration as well as empowering staff to fulfil their safeguarding responsibilities. The Specialist nurses support the named nurse to discharge their responsibilities.

Core responsibilities of the team include:

- Lead the Rapid Response in Southampton, Supports Rapid Response process in Portsmouth
- Deliver the health navigator role in Southampton Multi-Agency Safeguarding Hub (MASH) 5 days per week
- Deliver Health navigator in Portsmouth MASH 3 days per week
- Provides specialist supervision to teams across the Trust
- Named Nurse provides supervision to Family Nurse Partnership teams
- Provides the advice line to all staff across the Trust between 9.00-16.00
- Lead on the chronologies and analysis of information for Serious Case Reviews (SCRs)
- Attend and actively participate in safeguarding boards working committees
- Deliver safeguarding training across the Trust
- Represents the Trust and provides health information to the Portsmouth Multi-Agency Risk Assessment Conference, (MARAC)

The activity of the Safeguarding Children's team is illustrated in Graph A.

Graph A – Safeguarding Children's Activity





## 2.2 Safeguarding Adults Team

The Safeguarding Adults Lead provides operational leadership for the Safeguarding Adults Agenda, including Prevent, and fulfils the safeguarding requirements as set out in the Care Act, (2014). The Associate Director for Professional Standards and Regulation fulfils the role of Safeguarding Allegations Management Advisor (SAMA), supported by the Head of Safeguarding. In 2018/19 a total of 5 safeguarding concerns were raised and referred to the SAMA. All cases were reviewed in line with the managing allegations and safeguarding policies, no recurring theme was identified in the cases.

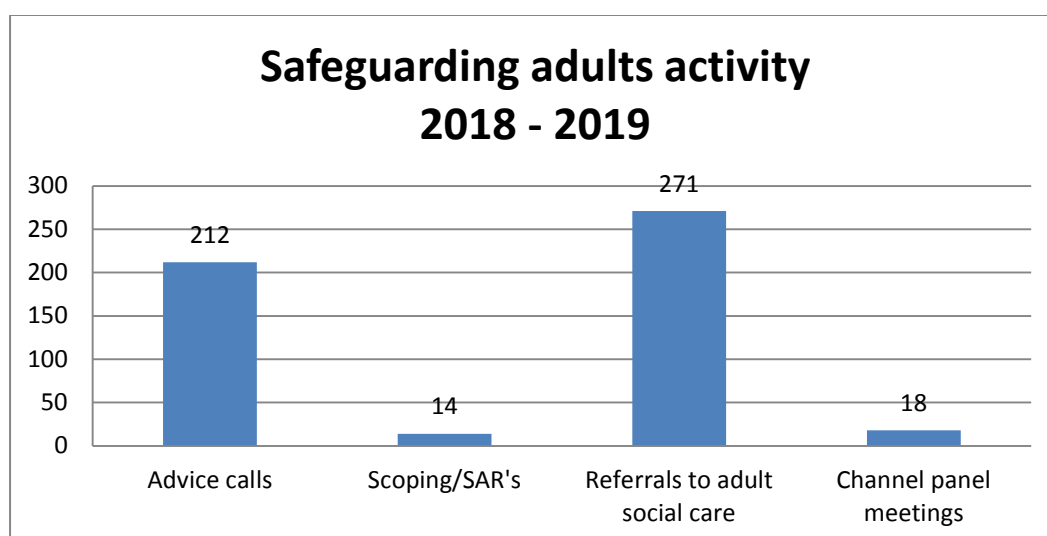
The Safeguarding Adults Facilitators support the Safeguarding Adults lead and as a team provide expert advice and support on all subjects related to safeguarding and empower staff to apply and embed the six principles of safeguarding into everyday practice. The team support staff to adopt Making Safeguarding Personal so that the voice of adults at risk is heard and their desired outcomes are promoted.

Core responsibilities include:

- Deliver Adult safeguarding training across the Trust
- Provision of the advice line to all staff across the Trust between 09:00-16:00
- Lead on the chronologies and analysis of information for Serious Adult Reviews (SARs)
- Attend and actively participate in safeguarding boards working groups
- Co-ordination of the Trust Safeguarding Champions Group
- Fulfils the Trust Responsibilities for Prevent and represents the Trust at the Hampshire, Portsmouth and Southampton Channel Panels

The Safeguarding Adults Team Activity is illustrated in Graph B.

Graph B – Safeguarding Adults Team Activity



## 2.3 Governance and Assurance Arrangements

Quarterly reports, demonstrating compliance with regulations, are submitted to the Safeguarding



Steering Group, the Quality Improvement and Risk Group (QIR), Assurance Committee, the Board and the commissioners. The Safeguarding Steering Group facilitates the dissemination of National and Local guidance and Legislation to Professional Leads for cascading through their service lines. It also provides a route for safeguarding concerns and initiatives to be shared from service lines to the Safeguarding Leads.

Completion of actions from audit is monitored through the Safeguarding Steering Group. This will continue in the next financial year with the addition of action plans from Section 42 safeguarding adult enquires, safeguarding team audits and case reviews being monitored to provide assurance to the Board that actions have been completed and are making a difference to service delivery.

### 3.0 Performance against team priorities for 2018/19

The safeguarding team has achieved all of the priorities for 2018/19:

- To review the named doctor role and how it is carried out across the Trust in order to strengthen the support and profile of this role across the organisation
- To strengthen the training offer relating to domestic abuse and the implementation of the appropriate tools in practice. To review the Domestic Abuse policy
- To review and clarify the appropriate escalation processes to ensure that staff are confident to professionally challenge decision making
- To review the use of the neglect tool and support staff to implement this across services
- To Implement the risk management framework across the organisation to support safe safeguarding practice and decision making

The review of the Named Doctor Role did not identify any changes that are required and recommended that the provision and direction of the roles continues. A recommendation was made that the Named Doctors become more visible within the Trust and increase their involvement with safeguarding at a strategic level.

The Domestic Abuse Pathway has been implemented into practice and incorporated into the updated Domestic Abuse Policy. Implementation of the pathway will be further strengthened during 2019/20 with the development of a domestic abuse training package. The package will develop staffs' understanding of domestic abuse and how to complete risk assessments to inform the correct and proportionate actions to be taken.

The escalation policies for safeguarding children and adults has been approved, disseminated and is available to staff. Further advice on how to escalate concerns is incorporated in the safeguarding children's training and in the advice that the team provide to colleagues across Solent NHS Trust.

Neglect Tools for adults and children have been developed by the 4LSCB and 4LSAB, the tools have been disseminated to staff and are available on the intranet. The Multi-Agency Risk Management, (MARM), Protocol, one of the recommended responses to self-neglect, is now regularly used across the Trust. Members of the Safeguarding Team have supported educational events and provided advice and support to facilitate the effective introduction of the MARM into practice.

### 4.0 Mental Capacity Act, (MCA)

During 2018/19 the MCA training offer has been reviewed with the introduction of face to face training and case based training, to facilitate staff to transfer theory to practice. A new role of a



trainer for MCA has been created with the successful applicant commencing employment with the Trust in March 2019. The MCA training offer across the Trust will be further reviewed to increase training compliance over the next financial year. The MCA trainer is currently working with the Associate Director for Professional Standards to plan the implementation of the 4LSAB MCA toolkit and the National Competency Framework.

In Q3 the annual MCA audit was conducted, results were compiled in Q4, areas for improvement identified include:

- Understanding of the role of an Independent Mental Capacity Advocate, (IMCA), in safeguarding, whose role would be to support and represent the person in the safeguarding process, help them express their views and access relevant records
- Assessment of communication needs
- Involvement of service users in best interest decisions
- Documentation of MCA assessments

The MCA, lead, left the Trust during Q4, the vacancy has been recruited to with the successful applicant anticipated to start during Q1 2019/20. The new MCA lead will be responsible for co-ordinating the improvement plan developed in response to the annual audit.

## 5.0 Safeguarding Adults and Children Legislative Frameworks

Solent's safeguarding Children and Adults team comply with current legislative frameworks for safeguarding children and adults, the 4 LSCB and 4 LSAB policies and guidelines, (appendix B). The Safeguarding Children, Young People and Adults at Risk Policy and the Domestic Abuse Policy have been written, updated and ratified in 2018/19 and are compliant with Legislation and local guidance.

### 5.1 Working Together to Safeguard Children 2018

Working Together to Safeguard Children (WTTSC, 2018) is the key statutory guidance that underpins practice policy and procedure to safeguard children. WTTSC was updated in 2018 and details the three statutory partners; the Police, Clinical Commissioning Groups and Children's Social Care. New partnership working arrangements are stipulated, partner agencies are required to state how they will work together to effectively provide strategic leadership, co-ordinate Safeguarding activities and share learning from Child Practice Reviews.

Under the new WTTSC, the Local Safeguarding Children Boards (LSCB), established under the Children Act 2004, will no longer be a statutory requirement. A new executive board will be developed to provide the overarching oversight across the four geographical areas with local boards providing local strategic leadership. The structure of sub-groups is likely to be adjusted with some operating across the four geographical areas

The Child Death Overview Panel arrangements have also been reviewed as part of the new WTTSC arrangements and it is anticipated that this will now be a combined process for Hampshire, Southampton, Portsmouth and the Isle of Wight. This will enable a greater level of analysis and identification of themes which will inform future practice.



As an active member of the 4LSCB and associated sub groups, the Trust's Safeguarding team has supported and participated in the development of the new working arrangements and will continue to work collaboratively with partner agencies in the forthcoming year.

Final arrangements must be published by the partners in June 2019 for sign off by the Secretary of State for Health & Social Care with new arrangements being implemented by September 2019.

## 6.0 Effective Interagency and Multi-Agency Collaboration

During 2018/19 the Safeguarding Team developed the support provided to the service lines throughout the organisation. A safeguarding team member now attends each service lines governance meetings to provide expert safeguarding advice and to identify safeguarding concerns in service provision. Representation at the Serious Incident Panel and Learning from Deaths panel continues and ensures that safeguarding continues to be considered for each of the cases that are reviewed.

Solent representation at the Southampton and Portsmouth Adult and Children's board and Hampshire Adults Safeguarding board is provided by the Chief Nurse, or her designated deputy; the Associate Director of Professional Standards and Regulation. Currently Solent NHS Trust is not required to attend Hampshire Safeguarding Children Board but is represented at the health sub-committee by the named nurse.

The safeguarding team has actively contributed to work streams of the 4LSCB and 4LSAB including:

- The development and introduction of the 4LSCB and the 4 LSAB escalation policies
- Information Sharing Advice for Practitioners providing Safeguarding Services for Children and Young People
- The implementation of the Domestic Abuse Pathway
- The Portsmouth Childhood Obesity Pathway
- Development and Implementation of the Multi-Agency Risk Management Protocol

## 6.1 Managing Allegations Including Safer Recruitment

The Head of Safeguarding has worked with Portsmouth and Southampton Adult Social Care to develop a robust pathway for sharing safeguarding concerns that are raised concerning Solent NHS Trust Care provision. The Trust's safeguarding team now co-ordinate all Section 42 enquiries regarding Solent NHS Trust services, the team will quality assure the reports and ensure that appropriate action plans are developed with an associated implementation plan. The action plans from Section 42 enquiries will be monitored by the Safeguarding Steering group during the next financial year. The new process provides assurance to the Trust board and the 4LSAB that identified concerns are reviewed and responded to appropriately and learning disseminated across the workforce. Work continues with Hampshire Adult Social Care to implement a similar process.

Concerns about staff members are reported to the SAMA and the LADO and are included in the quarterly reporting structure. Of the 2 LADO and 5 SAMA cases, no recurring theme was identified; all the cases were reviewed in line with the Management of Allegations Policy. Section 42 enquiries will be added to this reporting structure in 2019/20.



Robust recruitment processes are in place including Disclosure and Barring Service Checks (DBS) for all staff requiring that level of clearance. Volunteers within Solent are subject to the appropriate checks prior to working with any clients. This remains in line with the Lampard Report (2015).

## 7.0 Serious Case Reviews: Child and Adult

Solent NHS Trust's Safeguarding team actively supports and participates in all Safeguarding Children and Adult Case Reviews and continues to be a core member of the children and adult care review sub groups. Progress with case reviews is included in the quarterly safeguarding reports. Overview of the team's activity with case reviews is detailed in Tables 1 & 2. In 2019/20 monitoring of actions from case reviews will be developed and included in the safeguarding reporting framework to provide assurance that all actions are completed within agreed timescales.

Table 1 - Child Case Reviews 2018/19

<b>13 Southampton Cases</b>
3 scoping of information completed
2 practitioner workshops supported
2 internal Management Review reports have been written to inform overview report
2 overview reports circulated for comment
2 cases completed and actions progressing
2 cases referred but did not progress as SCR, internal and Serious Incident completed
<b>6 Portsmouth cases</b>
1 scoping of information completed
2 reports have been circulated for comment
3 cases completed and actions progressing
<b>2 Hampshire &amp; out of area cases</b>
1 final report has been shared for comment
1 county wide workshop supported

Table 2 – Adult Case Reviews

<b>9 Southampton Cases</b>
1 overview report due to be published
3 scoping of information completed
2 cases referred but did not progress
1 practitioners workshop supported
2 cases completed, no actions for Solent, learning will be shared across the Trust
<b>3 Portsmouth Cases</b>
1 overview report due to be published
2 cases referred but did not progress





## 2 Hampshire Cases

2 completed and actions progressing

### 8.0 Audits

At the end of 2018/19 the Safeguarding Adults Team conducted a scoping exercise into staff's understanding of Making Safeguarding Personal, (MSP ) using survey monkey. Professional leads for adult service lines were asked to share the audit with their staff. A total of 135 responses were received and will be reviewed in Q1 2019 to inform an audit scheduled for Q4 2019.

The Safeguarding Adults team completed an audit cycle into the correct use of the safeguarding referral pathway. The initial audit in Q2 2018/19 evidenced that half or less of safeguarding adult referrals used the correct form and process. An education strategy was implemented by the safeguarding adult's team to increase staff's understanding of the correct procedure and form. The re-audit in Q4 2018/19 demonstrated an increase in compliance to over 60%. An action plan has been developed and is being implemented to further increase compliance, with a third audit scheduled for Q4 2019/20.

At the end of the financial year, the Safeguarding Children and Adults team completed an audit into the staff satisfaction with the advice lines that the team provide. Results from the audit will be compiled and used to inform service improvements during 2019/20.

Scheduled audits for 2018/19 that were not completed in line with the team's audit plan have been incorporated into the plan for 2019/20, which has already commenced.

Audits are scheduled for 2019/20 on:

- The extent to which Making Safeguarding Personal is embedded into practice
- The quality of referrals into each Multi-Agency Safeguarding Hub (MASH) by Solent practitioners in order to inform training need
- 10 case audits of safeguarding supervision records of practitioners working with children with complex needs & CAMHS
- Service evaluation of the supervision(frequency and quality) offered by Safeguarding team to determine if adequate provision is provided
- Evaluation the effectiveness of safeguarding training will be conducted at the end of training sessions to inform the review of the training provided by the Safeguarding Team

### 8.1 Multi-Agency Audit

The Safeguarding team has fulfilled its responsibilities to the 4LSCB by contributing to multi-agency audits as detailed in table 3. Learning from the audits have been translated into action plans to embed the learning into practice. When no specific learning was identified for the Trust, the findings of the report will be shared with staff and examples of good practice will be shared to disseminate and promote good practice in other service areas.



Table 3 – Multi-Agency Audits

Audit	Findings	Intended Outcomes
Hampshire Interfamilial Sexual Abuse	No actions for Solent, but findings illustrated poor information sharing between other services and agencies.	Examples of good practice will be disseminated to inform service development in other areas
4LSCB Section 11 Staff Survey	Areas for improvement identified, action plan developed and monitored through the Safeguarding Steering Group.	Staff will have a better understanding of their safeguarding responsibilities so that children and adults at risk are safeguarded more effectively
Southampton Transitions Audit	Lack of transition planning for all agencies. LSCB and LSAB developing transitions policy. Solent developing overarching transitions policy	A transition policy will help to inform staff so that transition of care is smoother from child to adult services and between services so that service users experience more co-ordinated and effective outcomes
Portsmouth Repeat Child Protection Plans	No actions for Solent, findings indicated that repeat plans were appropriate and proportionate	Examples of good practice will be shared when the report is published
Portsmouth Child Sexual Exploitation	No actions for Solent, findings are being collated, report to be published	Learning will be shared to inform service developments and improved outcomes for children and families
Hampshire MCA audit	4LSAB toolkit to be embedded	The MCA will be used correctly in practice
Hampshire Safeguarding Self - Assessment	Areas for improvement identified, action plan developed and monitored through the Safeguarding Steering Group	More effective processes will enable a quicker response to be provided, learning identified and shared. This will inform service development and improve outcomes for adults at risk.

## 9.0 Learning and Development

A key priority for the Trust was to improve compliance with mandatory safeguarding training with a target of 90% at year end. The Trust's compliance rate has increased each quarter with a compliance rate of 88% at end of March 2019, which is the highest compliance since 2015.

In 2018 The Safeguarding Adults – Roles and Competencies for HealthCare Staff, (2018), and The Safeguarding Children and Young People – Roles and Competencies for HealthCare Staff were published and provided revised criteria for safeguarding training.

The Roles and Competencies for adults changed the training requirements for staff, as a result a significantly higher number of staff require Level 3 Safeguarding adults training, with a resultant drop in the training compliance for Level 3 Safeguarding Training, and on the overall compliance rate. The Head of Safeguarding has worked with the Professional Leads and the Learning and Development Team to align the new requirements with Electronic Staff Records and the Training Matrix. In 2019/20 a directory of learning and a minimum standard of annual training will be set in order to improve compliance.



In 2018/19 the safeguarding team provided a range of teaching sessions outlined in Table C.

Table C - Teaching Sessions Provided by the Safeguarding Team

<b>Safeguarding Training Sessions 2018 -2019</b>	
Identifying and assessing risk; Everyone's responsibility	Level 2
Record keeping and report writing	Level 3
Building professional confidence and working with challenge	Level 3
Early help, MASH and referrals to Children's Social Care	Level 3
Neglect Workshop	Level 3
Safeguarding Adults	Level 3
Adult Safeguarding update	Level 2
IAPT Adult Safeguarding (Case Study)	Level 3
Escalation Policy	Level 2
Case Study – MSP	Level 2
Adult Safeguarding update	Level 2
Safeguarding Skills Slot (Orchards)	Level 2
Safeguarding Skills Slot (Limes)	Level 2
Safeguarding Skills Slot (Orchards)	Level 2
CPD Session for Neuro-psychology team	Level 3

## 10.0 Inspection

The Associate Director Professional Standards & Regulation, Head of Safeguarding and the Named Nurse were interviewed as part of the CQC core and well led inspection carried out in Q3, 2018/19. The Trust were very proud to receive an overall rating of Good across all domains and outstanding in the caring domain.

## 11.0 Looked After Children

Solent currently provides services to the population of Looked After Children, (LAC) and young people in both Portsmouth and Southampton cities. LAC shares the same health issues and challenges as their peers but often to a greater degree. They often enter care less “healthy” than their peers, in part due to the impact of poverty, abuse, neglect and inadequate parenting. They are more likely than the general population to have been exposed to harm in utero, for example, drug and alcohol misuse, which can have a lifelong impact on the child/young person.

Most children become looked after as a result of abuse and neglect and almost half of children in care have a recognised mental health disorder while two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults (Promoting the health and well-being of looked after Children DE, DH 2015).

In Portsmouth there were a total of 485 looked after children at the end of March 2019 compared to 419 at the end of March 2018. Unaccompanied Asylum Seeking Minors (UASM) numbers continue to



rise with 101 children being supported at the end of March 2019, an increase of 30% on last year's figure of 74 children. This is having an impact on the LAC team being able to meet the statutory requirements to offer an initial health assessment within 20 days.

In Southampton there were a total of 492 looked after children at the end of March 2018 compared to 542 at the end of March 2017. The numbers have reduced slightly over the past year with the majority living in Southampton or within 20 miles radius. This enables the Solent team to complete the initial and review health assessments in a timely manner. However there continue to be challenges when completing assessments/reviews for children and young people placed out of area as some areas do not complete health assessments for Southampton children placed out of the area.

There have been challenges in 2018/2019 with statutory consent being gained to carry out initial Health assessments which has impacted on the Southampton LAC team being able to meet the statutory requirements to offer an initial health assessment within 20 days. Solent West currently has a vacancy for the Named Nurse post. There is now a named nurse for Looked after Children – who started in January 2019

### **11.1 Service Developments in Portsmouth LAC**

- In Portsmouth a Specialist Looked after Childrens Nurse has been employed and commenced in February 2019. The role is a development opportunity for the post holder to become an Advanced Nurse Practitioner working with support from the Named Doctor for Looked after Children

### **11.2 Service Developments in Southampton LAC**

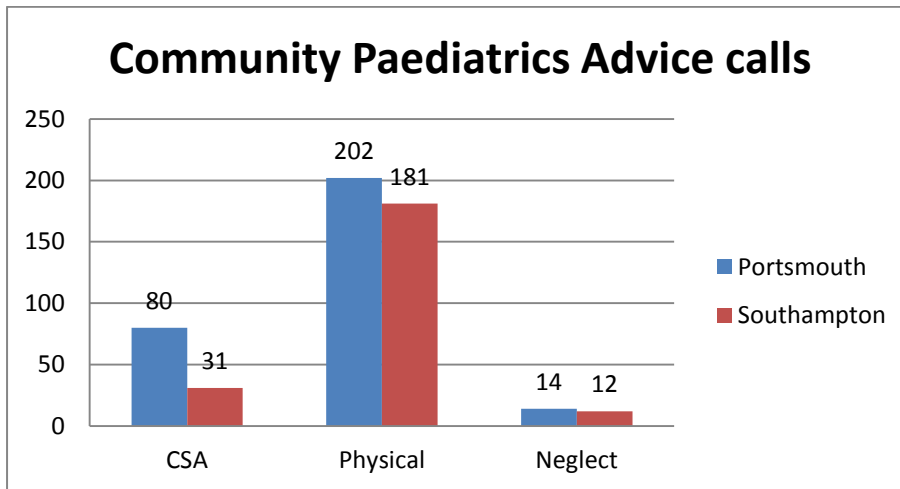
- The development of the Care Leavers Health Passport developed in collaboration with colleagues in Social Care. This enables young people leaving the care system to have a full comprehensive record of their health care which links to further support.
- Development of an Advanced Nurse Practitioner Role within Looked after Children and Child Protection work.

## **12.0 Community Paediatrics Child Protection (CP) Medical Assessment Service**

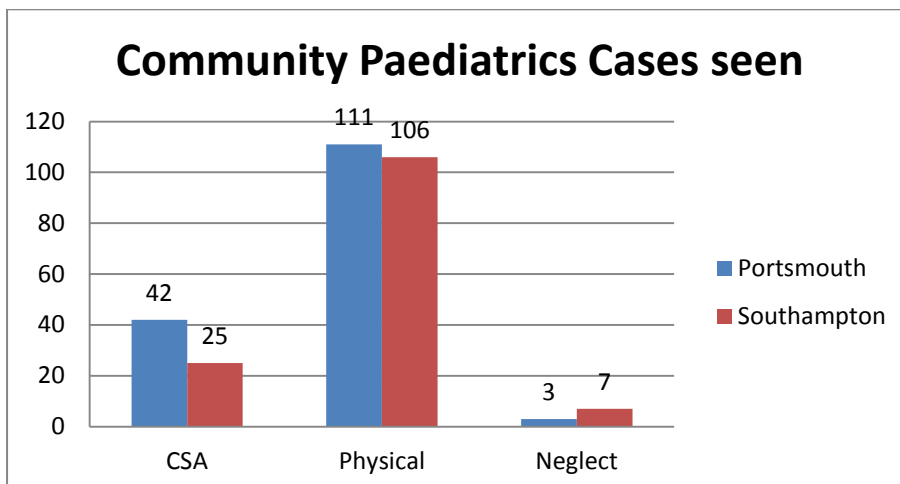
Both Portsmouth and Southampton offer a medical examination service from 09:00 – 17:00 for referrals from social care and police to assess children for possible abuse. This is primarily physical and sexual abuse with the occasional medical assessment for neglect. Details of the number of advice calls and cases seen are demonstrated in Graphs D & E.



Graph D – Community Paediatric Advice calls



Graph E – Community Paediatric Cases seen



In Portsmouth, 296 advice calls were provided and 156 cases seen. This represents a 17% increase in medicals undertaken. In Southampton 224 advice calls were provided and 138 cases seen which represents a 34% increase in cases seen.

In the last year a new Named Doctor for Southampton has been appointed, who is a paediatric consultant and is included in the CP medical assessment rota.

Following on from the Royal College of paediatrics and Child Health, (RCPCH), review in 2017/18 joint peer reviews have commenced between the two teams, each team is also meeting jointly with their respective acute teams to improve liaison and communication.

A 'Was not brought' (WNB) leaflet has been produced county wide which will be sent to parents when they have not attended health appointments. The named doctors are reviewing the Trust WNB policy to ensure this gives clear guidance for practitioners especially in relation to children with complex needs.



The Portsmouth team have implemented a new performa which includes the specific questions for domestic violence and the Mini Sexual Exploitation Risk Assessment Framework, (SERAF), along with risk factors to aid collection of this information.

Clear flow charts for referral for concerns in regards to possible child sexual abuse (CSA) have been developed to support the police and social care to better understand when and who should be referred for a CSA examination.

The Southampton team has sourced a new colposcope which will result in improved image capture and evidence for court in CSA cases.

### 13.0 Service Improvements within the Safeguarding Team

During 2018/19 the Safeguarding Team have implemented numerous changes including:

- Recruitment to the Head of Safeguarding role who supports the team to deliver effective safeguarding advice, support and education
- The provision of health navigators for the Portsmouth Multi-Agency Safeguarding Hub, (MASH). Initially this was for a fixed term contract, but has now been extended and made into a substantive post
- The Trust Modern Slavery Statement, Referral to Social Care and Domestic Abuse pathways have been embedded in practice to support and advise staff on the correct actions to take in these situations
- Safeguarding Champions Forum, with representation from all of the Trust service lines was established, and works collaboratively to promote safeguarding within their clinical areas
- The safeguarding children and adults policies have been reviewed and combined into the Safeguarding Children, Young People and Adults at Risk Policy
- A safeguarding supervision policy has been published to underpin newly strengthened safeguarding arrangements to enable frontline staff to deliver effective safeguarding practice
- A safeguarding module has been introduced on to the electronic patient records to ensure that safeguarding activity is recorded and easily accessible to all staff within the Trust

During the year the safeguarding team has strengthened the Safeguarding supervision that is provided to staff across the Trust. Additional supervision sessions are now provided to the Enhanced Health Visiting Offer, (ECHO), service, and CAMHS. A new system of booking supervision sessions has been introduced by the team to increase attendance. A review of supervision to the Family Nurse Partnership service is planned for 2019/20 with the aim of improving supervision that is provided by the safeguarding team.

### 14.0 Conclusion

2018/19 provided challenges to the team with respect to staff turnover, changes to commissioned services and increased demand, however Solent's safeguarding team has succeeded in fulfilling its statutory responsibilities to the Trust Board, the 4 LSCB's, the 4LSAB's and its service users.

A number of service improvements and initiatives have been implemented which have supported staff across the Trust to develop their own safeguarding knowledge and skills. The team has



continued to work collaboratively with colleagues in partner agencies as well as colleagues within the Trust to promote the best outcomes for the children, young people and adults at risk for which the Trust provides care. They have increased visibility and improved relationships across the Trust which has improved joint working.

The team embodies Solent's HEART values and promotes the Trust's priority to provide quality safe and effective care and positive experiences for service users. The team have identified appropriate priorities for the forthcoming year and will continue to provide a high quality, expert and responsive service in 2019/20.

### 15.0 Priorities for 2019/20

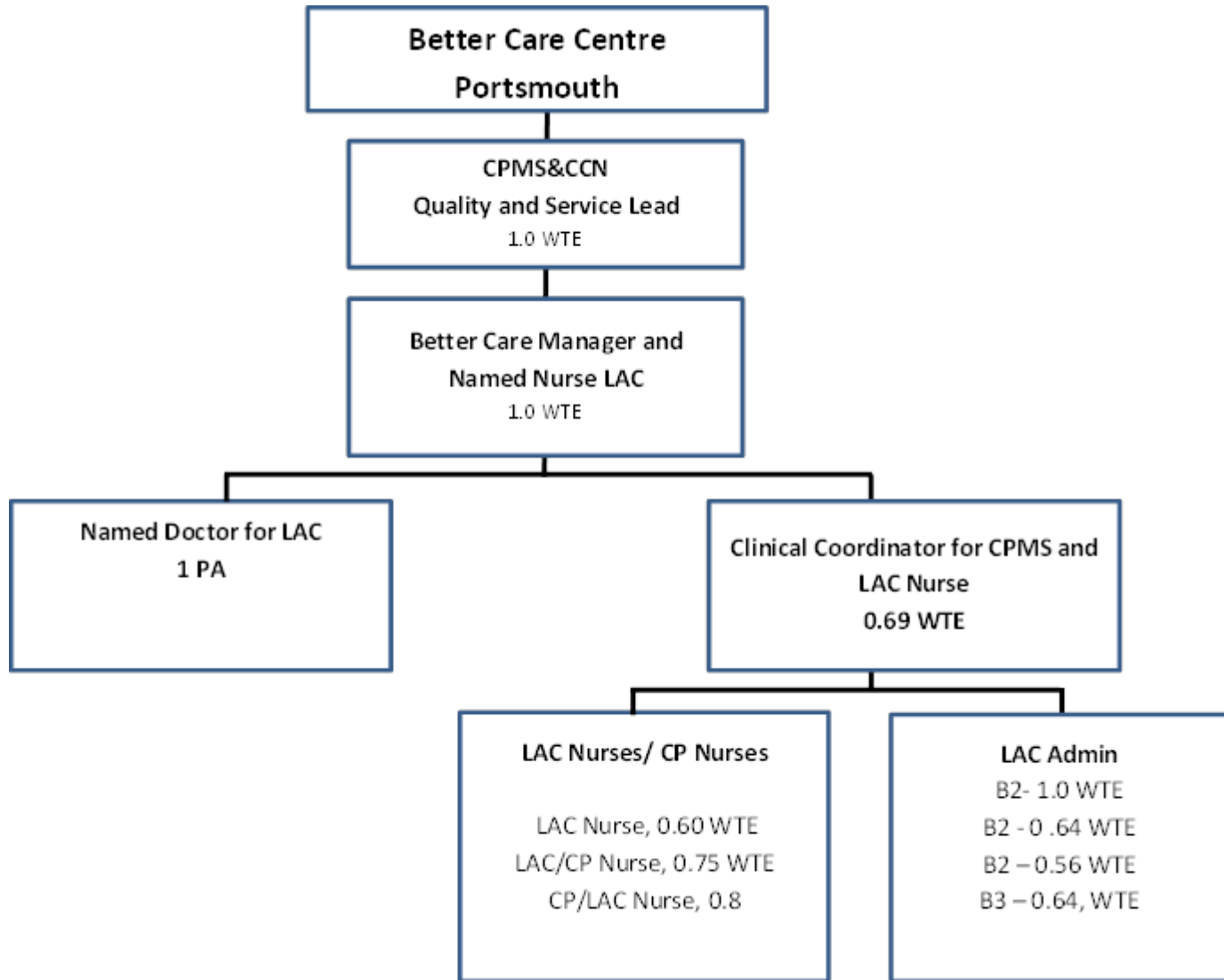
Following discussion with the team and colleagues across the service lines the following areas have been identified as the priorities for the coming year and are in line with the safeguarding boards priorities:

- Develop a safeguarding strategy for Solent NHS Trust
- Review the mandatory safeguarding training offer and content
- Update and streamline the safeguarding pages on the intranet
- Continue to work with Hampshire Adult Social Care to develop robust processes for responding to requests for Section 42 enquiries into concerns about Solent Services
- The Safeguarding Steering group to review action plans from case reviews, Section 42 Enquiries and audits
- Develop a pathway to share learning from case reviews and audits
- Develop training on how to complete chronologies
- Domestic abuse training being developed
- Child sexual exploitation training developed and being provided
- Support clinicians to embed MARM and MSP into practice
- Complete the audit plan

Fiona Holder  
Head of Safeguarding  
May 2019



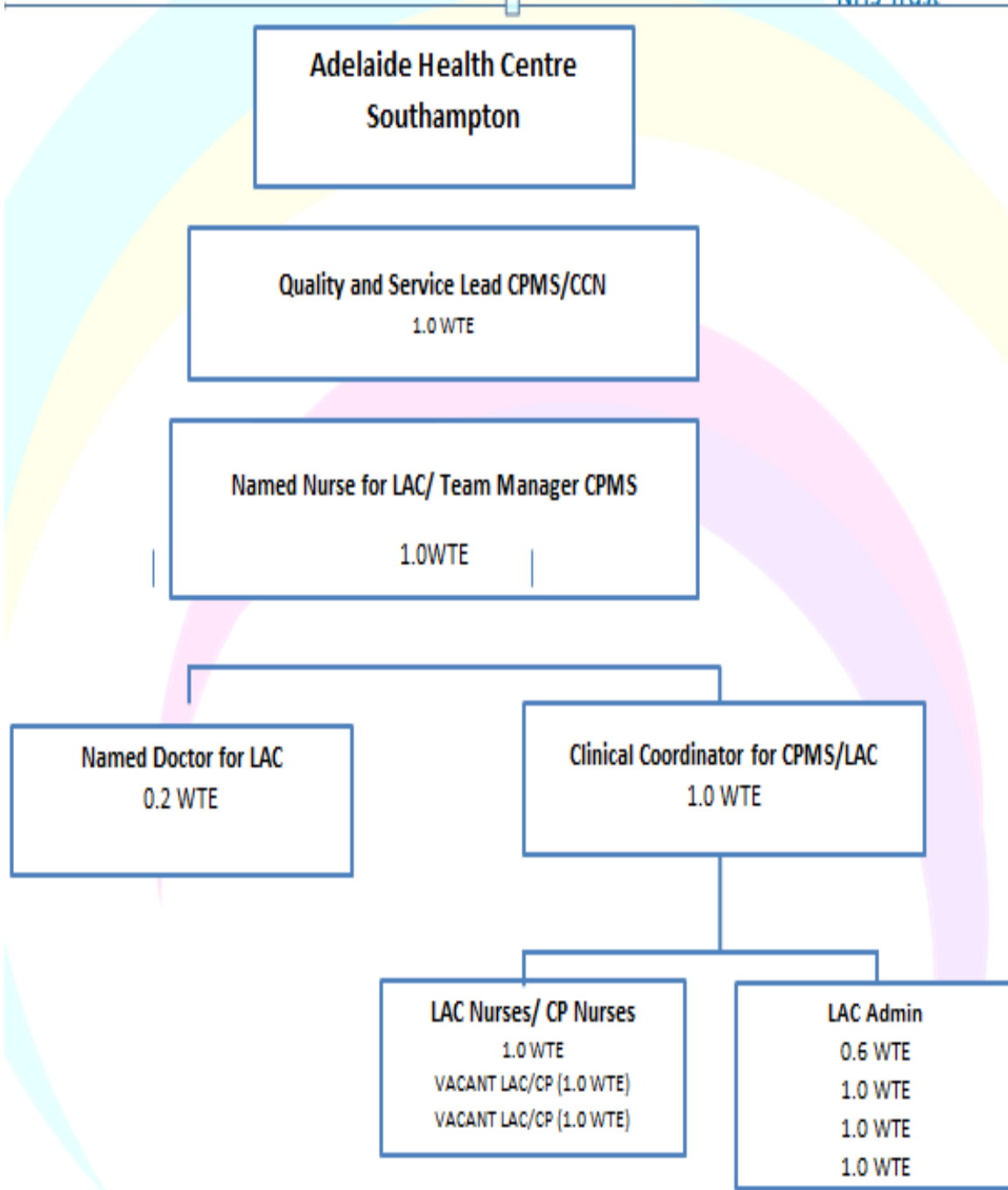
Appendix A – Team Structures  
Portsmouth LAC Team Structure





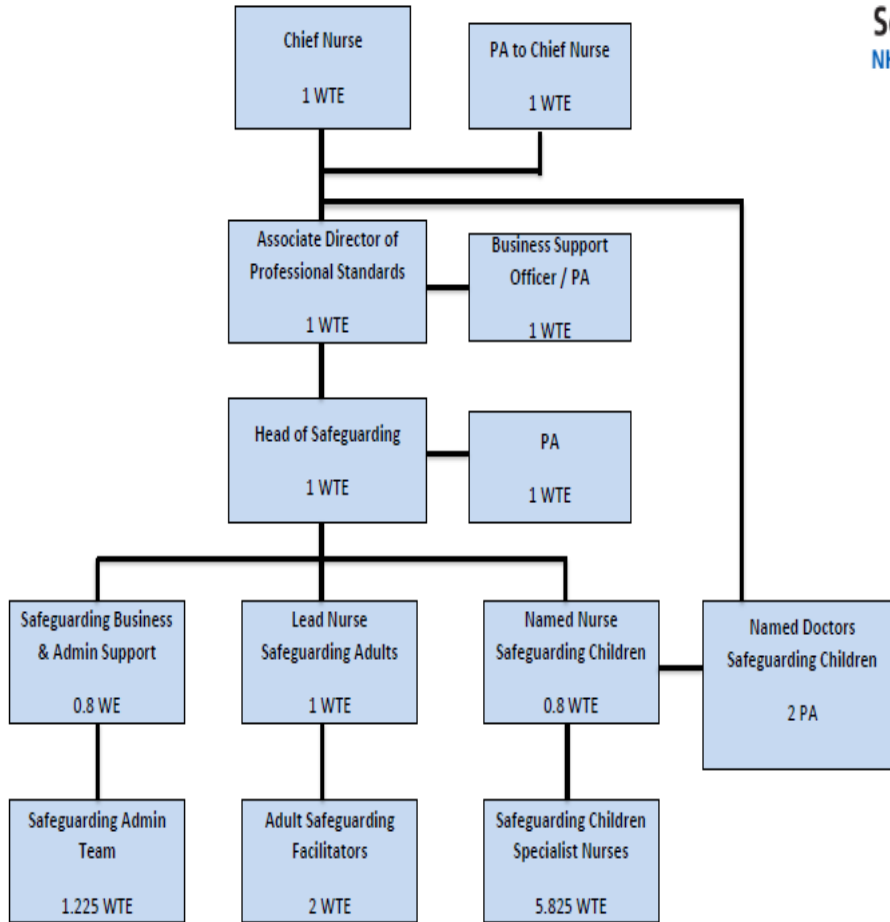


Southampton LAC Team Structure





### Safeguarding Team Structure





Appendix B – Legislative Frameworks

<b>Adults Legislation</b>	<b>Children Legislation</b>
<ul style="list-style-type: none"> <li>• Care Act 2014 (Section 14)</li> <li>• Mental Capacity Act 2005</li> <li>• Deprivation of Liberties Safeguards</li> <li>• Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document – February 2016</li> <li>• 4LSAB procedures (4 Local Safeguarding Adult Boards)</li> <li>• Government statement of policy on adult safeguarding (HM Government, 2013)</li> </ul>	<ul style="list-style-type: none"> <li>• Working Together to Safeguard Children (HM Government, 2018)</li> <li>• Section 11 requirements (Children Act 1989/2004);</li> <li>• Intercollegiate document on Roles and Competencies for Healthcare Staff (Royal College of Pediatrics and Child Health RCPCH 2014)</li> <li>• 4LSCB procedures (4 Local Safeguarding Children’s Boards)</li> </ul>

## Solent NHS Trust

### Assurance Committee - Terms of Reference

*The Assurance Committee is the primary mechanism by which the Board gains assurance regarding the safety and quality of services. The role of the Audit & Risk Committee is to take a view as to whether the arrangements for gaining assurance are effective.*

#### **1 Constitution**

- 1.1 Solent NHS Trust Board resolves to establish a Committee of the Board to be known as the Assurance Committee (the Committee). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. These Terms of Reference will be reviewed at least annually by the Board to ensure they are still appropriate.
- 1.2 As a Committee of the Board, the Standing Orders of the Trust shall apply to the conduct of the working of the Assurance Committee.
- 1.3 The Committee will work closely with the Audit & Risk Committee for those aspects of governance associated with assurance and internal control and will report to the Audit & Risk Committee on matters as requested by that Committee.

#### **2 Purpose**

- 2.1 The Committee is responsible for providing the Trust Board with assurance on all aspects of quality of care; governance systems, risk issues for clinical, corporate, workforce, information and research & development and regulatory standards of quality and safety. In particular providing assurance to the Board regarding :
  - Regulatory compliance (including Safeguarding) and the provision of services in accordance with statute, best practice and guidance
  - High standards of healthcare governance and high quality service provision.
  - Risk – ensuring that risks are identified, prioritised and appropriately managed as highlighted via the Chief Nurse and Chief Operating Officers report to the Committee.
  - a culture of continuous improvement across the Trust exists and learning is shared and embedded

#### **3 Duties**

##### **3.1 Objectives:**

- To seek assurances on behalf of the Board.
- To scrutinise assurances that processes are in place to assess and monitor clinical governance performance concerning all aspects of service quality
- To be assured that effective processes are in place to achieve all areas of regulatory compliance including registration and recommendations of the CQC
- To seek assurance that the development of all clinical governance activities within the service lines improve the quality of care throughout the Trust

- 3.2 The Committee will seek assurance on all aspects of quality via:
- Exception report from
    - The Chief Nurse and Chief Operating Officers' Report which will highlight items to escalate to the Committee from the Quality Improvement and Risk Group including key risks
  - A scheduled programme of 'deep dives' which will scrutinise information such as complaints, incidents, risks, staffing and other quality matters.
  - Scheduled reports from the various annual programmes including
    - CQC oversight
    - Research & Improvement , including Clinical Audit & Effectiveness and Quality Improvement
    - Serious Incident Panel
    - Learning from Deaths Reviews
    - Safeguarding Group
    - Commissioning for Quality Improvement (CQUINs)
    - Thematic Clinical Leads
    - Freedom to Speak Up
  - Via the QIR Group, the Committee also seeks assurance regarding Medicines Management, Emergency Planning and Resilience, Infection Prevention & Control and Health and Safety. The annual reports for these agendas are also noted at the Committee prior to presentation to Board.
- 3.5 The Committee will approve Terms of Reference for its reporting groups.
- 3.6 The Committee will scrutinise and approve each groups Annual Report detailing how assurance is provided according to its terms of reference and individual objectives. The Committee will then onwardly assure the Board appropriately within its Annual Report.
- 3.7 The Committee will also seek assurance from other functions concerning Trust business where there are regulatory compliance issues and will require the relevant management lead to provide regular assurance reports.
- 3.8 The Committee will receive quarterly reports on achievement against the Trust's Quality Priorities.

#### **4 Membership**

- 4.1 The Committee is appointed by the Trust Board and comprises:
- Non Executive Director (Chair) or nominated deputy
  - Two Non- Executive Directors
  - Executive Directors
    - Chief Executive (or Deputy)
    - Chief Operating Officers (accompanied by CDs as invited)
    - Chief Nurse
    - Chief Medical Officer
  - Associate Director of Corporate Affairs and Company Secretary
  - Head of Compliance
  - Associate Director of Quality and Governance
  - Patient / service user representative – tbc

## **5 Attendees**

- 5.1 If Executive Directors are unable to attend a meeting they should agree a deputy who is authorised to act on their behalf, with the CEO in consultation with the committee chairman.
- 5.2 Other attendees will be expected to support the membership on any 'deep dive' or annual programme reports.
- 5.3 Agreed representatives from CQC and Clinical Commissioning Groups have a standing invite to attend meetings and papers will be shared in advance of meetings.

## **6 Quorum**

- 6.1 To ensure appropriate balance, no business shall be transacted at the meeting unless the following are present;
- The Chair or a nominated deputy being a Non-Executive Director
  - a minimum of one other Non-Executive Director
  - a minimum of two Executive Directors

## **7 Frequency**

- 7.1 Meetings will be held six times a year, scheduled to support the business cycle of the Trust and additional meetings can be called by the Chair of the Committee if it is deemed necessary.

## **8 Secretary**

- 8.1 The Assistant Company Secretary and Corporate Support Manager or their nominee shall act as the secretary of the committee.
- 8.2 The administration of the meeting shall be supported by the Assistant Company Secretary and Corporate Support Manager who will arrange to take minutes of the meeting and provide appropriate support to the Chairman and committee members.
- 8.3 The agenda and any working papers shall be circulated to members five working days before the date of the meeting. No papers will be accepted after the original documentation is circulated – except with the express consent of the Chair.

It is accepted that Committee members will scrutinise papers and attend the meeting prepared to seek any further assurances necessary. Authors of papers are, therefore, not required to re-state information already provided; but to provide material up-dates and be prepared to address issues requiring further assurance.

## **9 Notice of meetings**

- 9.1 Meetings of the committee shall be summoned by the secretary of the committee at the request of the Committee Chairman.

## **10 Minutes of meetings**

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

## **11 Authority**

11.1 The committee has no powers, other than those specifically delegated in these Terms of Reference.

11.2 The Committee is authorised:

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

11.3 To hold Executive Directors, through their service managers, senior managers and clinicians, accountable for the quality and regulatory compliance of services.

## **12 Reporting**

12.1 The Committee Chair will submit an exception report to the Board and will highlight any issues the Board should be informed of or areas where assurance is insufficient/of concern.

12.2 The Committee will present an Annual Report to the Board against its duties as outlined in the Terms of Reference.

12.3 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

12.4 Members attendance at Committee meetings will be disclosed in the Trust's Annual Report

Version  
Agreed Assurance Committee  
Date of Next Review

13  
Date: 17<sup>th</sup> July 2019  
Date: July 2020

## Exception and recommendation report

<b>Committee /Subgroup name</b>	<b>Complaints Review Panel</b>	<b>Dates of meeting</b>	4 <sup>th</sup> June 2019
<b>Chair</b>	<b>Stephanie Elsy</b>	<b>Report to</b>	Trust Board

<b>Key issues to be escalated</b>
<p>The panel reviewed two complaints and noted the changes made both to individual practice and service provision.</p> <p>It was agreed that at future meetings Ombudsman's cases would be discussed at panel, this would include all cases included those not upheld so that as an organisation we could continue to learn.</p> <p>It was agreed that in future the annual report should include benchmarking internally and also national benchmarking</p>
<b>Decisions made at the meeting</b>
As above
<b>Recommendations to the Trust Board</b>
<b>The Board are asked to note the inclusion of the Ombudsman reports to panel, learning will be presented at Trust Board</b>
<b>Other risks to highlight (not previously mentioned)</b>
None of note



### Exception and recommendation report

<b>Committee /Subgroup name</b>	Charitable Funds Committee				<b>Date of meeting</b>	12 <sup>th</sup> July 2019		
<b>Chair</b>	Mick Tutt, Non- Executive Director				<b>Report to</b>	Board		
<b>Well Led KLoEs</b>	<b>W1</b> leadership Capacity & Capability		<b>W2</b> Vision & Strategy		<b>W3</b> Culture		<b>W4</b> Roles & Responsibilities	X
	<b>W5</b> Risks and Performance		<b>W6</b> Information		<b>W7</b> Engagement		<b>W8</b> Learning, improvement & innovation	
<b>Decisions made at the meeting</b>								
<p>The Committee:</p> <ul style="list-style-type: none"> <li>• Acknowledged the interim Chair arrangements and welcomed Catherine Mason, Chair, to the meeting as a co-opted member of the Committee (acknowledging the current NED vacancy)</li> <li>• Received the Quarter 1 2019/20 Finance Report for the period to 30 June 2019; which showed a deficit of £207 (income £885 and expenditure £1092). The Committee acknowledged the recent approval of the purchase of a football kit and nursing awards. The closing balance for Q1 was £231,985.</li> <li>• Acknowledged that attempts to appoint a Pro-Bono Director have been unsuccessful and as such discussed the long term stewardship of charitable funds moving forward and considered potential options, summarised as;             <ol style="list-style-type: none"> <li>1. Operational Directors to be responsible for encouraging innovative ways of raising funds through charitable events and using funds as potential seed money;</li> <li>2. Accelerate long term partnering with another established charity, or</li> <li>3. Using funds for modest welfare bids in accordance with the charity's objects</li> </ol> <p>In consideration of the scale of the fund, the committee agreed option 3 acknowledging that further support is required from the Communications Team to enhance promotion of the charity. It was also agreed that the charity consider the potential pump priming of activities and that such activities would be considered proactively and in a planned approach by the Committee.</p> </li> <li>• Considered the Multi-Use Game Area (MUGA) proposal for Maple Ward to enable service users to engage in outdoor activities. A request of £15k maximum (capped) was requested of the Charitable Funds (the remainder to be matched funded externally) – this was supported by the Committee and it was agreed that the estates team and communication team support the service in the development of this project.</li> <li>• As an opportunistic example of the sort of scheme that could be considered by the Committee, reviewed the St Mary's Hospital Rooftop Proposal Feasibility Study, presented by the Head of Estates. Consequently, the Committee asked whether there are similar schemes in Southampton and/or rural Hampshire that could be considered at future meetings with supporting 'visuals' developed.</li> <li>• Agreed that proactive promotion of the charity commence with support from the Head of Communications.</li> <li>• Agreed that the Committee Interim Chair and Exec Sponsor agree the committee's objectives for 2019/20 outside of the meeting, for presentation at the August In Public Board meeting – see appendix 1.</li> <li>• Agreed that the following items be presented at the next meeting;             <ul style="list-style-type: none"> <li>○ a communications and associated resourcing plan from the Head of Communication</li> <li>○ a list of potential estates enhancements from the Head of Estates</li> </ul> </li> </ul>								

## Charitable Funds Committee Annual Report 2018/2019

### Introduction

The Charitable Funds Committee is a formal Committee of the Solent NHS Trust Board with defined Terms of Reference and as such is required to prepare an Annual Report on its work and performance in the preceding year for consideration by the Trust Board. This report summarises the Committee's activity for the year to 31<sup>st</sup> March 2019.

### Meetings

The Committee was constituted in 2011 and during 2018-19 the following meetings were held:

- 17<sup>th</sup> April 2018
- 15<sup>th</sup> May 2018
- 25<sup>th</sup> June 2018
- 18<sup>th</sup> October 2018

### Membership & Attendance

Attendance by members is outlined as follows:-

NAME	17 <sup>th</sup> April 2018	15 <sup>th</sup> May 2018	25 <sup>th</sup> June 2018	18 <sup>th</sup> October 2018	% attendance
<b>Francis Davis- Chair</b> Non-Executive Director	P	P	P	P	100%
<b>Mick Tutt</b> Non-Executive Director	P	P	P	A	75%
<b>David Noyes</b> Chief Operating Officer	P	P	P	P	100%

P= Present      A= Apologies

### Terms of Reference

The Terms of Reference were reviewed and agreed by the Committee on 18<sup>th</sup> October 2018. Changes were made to reflect the change in membership.

### Status against the achievement of the Committee's Objectives

No objectives set during year pending appointment of Honorary Director

### Summary of business conducted in year

#### Financial Status £Amount (for year 2018/19)

Adjusted Opening Balance 1 <sup>st</sup> April 2018	228,294
Income in Year	7,171
Expenditure	0
Net Interest and admin fee	(3,280)
Balance carried forward	232,185

A financial summary of the funds is included in Appendix 1.

The main business conducted by the Committee is summarised as follows:-

- On a quarterly basis, the accounts, income and expenditure were reviewed.
- The committee reviewed two audit proposals for the purpose of auditing the Charitable Funds committee.
- Following the disbandment of the Members Council, governors representatives no longer attended post October 2018
- The Committee reviewed the Charitable Funds paper which was presented to the Board in May 2018.
- The Committee agreed to support the future direction of the charity. Regular updates were provided.
- The Committee agreed to fully unrestrict funds, unless specific requests made by the donor
- The Committee reviewed the Honorary Director job description and role
- The Committee received the Charitable Funds Annual Report and the Independent Examination report
- The Committee approved a proposal for Accounting for Donations

#### **Objectives for 2019/20**

- Receive Quarterly Finance report
- Consider and agree support for proposals against the Fund, which meet the principles of the charity's approach
- Re-invigorate communications of revised approach, internally and externally
- Utilise revised approach to reawaken awareness and use of the fund internally and externally

#### **Conclusion**

The Committee has complied with its Terms of Reference during the period under review.

<b>Report Author(s)</b>	Mick Tutt, Non-Executive Director Belinda Brown, Executive Assistant to the Chief Executive
-------------------------	------------------------------------------------------------------------------------------------

## Appendix 1 – Fund Movement as at 31<sup>st</sup> March 2019

Restricted / Unrestricted	Fund Name	Fund Manager	Opening balance	Income	Expenditure	Net Interest & admin/audit fee	Closing Balance
Restricted	Chapel	David Noyes	3,130				3,130
Unrestricted	General Fund	David Noyes	225,164	816		(3,280)	222,700
Designated	Cardiac - Adults Southampton		0	1,990			1,990
Designated	Westwood Comm Nursing		0	365			365
TBC	Legacies		0	4,000			4,000
<b>RESTRICTED/UNRESTRICTED</b>			228,294	7,171	0	(3,280)	232,185

## Exception and recommendation report

<b>Committee /Subgroup name</b>	Governance and Nominations Committee				<b>Date of meeting</b>	12 <sup>th</sup> July 2019		
<b>Chair</b>	Catherine Mason, Chair				<b>Report to</b>	Board		
<b>Well Led KLoEs</b>	<b>W1</b> leadership Capacity & Capability		<b>W2</b> Vision & Strategy		<b>W3</b> Culture		<b>W4</b> Roles & Responsibilities	X
	<b>W5</b> Risks and Performance		<b>W6</b> Information		<b>W7</b> Engagement		<b>W8</b> Learning, improvement & innovation	

## Decisions made at the meeting

The Committee:

- Agreed the **committee 2019/20 objectives** (as per the Committee annual report presented to the June 2019 Board)
- Reviewed the **composition of the Board and its committees** and in doing so;
  - Acknowledged the Chairs action regarding the **interim Chair arrangements** for the **Finance Committee** (Stephanie Elsy) and **Charitable Funds Committee** (Mick Tutt)
  - Acknowledged the arrangements with regards to **ensuring anticipated NED attendance** at forthcoming committees during the period of the current NED vacancy
  - Agreed to change the **Governance and Nominations Committee NED quoracy** to a NED Chair plus one other NED
  - Agreed that amendments be made to the **People and OD Committee** to increase the frequency of meetings (to every 2 months), increase executive membership (to include, as a minimum, the Chief People Officer, Chief Nurse and Chief Executive) and review the scope of the Committee. Revised terms of reference are currently being drafted
  - Considered **regulatory and statutory NED roles** and agreed the following:
 

Role	Designated NED
Deputy Chair	Mick Tutt
Senior Independent Director (SID)	Jon Pittam
Patient Safety - Learning from Deaths	Mick Tutt
FTSU / Whistleblowing	Jon Pittam
Emergency Planning	Stephanie Elsy
Assisting in Medical Fitness to Practice cases	Mike Watts
  - Approved the **extension of the Deputy Chair role to 31<sup>st</sup> March 2020** and **SID to May 2021** (following NHSI approval for NED tenure extension)
  - Agreed that **operational policies** be ratified by the Trust Management Team meeting rather than via Assurance Committee, from August onwards
  - Acknowledged the current NED tenure and were updated on the **recruitment process for the current NED vacancy**, and;
  - acknowledged that **the relevant Terms of Reference / governance documentation** will need to be amended as a result the above.

A summary of NED Committee chairmanship and membership is found in Appendix 1.
- Agreed that **annual appraisals** be conducted for the Board, Finance Committee and Assurance Committee by the end of the calendar year, using the agreed terms of reference as the basis. It was also agreed that:
  - the Audit & Risk Committee continue with their established annual self-evaluation process (developed by the South Central Audit Chair's Group, based on a document originally developed by PWC)
  - the People and OD Committee conduct a self-assessment at a suitable future date, once the Committee has operated under its new terms of reference for a sufficient period of time
  - a self-assessment of the Mental Health Act Scrutiny Committee be undertaken during 2020/21 in light of the change of chairmanship next year, and in consideration of the recent

- PWC internal audit review; and
- following the outcome/evaluation of the surveys under taken this financial year, to consider further roll out to all other Board Committees.
  - Agreed that the Trust commission Stage 2 (external review) of the **‘Developmental reviews of leadership and governance using the Well- Led Framework: guidance for NHS Trusts and NHS Foundation Trusts’** before the timeline stipulated by NHSI/E of June 2021, however enquiries are to be made with the regulator with regards to whether Solent benefit from the CQC’s Well Led opinion of the Trust as part of the process.
  - Acknowledged the implications of the **Kark Review on Fit and Proper Persons Test**
  - Review the Committee’s **Terms of Reference** and agreed that these are simplified and shortened for ratification at the next meeting together with the work plan (see Appendix 2)
  - Reviewed and discussed the proposal from the Chair of the Mental Health Scrutiny Committee regarding the proposed re-appointment of **Associate Hospital Managers (AHM)** and approved associated tenures including those newly recruited.

### Appendix 1 – NED Chairmanship and membership

Director	Board	Statutory Committees				Designated Committees					NED Chaired Group
		Audit and Risk Committee	Remuneration Committee	Governance and Nominations Committee	Charitable Funds Committee	Assurance Committee	Finance Committee	People and OD Committee	MHA Scrutiny Committee	Community Engagement Committee	
<b>Catherine Mason</b>	Chair	-	Member	Chair	-	-	-	-	Member (AHM)	-	-
<b>Mick Tutt</b>	Member	-	Member	Member	Interim Chair	Chair	-	-	Chair	-	-
<b>Jon Pittam</b>	Member	Chair	Member	Member	-	As appropriate/available	-	-	Member (AHM)	-	-
<b>Mike Watts</b>	Member	Member	Chair	-	-	Member	Member	Chair	-	-	-
<b>Stephanie Elsy</b>	Member	Member	Member	-	-	-	Interim Chair	Member	-	Chair	Chair
<b>Vacancy</b>	Member	-	*	-	*	*	*	*	*(AHM)	*	-
<b>Quorum</b>	At least 2 NEDs inc. Chair or nominated Deputy	NED Chair + 1 other NED	NED Chair + 2 other NEDs	NED Chair + 1 other NED	1 NED	NED Chair + 1 other NED	NED Chair + 1 other NED	NED Chair + 1 other NED	NED chair +1 other NED	1 NED	----
<b>Exec Sponsor</b>	CEO	Director of Finance	Chief People Officer	CEO / CoSec	COO S'ton	Chief Nurse	Director of Finance	Chief People Officer	Chief Medical Officer	Chief Nurse	Chief Nurse
<b>Exec Members</b>	All	On invitation: DOF, CEO, CN, CoSec	On invitation: CEO, CPO	CEO, CoSec	COO S'ton, CoSec	CEO/DOF, CN, CMO, COOs, CoSec	CEO, DOF, Regular attendees: COOs	CPO, CN, CEO +	COOs, CN/CMO	CN	CN
<b>Frequency of meeting</b>	Every 2 months	Quarterly + private meeting	At least 1 per year + as req <sup>d</sup>	At least twice per year	Quarterly	6 times per year	Every 2 months	Every 2 months	Quarterly	Quarterly	Quarterly

## Solent NHS Trust

### Governance & Nominations Committee Terms of Reference

Reference to "the Committee" shall mean the Governance & Nominations Committee

Reference to "the Board" shall mean the Trust Board

#### 1. Constitution

- 1.1 Solent NHS Trust Board resolves to establish a Committee of the Board to be known as the Governance & Nominations Committee (the Committee). As a Committee of the Board, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee.

#### 2. Purpose

The Committee make recommendations to the Board as appropriate regarding the following matters;

- the governance arrangements for the Trust including Committee structure,
- the composition and Terms of Reference,
- consideration of skills and experience of Board members
- succession planning of Board members
- Associate Hospital Manager appointments

#### 3. Duties

- 3.1 The Committee will:

##### Governance arrangements

- Consider and keep under review governance arrangements, making recommendations to the Board as appropriate, including:
  - committee structure
  - membership and composition – including nominations of NEDs and Executive members to Board Committees and in consideration of balance of skills/experience
  - Terms of Reference of the Board and its Committees
  - nominations of key roles
  - overseeing appraisals of the Board and its committees
  - fit and proper person arrangements
- be mindful of the role of the Audit & Risk Committee in providing assurance to the Board regarding the effectiveness of governance arrangements
- Consider and review key governance documentation – including updates to the Trust's Standing Orders and Scheme of Delegation
- Consider the timing of and outcome of Well Led preparation – including the; '*Developmental reviews of leadership and governance using the Well- Led Framework: guidance for NHS Trusts and NHS Foundation Trusts*'

##### Succession Planning and NED Tenure

- Consider and keep under review succession planning arrangements for Board members, including:

- ensuring there is a full, rigorous and transparent procedure for appointments

##### *For NEDs:*

- Reviewing tenure of NEDs and considering skills and experience when planning for future appointments
- Reviewing recruitment documentation for NED vacancies in conjunction with NHS Improvement

*For Executives:*

- ensuring the leadership of the organisation remains appropriate in consideration of the evolving system developments , collaborative working, talent pool and market forces – working with the Chief People Officer and People and OD Committee as appropriate
- Provide support to the Chief People Officer in the appointment process of executive team members as required
- Reviewing the annual executive succession plan
- Acknowledge that it is for the NEDs to appoint and remove the Chief Executive, and that the appointment of the Chief Executive requires Board approval.
- Be informed of any matters of concern regarding the continuation in office of any Director including the suspension or termination of service of an Executive Director as an employee of the Trust subject to the provisions of the law and their service contract.

Associate Hospital Managers (AHM)

- consider recommendations made by the Chair of the Mental Health Act Scrutiny Committee and Mental Capacity Act and Mental Health Act Lead regarding the appointment and tenure of Associate Hospital Managers
- seek assurance regarding the governance arrangements regarding AHM appointments

Board Development

- In conjunction with the Chief People Officer, consider and recommend Board Development activities in light of feedback and analysis of skill mix analysis, appraisals of Committees/Boards and other feedback mechanisms

**4. Membership**

4.1 Members of the Committee shall be appointed by the Board and shall comprise;

- Chair
- Chief Executive
- Chair of Audit & Risk Committee (Non Executive Director)
- Chair of Assurance Committee (Non Executive Director)

4.2 The Chief Executive and Chair will not be present when the Committee is considering the succession or appointment of their respective roles.

**5. Attendance**

5.1 The Associate Director of Corporate Affairs and Company Secretary shall be invited to attend every meeting. Other attendees, such as the Chief People Officer and external advisers may be invited to attend for all or part of any meeting, as and when appropriate.

**6. Quorum**

6.1 The quorum necessary for the transaction of business shall be 3 members – including:

- At least 2 NEDs (including the Chair or their designated deputy) and
- The CEO

**7. Frequency of meetings**

7.1 The Committee will meet at least twice a year. Additional meetings can be called by the Chair.

**8. Meeting administration**

8.1 The Associate Director of Corporate Affairs and Company Secretary or their nominee shall act as the Secretary of the Committee.



8.2 Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated promptly to all members

**9. Reporting**

9.1 An exception report will be provided to the Board via the Committee chair – highlighting business transacted and making any recommendations as deemed appropriate within the remit of the Committee.

Version

8 (July 2019)

Date of Next Review

Date: July 2020

## Exception and recommendation report

<b>Committee /Subgroup name</b>	<b>Community Engagement Committee(CEC)</b>	<b>Dates of meeting</b>	23 <sup>rd</sup> July 2019
<b>Chair</b>	<b>Stephanie Elsy</b>	<b>Report to</b>	Trust Board
<b>Key issues to be escalated</b>			
<p>The committee noted the new appointments of AD Community Engagement and Patient Experience, and the Head of Diversity and Inclusion. These posts will support the delivery of the community engagement strategy.</p> <p>The committee reviewed the progress on the delivery plan and welcomed the commitment and engagement of the service lines who are part of the two pilots. These are Mental Health in Portsmouth and Primary Care in Southampton, with a focus on BAME and LGBT communities.</p> <p>It was agreed that 'the Veteran programme will be supported by the Community Engagement Committee.</p> <p>It was agreed that we would seek local community representation and in the first instance we will invite our Healthwatch colleagues.</p>			
<b>Decisions made at the meeting</b>			
<b>Recommendations to the Trust Board</b>			
<b>Other risks to highlight (not previously mentioned)</b>			
None of note			