

## Agenda

### Solent NHS Trust In Public Board Meeting

Monday 2<sup>nd</sup> December 2019, 9:30am – 13:35

Kestrel 1&2, Highpoint, Bursledon Road, Southampton, SO19 8BR

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	09:30	5mins	<b>Chairman's Welcome &amp; Update</b>	Chair	To receive
			<ul style="list-style-type: none"> <li>Apologies to receive</li> </ul>		
			<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>	Chair	To receive
2	09:35	10mins	<b>*Minutes meeting 7<sup>th</sup> October 2019, matters arising and action tracker</b>	Chair	To agree
3	09:45	30mins	<b>Patient Story and reflection</b> <i>Central Community Independence Service – Naomi Longbotham, Clinical Manager and Peter Hullster</i>	Chief Nurse	To receive
4	10:15	30mins	<b>Staff Story and reflection</b> <i>Claire Tromans, Occupational Health &amp; Wellbeing Practitioner from OWLES Group (Optimising Wellbeing &amp; Lived Experience of Staff)</i>	Chief People Officer	To receive
5	10:45	10mins	<b>Safety and Quality First and Feedback from Board to Floor Visits</b> -including Board to Floor Six monthly report	Chief Executive / Chief Nurse	To receive
6	10:55	10mins	<b>Break</b>		
<b>Strategy &amp; Vision</b>					
7	11:05	30mins	<b>Chief Executive's Report</b> <ul style="list-style-type: none"> <li>Including Appendix 1 - Flu Best Management Practice Check list</li> </ul>	Chief Executive	To receive
8	11:35	30mins	<b>Performance Report</b> <i>Including:</i> <ul style="list-style-type: none"> <li>Operations</li> <li>Quality</li> <li>Financial</li> <li>Workforce</li> <li>Research</li> <li>Self-Declaration</li> </ul>	Executive Leads	To receive

9	12:05	10mins	<b>Professional Leadership and Engagement Report (inc. professional strategic framework and nurse revalidation)</b>	Chief Nurse and Chief Medical Officer	To receive
10	12:15	10mins	<b>Health &amp; Safety Six Monthly Report</b>	Director of Finance	To receive
11	12:25	5mins	<b>Compliance with NHS Constitution</b>	Company Secretary	To receive
12	12:30	10mins	<b>Emergency Planning Resilience Response Update – Winter Plan</b>	COO Southampton	To receive
13	12:40	5mins	<b>Schwartz Round Steering Group Annual Report</b>	Chief Medical Officer	To receive
<b>Reporting Committees and Governance matters</b>					
14	12:45	5mins	<b>Assurance Committee Exception Report from 21<sup>st</sup> November meeting</b> <i>Including:</i> <ul style="list-style-type: none"> <li>- Infection, Prevention &amp; Control Annual Report</li> <li>- Learning from Deaths Quarterly Report</li> <li>- Committee Terms of Reference</li> </ul>	Committee chair	To receive
15	12:50	--	<b>Complaints Panel next meeting 3<sup>rd</sup> December 2019</b>	Committee chair	To receive
16	12:50	10mins	<b>Workforce and OD Committee Exception Report from 7<sup>th</sup> November meeting</b> <i>Including:</i> <ul style="list-style-type: none"> <li>- People Practices Report</li> </ul>	Committee chair	To receive
17	13:00	5mins	<b>Community Engagement Committee – verbal update from 27<sup>th</sup> November meeting</b>	Committee chair	To receive
18	13:05	5mins	<b>Mental Health Act Scrutiny Committee Exception Report from 14<sup>th</sup> November meeting</b>	Committee chair	To receive
19	13:10	5mins	<b>Finance Committee - non confidential verbal update from 22<sup>nd</sup> November meeting</b> <i>Including:</i> <ul style="list-style-type: none"> <li>• Terms of Reference</li> </ul>	Committee chair	To receive
20	13:15	5mins	<b>Audit &amp; Risk Committee Exception Report from 7<sup>th</sup> November meeting</b>	Committee chair	To receive
21	13:20	5mins	<b>Charitable Funds Committee Exception Report from 24<sup>th</sup> October</b> <ul style="list-style-type: none"> <li>• Committee Terms of Reference</li> </ul>	Committee chair	To receive
22	13:25	----	<b>Governance and Nominations Committee</b> <i>Next meeting 6<sup>th</sup> December</i>	----	----

Any other business					
23	13:25	5mins	<b>Reflections</b> <ul style="list-style-type: none"> <li>• <i>lessons learnt and living our values</i></li> <li>• <i>matters for cascade and/or escalation to other board committees</i></li> </ul>	Chair	-
24	13:30	5mins	<b>Any other business &amp; future agenda items</b> <ul style="list-style-type: none"> <li>• <i>Flu Vaccine Reminder</i></li> </ul>	Chair	-
25	13:35	---	<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	-

----- break -----

**Date of next meeting:**

- 3<sup>rd</sup> February 2020 – In Public Board Meeting

# Minutes

## Solent NHS Trust In Public Board Meeting

Monday 7<sup>th</sup> October 2019, 09:30am-13:45pm

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>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>Sam Stirling</b> , Corporate Affairs Administrator (SS)
<b>1</b>	<b>Chairman's Welcome &amp; Update, Confirmation that meeting is Quorate, Register of Interests &amp; Declarations of Interests</b>
1.1	<p>CM welcomed attendees to the In Public meeting and introductions were provided.</p> <p>There were no further updates to the register and declaration of interests and the meeting was confirmed as quorate.</p>
<b>2</b>	<b>Patient Story</b>
2.1	<p>JA introduced Natalie Carder (a member of staff) and her sister Deborah to the Board. Natalie and Deborah provided a comprehensive background leading up to the diagnosis of their mothers dementia, prior to Jubilee ward admission. The Board were briefed on extensive admission delays and challenges surrounding the CHC process.</p> <p>Natalie explained admission to Jubilee House and the lack of compatibility with dementia needs. Deborah informed of their mother's deterioration and emphasised environmental and occupational therapy issues, as opposed to the health care/nursing support itself.</p> <p>JA highlighted changes made and service user review taking place to consider improvements to observation, care and occupational therapy, with the chance to challenge if differences were not evident.</p>
2.2	<p>Challenges were shared regarding lack of communication and extensive paper work requirements for the CHC process. The Board discussed process updates required, including improvement of communication between different organisational bodies, particularly social care.</p>

2.3	<p>SH thanked Natalie and Deborah for sharing their story and formally apologised for the issues they were experiencing. SH reiterated frustrations of the CHC process and the importance of further strategic considerations required.</p> <p>SA commented on changes made to Jubilee and the importance of sharing experiences to ensure continued improvement. SA agreed to review on-going issues outside of the meeting to ensure avoidance of further bureaucracy/process issues for this family. <i>Natalie and Deborah left the meeting.</i></p>
<b>3</b>	<b>Staff Story – Talking Change</b>
3.1	<p>HI introduced Kath and Debbie from the Talking Change service. Kath and Debbie shared their background and experience of the service and provided an overview of how their roles had evolved.</p> <p>The Board were briefed on in-house training provided and discussed the usefulness of staff progression from within services. The value of staff with experience of the service and how this empowers patients was emphasised.</p>
3.2	<p>JA queried funding and it was confirmed that all roles were voluntary to start.</p> <p>MT emphasised positivity of patient-partners reimbursement outlined within the Community Engagement plans and highlighted the importance of these partnerships within the organisation.</p>
3.3	<p>SH encouraged the Board to visit the team and commented on excellent work taking place. The Board discussed the strong leadership and balance of experience and training within the team.</p> <p><i>Kath and Debbie left the meeting.</i></p>
<b>4</b>	<b>*Minutes meeting 5<sup>th</sup> August, matters arising and action tracker</b>
4.1	<p>The minutes of the In-Public Board meeting held on 5<sup>th</sup> August were approved subject to minor amendments.</p>
4.2	<p>The following actions were confirmed as complete: AC000953, AC000955, AC000956, AC001109, AC001110, AC001111, AC001112 and AC001113.</p>
<b>5</b>	<b>Safety and Quality First and Feedback from Board to Floor Visits</b>
5.1	<p><u>Hydrotherapy</u> JPI briefed the Board on his visit and the patient session observed. JPI informed of excellent facilities available and positive feedback from patients and staff.</p> <p>The Board discussed the success of the Hydrotherapy patient video which was shared at the Annual General Meeting (AGM) and JA informed of follow up video planned.</p>
5.2	<p>JPi commented on the usefulness of equipment upgrades, including hoists and sensory ceiling projections. The Board discussed potential Charitable Funds available and it was agreed that MT and DN discuss outside of the meeting. <b>Action- MT and DN.</b></p>

5.3	<p>JPi explained incident raised by staff and challenges surrounding reliance on the ambulance service. JPi queried potential alternatives for patient travel and the Board discussed the need for consideration of requirements for different disabilities.</p> <p>SA queried if this was an isolated incident and potential issues with the escalation process was considered.</p>
5.4	<p>The Board discussed positive work of the telephone triage service for GPs and SA explained roll out and benefits within Portsmouth, with considerations being held for replication in Southampton.</p>
5.5	<p><u>Jubilee House- End of Life and Multi-disciplinary team</u>  CM provided feedback following the visit and shared usefulness of being able to hear the nature of concerns from the team. SA commented on the patient centred care evident and full consideration given to the complexity of each patient’s situation.</p> <p>JPi highlighted observations of good practice and communication. CM agreed and emphasised the positive organisational culture shown by open and honest conversations between the Board and service level staff. <b>The Board noted the Safety and Quality First and Feedback from Board to Floor Visits.</b></p>
<b>Break</b>	
<b>Strategy &amp; Vision</b>	
<b>6</b>	<b>Chief Executive’s Report</b>
6.1	<p><u>Freedom to Speak Up Event</u>  The Board were informed of a celebration event being attended by SH, JA, DM and the Freedom to Speak Up Guardians.</p> <p>SH confirmed that an index had been created from the staff survey regarding culture for speaking up and informed that Solent were 2<sup>nd</sup> place for this nationally.</p>
6.2	<p><u>St Mary’s Redevelopment</u>  SH reported positivity of work completed and feedback from the teams regarding new facilities. SH explained that an opening event would be held in January when all work was completed.</p>
6.3	<p><u>Flu Vaccinations</u>  The Board were informed of on-going supply challenges and the importance of prioritising vaccinations for front line staff in direct contact with patients.</p> <p>An increased 80% target rate was acknowledged and SH highlighted management of communications required.</p>
6.4	<p><u>System updates</u>  SH reported significant strain within the Urgent Care System and confirmed significant involvement by all Executive Directors.</p> <p>It was confirmed that this would continue to be included within the Board agenda to ensure appropriate oversight of concerns and risks moving forward.</p>

6.5	<p><u>Sustainability Transformation Partnership (STP)</u> It was confirmed that full discussion would be held during the Confidential Board meeting regarding approval of the STP plan for Hampshire and Isle Of Wight (HIOW).</p>
6.6	<p><u>Portsmouth and South East- plan for mental health assessment</u> JPi queried the non-agreement and reason for potential blockages. SH explained recent report by Portsmouth News and ambitions not met. SH assured of actions taken to improve the current position.</p> <p>It was confirmed that a full update would be provided at the Confidential Board.</p>
6.7	<p><u>Rainbow Badge Launch</u> SE commented on success of the launch and support from the LGBT community network. SE reflected on the Southampton Pride event and involvement from local Trusts.</p> <p>SH informed of Portsmouth Pride event with Portsmouth Hospital Trust and the Board discussed positive examples of joint working across organisations.</p>
6.8	<p><u>CuriosiTea – Menopause Event</u> SH provided an overview of the event, including introductions provided by the NHS England Menopause lead. SH highlighted the importance of ensuring a high profile within the organisation and acknowledged significant workforce issues in relation to menopause.</p> <p>CM emphasised the importance of Solent championing this work and the impact of SH elevating the profile. It was confirmed that filming of the event would be shared in due course.</p>
6.9	<p><u>Southampton Summit</u> DN reported significant pressures and on-going work to mitigate challenges operationally. DN explained formalised process surrounding flexed admission to the RSH and newly launched community work, including potential investment of a 7 day service.</p> <p>The Board were informed of long term considerations of a design for the Southampton system and CM queried potential financial impact. It was agreed to discuss further at the Confidential Board.</p> <p><b>The Board noted the Chief Executive’s Report.</b></p>
<b>10</b>	<b>Performance Report</b>
10.1	<p>The Board reviewed changes to the report and positivity of the use of SPC data.</p> <p>MW queried if the Board were content that the correct measures were being assured. AS suggested a possible wider discussion at Board Workshop to discuss correct data and governance requirements.</p>
10.2	<p>AS commented on evolving KPI data demonstrating maturity of the system and shared challenges regarding disparity between local CCGs across both geographies.</p>

10.3	<p><u>Operational</u></p> <p>SA provided an overview of delayed transfers and complex patient challenges affecting statistics. SA informed the Board that these were isolated cases and suitable patient placement was the priority.</p> <p>DM queried consideration of alignment to the national threshold and CM highlighted the importance of emphasis on what is right for the patient. DN agreed and reiterated similar challenges regarding placements across Southampton.</p>
10.4	<p>JA commented on the need for careful consideration of wording regarding the wheelchair quality concerns to ensure accurate representation of risk ownership.</p> <p>The Board discussed the importance of further narrative regarding all high priority performance hot spots to ensure full clarity.</p>
10.5	<p>MT queried the date for decanting services from Hawthorns ward and highlighted the need for Associate Hospital Manager (AHM) awareness. SA agreed to provide when available.</p> <p>JPi queried the process for seclusion and safety concerns, should Maples be decanted. SA explained review being undertaken with Executive Directors and confirmed that full feedback would be provided to the Board.</p>
10.6	<p>MT informed of suggestion at the last Assurance Committee for a system-wide approach to RSH security concerns. AS confirmed that a system approach had been sent to NHS Property Services and Solent were working with them on a timeline for action completion.</p>
10.7	<p>DN shared positive feedback from the Isle of Wight Special Care Dental Service over the last year and the Board discussed learning that could be applied.</p>
10.8	<p><u>Quality</u></p> <ul style="list-style-type: none"> <li>• JA informed the Board of the strong positive impact of the AGM video on another patient and on-going support being provided. JA emphasised the value of the video across all areas of the Trust.</li> <li>• On-going work regarding Speech and Language Therapy waiting times were shared, particularly with regards to processes regarding 'swallow'.</li> <li>• MT confirmed that the new approach to data reporting would be discussed at the next Assurance Committee due to timing issues.</li> </ul>
10.9	<p><u>Finance</u></p> <p>The Board were briefed on recent announcement regarding the funding for NHS Trusts in deficit. AS informed of control totals received and explained challenges going forward. AS confirmed financial planning and efficiency targets being set.</p>



10.10	<p><u>People</u></p> <ul style="list-style-type: none"> <li>• HI explained close monitoring of vacancy rates and considerable improvement expected.</li> <li>• The Board were informed of review into underlying sickness trend and HI highlighted the need to be mindful of an upward sickness trend within the Mental Health Service.</li> <li>• HI commented on close review of agency spend, including business and workforce planning for the year ahead.</li> <li>• It was confirmed that details regarding the alternative pension scheme would be presented to Confidential Board.</li> <li>• HI reported that the Trust was not meeting the target for statutory and mandatory training and confirmed that challenges were being considered by the Executive Directors.</li> <li>• The need to review workforce metrics of winter pressures was highlighted.</li> <li>• HI informed of event being held in honour of Black History month.</li> <li>• MT emphasised the importance of ensuring that supervision did not decrease throughout the period of high vacancies.</li> </ul>
10.11	<p><u>Research and Development</u></p> <p>DM commented on excellent work taking place and thanked Sarah Williams and the team for leading this.</p>
10.12	<p><u>Provider Licence</u></p> <p>RC informed of updates required and confirmed that details regarding the Non-Executive Director Vacancy would be amended and included within the next iteration of the report.</p> <p><b>The Board noted the Performance Report.</b></p>
<b>11</b>	<b>Community Engagement Progress Report</b>
11.1	<p>JA provided an overview of on-going work to progress Community Engagement and links to planning for 'good to great'. The Board were informed of positive session held at the Trust Management Meeting (TMT) and the need to consider personalisation and service user perspective at future events.</p> <p>JA shared projects commenced in Adult Mental Health and Nicholstown and time taken to ensure careful planning.</p>
11.2	<p>MT commended the patient- partner's reimbursement approach and highlighted invaluable input from this group to support research and improvement activity.</p>
11.3	<p><u>Portsmouth Adult Mental Health- Black, Asian and Minority Ethnic (BAME) communities</u></p> <p>MT queried the challenges reported and discrepancies between this and the assurance provided to the Mental Health Act Scrutiny Committee. <b>It was agreed that JA review outside of the meeting. Action- JA.</b></p>
11.4	<p>SE reflected on positive progress and solid principles in place. The importance of ensuring business as usual was shared.</p> <p>CM queried understanding of barriers for people that do not use Solent's services and JA agreed to consider further. <b>The Board noted the Community Engagement Progress Report.</b></p>
<b>12</b>	<b>Emergency Planning Resilience Response Annual Report</b>

12.1	<p>DN briefed the Board on full preparedness compliance achieved. Positivity of the high profile within the Trust and effective business continuity plans were shared.</p> <p>DN informed of opportunities to test processes and the effective training and table top exercises held. Strong leadership across the work stream was emphasised.</p> <p><b>The Board noted the Emergency Planning Resilience Response Annual Report.</b></p>
<b>13</b>	<b>Brexit update</b>
13.1	<p>DN provided an update following the Brexit Working Group and confirmed preparations for all Brexit eventualities, including consideration of challenges for a 'no deal' exit and what this would mean for the Trust and its workforce.</p> <p>DN explained increased communications to provide assurance to staff in the lead up to Brexit. SH commented on extensive planning where possible and confirmed longevity of potential changes.</p>
13.2	<p>MT queried considerations of how this affects volunteers within the workforce planning. <b>Action- JA/HI to consider outside of the meeting.</b></p>
13.3	<p>MW queried local consideration of changes that may impact staff. HI provided an overview of discussions held at STP level regarding workforce and the potential significant impact on other Trusts and care organisations.</p>
13.4	<p>DM asked about considerations given to vulnerable patients that may need support and guidance to understand Brexit and potential changes. <b>It was agreed that the Executive Directors review outside of the meeting and report back to the Board. Action- Executive Directors.</b></p> <p><b>The Board noted the Brexit update.</b></p>
<b>14</b>	<b>Information Governance (IG) Briefing Paper</b>
14.1	<p>DN reported disruption in the IG team and effect on the Trusts position as a consequence.</p> <p>SB provided assurances to the Board on the improvements in process and performance therefore seen since return to work.</p>
14.2	<p>RC queried the material consequences should breaches continue. SB explained potential fines and sanctions that could be applied.</p>
14.3	<p>AS informed of assurances received regarding challenges with NHS Property Services and confirmed that the required information had been provided.</p>
14.4	<p>CM queried potential benchmarking exercises and SB highlighted variance of reporting across Trust's which could affect the accuracy of results.</p> <p><b>The Board noted the Information Governance Briefing Paper.</b></p>
<b>Reporting Committees and Governance matters</b>	
<b>15</b>	<b>Assurance Committee Exception Report from 19<sup>th</sup> September meeting</b>

15.1	The Board noted formal thanks to DM and Ann Bishop (Head of Infection Prevention) for all of their hard work during their time at Solent.
15.2	<u>Complaints Annual Report</u> JA briefed the Board on updated processes and positivity of service concern resolution at an earlier stage. CM requested reference to staff surrounding the support provided through the complaints process. <b>Action- JA to amend the Complaints Annual Report (item 1.1).</b>  JA provided an overview of further work to strengthen accessibility for making a complaint.
15.3	AS commented on demonstration of openness when dealing with complaints and evident learning highlighted.
15.4	<u>Learning From Deaths Quarterly Report</u> SA requested consideration of wording for the incident reported for Adult Mental Health and provided clarification that the death was not a result of restraint. <b>It was agreed that JA update within the report. Action- JA.</b>  <b>The Assurance Committee Exception Report was noted.</b>
<b>16</b>	<b>Complaints Panel Exception Report from 3<sup>rd</sup> September meeting</b>
16.1	<b>The Board noted the Complaints Panel Exception Report.</b>
<b>17</b>	<b>People and OD Committee Exception Report from 12<sup>th</sup> September meeting</b>
17.1	MW provided an overview of exceptions and highlighted potential barriers identified for becoming 'good to great', including the need for investment. MW emphasised the importance of holistic decision making and understanding, including consideration of learning and processes. HI commented on usefulness of Board Workshop review of the People and OD Strategy to ensure challenge and scrutiny at a holistic level.  <b>The Board noted the People and OD Exception Report.</b>
<b>18</b>	<b>Community Engagement Committee Exception Report from 26<sup>th</sup> September meeting</b>
18.1	<b>The Board noted the Community Engagement Committee Exception Report.</b>
<b>19</b>	<b>Mental Health Act Scrutiny Committee Exception Report from 22<sup>nd</sup> August meeting</b>
19.1	MT confirmed that further discussions regarding the implication of the supreme court judgement and emerging risks following Mental Health Capacity Act amendments would be reviewed in the Confidential meeting.  <b>The Board noted the Mental Health Act Scrutiny Committee Exception Report.</b>
<b>20</b>	<b>Finance Committee – non confidential verbal update from 23<sup>rd</sup> September meeting</b>
20.1	<b>The Board noted the Finance Committee update.</b>
<b>21</b>	<b>Audit &amp; Risk Committee Exception Report from 1<sup>st</sup> August meeting</b>

21.1	<b>The Board noted the Audit and Risk Committee Exception Report.</b>
<b>22</b>	<b>Charitable Funds Committee</b>
22.1	<i>No meeting held since last</i>
<b>23</b>	<b>Governance and Nominations Committee</b>
23.1	<i>No meeting held since last</i>
<b>Any other business</b>	
<b>24</b>	<b>Reflections</b>
24.1	SH reflected on the patient and staff stories shared.  SA further highlighted the need to formally commission a review of the CHC process. The Board discussed challenges surrounding the process and disconnect between care planning. MT also highlighted the need for consideration of acute staff assessment of a patient's mental capacity to make decisions.
24.2	SH highlighted the importance of ensuring that reflections were provided whilst the patient or staff member was present at the meeting to show that clear review had taken place by the Board.  It was agreed to combine the patient and staff story item with the reflection item going forward.
24.3	CM commented on the need for further consideration of opportunities that the Trust offers including volunteering, shadowing and secondments. SH agreed usefulness from a community engagement perspective and queried opportunities already offered by the Trust.  It was agreed that JA consider inclusion within the next Community Engagement Report. <b>Action- JA.</b>
24.4	Fatima Jenabi (in attendance as an observer), asked how the quality and standard of training was reviewed and how the quality of training compared to other organisations. SH confirmed that Mahdi Ghomi (Talking Change) would be able to provide further information on training provided and HI explained nationally mandated standards.
<b>25</b>	<b>Any other business &amp; future agenda items</b>
25.1	AS presented a video of the new St Marys Hospital site.
25.2	CM thanked DM for his contributions to the In Public Board meeting over the years and wished him well in his new role.
25.2	No other business was discussed and the In Public meeting was closed.
<b>26</b>	<b>Close and move to Confidential meeting</b>

# Action Tracker

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	07/10/2019	5.2	AC001433	Board to Floor Visit - Hydrotherapy	Hydrotherapy - JPi briefed the Board on his visit to the Hydrotherapy service and the patient session observed. The Board was informed of excellent facilities available and positive feedback from patients and staff. The Board discussed the success of the Hydrotherapy patient video which was shared at the AGM and JA informed of follow up video planned. JPi commented on the usefulness of equipment upgrades, including hoists and sensory ceiling projections. The Board discussed potential Charitable Funds available and it was agreed that MT and DN discuss outside of the meeting. Action: MT and DN	Dan Meron / Mick Tutt	21/11/2019 MT and DN have encouraged a bid against the fund for the Hydrotherapy Service but have yet to see it at a Committee meeting.
On Target	Board meeting - In Public	07/10/2019	11.3	AC001434	Community Engagement Progress Report - Portsmouth AMH - Black, Asian and Minority Ethnic (BAME) Communities	Portsmouth MH - Black, Asian and Minority Ethnic BAME communities - MT queried the challenges reported and discrepancies between this and the assurance provided to the MHASC. It was agreed that JA review outside of the meeting. Action: JA	Jackie Ardley	25/11/2019 - JA has confirmed that this was national data and not local.
On Target	Board meeting - In Public	07/10/2019	13.2	AC001435	Brexit Update	Brexit Update - MT queried consideration of how Brexit affects volunteers within the workforce planning. It was agreed that JA/HI consider outside of the meeting. Action JA/HI	Jackie Ardley	25/11/2019 - JA has requested that the Associate Director of Community Engagement discuss and consider at the next Community Engagement meeting being held next week.
On Target	Board meeting - In Public	07/10/2019	24.3	AC001436	Reflections - engagement opportunities	CM commented on the need for further consideration of opportunities that the Trust offers including volunteering, shadowing and secondments. SH agreed usefulness from a community engagement perspective and queried opportunities already offered by the Trust. It was agreed that JA consider inclusion within the next Community Engagement Report. Action: JA	Jackie Ardley	25/11/2019 - Further consideration to be given at the next Community Engagement meeting on Wednesday 27th November.

# CEO Report – In Public Board

Date: 22nd November 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

### Allied Health Professions conference



In October we celebrated Allied Health Professional's (AHP) Day and the people who are united by their holistic approach to healthcare, their focus on prevention & improvement of health & wellbeing and the difference they make. We held our AHP Conference at the Ageas Bowl in Southampton, on 10<sup>th</sup> October. The conference celebrated the work AHPs do and offered them a chance to come together to connect, share and learn from one another to help shape patient care. The event's theme was 'partnering with patients: learning from lived experience'. We were joined by Thomas Kearney, Deputy Chief Allied Health Professions Officer from NHS England and Improvement, who opened the conference. We were also joined by service users and people with lived experiences who shared their stories and insight. AHPs also took part in learning zones and a session on compassionate leadership told through the power of music.

Theresa Costello, physiotherapist in the Musculoskeletal team in Portsmouth, was announced as the winner of our Inaugural AHP of the Year Award. Theresa was one of 10 finalists picked from many nominations. The independent panel of judges chose Olivia Birch, a physio based in the Specialist Palliative Care Team in Portsmouth and Emma Roe, an occupational therapist based at Maples psychiatric intensive care unit in Portsmouth, as runners up.

The conference was a day of reflection, celebration, compassion, mutual understanding and pride.

### National award for positive speaking up culture

We were really pleased to have been presented with a national award by NHS England Chief Executive, Simon Stevens, for our positive speaking up culture.

We were invited to the Freedom to Speak Up event (FTSU) at Westminster on Tuesday 8 October 2019 by the National Guardian's Office where we were given a certificate for our work. Solent was crowned as the best performing combined mental health, learning disability and community trust in the country following our annual NHS staff survey results, where staff said they felt comfortable raising



issues. We have the second highest FTSU index score in the country.

People at the event heard from Dr Henrietta Hughes, National Guardian for the NHS, who said that broadly speaking, the index reveals a very strong correlation between Trusts that are rated highest by the CQC and those that have a high speaking up culture.

### Launching our Menopause support

As part of our strategy to create a great place to work and a supportive working environment, Solent is taking a lead in building the conversation around menopause and how it affects people at work and home. We held our first MenoPause event on Friday 4 October. Colleagues came along to speak openly about how the menopause has affected them in a comfortable environment. Speakers at the event included Chair of the NHS England/Improvement Menopause Group Jacqui McBurnie and Dr Caroline Taylor, Clinical Lead in Sexual and Reproductive Health and menopause specialist at Solent.

I also used Menopause Day as an opportunity to share my own experiences of living and working with the menopause in a bid to break the taboo. I was delighted to be asked to write a piece for the Nursing Standard and appear on Radio Solent's drive time show. There was also coverage in Portsmouth News and Daily Echo.

The Occupational Health Team will lead on ongoing packages of support for our staff who are living and working through the menopause but also more broadly aging well. We truly value our older workforce and the experience they bring.

### Claire Murdoch visit

We were pleased to welcome Claire Murdoch, NHS England's National Mental Health Director to Portsmouth on 29 October. Claire met with senior leaders from Solent NHS Trust, Portsmouth CCG, Portsmouth City Council and Portsmouth Hospital Trust to hear about our achievements, challenges and our vision for mental health services in Portsmouth. We hosted a visit with Solent Mind to PositiveMinds, the new city centre open access service for mental health & wellbeing which opens in the city next month and Lumps Fort, a disused historical building in Southsea which we are hoping will become a social enterprise and a support hub for Veterans mental health. Claire ended her visit to Portsmouth with a quick drive through St James to see The Limes and Orchards. This was a great opportunity to showcase Portsmouth mental health services, our vision for the future and the strength of our longstanding partnership work in the city. Claire promised to return in a year to see how we have progressed with our plans.

### Nursing Times Awards



Our Tissue Viability Team were shortlisted for the Nursing Times Award in the Innovation in Chronic Wound Management. Myself and Angela Anderson, Associate Director of Professional Standards attended the event with the Tissue Viability Team.

The Nursing Times Awards bring together nurses and organisations from across the profession to celebrate and honour exceptional achievement. This year the annual awards saw thousands of entries across all the categories.

Whilst the team didn't win the award they were thrilled to be nominated and all in Solent are incredibly proud of their work and the difference they make.

## NHS England/Improvement and NHS Elect Patient Experience Awards

Solent have been shortlisted in three categories at the upcoming Patient Experience and Quality Improvement (QI) awards, hosted by NHS Elect in partnership with NHSE/I. The shortlisted awards and categories are:

- The patient group that have just co-designed our new patients in QI training package. They are shortlisted in the Communications Award category for the materials they have helped to design to make QI more accessible, including a range of posters, films and activities.
- The Vocation Rehabilitation Service – in the Co-created Service Award category. This service has a number of elements that are developed with their clients, such as the outcome measures, a therapy group and more recently Easter and Christmas fairs to sell items made by the client group.
- Brooker Ward – In the Teamwork Award category. The project, led by Mary Ramsay and Kate Legg, focused on the development of dementia friendly plates, and sought engagement and involvement with the broader team, in particular the hostess and kitchen staff.

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

### St Mary's redevelopment



Handover has now occurred at the redeveloped St Mary's blocks B and C.

Clinical teams will be relocating into their new areas during the early part of December, with the first patients being treated from 16 December 2019.

The redeveloped areas provide state of the art facilities for our patients and staff.



### Corporate Risk Register / Board Assurance Framework

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



There is no change to the Trust's overall risk profile: recorded ICT risks associated with IT infrastructure



and reports of problems with access to core systems and Wi-Fi connectivity, staffing problems linked to recruitment and retention and capacity and demand are still the most prevalent risk areas on the Risk Register.

The Trust is considering how best to model and understand demand and capacity at a tactical, strategic and base placed level. This will be informed by our internal and external findings and if appropriate expert support from outside the Trust.

The Board continues to consider risk appetite and tolerance with a further session planned January 2020.

A summary of the highest risks within the Board Assurance Framework are summarised below:

BAF number	Concerning	Lead exec	Raw score	Mitigated score (Current score)	Movement since last reported (and previous score)	Target score
63	Indirect Commercial Relationships	Sarah Austin	20	16	↔	12
55	Workforce Sustainability	Helen Ives	20	16	↔	9
58	Future organisational function	Sue Harriman	20	12	↔	6
59	Business as Usual - Demand and Capacity	David Noyes & Sarah Austin	16	12	↔	6

### Winter Preparedness

Enclosed in the Board papers is the Trust Winter preparedness plan, which sets out our internal arrangements for the forthcoming winter period. We already know that winter will be a real challenge this year across the systems that we support. Our Acute colleagues are already under pressure and we are supporting them to deliver as much as possible from our available capability and capacity in order to support patients. Additionally, in both the SW and SE system we have engaged operationally to ensure local system plans and contingencies are in place; as part of this we have also developed some additional capability, funded from system risk pool funds, to further enhance system flow and 7 day working over winter.

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

The next TMT meeting is being held on 27<sup>th</sup> November – a verbal update will be provided at the Board meeting.

### Sealings

Reference	Description
76	S75 agreement for Early Help and Prevention Service 0-19 – Portsmouth
77	Deed of Variation, First Floor Highpoint (Eastpoint Centre)

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

Now incorporated within the Finance Committee exception report to Confidential Board.

### Flu update

This year there is ambition (nationally) to vaccinate 100% of all frontline workers. Last year we achieved 73.5% benchmarked against a national uptake rate of 70.3%. At the end of Oct (month 1 of the campaign) 42% of our frontline staff had been vaccinated. Contemporary vaccination rates will be provided verbally at the meeting.

This year there has been a disruption to the manufacturing timescales as a result of the World Health Organisation's (WHO) delaying recommendations on which strain of influenza should be included in the vaccines for the 2019-20 flu season. As a result, the vaccine supplier have phased deliveries, with some batches not being delivered until the end of November – several weeks after we would normally have received the full delivery. Consequently, we have had to manage our stock very carefully over the first 6 weeks prioritising clinical staff, however I can confirm that vaccines are now available for all staff as full delivery has now been received and the campaign has now been escalated.

In accordance with NHS England and NHS Improvement letter to CEOs dated 17th September 2019 a best practice management self-assessment checklist for healthcare worker vaccination has been completed against the required measures and compliance achieved – it is an expectation that this be published within our Board papers, accordingly this can be found within Appendix 1.

#### Staff Survey update

In total 3469 staff have been sent either an electronic or paper national NHS Staff Survey (national guidelines exemptions include bank staff, staff who joined us after 1st September and those on long term sick leave (over 90 days)), as of 20th November our response rate was 55%. The deadline for completion is 27th November for postal responses and 29th for online versions. Contemporary completion rates will be provided verbally at the meeting.

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

#### IOW Partnership

In late October we were asked to work alongside the Isle of Wight NHS Trust to positively transform mental health services for the benefit of local people. This is an exciting new partnership for both organisations and is a great opportunity for us, in line with the NHS Long Term Plan, to make a difference by focusing on providing care out of hospital, keeping people safe, well and independent at, or close to, home.

The Isle of Wight NHS Trust will continue to provide mental health services on the island and we look forward working alongside them in a supporting role.

#### Southampton Systems update

We have collaborated with all our system partners in the Southampton and South West System to put in place additional capability to support University Hospitals Southampton NHS Foundation Trust through what is already shaping up to be a difficult winter period. This includes providing enhanced support to those who need comprehensive assessments by up-skilling Allied Health Professionals, and extending our rehabilitation capacity at the Royal South Hants to include weekends (which previously was only in place Monday to Friday).

#### Portsmouth and South-East Hampshire (PSEH) Systems update

A continuing emphasis on the urgent care pathway continues in both Hampshire and Portsmouth Systems with significant front and back door pressures at Portsmouth Hospitals Trust remaining and additional investment being deployed in the Hampshire system.

Positive Minds, our new walk in service for emotional and social distress, is scheduled to open early December. This is an excellent example of joint working between Solent NHS Trust, Portsmouth Clinical

Commissioning Group CCG, Solent Mind and Society of St James with support from Armed Forces Charities for the veteran and family service.

#### [Hampshire & Isle of Wight Sustainability & Transformation Partnership \(HIOW STP\) including the Strategic Delivery Plan](#)

In accordance with national requirements, the STP submitted its response to the NHS Long term plan via the HIOW Strategic Delivery Plan. Sovereign Boards are being asked to consider the plans and to feedback any comments to the STP in consideration of the next submission, anticipated in early January 2020.

#### [Emergency Preparedness, Resilience and Response \(EPRR\) Assurance Confirm and Challenge](#)

We were delighted to recently be assessed and confirmed by NHS England as fully compliant with the national assurance standards for emergency planning and resilience. This reflects really well on the strong leadership and insight provided by Elaine Peachey, our Head of EPRR, as well as a great deal of hard work across all of our services to keep developing our capability in this area, adapting and learning from events both within the Trust and elsewhere.

#### [A Model Employer: Increasing black and minority ethnic representation at senior levels across Solent NHS Trust](#)

NHSI/E have published a leadership strategy with a 10 year ambition regarding implementing the the NHS Workforce Race Equality Standard (WRES). We continue to be committed to delivering the requirements and as a Board we have a development workshop with the national team in January 2020. Our WRES strategy and delivery plan will then be presented to our Board in February. The diversity and inclusion agenda has moved under the leadership of the Chief Nurse, although she will be working very closely with our Chief People Officer and the relevant programmes of work will be overseen through appropriate governance.

**Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019**

A	Committed leadership	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and any healthcare workers who decide on the balance of evidence and personal circumstances against getting the vaccine should anonymously mark their reason for doing so.	All workers have been invited to be vaccinated via launch correspondence sent in September 2019 and ongoing communications to ensure uptake. An opt-out form is available asking people to identify reason if declining. Medical reason or personal choice (this includes a further breakdown based on previous PHE recommendations of the categories).
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Quadrivalent vaccine available to all staff.
A3	Board receive an evaluation of the flu programme 2018, including data, success, challenges and lessons learnt	Summary of the 2018 flu evaluation report was presented at April 2019 Board meeting.
A4	Agree on a board champion for flu campaign	Executive lead is our Chief Nurse
A5	All board members receive flu vaccination and publicise this	Date in November, vaccine offered to all attendees.
A6	Full team formed with representatives from all directorates, staff groups and trade union representatives	Health & Wellbeing Group used to help publicise, seek ideas to improve uptake. Group supported by Staff Side representative. Flu Champions identified across the Trust and senior forums used to communicate and receive messages relating to flu vaccination.
A7	Flu team to meet regularly from SEPT 2019	Monthly meetings involving Chief Nurse, Head of Occupational Health service, Communications Team representative and adhoc meetings including Workforce / IT Team supporting reporting requirements.
B	Communication plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trade unions	Launch emails / briefings from Chief Nurse with rational and backed up with flu Fact Sheets, Clinical Evidence guide, Managers guide (new this year) Myth busting part of the ongoing updates/social media campaign
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Drop in clinics booked across Hampshire from October.

		Additional Jab-a-walks introduced this year to offer more local onsite clinics. Peer vaccinators are also offering local clinics and slots booked on service meetings/away days
B3	Board and senior managers having their vaccinations to be publicised	Date in November, vaccine offered to all attendees.
B4	Flu vaccination programme and access to vaccination on induction programmes	Vaccinators available at each Induction
B5	Programme to be publicised on screensavers, posters and social media	Full communications programme in place to include a range of posters, manager's messages and staff briefings, Flu Bee Quiz app new this year, Solnet flu page and social media messages and staff stories included.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Planned in from 2 <sup>nd</sup> week in October
<b>C</b>	<b>Flexible accessibility</b>	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Dedicated Bank nurse vaccinators identified and Peer vaccinators identified for specific service areas. Peer vaccinators not practical in all service areas e.g. requirement to meet national vaccinator criteria and access to drug fridge for safe storage of vaccines etc. Occ health focusing resources on areas with no access to a peer or bank vaccinators
C2	Schedule for easy access drop in clinics agreed	Clinics scheduled across Hampshire area, covering as many sites as possible with resources available.
C3	Schedule for 24hr mobile vaccinations to be agreed	No 24hr mobile vaccination, other than via peer vaccinators that have agreed this locally. Shift workers generally work rotational shift patterns that will include day shift where clinics are readily available
<b>D</b>	<b>Incentives</b>	
D1	Board to agree on incentives and how to publicise this	Incentives include: <ul style="list-style-type: none"> <li>• First in line draws (in Oct)</li> <li>• `Lucky Dip` for those getting their jab at a clinic</li> <li>• Jab 4 a jab campaign– donation of Tetanus jabs for</li> </ul>

		children in Africa <ul style="list-style-type: none"><li>• Peer vaccinator and Flu Champions competition</li><li>• Flu Bee app – fun &amp; competitive incentive</li></ul>
D2	Success to be celebrated weekly	Weekly articles, with photos, success stories, stories of people who have previously had flu and talking positively about having their job

<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 – October 2019				
<b>Author(s)</b>	Alasdair Snell	<b>Executive Sponsor</b> Andrew Strevens			
<b>Date of Paper</b>	22/11/2019	<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	<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.

## Table of Contents

<b>1. Business Plan Review</b> .....	<b>2</b>
1.1 Quarter 2 Business Plan Review .....	2
<b>2. Operations Performance</b> .....	<b>16</b>
2.1 NHS Improvement Single Oversight Framework .....	16
2.2 Operational Performance Dashboard .....	18
2.3 Performance Subcommittee and Regulatory Commentary .....	19
<b>3. Quality Performance</b> .....	<b>22</b>
3.1 Quality Performance Dashboard .....	22
3.2 Chief Nurse Commentary .....	23
<b>4. Financial Performance</b> .....	<b>26</b>
4.1 Financial Performance Dashboard .....	26
4.2 Chief Finance Officer Commentary .....	27
<b>5. Workforce Performance</b> .....	<b>28</b>
5.1 Workforce Performance Dashboard .....	28
5.2 Chief People Officer Commentary .....	29
<b>6. Research</b> .....	<b>32</b>
6.1 Research Commentary .....	32
<b>7. Self-Declaration</b> .....	<b>35</b>
7.1 NHS Provider Licence - Self-Certification .....	35





Solent NHS Trust

## **1.1 Business Plan Quarter 2 Report 2019/20**

Corporate Portfolio Management Office (CPMO)

By Aaron Scott and Matthew Rowsell



## 1. Executive Summary

This report provides an overview of quarter 2 performance against all business objectives across the Trust covering service lines and corporate teams.

There were 2 business objectives completed in quarter 2 and there are 65 business objectives due for completion by March 2020. Of the 65 business objectives that are still live, there are 15 objectives that are currently experiencing issues as a result of internal and external factors and therefore at risk of not being achieved (see 6.1, 6.2). Some of these objectives experiencing issues have interdependencies across multiple service lines and corporate teams and therefore it is vital that they are achieved by year-end.



One of the underlying internal factors is the high spend on bank and agency across the Trust which is currently £5 million, against an original plan of £6 million for the entire year, largely due to covering vacancies and sickness across the summer months. This is shown in the Adults Southampton's Community Nursing where they had vacancies across several teams due to hard to fill posts in the first 2 quarters, which has had a direct impact on one of their business objectives (see 6.1). The People and Organisational Development team are working closely with service lines on a number of initiatives to address this Trust-wide issue, including the Roster Improvement Programme and the Hampshire and Isle of Wight Collaborative Bank, both of which should help see an overall reduction in agency use in 2020.

During quarter 2 the Trust has had some notable successes against a number of business objectives and large scale transformation projects which have helped improve patient care. A new community offer has been developed in Mental Health Services, allowing patients to receive rehabilitation and recovery care in their own home or local community housing. There have also been significant improvements to the dental services available on the Isle of Wight where patients are now able to benefit from inhalation sedation for dental treatments (see 4.1).

There are 115 milestones that were originally due to complete within the first 6 months which have been re-aligned across the final 2 quarters of 2019/20. It is generally expected that activity should intensify towards the latter end of the financial year; however from this increase it is possible that not all 2019/20 business objectives will be able to meet their intended targets due to the increased workload. As a result, the CPMO will maintain regular face to face contact with service and corporate leads to ensure timescales are accurate for the final 2 quarters and that any issues can be escalated accordingly and discussed at the appropriate forum.

Solent NHS Trust welcomes the new Chief Pharmacist to the Pharmacy and Medicines Management Teams. The teams have created a Business Plan for the second half of 2019/20 which will feature in future iterations of this report.



## 2. Introduction

At the end of September 2019, the Trust met the half-way point of the business plan delivery cycle for 2019/20. The majority of projects aligned to the business objectives are now in full progress ahead of their forecasted fruition across the final 2 quarters of 2019/20. All business objectives underwent a 6-month review by service leads and the CPMO to assess the current progress of each objective and to ensure that quarter 3 and quarter 4 milestones (336 in total) were still realistic and achievable.



*Figure 1: A summary of quarter 2 activity:*



The publication of the Long Term Plan by NHS England in January 2019, outlining how we can make a real difference to patients and staff, is a cornerstone of Solent's on-going journey for 2019/20. This is highlighted throughout several key programmes and developments across the Business Plans for Southampton and Portsmouth as discussed below.

### Southampton and County Wide Care Group:

Primary Care Services continue to be engaged in the development and delivery of services within the Primary Care Networks (PCNs). The Musculoskeletal (MSK) services are working with Commissioners, University Hospital Southampton (UHS) and Care UK around the increasing demand for MSK services, reviewing the referral and treatment pathways to ensure patients are receiving the most appropriate treatment/intervention for their MSK condition. Adults Southampton are currently working across the system to support the integration agenda across the city. The team are working with partners (UHS, Southern Health Foundation Trust, Southampton City Council, South Central Ambulance Service and Southampton Primary Care Limited) and the wider Primary Care teams that form the PCNs, with a focus on the out of hospital model, particularly admissions avoidance and reducing length of stays.

### Portsmouth Care Group:

Portsmouth Care Group are working with system partners with a key focus on the integration of services across Portsmouth and South-East Hampshire as part of the Multi-specialty Community Provider agenda. Adults Portsmouth are focussing on raising the level of acuity in the community where a new Practitioner Model is being piloted and intermediate care roles are being developed to help prevent unnecessary admissions and facilitate early discharges. The Enhanced Care Home work stream, Interventionist Project and implementation of the Integrated Winter Plan with system partners, to maintain flow during times of system escalation, will continue to progress over the next quarter. A number of initiatives also began in quarter 2 for Solent's Mental Health Services such as the Recovery College Partnership with University of Portsmouth and the PositiveMinds service which is the result of a partnership between Solent, Portsmouth CCG, Portsmouth City Council and Solent Mind.



### 3. Quarter 2 Business Objective Summary

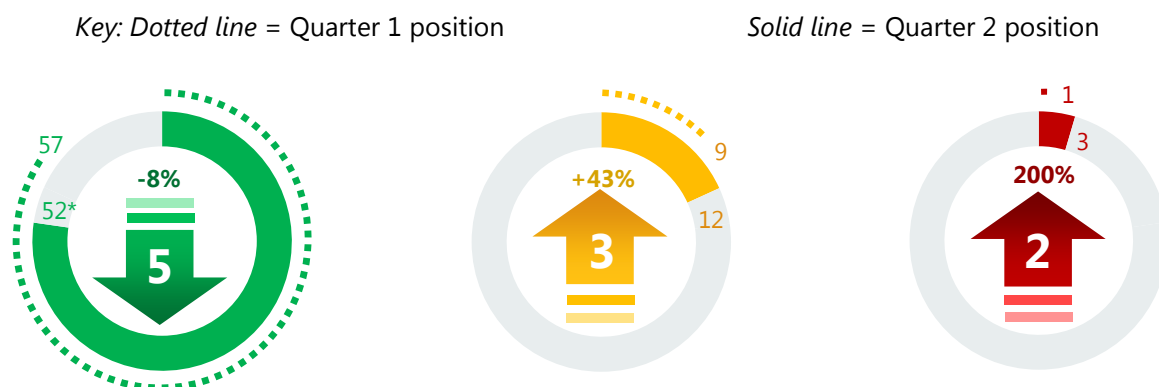
#### 3.1 2019/20 Business Objective Progress

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 2 for 2019/20 objectives:



- 52 Objectives (77%) are rated as **green** indicating they are on target for completion by intended dates.
- 12 Objectives (18%) are highlighted as **amber**, indicating that they may be experiencing difficulty or delay, however this delay should not be detrimental to the overall success of the objective.
- 3 Objectives (5%) are currently rated as **red**. This means that these objectives have 1 or more milestones outstanding that have a significant impact on achieving the intended outcomes of the objective.
- 2 Green objectives successfully met all the planned milestones and the business objectives are now complete (see 3.2).
- 2 Objectives have been removed as no longer viable; although 1 has been superseded by a new business objective (see 5.2).

Figure 2: A comparison of RAGs from quarter 1 in 2019/20 to quarter 2 in 2019/20:



\*Includes 2 complete objectives

Business objectives (2019-20) that are currently red or amber in quarter 2 are detailed in Appendix A and B of this report.

Figure 3: An overview of the 2018/19 Business Objectives currently outstanding:

There are 4 business objectives from 2018/19 not yet completed that continue to be monitored. There is 1 amber objective, indicating that it is currently experiencing problems, however there is mitigation in place to deliver it and 3 objectives are rated green indicating that they are due to deliver in quarter 3. Updates for these objectives are in Appendix C (6.3) of this report.





### 3.2 Quarter 2 Successes

During quarter 2, there have been 2 business objectives that have met all of the planned milestones and successfully completed on schedule:

**Mental Health Services** – The team recently redesigned the rehabilitation offer in Solent from an inpatient service to a recovery focused community offer. The community offer is based around psychology and occupational therapy, putting the patient's rehabilitation and recovery at the forefront whilst keeping the patient in their own home or utilising the community housing offer. The team worked very hard to enable the rehabilitation ward to close on schedule and all the staffs have either moved to new roles in the community offer or to our inpatient services.



**Sexual Health Services** – A review of the pathology service was undertaken in order to establish best practice, innovation and best price. The service carried out in-depth market research and the findings revealed potential opportunities for the near future to improve the overall patient experience. As the established laboratories already provide a great service, a decision was made to remain with the current providers. However, the research has enabled the service to develop a future vision as well as challenge costs with our local laboratories and gain greater efficiencies and streamlining of costs.

### 3.3 Quarter 2 Key Developments

Although not yet complete, there has been positive progress made across a number of business objectives, key examples are shown below:

**Adults Portsmouth** – A review and redesign of the Community Medical Model for inpatient beds and the community provision is currently taking place across the Adults Portsmouth service line in order to manage medium acuity patients. Intermediate Care Practitioners have now been introduced to the service and currently working with the service to agree the training needs of staff to be able to deliver the redesigned model. This new step up/step down model will enable patients to move between community settings and hospital care as required according to the individual patient needs.

**Special Care Dental Services** – A key objective for Special Care Dental Services is to deliver a dental service on the Isle of Wight (IOW) by December 2019. Solent commenced delivery on the IOW in October 2018 and since then, Solent has successfully implemented an inhalation sedation service for treatment of patients and by December 2019, there will be facilities in place for having intravenous sedation, both of which were previously unavailable to IOW patients.



## 4. Transformation in Focus

There are a number of transformation projects taking place across the Trust from clinical service lines and corporate teams. These high level change projects often involve large scale changes of processes, systems, workforce and ICT across the whole Trust in order to achieve measurable improvements in areas such as efficiency, effectiveness and stakeholder satisfaction. A few examples are shown below.



### Adults Southampton – Urgent Response Team Helpdesk:

Launched in quarter 2 the Urgent Response Service now have a healthcare professional situated in the South Central Ambulance Service clinical coordination centre in Otterbourne, providing clinical advice and liaison service for ambulance crews for patients who have fallen but are not acutely unwell. This project aims to avoid unnecessary hospital admissions for Southampton City CCG patients, with the main emphasis being to reduce the conveyance rate for non-injured people who have fallen in the community. It is hoped this service will enable seamless onward referral into community resources and provisions, reducing unnecessary acute hospital admissions via ambulance and enabling patients to stay safely in their own homes, benefiting from community resources when clinically safe and appropriate.

### Estates and Facilities – Phase 2 Transformation:

The Phase 2 project at Solent was a major development that took place in Portsmouth which included vacating St James' Hospital and the refurbishment of the St Mary's Community Hospital Campus (SMCHC), following the receipt of additional capital funding. The purpose of this project was to vacate the St James site, to allow its disposal by Property Services generating a capital receipt for them and annual revenue savings of circa £1.8 million for the health system overall, of which circa £1 million will accrue to the Trust. The investment at SMCHC will improve patient experience and ensure the services available meet the needs of our aging population by modernising facilities. This included providing new therapy rooms, a fit for purpose pharmacy, new integrated training and research facilities and streamlining of patient pathways.

### Information and Communications Technology – Managed Print Service:

In order to deliver significant improvements and efficiencies to the printing capabilities across the Trust, the Managed Print Service project piloted in August 2019 and is currently being rolled-out Trust-wide. The current printers are being replaced with fit-for-purpose devices consolidating to a single supplier with a more responsive support model as standard. The new service will include a secure 'Follow Me' print facility for many devices meaning that documents can be printed easily from any networked printer across the Trust as well as improving information security by reducing the risk that documents are sent to the wrong printer and automatically printed.



#### [Mental Health Services – PositiveMinds Service:](#)

Due to launch in quarter 3, Solent NHS Trust's Mental Health Services have partnered with Solent Mind, Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group to develop a bespoke service for adults across Portsmouth offering support for people facing a wide range of mental health conditions. Run by trained Wellbeing Advisors and mental health professionals, this new service will allow people to access one-to-one or group support, workshops, life coaching and Talking Change counsellors. In addition, Solent has also secured grant funding from the Armed Forces Covenant Fund for a PositiveMinds pathway for veteran-specific support for veterans and their families.

#### [Primary Care Services – Solent GP Practices:](#)

The Solent GP Surgery operates from 3 branch sites across Southampton (Nicholstown, Portwood and Adelaide Health Centre). In order to create a multi-disciplinary and sustainable practice that better serves the needs of the population, the team are working on merging the current offer. This means that although the practice will continue to operate from the 3 branch sites, unified ways of working will facilitate improved continuity for patients and staff across these sites. The redesigned service will also provide better opportunities for career progression through improved training and development programmes. This ultimately ensures Solent GP practices see the right people, at the right time and in the right place.

#### [Quality and Professional Standards - Staff and Patient Experience Feedback System:](#)

Solent NHS Trust knows that the key to providing high quality care and excellent service delivery is to fully understand and truly capture what really matters to service users and staff. During quarter 2, the Quality team embarked on a journey to seek a new feedback system to ensure we have a fully embedded and effective system to capture this invaluable feedback. The team successfully tendered for a new system and chose Civica UK Limited as the preferred bidder with plans for full implementation by April 2020. The new system from Civica boasts an array of additional features; improved accessibility for a wider cohort of ages and abilities of patients and staff, together with enhanced reporting functionality to allow more detailed review of any feedback received.

#### [Special Care Dental Services - Improving Patient Experience and Accessibility:](#)

The future service model for Special Care Dentistry is to provide a flexible approach when treating patients. This is to ensure that patients are treated in a way that is customised to their individual needs. The team are reviewing the way in which the current service is offered and plan to make improvements to accessible information, dementia friendly clinics, patient engagement and will also be introducing distraction tools for our autistic patients to ensure that all patients are treated with the same levels of compassion, respect and dignity with a view to complete this work by January 2019.



## 5. Next Quarter

### 5.1 Completing 2018/19 Objectives

The next quarter will see the service lines make a focussed effort to complete the 4 business objectives from 2018/19 that are outstanding. 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.

The 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 the Trust.



### 5.2 New Business Objectives for Quarter 3

Solent NHS Trust welcomes Luke Groves, the new Chief Pharmacist to the Pharmacy and Medicines Management Teams. The teams have created a business plan for the second half of 2019/20 and will be reported on in future reports. There was 1 Commercial business objective which has been removed as it is superseded by the new business objectives for the Pharmacy and Medicines Management Teams. This involves the implementation of a new electronic prescribing and medicines administration system by March 2020.

### 5.3 Business Planning for 2020/21

Service lines and corporate teams will be presenting their 2020/21 Business Plans to the Executive team at the end of January 2020. The business planning process takes into account the clinical intentions for the years ahead and ensures that corporate teams such as Finance and Quality are fully engaged to ensure that objectives are specific, measurable, achievable, realistic and timely (SMART). Following this the CPMO will start preparing for 2020/21 reporting through the use of Verto, the Trust's cloud based project management solution.





## 6. Appendix

### 6.1 - Appendix A - Quarter 2 Issues for 2019/20 (Red objectives)

The following 3 objectives have been escalated to red as they are currently unlikely to achieve the intended outcome by March 2020:



#### Adults Southampton

Jul Aug Sep

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

This objective has recently been escalated to red. The service line is currently forecasted to be £600k behind financial plan at year-end due to overspend on bank and agency. There has been a higher than expected reliance on bank and agency primarily due to vacancies, particularly with Community Nursing East. This has significantly improved of late with Community Nursing having no planned agency and bank usage from November onwards. In order to improve the financial position, the services are currently carrying out a deep dive to identify immediate opportunities to make savings. A number of potential initiatives have been identified and a recovery action plan will be produced by the end of November.

#### Child and Family Services East

Jul Aug Sep

*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 been unable to progress due to 2 failed attempts to secure properties in the Fareham and Gosport area that were identified as suitable for service needs. This remains an objective to complete as soon as an appropriate property is sourced. The service continues to be delivered from numerous disparate sites however, not achieving this objective would mean that there remains no centralised hub for Fareham and Gosport paediatric services which in turn causes unnecessary estates costs, inability of closer team working and increased travel costs for patients and staff.

#### Finance and Performance

Jul Aug Sep

*To reshape how Solent NHS Trust uses Electronic Staff Record (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:*

After recent challenges, a project lead has now been recruited and due to start in November. Finance Business partners will collect information required for Establishment Control from Services over the coming weeks. Workforce will update ESR, with the aim of getting this fully operational by February 2020. A proposal has been received from SBS to provide Project Management support for Manager Self Service, ready for April 2020 Go-Live, and guidance for Establishment Control.



## 6.2 Appendix B - Quarter 2 Challenges for 2019/20 (Amber objectives)

At the end of quarter 2 there were 12 business objectives which were considered amber. The commentaries below detail the challenge and mitigation in place for each objective:



### Adults Southampton

*We will work with system partners to reduce admissions and Delayed Transfer of Care (DTOC) by supporting system integration, the out of hospital model and cluster/locality development by April 2020:*

There is an on-going challenge to reduce the length of stays across wards and to understand the cause and reasons behind this.

Brambles and Fanshawe wards are utilising the 'red and green days tool' to provide information on bed usage and areas we can affect, however, further work is required in order to fully understand the core themes effecting length of stays.

### Child and Family Services East

*We will undertake a CAMHS review and redesign to develop a model which is sustainable and improves outcomes for children and young people in the future by March 2020:*

This objective was raised to amber as progress has been slow. Service-wide next steps include the starting of two new services - Mental Health in Schools and Paediatric liaison.

It has been agreed with Portsmouth CCG to undertake further remodelling work in light of these new services to ensure that the offer the multiple teams providing mental health services for children are co-ordinated and comprehensive in their offer. This will take place over the next 18 months and will involve opportunities given by further digital advancements.

### Child and Family Services East

*We will redesign and implement an integrated community based paediatric medical service offer which is sustainable and improves outcomes for children and young people by March 2020:*

Following previous delays, recent progress has de-escalated this objective from red to amber.

Recent progress on the objective has included a transformation manager and clinical lead for the service undertaking a scoping exercise of clinical pathways and clinical demand to create an action plan in terms of what is required to meet this business objective. Portsmouth, Fareham and Gosport and South East Hampshire CCGs have been informed and a meeting will be held in November to review progress and next steps.



## Child and Family Services West

*We will undertake a CAMHS review and redesign to develop a model which is sustainable and improves outcomes for children and young people in the future by March 2020:*

There is no external consultant currently appointed because no funding was forthcoming to support engagement.

The team will instead seek a 'critical friend' partner to assist the teams with 'out of the box' thinking around CAMHS transformation. Nevertheless, this transformation work continues to progress, with iterative changes being continually implemented, in alignment with the likely future model of delivery.

## Child and Family Services West

*We will review and redesign the Therapies Service to maximise efficiency to ensure a balanced position between East and West by December 2019:*

This objective has experienced some delays in progress. Discussions have taken place across the East and West Therapies Service and discrepancies have been identified.

There has been some developments and transformation work undertaken to align some processes however further work is required in quarter 3 in order to achieve this objective.

## Child and Family Services West

*We will advance partnership working across Southampton City Council (SCC) and the NHS to fully integrate early help and community health services to improve outcomes for children and young people and their families in Southampton by March 2020:*

Progress towards this objective has been delayed by SCC focus on Ofsted readiness activity, preventing collaboration on tasks to achieve this. Similar difficulties in the readiness of UHS to engage are contributing delay of the original timescales.

Timescales have been reviewed and plans are in place to deliver by March 2020.

## Child and Family Services West

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

This was previously escalated to amber as progress in this area is slow and there is difficulty finding a suitable solution that is affordable.

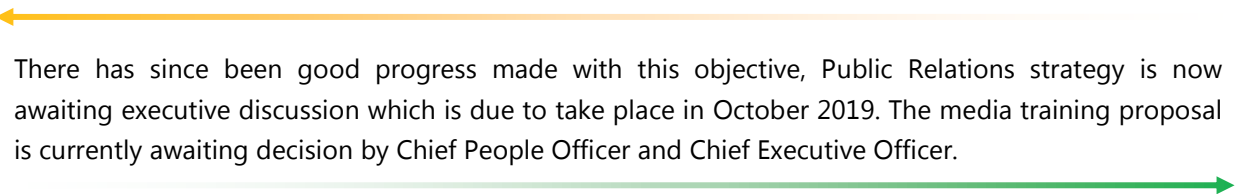
New venue has been scoped and worked up by Estates. Initial findings have been presented to Capital Assurance Group, however further work is required by the Estates teams in order to be fully signed off.



## People and Organisational Development

*Increasingly raise the profile of the Trust externally in order to support the business strategy and engagement with communities by April 2020:*

The project was previously experiencing delays with original timescales.



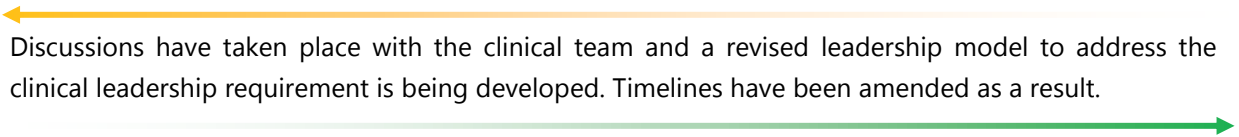
There has since been good progress made with this objective, Public Relations strategy is now awaiting executive discussion which is due to take place in October 2019. The media training proposal is currently awaiting decision by Chief People Officer and Chief Executive Officer.



## Primary Care Services

*We will review our workforce, to ensure diversification of workforce where possible and clinically appropriate; with clear development and career frameworks enabling an agile response to the changing landscape of primary and healthcare services by 2021/22:*

On-going challenges with clinical vacancies are impacting the service line's ability to deliver workforce objectives due to the focus on clinical delivery.



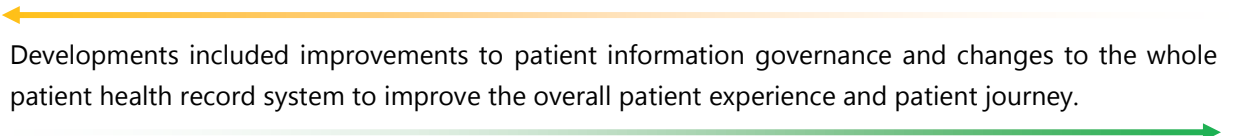
Discussions have taken place with the clinical team and a revised leadership model to address the clinical leadership requirement is being developed. Timelines have been amended as a result.



## Sexual Health Services

*The service will commence treatment by post to our clients:*

The original objective has gone through multiple iterations which have caused delays due to items requiring additional testing, final testing now extended to January 2020.



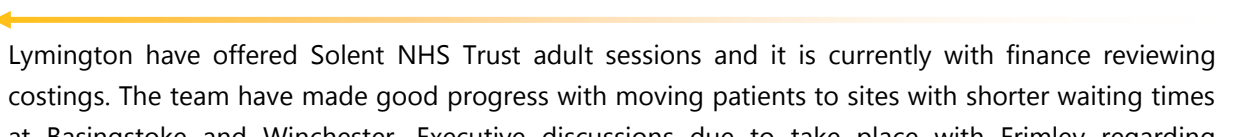
Developments included improvements to patient information governance and changes to the whole patient health record system to improve the overall patient experience and patient journey.



## Specialist Dental Services

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

The number of long waiters has been reduced; however this remains an issue. The service was unable to gain additional sessions at Royal Surrey County Hospital.



Lymington have offered Solent NHS Trust adult sessions and it is currently with finance reviewing costings. The team have made good progress with moving patients to sites with shorter waiting times at Basingstoke and Winchester. Executive discussions due to take place with Frimley regarding additional sessions there.





### 6.3 Appendix C - 2018/19 Objectives to be completed in 2019/20

There are 4 business objectives (1 amber, 3 green) still outstanding 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.

#### 6.3.1 Amber 2018/19 Business Objectives

##### Estates and 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*

Changes to cleaning services have resulted in a delay to the consultation for FM transformation.



Catering transformation has been successfully implemented and completed. Consultation is now scheduled for mid-October with implementation for changes by no later than the end of November 2019.



#### 6.3.2 Green 2018/19 Business Objectives

##### Special Care 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.*

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 patients but the waiting room and toilet facilities still need attention before they are suitable. To be reviewed in December 2019.



*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.*

All staff trained and champions are in place. However, the teams are currently working on communication needs for patients who use different languages. A task and finish group has been set up and a survey has taken place, the team continues to work with the communications team. Plans are in place in hope to achieve this objective by December 2019.





## Mental Health Services

*We will begin work with Southern Health NHS Foundation Trust 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.*

Some work was completed with aligning processes across the two inpatient sites. This work slowed whilst agreements between Solent NHS Trust and Southern Health were reached. The alignment work and estates project resumed towards the end of quarter 2 and is now in the early stages. This will continue to be monitored throughout quarter 3 until the work is completed.



## 2.1 NHS Improvement Single Oversight Framework Month: Oct-19

Indicator Description		Internal / External Threshold	Threshold	Current Performance	Capability	Variance
<b>Quality of Care Indicators</b>						
<b>Organisational Health</b>	Staff sickness (rolling 12 months)	I	4%	4.8%	F	
	Staff turnover (rolling 12 months)	I	14%	15.5%	F	
	Staff Friends & Family Test - % Recommended Employer	I	80%	71.3%	F	
	Proportion of Temporary Staff (in month)	I	6%	5.4%	?	
<b>Caring</b>	Written Complaints	I	15	22	?	
	Staff Friends & Family Test - % Recommended Care	I	80%	87.1%	P	
	Mixed Sex Accommodation Breaches	E	0	0	P	
	Community Friends & Family Test - % positive	E	95%	96.0%	P	
	Mental Health Friends & Family Test - % positive	E	95%	79.2%	?	
<b>Effective</b>	Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	E	95%	96.4%	?	
	% clients in settled accommodation	I	59%	94.8%	P	
	% clients in employment	E	5%	5.4%	?	
<b>Safe</b>	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%	99.0%	?	
	Clostridium Difficile - variance from plan	E	0	1	?	
	Clostridium Difficile - infection rate	E	0	1	?	
	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	

Operational Performance					
Maximum 18 weeks from referral to treatment (RTT) – incomplete pathways	E	92%	96.8%		
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		
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50%	94.8%		
Data Quality Maturity Index (DQMI) - MHSDS dataset score	E	95%	80.4%*		
Improving Access to Psychological Therapies (IAPT)					
- Proportion of people completing treatment moving to recovery	E	50%	53.7%		
- Waiting time to begin treatment - within 6 weeks	E	75%	100.0%		
- Waiting time to begin treatment - within 18 weeks	E	95%	100.0%		

Use of Resources Score					
Use of Resources Score	E	2	2		

\* 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



## 2.2 Operational Performance Dashboard

Month: Oct-19

	Indicator Description	Internal / External Threshold	Threshold	Current Performance	Capability	Variance
Community / Mental Health	Accepted Referrals (in month)	I	22,530	22,699		
	Attended Contacts (in month)	I	82,181	93,675		
	Discharged Referrals (in month)	I	23,139	20,837		
	DNA'd Appointments (in month)	I	8%	3.4%		
	Caseload Size (month end)	I	129,716	151,302		
Inpatients	Occupancy Rate (in month)	E	85%	93%		
	Delayed Patients (in month)	I	29	43		
	Delayed Days (in month)	E	4.5%	8.4%		
Performance	KPIs Achieved (YTD)	I	90%	65%		
	Waiting List Size - RTT (month end)	I	1,071	1,047		
	Referral to First Appt < 18 weeks	I	95%	96%		
	Referral to First Appt < 52 weeks	I	100%	100%		

### Performance Hotspots

**High Priority**

- Waiting Time - CPMS / Pulmonary Rehab / MPP / Community and Inpatient Physiotherapy
- Increased DTOC Rates in Portsmouth
- Community Nursing Portsmouth Agency Spend
- Adults Portsmouth Financial Position
- Wheelchair Quality Concerns

**Medium Priority**

- Speech and Language Therapy Capacity and Demand
- Waiting Times - A2i / Paediatric MSK
- Sexual Health Data Quality
- Estates Concerns at Royal South Hants
- Vacancies - Childrens / MPP / Medicines at Home

**Improving**

- Waiting Times - CAMHS & CAMHS Neurodiversity
- Temporary Staffing Usage

## 2.3 Performance Subcommittee and Regulatory Exceptions

### Portsmouth Care Group

Pressures on services within the Care Group continue to impact waiting times for patients in a number of areas:

- Community Paediatric Medical Service (CPMS) have had vacancies and sickness over the past six months which is increasingly impacting capacity and KPI performance. Waiting lists are growing to a concerning position. Active recruitment and collaborative work with commissioners is ongoing to mitigate.
- Waiting lists for the Paediatric MSK service are growing with the number of children waiting more than 18 weeks (59 at October 31) increasing at a rate of around 10 per month due to temporary staffing issues which have now been resolved. It is expected for performance to now improve moving forwards.
- There has been a marked improvement in the CAMHS Extended Partnership and Neurodiversity waiting lists over the past couple of months as a result of additional investment for a Waiting List Initiative. This is positive; however there are still some long waits with 44 children for CAMHS and 66 children for Neurodiversity still waiting more than 18 weeks after triage.
- The waiting lists for Adults Speech and Language Therapy (SLT) is improving month on month overall, however there are currently six patients waiting more than 18 weeks, with 3 patients waiting 33 weeks. This is the longest wait for the service over the past year. Nationally, Solent has a lower retention rate for staff in this service compared to our peers (85.2% vs. 87.6%) according to Model Hospital in December 2018. The capacity of this service is on our Risk Register and being monitored closely through our Performance Hotspots report. A quality review is currently being undertaken across both our Portsmouth and Southampton services, led by the Chief Nurse.
- Pulmonary Rehab's waiting list has significantly increased during October, with over 100 new patients added in month, leading to the largest waiting list to date of 368 patients at the end of October 2019. The service is reviewing the position to understand the surge of activity.
- Community and inpatient Physiotherapy waiting lists are growing due to a number of vacancies within the team, with waits now at 17 weeks for a routine referral. Recruitment is ongoing but proving challenging and there is very little support available through the Bank Staffing service. Waiting times are expected to improve from November.
- There is an ongoing increase in demand for the Assessment to Intervention (A2i) service resulting in a waiting list of 5 weeks from referral to assessment (target 4 weeks). The service are mitigating any potential risks associated with this increase.

A number of other services are also impacted by staffing and capacity concerns:

- There is an issue on the horizon whereby the SPA team in CAMHS are likely to be affected by a resourcing issue in quarter 4 of this year. This is being monitored with an aim to mitigating the risk.
- The Mental Health Crisis Team have a Consultant vacancy which is currently being filled temporarily, however there are ongoing concerns around the staffing of practitioners and recruitment challenges.
- The Community Nursing Service has seen the highest spend this financial year on agency staff during October.
- The Medicines at Home Team has seen increasing rates of referral into the service and is currently working with one vacancy. A new pharmacist has been recruited and operational processes have been adjusted to try and continue service delivery within the existing resource.

Delayed Transfers of Care (DTOCs) have continued to increase across Portsmouth to the highest levels all year. This is mainly as a result of a large number of short delays across both Spinnaker and Jubilee ward.

The Cost Improvement Plan for renovation of the Oakdene estate has slipped, causing deterioration in the year-end financial forecast for the Adults Portsmouth

## Southampton & County Wide Care Groups

Pressures on services within the Care Group continue to impact waiting times for patients in a number of areas:

- As referenced above, Speech and Language Therapy services in Southampton have also been experiencing a mismatch between capacity and demand. Commissioners in Southampton are supporting the service and investing in resources. Immediate action is being taken to mitigate the risks for vulnerable patients and the waiting list has started to decrease, although there are still significant concerns over long waits with 35 patients waiting 18 weeks or longer for their first appointment. Patients continue to be clinically prioritised until resolved.
- Demand continues to outstrip capacity across the range of MPP (Musculoskeletal, Pain and Podiatry) services, causing KPI performance to be below target across a number of services. Recruitment is ongoing and discussions with the CCGs are underway to develop strategies to manage this. However, this has been a long-term problem.

There remain a number of concerns raised regarding security, cleanliness and general upkeep of the estates at the Royal South Hants Hospital which house a number of Solent services after recent security issues. Planned investment has been identified by NHS Property services over the next 3 years, however this will leave some Adults services in deteriorating estate with a short-term plan yet to be confirmed.

The Sexual Health services continue to experience issues with the availability and quality of data being reported from their patient record system. Work is ongoing to investigate the causes and identify sufficient resolutions across both the ICT department and Performance Team, with plans in place to mitigate the risks linked to the data transfer issues.

## Local Performance (Operational Performance Dashboard, section 2.2)

Narrative is provided for items of significant negative exception and for any items which have newly been identified as a significant positive exception. The data used to populate the number of Accepted Referrals, Attended Contacts, Discharged Referrals, and Caseload Size has been updated to include data from all clinical systems, and not just those covering our core Community and Mental Health services. The RAG ratings for these metrics are set to show as green where actual performance is within a 5% threshold of the same period in the previous year.

### Significant negative exceptions on this month's Operations Dashboard:

#### Delayed Patients (in month)

#### Delayed Days (in month)

As reported in the Portsmouth Care Group narrative above, there have been a large number of short delays over the past few months which has resulted in a decline in performance. This has been flagged by the SPC indicators as a 'Fail' against the capability rating, meaning that without significant intervention, the target will not be achieved.

#### KPIs Achieved (YTD)

The KPIs achieved indicator shows that without significant intervention, this target will not be achieved. There are a significant number of KPIs that are now outdated, are process rather than outcome based and do not reflect current practice or increasing demand on the services. Progress has been made with Portsmouth CCG to refine the reporting burden of these and to update them with up to date service specifications. However, progress has been limited on this front with Southampton City CCG (SCCCG), with significantly higher contractual reporting requirements than our other CCG commissioners. There is a comprehensive service specification review taking place collaboratively between Solent and SCCC, but little progress has been made in reducing and

refining the KPIs in place. Consequently, a number of the historically set standards are no longer realistic or relevant to current service provision.

## Regulatory Performance

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

### Significant 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 not be achieved. The sickness target has recently been reviewed by the People and OD Committee and it was agreed to continue to use 4% as an appropriate target to aspire to achieve. Further narrative on Workforce metrics can be found in the Workforce Commentary (section 5.2).

##### Staff Turnover

The staff turnover indicator shows that without significant intervention, the target will not be achieved. This target was also reviewed at the recent People and OD Committee and was increased from 12% to 14%. Performance against this metric has peaked during October, reaching its highest since March 2017. Further narrative on Workforce metrics can be found in the Workforce Commentary (section 5.2).

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

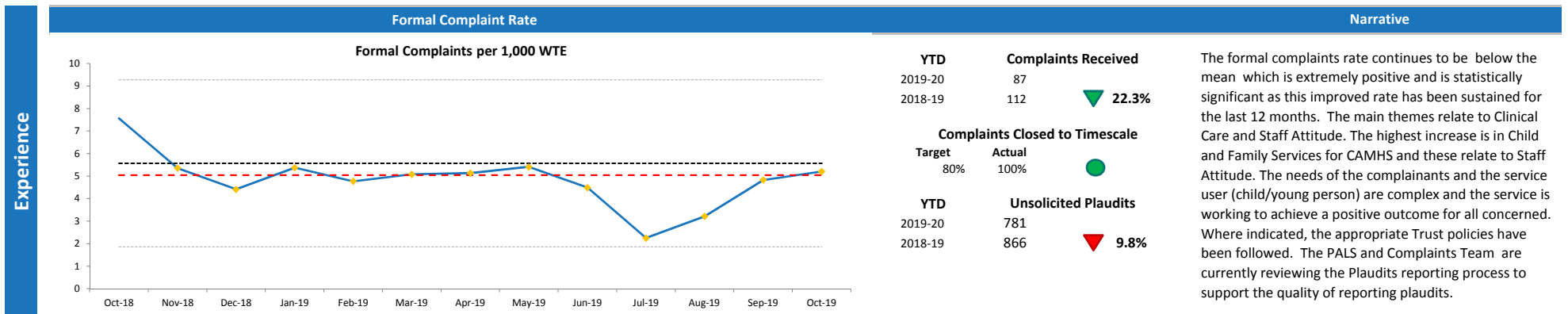
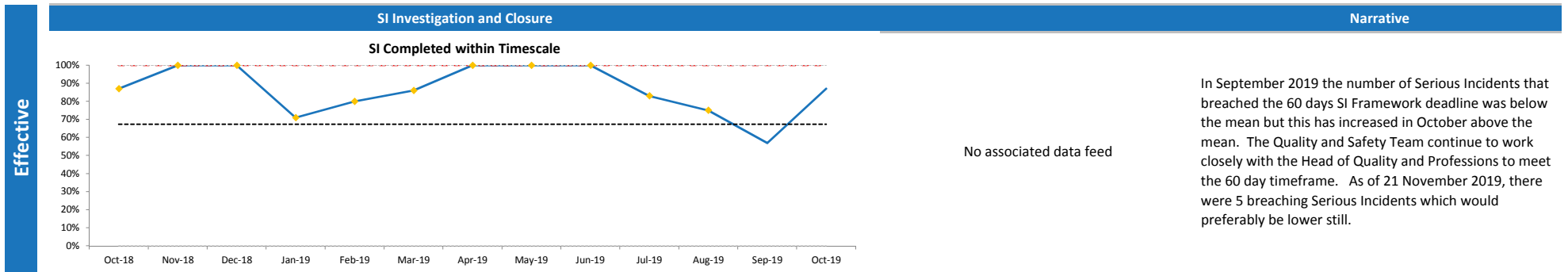
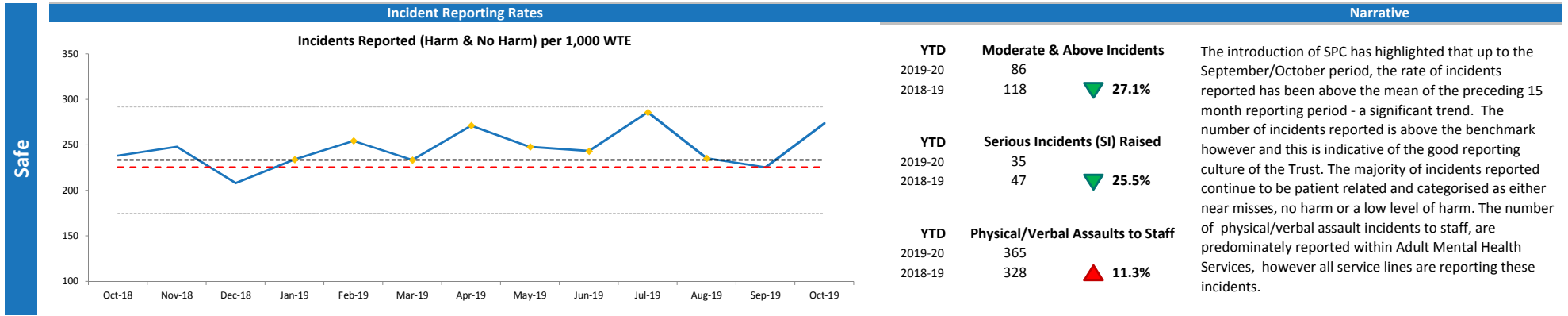
This indicator shows that without significant intervention, the target will not be achieved. This means that the organisation need to make a change in order to positively impact performance against this metric, otherwise the 80% target will not be achieved. Whilst the 80% target is internally set, this 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. The graph in section 2.1 shows that performance on the Friends and Family Test has been consistently above the mean for the past 6 periods (FFT data is collected three times per year), so the slight drop in September 2019 (71.3% compared to 73% in the previous period) is not deemed significant.

#### Use of Resources

The Use of Resources score has improved in month, achieving a score of level 2. This is reflective of the improvement position against our Income and Expenditure margin in month.

3.1 Quality Performance Dashboard

Month: Oct-19



Key: — Data    - - - - - Benchmark    - - - - - Mean    - - - - - Upper / Lower Control Limit    ◆ 6 Points Above/Below Mean    ■ Rising/ Falling Trend (6 points)

## 3.2 Chief Nurse Commentary - October

### Current Events to Note

- There was a confirmed case of Clostridium Difficile on Snowdon ward in October. The team responded appropriately to the patient's symptoms and the patient was isolated in line with guidance. The patient's condition was closely monitored with clear and accurate documentation of observations. The review of the case identified that there were risk factors for the patient and the only learning for the ward was that they could have accessed advice and support sooner from the Infection, Prevention and Control (IPC) team although it would not have altered their management of the patient.
- In addition to the NHSI Quality Improvement collaborative relating to Transition reported previously, the Trust is delighted to confirm that we have been successful in our application to be part of three organisations to work with Hospice UK. We will be participating in a three year project, becoming Transition Extension of Community Healthcare Outcomes (ECHO) hubs to transform care for young people (aged 16-25) with complex and life-limiting conditions. Solent NHS Trust will be tasked with developing four transitions ECHO networks and have a far reaching and transformational impact on transitional care. Project ECHO is a methodology to improve care by gathering a community of practice together for learning, peer mentoring and support. The project aims to bring together regional children's and adult hospices, local NHS service providers, educators, young people and volunteer groups to build a community based Transition Community of Practice.
- There are currently issues with staff's ability to access the online Prevent training which has had an impact on our current level of compliance. The Safeguarding Team is working together with ICT and Learning & Development to identify a solution and the Safeguarding Team will include an update as part of their face-to-face training over the coming months. The compliance at the end of Quarter 2 was 54% against a target of 85%. This will continue to be monitored through the Safeguarding Steering Group and QIR.
- The AHP conference was held on 10 October at the Ageas Bowl with the theme being 'Partnering with patients: Learning from lived experience'. The day included a keynote from Thomas Kearney, Deputy Chief Allied Professions Officer, NHS England & NHS Improvement. Sue Harriman presented the award for the AHP of the year to Theresa Costello, MSK Physiotherapy Team Lead. Two of our service users shared their lived experiences, helping us to understand what compassionate care feels and looks like from the patient perspective. There was a Schwartz round where colleagues shared the diversity and impact of their role as an AHP. We were privileged to have a musician from Art Asia, based in Southampton with a long and respected reputation for delivering South Asian Arts across the South-East region. The session illustrated the art of active listening and its importance with participants learning Indian music and rhythms through the use of the 'Tabla', a professional Indian drum. The day finished with a young person sharing their experience of work experience with our clinical teams and as a result is pursuing a career in occupational therapy. The feedback from the day has been extremely positive.
- The Southampton Tissue Viability Nurses attended the Nursing Times Award ceremony on 30 October 2019 and whilst not winners on the night, being nominated was acknowledgment of the innovative, patient centered care they provide.
- In September 2019, Winchester University introduced the first locally provided programme for Learning Disability nursing and we are delighted to welcome the first three students to the Trust for their placements. Whilst continuing to support students from Hertfordshire, this is a key development for our area and will increase the numbers of nurses in this speciality for the future.

## Complaints Update

In September and October 2019, the Trust received a total of 30 formal complaints. The complaints by service line are in the table below:

Service Line	September 2019	October 2019
Adults Portsmouth	1	2
Adults Southampton	0	1
Children's Services	2	7
Primary Care	4	2
Sexual Health	0	0
Adult Mental Health	6	3
SPA	0	0
Special Care Dentistry	1	1
Corporate	0	0
Infrastructure	0	0
<b>Total</b>	<b>14</b>	<b>16</b>

There has been an increase by 12 complaints from the July/August period.

The main themes relate to Clinical Care and Staff Attitude. In comparison to the September data, the area seeing the highest increase is in Children's Services with the majority relating to CAMHS, similar to the Trust themes, these relate in the main to staff attitude. The needs of the complainants and the service user (child/young person) are complex and the service is working to achieve a positive outcome for all concerned. Where indicated the appropriate Trust policies have been followed.

No service concerns were escalated to a formal complaint during this period. In contrast, the team de-escalated 2 complaints to service concerns following resolution with the services directly, and with agreement from the complainants.

There has been an increase in Professional Feedback received by the Trust, with a total number of 8 in October. In particular, South-East Hampshire CCG has requested assurance from the Trust that Podiatrists are not referring patients to their GP for Podiatry supplies due to an increase in feedback relating to this issue. This is currently being investigated by the service and they will feedback to the CCG once completed.

There are two active cases currently with the PHSO; one is in the final report stage and the second is in the initial review stage.

A Trust Complaints Workshop took place early in October. The workshop provided Services with the opportunity to learn about the changes in the Complaints Process and in particular the value of meeting with the complainant early in the process, promoting the methodology of Local resolution Meetings (LRM's).

## Incident Updates

The incident data for September and October has remained consistent with the previous two months with no significant variation. The majority of incidents reported continue to be patient related and categorised as no harm or near miss incidents.

As a result of the concerns previously raised, specifically in relation to the capacity and demand and the potential impact on patient safety across the Trust's Speech & Language Therapy service, a waiting times task and finish group has been established, chaired by the Chief Nurse. This group will focus on all waiting lists with an agreed programme of work to be delivered to reduce waits and ensure patients are safe and no harm occurs.

September and October has seen a downward trend in the numbers of restraint incidents and all continue to be reviewed by the Trust lead and no trends have been identified.

Compliance with MRSA screening has seen a slight drop over the last quarter reducing from 98% in June to 95% at the end of September, but remains above the target of 90%.

The VTE assessments saw a slight drop to 94% in September but achieved 99% in October with an overall year to date position of 98% against a target of 95%.

## Serious Incident (SI) Update

During September and October, six Serious Incident investigations were registered. The categories are detailed below:

Category	September	October
Unexpected death	0	1
Patient Accident/Incident	0	1
Treatment Delay	0	1
Information Governance Breach	0	1
Pressure Ulcer	0	2

There were considerably less Serious Incidents registered throughout September and October compared to the numbers registered in July and August. The outcomes and learning from these investigations will be shared and discussed at the SI and Learning from Death (LFD) panels in December and January and themes and learning identified will be reported in the quarterly patient safety reports.

## Friends and Family Test (FFT)

The process to source and identify a new Patient and Staff Experience Feedback system through the tender process has been completed. We are pleased to confirm that the contract has been awarded successfully, with no contest, to Civica UK Limited. We are currently in the contract signing and ratification period and expect the new contract to be in place from 1 April 2020. Sarah Balchin, AD for Community Engagement and Experience will lead on the implementation.

For September and October, the FFT position remains unchanged with year to date position of 96% reporting that are extremely likely to recommend Solent services (95% for both September and October).

## Staff Friends and Family Test

The Staff FFT data collected during September shows a slightly reduced number of staff completing the feedback but no significant variance in performance has been identified. The following should be noted:

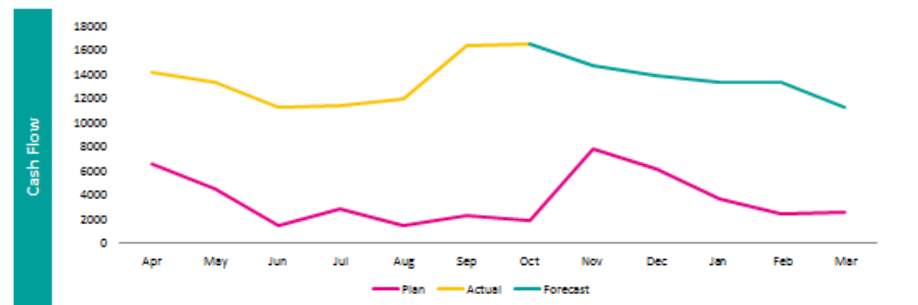
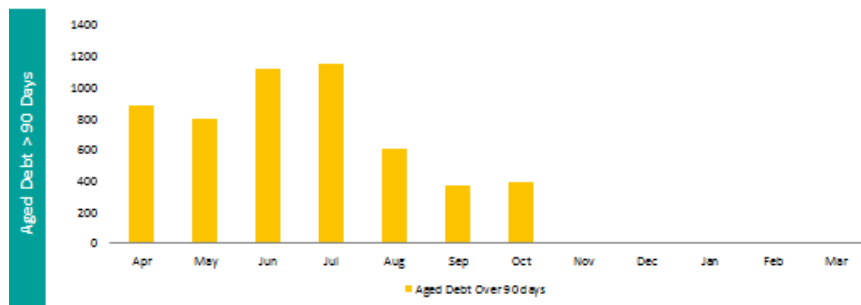
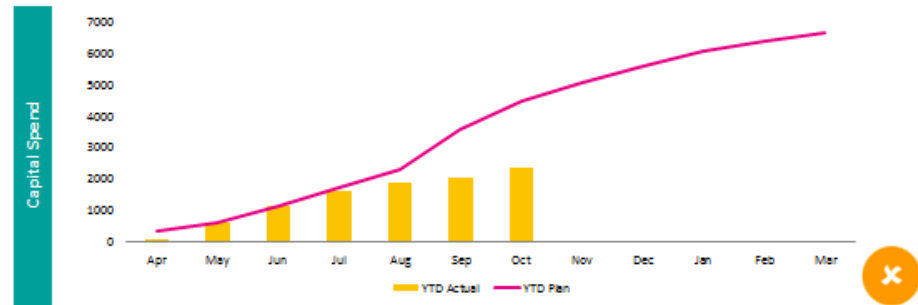
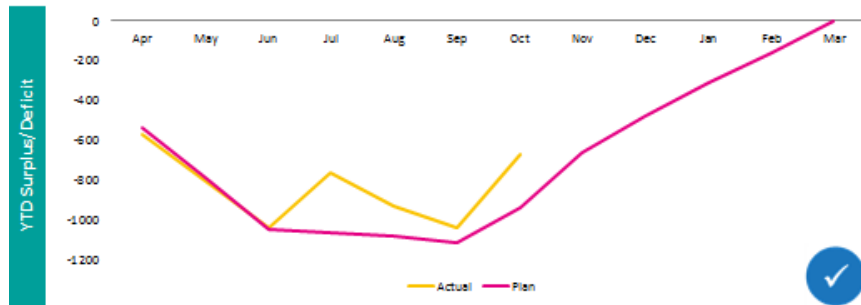
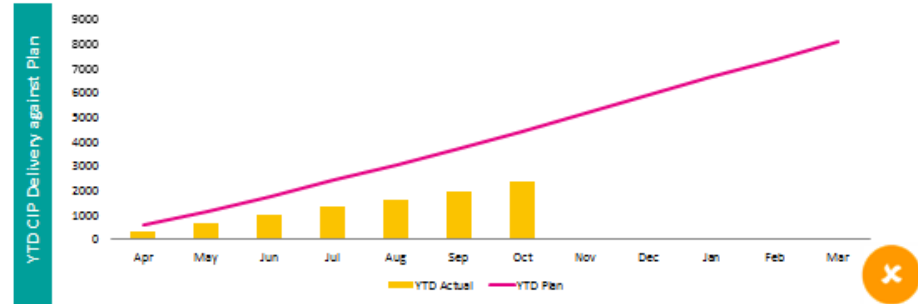
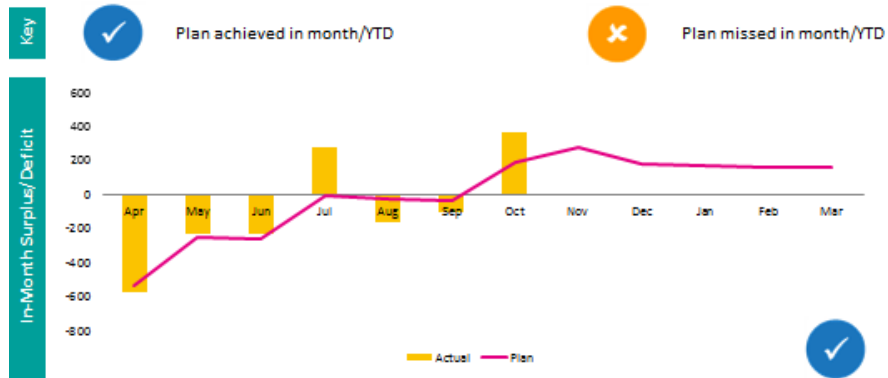
- 71% of staff were extremely likely or likely to recommend Solent as an employer. This is below the Trust target of 80% but better than the year end position of 70% for 2018/19.
- 3% of staff reported that they were extremely unlikely or unlikely to recommend Solent care. On reviewing the data, it is confirmed that this is not related to any specific area, but spread across all Service Lines. There has not been any significant variance year on year and this is significantly below the Trust target of 10% and year-to-date is 4%, which is the same as the year end position for 2018/19.

The national annual staff survey is currently live and to date, 51% of staff have completed their survey which closes on 29 November 2019.



### 4.1 Financial Performance Dashboard

Month: Oct-19



## 4.2 Chief Finance Officer Commentary

### Month 7 Results

The Trust is reporting an in-month adjusted surplus of £340k for month 7, £156k favourable to plan and a year-to-date adjusted deficit of £702k, £232k favourable to plan. The Trust has achieved the Quarter 2 control total and therefore has reflected £1,065k Provider Support Funding (PSF) and Financial Recovery Funding (FRF) income in the year-to-date position. The Trust has received an additional £207k PSF for 2018-19 which is not included in the adjusted deficit.

Whilst the Trust has made a deficit of £702k in the first seven months of this year, the full year control total is breakeven, with CIP schemes planned for the remainder of this financial year and additional PSF and FRF income for Q3 and Q4.

Discussions are ongoing with particular services regarding the ability to deliver their plan; particular pressures lie in Adults Southampton, Adults Portsmouth and Estates.

### CIPs

CIP delivery in month 7 was £408k (£327k adverse to plan) and year to date £2,391k (£2,051k adverse to plan). Nearly all service lines have 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 Quality Impact Assessment (QIA) process, with the majority now approved.

### Capital and Cash

Year-to-date, capital expenditure at month 7 is £2,344k. Projects totalling £4,953k have been approved and are in progress, with the exception of the Adelaide Reconfiguration which will be delayed into 2020-21 due to timescales in agreeing the works with the landlord. Further £3,037k of projects are currently working their way through the approval process, some of which may not commence until the next financial year.

The Trust received £4,768k PDC funding for the Phase 2 project at St Marys and St James hospitals in September of which £4,287k has been spent YTD. The project is nearing completion with spend forecast to match the PDC funding.

The cash balance at 31 October 2019 was £16,455k. The increase in the cash balance is predominantly due to the receipt of £4,768k in respect of Portsmouth Phase 2 PDC received in September. Two loans are due to be repaid in July 2020 (£3,460k) and in August 2020 (£4,304k) and the Trust continues discussions with regards timing of the loan repayments and potential further extensions.

### Aged debt

Total debt decreased during October by £400k to £4.2m, mainly due to items being paid in the 1-30 days overdue bracket.

91+ day overdue debt at the end of month was £389k, giving an increase of £14k on the previous month but considerably lower than in previous months. This is a result of introducing a new debt collection process, whereby certain debts are now being referred to an external debt collecting agency if SBS debt collection is unsuccessful.

## 5.1 Workforce Performance Dashboard

Month:

Oct-19

	Indicator Description	Internal / External Threshold	Threshold	Current Performance	Capability	Variance	
Sickness	All Staff (in month)	I	4%	5.4%			
	All Staff (rolling 12 months)	I	4%	4.8%			
Retention	All Staff (in month)	I	1.2%	0.9%			
	All Staff (rolling 12 months)	I	14%	15.5%			
	Nursing & Midwifery (rolling 12 months)	I	14%	15.5%			
	Stability Index (rolling 12 months)	I	85%	84.9%			
Additional Staffing	Additional Staffing (%)	E	6%	5.4%			
	Bank Staffing (%)	I	4.0%	3.6%			
	Agency Staffing (%)	E	1.8%	1.9%			
				<b>Number</b>	<b>Cost</b>		
	Hours Requested (in month)			31,676	n/a		
	Hours filled by Bank (in month)			20,154	£395,867		
	Hours filled by Agency (in month)			9,160	£416,338		
Variance to Agency Ceiling (in month)			n/a	£137,338			

	Indicator Description	Threshold	YTD Performance
Training Compliance	Statutory and Mandatory	90%	86%
	Information Governance	90%	81%
	Appraisals	95%	70%
Vacancy Rate	All Staff	5%	3.3%
	Nursing & Midwifery	5%	1.8%
Health Roster	e-Job Plan (level of attainment)	4	No level
	e-Rostering (level of attainment)	4	0
Staff in Post			<b>Number</b>
	Staff in post (in month)		3,577
	FTE in post (in month)		2,969.2
	FTE Variance (since last month)		6.1
	New Starters FTE (in month)		35.7
	Leavers FTE (in month)		25.9

## 5.2 – Chief People Officer Commentary

### Sustainable Workforce

Full time equivalent (FTE) in post for October (M7) was 2,969 which is an increase of 57 FTE since M5. This increase is due to successful recruitment in months 3 and 4, resulting in high numbers of new starters in September and October. As a result, our vacancy rate for October was 3.3%, a reduction from 6.2% in August. Our nursing vacancy rate is currently 1.9%, a significant reduction from 4.9% in August.

The sickness rate in month is 4.8%, which is a slight decrease from 5% in August. Consideration of innovative methods of supporting wellbeing are being discussed as part of the business planning for 2020/21.

Agency spend continues to fluctuate month to month and is higher year to date than our planned trajectory. Our agency staffing in month is 1.9% of the whole workforce, which still compares favourably with the peer median of 3.9% in the NHS Improvement Model Hospital tool. We continue to address the use and cost of agency in our workforce optimisation programme, which reports into Workforce & OD Committee.

Average annual staff turnover is 15.5%, which is an increase from 14.1% in August. Nursing turnover has also increased to 15.5% from 14.6% in August, the first time this has gone above 15% since May this financial year.

The way we report our workforce information continues to strengthen. The SPC trend analysis in October's infographic will be developed into a full Workforce Performance and Sustainability Report in the Board papers in February 2020, including data analysis by professional group.

The HIOW Collaborative Bank continues its implementation; however benefits will not be seen from this project until 2020. Our Roster Improvement Programme continues; the planned internal audit has completed, outcome and recommendations expected by end of December.

During September, a bid for capital funds was submitted to NHS Improvement. Approval of the bid will enable increased investment in our existing roster system, specifically the functionality to implement electronic job planning for Allied Health Professionals and the Medical workforce. Successful implementation of e-job planning would enable us to raise our levels of attainment against the new national e-rostering standards and levels of attainment. We are currently assessed at level one of four; successful implementation would enable achievement and improvement to level 2.

### Learning & Development

The statutory and mandatory training rate in October was 86% against a target of 90%. A plan to achieve the 90% target is in place which has contributed to a 5% increase since September.

From April 2020, all staff working within the Agenda for Change NHS pay framework will be required evidence completion of their appraisal objectives in order to achieve their next pay step point. During October and November, as part of our preparations, changes will be made to the way appraisals are recorded in the Electronic Staff Record (ESR). These improvements will enable both

2019/20 and 2020/21 appraisal dates to be viewed by employees and managers in readiness for the new requirements, and make the process of logging the appraisal much simpler and quicker.

As part of our new Learning and Development Strategy implementation a business case for a new Learning Management System was approved. The procurement process is now in progress and implementation will commence in early 2020. This will be a significant boost for staff morale, and will significantly strengthen our learning and development infrastructure. The current learning management system has poor user feedback, has poor functionality and is difficult to navigate. The new system will be fully mobile and a cloud based system that enables smooth completion of required training but also offers online learning opportunities and support for personal career development planning.

## Leadership, Culture & Values

We are really pleased to have been presented with a national award by NHS England Chief Executive Simon Stevens, for our positive speaking up culture. We were invited to the Freedom to Speak Up event (FTSU) at Westminster on Tuesday 8 October 2019 by the National Guardians Office where we were given a certificate for our work.

Solent was crowned as the best performing combined mental health, learning disability and community Trust in the country following our annual NHS Staff Survey results, where staff felt they said comfortable raising issues. We had the second highest FTSU index score in the country.

People at the event heard from Dr. Henrietta Hughes, National Guardian for the NHS, who said that broadly speaking, the index revealed a very strong correlation between Trusts that are rated highest by the CQC and those that have a high speaking up culture.

Following on from our successful pilot during the summer months, we have commissioned NHS Shared Business Services (SBS) to deliver our exit interview process which commenced during October. All leavers receive an invite to participate in a telephone interview with a trained member of the SBS team where a question template, agreed by Solent, is used to gather information to determine useful themes and data on leavers, such as reasons for leaving, destination of next employment, length of service, and other soft intelligence. Detailed data from the exit interview will be reported quarterly to People and OD Group, with a summary reported to Workforce and OD Committee. Any immediate concerns from exit interviews will be reported into the People and OD Senior leadership team for direct action or consideration.

Following the findings of the Improving People Practices Review, improvements have continued during October;

- The first meeting of the Performance Management Advisory Forum (PMAF) was held. This forum which has Executive Director attendance, provides scrutiny and advice with respect to the Trust's people practices and ensures we are acting as a caring and responsible employer and upholding our values. The forum will ensure that an inclusive, compassionate and person-centred approach is applied and that there is fairness and consistency applied to our practices across the Trust.
- People Policies review; to ensure our people policies are person-centred and following "Just Culture" principles, our core People Policies are under review. Two Manager's Forums have been held thus far across services, with more to follow during November and December. These forums have enabled managers to give feedback and input into the newly designed people policies, and contribute to the development of the manager's toolkits which support practical implementation of the policies.

## Health and Wellbeing

The flu programme was launched mid-September and vaccination clinics commenced 1 October.

Despite national challenges in supply of the vaccine leading to fewer clinics in October than planned, 45% of front line staff have been vaccinated to date against a target of 80%. Recent deliveries of the vaccine mean that clinics can now carry on at pace, and be offered to all staff, supported by a comprehensive communications plan.

Governance will be through the Workforce & OD Committee.

## Communication & Engagement

The Trust's AGM was held in September. The formal meeting was preceded by a wellbeing discovery event, designed to link into the Trust's purpose of keeping people safe and well, focussing on physical and mental health.

In line with our PR strategy, we continue to raise the profile of the Trust. During September and October, the Trust saw 75% positive coverage in print and online media and received a total of £40.9k Advertising Value Equivalent (AVE) in the print media; the potential reach was 7.7 million people. There were also 3 radio/television broadcasts with the potential reach of 824k people.

Stories across all media included coverage of the SEND inspection, the announcement of planning permission for Portsmouth Minds (a collaborative story), Patient Safety Week, the launch of Trust's Menopause Campaign, including a thought leadership piece from Sue Harriman in the Nursing Standard, and news of the Mental Health Partnership with the IOW Mental Health Trust.

The Trust held its first menopause event on Friday 4 October. The event launched our campaign to encourage people to break the taboo around menopause and to support people at work and home. The campaign, which is supported by the Chair of NHS England/Improvement's Menopause Group, Jacqui McBurnie, and Dr. Caroline Taylor, Clinical Lead in Sexual and Reproductive Health and menopause specialist at Solent, has been well received by employees.

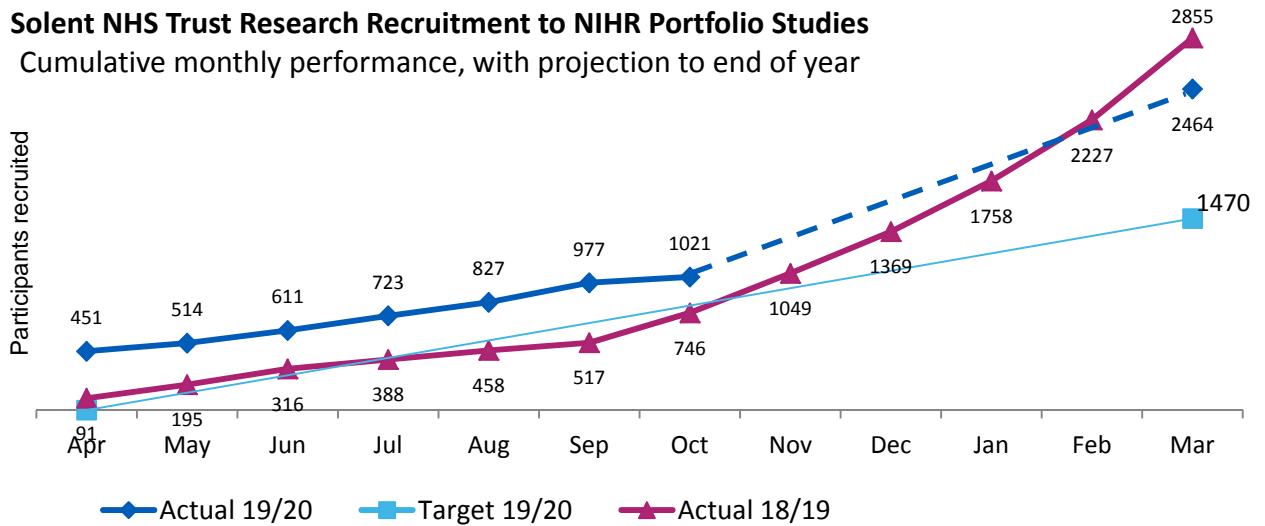
Internal communication campaigns have been focused round the employee uptake of the flu vaccine, with a target to vaccinate 80% of front line workers. The 2019 NHS Staff Survey launched on 1 October, the Trust is aiming for a 62% response rate to the NHS Staff Survey, recognising that the higher the response rate the more representative the results.

## 6.1 – Research & Improvement

### Research

As an NHS organisation, Solent’s research performance is measured by the number of participants recruited into studies. Between April 01 and October 31 2019, we have recruited 1,049 participants into research studies which is significantly ahead of target. We are predicting recruitment of close to 2,500 participants by the end of this financial year.

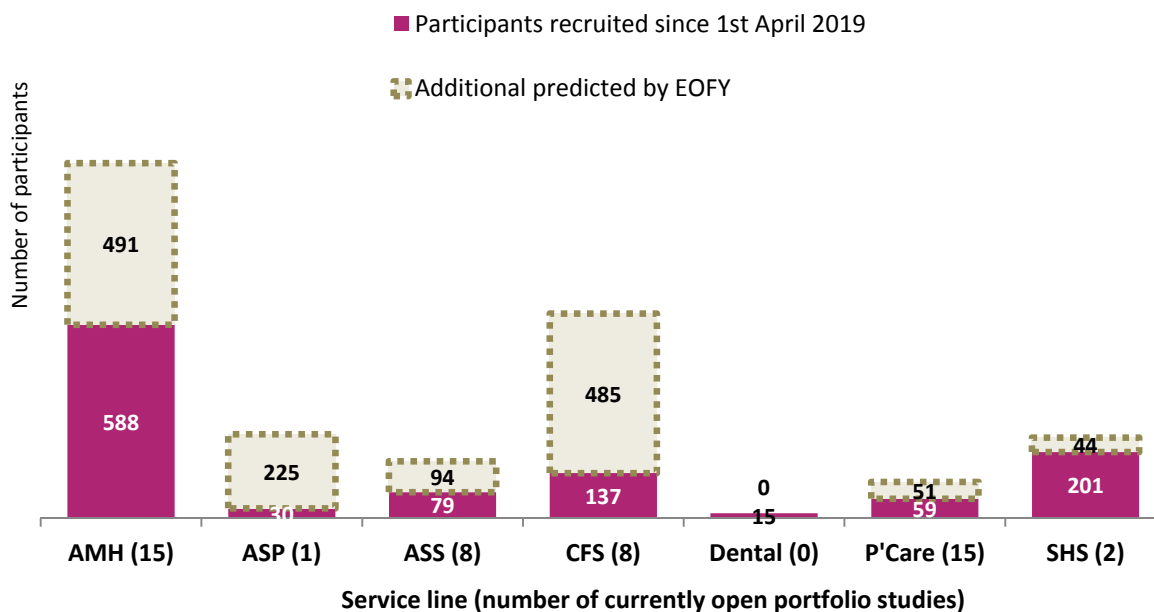
**Solent NHS Trust Research Recruitment to NIHR Portfolio Studies**  
Cumulative monthly performance, with projection to end of year



There are open studies in each of our Service Lines, but the most research active are our mental health, children’s and sexual health services.

### Research Participants Recruited and Studies Currently Open

Data from 1<sup>st</sup> April 2019 to 31<sup>st</sup> October 2019 with Predictions to End of FY



### Clinical Audit and Evaluation – Completion against Plan

April 01 - October 31 2019-20

	Number on Plan	Completed projects	Completion rate
Adults Portsmouth	11	2	18%
Adults Southampton	39	9	23%
Child & Family	37	5	14%
Mental Health	23	1	4%
Primary Care - GP	2	0	0
Primary Care - MPP	35	11	31%
Sexual Health	26	9	35%
Specialist Dental	19	5	26%
<b>Totals</b>	<b>192</b>	<b>42</b>	<b>22%</b>

We have seen significant improvements from audit and evaluation in the following examples:

- End of life medication records (Adults Southampton)
- Completion of mental capacity template (Adults Southampton)
- GP minor surgery diagnosis (Primary Care)
- Attrition in the pain pathway (Primary Care)
- Recording of periodontal examination (Specialist Dental)
- Diagnosis and treatment of Chlamydia with online test requests (Sexual Health)



## Patient Participation

Solent teams been named as finalists for three categories of the NHSI/E & NHS Elect Patient Experience and Quality Improvement Awards. The winners will be announced on the 5 December.

The teams that have been shortlisted are:

- Vocational Rehabilitation Service, Southampton – Co-created Service Award
- Brooker Team for the plates and nutrition project – Teamwork Award
- Patients in QI co-design team – Communications Award.

## 7.1 NHS Provider Licence - Self Certification 2019/20

No.	Requirement	Response (Confirmed / not confirmed)	Assurance (or in the case of non-compliance, the reasons why)	Risk and mitigating actions to ensure full compliance
<b>Condition G6 – Systems for compliance with licence conditions</b>				
1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	The Board is not aware of any departures or deviations with Licence conditions requirements. The effectiveness of internal control systems and processes are reviewed on an annual basis and documented within the Annual Governance Statement as presented to the Audit & Risk Committee and incorporated within the Annual Report. In addition, assurance to the Board is supported by opinions from Internal Auditors and External Auditors. Annually the Trust declares compliance against the requirements of the NHS Constitution	
<b>Condition FT4 – Governance Arrangements</b>				
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	The Board is not aware of any departures from the requirements of this condition. The Board considers and adopts corporate governance standards, guidance and best practice as appropriate.	
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed	The Board is not aware of any departures from the requirements of this condition. The Board considers and adopts corporate governance standards, guidance and best practice as appropriate, including that issued by NHSI.	
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation	Confirmed	The Board is not aware of any departures from the requirements of this condition. On an annual basis the Trust has implemented a process of governance reviews (via the Governance and Nominations Committee) including; - Reviewing composition, skill and balance of the Board and its Committees - Reviewing Terms of Reference - The completion of an Annual Report for each Board Committee incorporating a reflection on the achievement of objectives and business conducted in year. A mid-year review of each Committee is also conducted. The Composition of Committees is also kept under constant review to take into consideration and periods of unscheduled /planned leave, the impact of vacancies effecting quoracy as well as any recommendations made following Internal Auditor (or other external review) – including the outputs of the Audit concerning the effectiveness of the Assurance Committee and Quality Improvement and Risk Group, and more recently the Mental Health Act and Scrutiny Committee. We are actively recruiting to our current NED vacancy, as well as proactively recruiting into our clinical NED role in accordance with succession planning. We are also recruiting into our Chief Medical Officer role as the incumbent is due to leave in December 2019. 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 CQC report (Feb 2019).</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. The Board's agenda has a notable weight towards quality of care, supported by data and information owned and presented by the Executive Directors. There is clear accountability for quality of care throughout the organisation from executive leadership by the Chief Nurse working with the Chief Medical Officer.</p> <p>Concerning Board level capability – We have successfully recruited to our previous NED vacancy, and have proactively successfully recruited to the clinical NED role as part of succession planning. In addition, we are also recruiting to our Chief Medical Officer position, with the current post holder leaving the Trust on 30 November 2019; interim arrangements have been agreed for the period post his departure. 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>	

<b>Title of Paper</b>	Professional Leadership and Engagement Report – November 2019							
<b>Author(s)</b>	Angela Anderson, Associate Director Professional Standards							
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability	x	<b>W2</b> Vision & Strategy	x	<b>W3</b> Culture	x	<b>W4</b> Roles & Responsibilities	x
	<b>W5</b> Risks and Performance		<b>W6</b> Information		<b>W7</b> Engagement	x	<b>W8</b> Learning, Improve & innovation	x
<b>Date of Paper</b>	19 November 2019			<b>Committees presented</b>	N/A			
<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 an update on the current position with regards to professional leadership activity across the nursing and allied professions in Solent NHS Trust.

**Board Recommendation**

The Board is asked to receive the report and note the work being undertaken to highlight the contribution being made by the nursing and Allied Health Professional (AHP) workforce.

**Background**

There are a range of professional activities across the Trust which impact on the delivery of care and the development of the nursing and AHP workforce. The individual work streams continue to feed into their relevant sub-committee structures. In addition a number of developments at a regional and national level will have a significant impact on the future workforce and on how the Trust approaches nurse and AHP training and recruitment in future.

This paper provides an update on developments since the May 2019 report.

## **Current Position**

### **Professional Leadership:**

#### **Allied Health Professional and Nursing Strategy Review:**

As reported previously the Allied Health Professional (AHP) and Nursing strategies are due for review and during the last 6 months we have been considering how these strategies have been delivered and how we can take this agenda forward for the future. There are a number of work streams which influence this agenda both at a local and national level. Although this has not progressed at the pace anticipated the aim remains to develop a professional framework that encompasses all clinical staff, building an inclusive and collective clinical strategy.

The clinical strategy will focus on delivering high quality, safe and innovative care in the community, responding to patient and carer feedback and leading to improved patient experience. It will demonstrate interconnectivity and synergy with other Trust-wide strategies, frameworks and business planning e.g. Community Engagement Strategy, Career Framework and workforce planning. The work on this strategy will be developed through the professional advisory group and in collaboration with the new Chief Medical director once they are in post. It is anticipated a strategy will be in draft form for consultation by the end of Q4 2019/20.

#### **Newly Qualified Clinical Staff Induction Programme**

In 2018/19 the Educator in Practice team delivered a very successful induction programme for newly qualified nurses joining the Trust. They have built on this success and in September led the delivery of a multiprofessional induction programme for newly qualified staff across professions. The Associate Director Professional standards (on behalf of the Chief Nurse) and the Chief Medical officer attended a welcome session in September and met all of the newly qualified staff. The programme will be reviewed and changes or adaptations made where this is the right thing to do. There were some particular challenges for some professionals groups, particularly those staff on rotation. Initial feedback suggests that an induction period spread over a longer period and more options to 'pick and mix' may create more flexibility and ease the pressure on clinical services.

#### **Professional Advisory Group**

Following discussions with the Chief Nurse it has been agreed to review the current clinical and professional forums to ensure a consistent approach to new role development and to support clinical competency development to deliver safe, effective care alongside positive experience for both staff and patients. It has been agreed to therefore review the current membership and terms of reference for the professional advisory group. It is anticipated that this group will in addition to providing a professional perspective on a range of contemporary topics to the Chief Nurse the group will be responsible for developing guidance and support in relation to new role development from Nursing Associates to Advanced Clinical Practice. The terms of reference and membership will be reviewed at the November meeting.

#### **AHP Forum:**

The AHP Forum continues to meet on a quarterly basis and has excellent attendance from senior AHPs across the Trust. The forum continues to provide an opportunity for uniprofessional, regional and national updates to support shared learning and collective leadership. It also provides the opportunity to escalate key professional issues. Over the last six months key topics have been the AHP conference (please refer to the Chief Nurse report within the Board Performance report for the

details), Advanced Clinical Practice, AHP job planning and the newly extended multiprofessional newly qualified induction.

### **Matron Forum**

The Matron's from across services continue to meet and as the role extends wider than nursing the forum is now a multi-professional group. A number of areas of work have been taken forward in the past six months including the agreement to pursue the implementation of the 'Perfect Ward' which is an audit tool supporting real time quality review of clinical areas. Two of the matrons and the Associate Director Professional Standards undertook a visit to Oxlease Trust in July and will support the development of the tool and its implementation. It is hoped to progress with this over the next 2 months. The group are also being supported to review their development needs and work is underway to survey colleagues so that a programme can be developed to meet their collective needs.

### **Hampshire & Isle Of Wight (HIOW) AHP Council:**

The HIOW AHP Council continues to meet on a quarterly basis to drive the strategic AHP workforce developments across the system. To date, the council has established an Occupational Therapy (OT) apprenticeship collaborative to progress the joint procurement of a local OT degree apprenticeship; collectively reviewed the ESR occupational codes and agreed a core set to ensure consistency across the system (an essential first step for AHP e-job planning); the group has run a social prescribing workshop using the new national framework to articulate the ask and offer to the system;

The council submitted a proposal to the LWAB for a part-time AHP Professional Leadership role (O.2WTE, Band 8d for two years) which was successful. Following the recruitment process we are delighted that, Dr Clare Mander, AHP Professional lead from Solent, has been offered this important and influential system leadership post and she will commence the secondment in December 2019.

The HIOW AHP Council has been instrumental in establishing a new South East AHP Strategic Leadership Network to share developments across the regional. This group first meet in September and is supported by NHS England and Improvement.

### **Revalidation & Reregistration:**

During this reporting period two staff members have failed to re-register with the NMC which has resulted in a lapse in registration. Actions were taken in line with Trust policy and one individual has successfully reregistered and the other is going through the NMC process currently. There have been no lapses in registration of AHP's in this period.

### **New and Emerging roles for AHPs and Nurses:**

#### **AHPs:**

- National Challenge Fund research investigating the role of OTs in Vocational Rehabilitation within Primary Care is now complete. The project was very successful and findings have been shared with the Department for Work and Pensions, joint work and health unit, who visited the Trust in June 2019. Solent Primary Care services are now exploring a substantive OT role and the project is being presented to LWAB in December to showcase to the wider Primary Care Network.
- Rotating advanced practice paramedics from SCAS within PRRT in Portsmouth continues to be a success and on-going funding has been agreed.

- A number of service lines have now identified an AHP lead to drive the AHP agenda. Joint professional supervision arrangements are being established between the Heads of Quality & Professions (HQPs) and the Trust-wide AHP Professional Lead.
- Primary Care has established a short-term First Contact Practitioner MSK leadership role to ensure readiness for the developments within primary care networks ahead of the new national funding in April 2020.

### **Nursing Supply Programme**

The workforce challenges relating to nursing continue to be a key priority across the NHS. In July 2019 the Hampshire & Isle of Wight (HIOW) Quality Board held a three day workshop to consider the challenges and identify the key work streams needed to develop solutions and build future pipelines. A key outcome of the workshops was to develop a more supportive approach to working with students across the system. A number of work streams have been agreed and are being led by the Chief Nurses across the STP.

### **Advanced Clinical Practice**

A number of services as part of their ongoing service developments and transformation plans are developing roles which incorporate extended and/or advanced practice skills. To support this work a core role description has been developed and signed off by the Chief Nurse prior to going to matching panel. It is anticipated this will, once matching process is completed, be used by all services introducing these roles. There are plans in the first instance to use these to develop advanced practice roles in falls and in dementia care.

In October the Trust welcomed two Frailty Consultants one of whom is an AHP by professional background and one who is a Nurse. These roles have been introduced as part of the new Intermediary Care model in Portsmouth and the team are developing a frailty competencies framework in partnership with Southern Health Foundation Trust.

### **AHP apprenticeships:**

The outcome of the national and regional procurement for the podiatry apprenticeship is still awaited and once available the Trust will consider the implications and opportunities this presents.

The HIOW OT Apprenticeship Consortium was extended to include partners from Dorset and following the publication of the joint tender document in September 2019, two HEIs expressed an interest. A presentation day was held in October and a preferred provider was identified; the consortium is in the final stages of negotiation. The preferred provider will be able to offer a 'flying faculty' traveling into the patch on a weekly basis to deliver the education. They also have an established digital platform that will enable the self-directed learning element. Work in underway mapping those interested in the apprenticeship and reviewing their prior learning, up skilling where needed, and exploring work experience opportunities across the Trust.

HIOW system has expressed an interest in establishing a similar consortium for Speech and Language Therapy.

There are no plans to explore a physiotherapy apprenticeship at this stage due to the stable supply via traditional route and new traditional programme within our local area.

### **Nursing Associate Development**

September saw the first Nursing Associates joining the NMC register and some services are now employing NA's. Work is in development to agree core job descriptions and clear competencies for

these roles. In line with safe staffing guidance and practice across provider organisations the Chief Nurse has confirmed that a NA will not be the second registered nurse on a shift within Solent.

### **Registered Nurse Degree Apprenticeship (RNDA)**

The Solent staff on the 4 year adult registered nurse degree apprenticeship commenced in September 2019 and they are currently out on their first clinical placements. This is an exciting development and will include a mental health degree nurse apprenticeship from 2020.

### **Professional Development:**

#### **AHP job planning**

Following the national guidance published by NHS England and Improvement to implement AHP e-job planning by April 2020, a trust-wide task and finish group has been established. Phase one involved updating the AHP ESR codes, in line with the HIOW review, to ensure consistency across the system. This has now been completed for registered AHPs and the support workforce update should be complete by December.

The national guidance provides limited description of what activities should be coded under the four categories. In a mapping exercise carried out by the AHP forum this highlighted a high level of variation, which could in turn compromise effectiveness of the job plan and could create clinical risks. Therefore a Solent AHP job planning directory has been developed.

Unfortunately, there is no nationally agreed ratio of direct clinical care Vs. supporting professional activities and therefore an internal time in motion study is needed to inform implementation. This work will be carried out from 20 November to 20 December 2019 with over 100 AHPs from across the Trust participating. The results will be used to inform the guidance to be produced in quarter four.

A bid to upgrade Healthroster to support e-job planning and the Trust is awaiting the outcome of this process.

#### **Advanced Clinical Practice (ACP) national census**

In order to participate in the national ACP census, comprehensive internal mapping of the existing workforce was needed. This was a complex task due to variation in understanding of roles and the variety of role descriptions across the Trust. Senior managers across service lines were tasked with identifying their ACP/consultant workforce and due to the confusion over this level of clinical practice and to introduce some degree of consistency a 'decision tree' was designed to inform who should be included in the census. The distinction was made between highly specialist and ACP role, which was a particular issue for our AHP workforce.

Through the various stages of the mapping process, 71 clinicians from 5 professions and 7 specialities, were identified and put forward for the national census. MSK physiotherapy has the largest cohort of ACPs and many others were categorised as trainee ACPs.

Building on the findings from the census, further work will be undertaken in Solent to ensure good governance of our ACPs and standardisation (including job descriptions, job plans, credentialing, supervision etc.); as well as career development and planning for those who identified as trainees.

#### **Clinical Career Development – task and finish group**

The Trust career framework was introduced in May 2017 and has been used with varying degrees of success since that time. Dr Cathy Price is leading a task and finish group, with the first meeting held in November 2019, to review the current framework, bring it up to date and develop it as a more effective tool to support career pathway developments and to encourage effective career



conversations supporting individuals with career development/progression whether that be horizontal or vertical progression/development.

### **AHP Clinical Placement Capacity**

The Trust has recently participated in the national survey conducted by NHS England and Improvement to review AHP clinical placement capacity in terms of existing offer and opportunities to expand numbers in the future. It is hoped that findings will be shared at a system level to inform local AHP workforce supply plans. During the collection of data the disparity across professions in terms of placement numbers per registered AHP was highlighted and this will be taken forward with the service line AHP leads.

### **AHP leadership development**

The national AHP team have produced a number of AHP leadership documents and guides to inform the Board and clinicians. Part of the national AHP offer is 64 fully funded places on the Rosalind Franklin programme. The national team were accepting one nomination per Trust and following an internal selection process one of our senior Speech and Language Therapists was put forward. All those who expressed an interest in this leadership development opportunity have been offered a career coaching conversation and support to develop their bespoke development plan.

### **AHP Digital innovation**

The Adult Speech and Language Therapy team in the East have launched the use of telehealth consultations using Visionable. They hope to be able to offer more remote consultations to patients across the Portsmouth, South East Hampshire and Fareham and Gosport areas.

### **Celebrations and Successes:**

A number of nurses and AHPs were recognised for their contribution and commitment to delivering excellence in clinical care and making a difference at the Inaugural Solent Awards and Recognition ceremony. The Chief Nurse award was presented to Debra Godley, Senior Community Learning Disabilities Nurse. Debra was selected for her compassion and caring nature, and for everything she has done for learning disabilities and the people and families in the service.

Pam Campbell, Consultant Nurse for Homelessness and Health Inequalities, was announced as the national winner of the NHS Parliamentary Lifetime Achievement Award at a prestigious event held in London in July. Pam, who qualified as a Registered Nurse in 1979, was nominated for her extensive and ground breaking work and research with homeless people and other vulnerable groups who find it difficult to receive healthcare, including victims of domestic violence or trafficking

Beccy Burgos and Paige Mills (student) were selected as a finalist of the Chief AHP Officers Awards 2019 within the AHP workforce category for their work on leading the way with vocational rehabilitation in primary care. Beccy and Paige attended the award ceremony in London hosted by Suzanne Rastrick on the 17 July 2019.

Theresa Costello, Physiotherapist and MSK Team Leader, Portsmouth was announced as the Trust AHP of the Year at the AHP conference on 10 October 2019. This was the first AHP awards for the Trust and showcased all of the excellent leadership and contribution of AHPs across the organisation.

Following their success winning the poster presentation Case Study category at the TV Society conference in May the team have had the case study published in 'Wounds UK'.

The Southampton Tissue Viability team were finalists in the Nursing Times Awards held on 30 October 2019. Their nomination and selection as finalists was an acknowledgment of the excellent patient centered and evidence based care they provide to patients and improving outcomes. They won the best poster award at their recent National Conference and were also voted the winning poster at the recent Trust nursing conference.

**Recommendation**

The nursing and AHP professions across the organisation continues to be very active in raising their profile, contributing both internally and externally to the development of the nursing and AHP professional workforce. This report has provided a summary of the key activities undertaken since the last report.

The Board is therefore asked to note the progress being made.

<b>Presentation to</b>	Trust Board							
<b>Title of Paper</b>	Health & Safety Annual Report – 6 Monthly Update							
<b>Author(s)</b>	Dave Keates			<b>Executive Sponsor</b>		Andrew Strevens		
<b>Date of Paper</b>	18 November 2019			<b>Committees presented</b>				
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability	X	<b>W2</b> Vision & Strategy	X	<b>W3</b> Culture	X	<b>W4</b> Roles & Responsibilities	X
	<b>W5</b> Risks and Performance	X	<b>W6</b> Information	X	<b>W7</b> Engagement	X	<b>W8</b> Learning, Improv & innovation	X

### Executive Summary

The purpose of this report is to provide evidence that arrangements are in place for health and safety management and that we are meeting our statutory requirements for health, safety and welfare. This report also looks back on another 6 months of positive progress in regards to the management of health and safety and captures achievements and performance against the key areas of focus for 1 April 2019 – 31 March 2020 as identified by the health and safety manager within the 2019/2020 health and safety annual report.

The report has been produced using the Health and Safety Executive (HSE) guidance “Managing for health and safety (HSG65 Plan, Do, Act, Check)” and covers staff, patients and visitors.

The table below provides a summary of each of the key areas reported on and is RAG rated to enable a quick overview to be seen with further detail available within the body of the report:

<b>Compliance and Assurance</b>	
External Agencies and reporting of Incidents	
RIDDOR	
DoH Central Alert System (CAS)	
<b>Risks and Issues</b>	
Incident Reporting	
Slip, Trips, Falls	
<b>Key areas of focus</b>	
Support the AMH/OPMH ligature reduction Programme	
Pop up’ training sessions requested by service for staff to achieve the required competencies	
Undertake a cost analysis and option appraisal in regards to other lone working devices on the market that could be adopted.	
Compliance team collaborative working with Estates and Facilities Management as a key stakeholder input	
<b>Inspection/ Assessment/ audits programmes</b>	
Health and safety workplace inspections, (complete priority one properties)	
Medical gas store external inspections	
Disability Discrimination Act assessments for Solent own properties	
Lockdown assessments/ procedures	
COSHH assessment reviews	

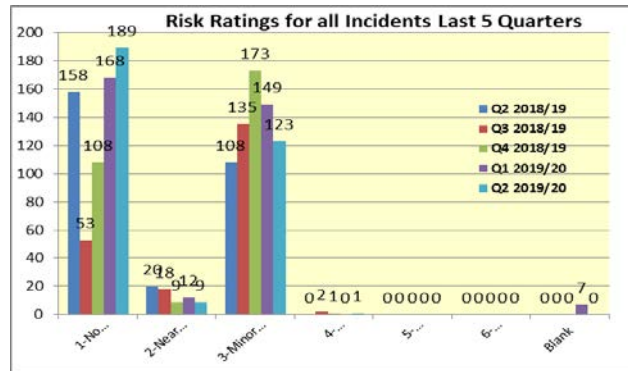
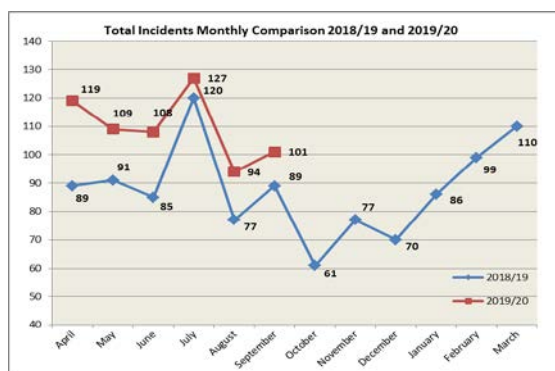
**Compliance and Assurance**

**Solent has not had any External Agencies investigative proceedings** being undertaken in regards to breaches of health and safety legislative requirements or the Environmental Protection Act by either the Health and Safety Executive or the Environmental Protection Agency. Solent NHS Trust has not received a visit from any external regulatory agency, either pre planned or as a result of a specific incident complaint.

**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)** this applies to a set of reporting requirements for work activities in Great Britain; the main purpose is to provide reports, where appropriate, to the Health and Safety Executive and to Local Authorities. Solent are 100% compliant with all reportable incidents under RIDDOR being reported within the stipulated time frame to the Health and Safety Executive, this relates to 3 RIDDOR incidents having been reported in 2019/20 and all three incidents were staff related resulting in them being incapacitated to work for more than seven consecutive days.

**Department of Health Central Alert System (CAS)** Solent NHS Trust receives safety notices and alerts from a number of agencies that require consideration and in some cases action by managers and employees. Solent are 100% compliant as all 38 alerts received within 2019/2020 were acknowledged within the stipulated timescales back to the Department of Health and all alerts have been disseminated to the appropriate groups, replies received / tracked and all alerts are compliant having been closed off within each alert timescale back to the Department of Health.

**Reported incidents**



Solent has had an increase of reported incidents for Quarter One and Quarter Two of 11.2% compared to last years reported incidents. The highest reported levels of No Harm and Near Miss have, for the second quarter in succession, seen a positive increase of 8.7% from 50% to 58.7% with minor Non-permanent harm incidents decreasing from 44.3% to 38.2%.

This trend is in line with the National Patient Safety Authority guidelines: organisations that have good levels of reporting have corresponding improved patient safety cultures and a positive reporting culture.

Focus this year has been on the highest reported subject areas (Falls Witnessed and Falls Not Witnessed) with the provision of support to the falls champions in managing routine fallers on inpatient wards. This is a health and safety agenda item and the use of various forums via Quality and Safety Team are utilised to assist with the accuracy of reporting in relation to specific locations.

**Ligature Reduction Programme**

A review of all Ligature Risk Assessments/Audits for 2019/ 2020 has been undertaken and service line mitigation controls have been produced and these include a local protocol regarding common areas that outline how they manage those areas. Ligature Management Group meetings have been regularly held and Terms of Reference have been reviewed and an action tracker is in place and being regularly monitored. In addition to the previous points liaison

with the estates and facilities teams on ligature points that have been closed off from existing assessments, and discussions on how ligature points will either be picked up individually due to the risk identified by the services or through the wider estates re-development programme is regularly undertaken.

#### **Pop up training sessions undertaken**

Ligature point and ligature cutters training has been delivered and, to improve staff awareness of ligature audit requirements for new staff joining the audit team, training is being delivered through the use of 'practice dummy' audits as required. Occupational health and wellbeing team training has been provided (bi-monthly) covering a variety of health and safety legislation and workplace inspection and COSHH assessment training has also been delivered.

#### **Lone Working Devices**

After researching the market and a shortlisting process, the Skyguard Lone Working App has been selected; the App will be an additional form of safety protection that will operate as an alternative to the Skyguard palm-sized device that many of our lone workers currently use.

The palm-sized device will continue to be an option for those that wish to use it. We are currently running a trial of the App with approximately 100 of the Trust's lone workers who have the N8 Android Smartphone. The trial is due to be completed on 1 December 2019 when it will be assessed and a meeting will be set up with the QIA panel to agree next steps in the roll out of this option.

#### **Collaborative working with Estates and Facilities Management**

Compliance team working with estates and facilities team in all new build, refurbishment projects or acquisitions of new buildings to provide expert advice and support and authorised compliant sign off to issues that are identified that relate to statutory compliance with appropriate legislation and Health Technical Memorandums.

### **Assessments and Inspections**

#### **Health and safety workplace inspections**

Buildings have been prioritised as follows: Priority 1 Sites - Solent owned properties, inpatient areas and clinical settings involving patient contact inspected Annually; Priority 2 Sites - Clinical services with no direct patient contact, schools inspected every two years; Priority 3 sites - Seasonal booking rooms or clinical administration offices and community day centres, inspected every three years unless there is any significant changes to site or services.

#### Progress to Date:

Priority 1 sites - Adelphi House, Battenburg Avenue Clinic, Bitterne Health Centre, Crown Heights Basingstoke, Jubilee House, Portswood Surgery, the Limes, Block A St Mary's Community Hospital (SMH) and Tree Tops completed. The remaining Priority 1 properties will be completed over the next few months.

In addition other buildings are assessed as and when it is suitable to capture them whilst undertaking other specific health and safety work within these areas, 5 x Priority 2 and 7 x Priority 3 buildings have also been completed Remedial Works action tracker created to record all actions identified and reviewed regularly.

#### **Medical gas store external inspections**

All external medical gas storage facilities inspections completed. Remedial Works action tracker created to record all actions identified and added to the estates backlog tracker. No significant issues found

#### **Disability Discrimination Act (DDA) assessments**

A DDA access review assessment form has been created but no specific site reviews have taken place to date. As part of our proactive risk management approach the DDA assessments are planned to be completed by the H&S manager by the 1 April 2020 for all Solent owned and fully leased properties. The first scheduled assessment is SMH B Block following building handover on 29 November 2019 to verify compliance.

Disability access is covered within the Solent's estates design and accommodation guides and is used in compliance

with the building regulations as and when new or renovation works take place.

**Lockdown assessments/ procedures**

Lockdown procedures have been completed with only one outstanding which is B Block at SMH, this will be completed once all works have been completed and building handover finalised on 29 November 2019.

**COSHH assessment reviews**

**Control of Substances Hazardous to Health (COSHH)**

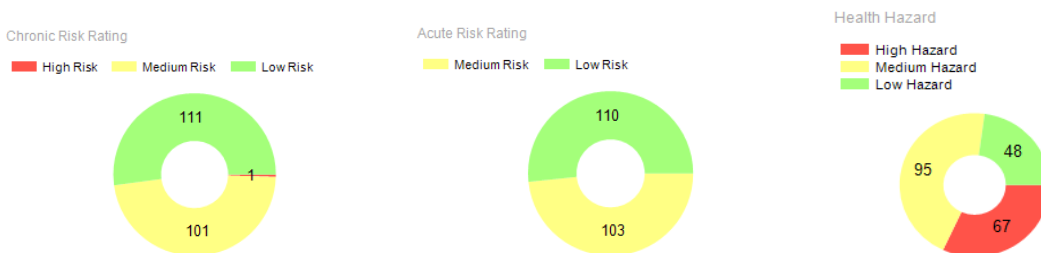
During 2018/2019 there were 238 substances used, all were compliant under COSHH, with adequate control measures and safe to use.

The health and safety manager has work closely with clinical team and have reduced the total number of substances in use down from 238 to 201 and have standardise substances and evaluate safer alternatives. These changes have made the following positive differences in regards to % of high risk substances in regards to health, Physio chemical and environmental hazards currently in use.

**2018/2019**

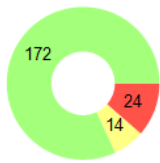


**2019/2020**



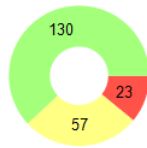
Physio-Chemical Hazard

High Hazard  
Medium Hazard  
Low Hazard



Environmental Hazard

High Hazard  
Medium Hazard  
Low Hazard



**Risks identified in relation to this report (and include date of when included on the Risk Register)**

The only risk identified during the consultation with employees at the health and safety group is:

*Solent’s single operative “Falls Clinical Lead Physiotherapist (Southampton) & Falls Thematic Lead (Solent)” who had only 1 allocated day to support falls champions/ investigation etc. this position was terminated on the 28/06/2019. No formal notification yet of the proposed plans for the future in regards to frailty and falls.*

This has been placed on the risk register - reference number 1478 refers with an entry date of 11/10/2019 with the following note

*Lack of Leadership/ clinical support to manage our complex patients who are at risk of falling, lack of support and guidance to falls champions group/ meetings, lack of communication between falls champions and management board; difficulty in monitoring and implementing the falls CQUIN and the knock on effect this lack of support will have on our at risk patients*

**Key Decisions/ Action(s) requested**

To note the update

## Board Report – In Public Meeting

<b>Title of Paper</b>	<b>Compliance with the NHS Constitution – annual review</b>						
<b>Author(s)</b>	Jayne Jenney, Corp Support Manager and Assistant Company Sec			<b>Executive Sponsor</b>	Sue Harriman, Chief Executive Officer		
<b>Date of Paper</b>	November 2019			<b>Committees presented</b>	n/a		
<b>Action requested of the Board</b>	To receive <input checked="" type="checkbox"/>		For decision <input type="checkbox"/>				
<b>Link to BAF risk</b>	BAF: #		Concerning: or			N/A <input checked="" type="checkbox"/>	
<b>Level of assurance (tick one)</b>	Significant	<input type="checkbox"/>	Sufficient	<input checked="" type="checkbox"/>	Limited	<input type="checkbox"/>	None <input type="checkbox"/>

### Purpose

The purpose of this paper is to provide assurance to the Board that Solent NHS Trust has continued to assess itself against the pledges and rights of the NHS Constitution. Solent's ability to demonstrate compliance against the constitutions principles and pledges has been reviewed by the relevant executive lead and their teams. One of the primary aims is to set out clearly what patients, the public and staff can expect from the NHS and what the NHS expects in return. All NHS organisations are legally required to take account of the NHS Constitution in performing their NHS functions.

A summary status against the key areas is illustrated below:

#### Compliance with principles:

Principle	Compliant/ Non-Compliant	Exceptions
Comprehensive service, available to all	✓ Compliant	Not applicable
Access based on clinical need	✓ Compliant	Not applicable
Aspires to highest standards of excellence and professionalism (quality)	✓ Compliant	Not applicable
Patients are at the heart	✓ Compliant	Not applicable
Working across organisational boundaries and in partnership with others	✓ Compliant	Not applicable
Best value for money and most effective use of resources	✓ Compliant	Not applicable
Accountable to public, community and patients	✓ Compliant	Not applicable

#### Compliance with pledges:

Focus	Key Area	Compliant/ Non-Compliant	Exceptions
<b>Patient &amp; Public</b>	Access to services	✓ Compliant	Not applicable
	Quality of care and environment	✓ Compliant	Not applicable
	Nationally approved treatment, drugs and programmes	✓ Compliant	Not applicable
	Respect, consent and confidentiality	✓ Compliant	Not applicable
	Informed choice	✓ Compliant	Not applicable
	Involvement in your healthcare and in the NHS	✓ Compliant	Not applicable
	Complaints and redress	✓ Compliant	Not applicable
<b>Staff</b>	Rights/pledges	✓ Compliant	Not applicable

A copy of the full report is available for information.

### Board Recommendation

The Board is asked to note the report as assurance that the Trust is compliant with the legal requirement to take account of the NHS Constitution in provision of its NHS services.

#### Assurance Level

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

- Significant, sufficient, limited or no assurance

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



RAG key Green = full assurance Amber = part assurance Red = not compliant/ no assurance

Item 11.2

Seven Principles	Exec Leads	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
1. The Trust provides a <b>comprehensive service, available to all</b>	DN / SA	Compliant	Green	All patients eligible for treatment	
2. <b>Access to services is based on clinical need</b> , not an individual's ability to pay	DN / SA	Compliant	Green	Services are free at the point of delivery	
3. The Trust <b>aspires to the highest standards of excellence and professionalism (Quality)</b>	JA	Compliant	Green	<ul style="list-style-type: none"> <li>• Community Engagement strategy completed and delivery in place.</li> <li>• Quality improvement programme and cohorts A Framework of Quality Assurance for Responsible Officers and Revalidation Annual Board Report and Statement of Compliance (October 2019)</li> <li>• Quality Assurance Framework revised - presentation to September 2018 Assurance Committee</li> <li>• Quarterly monitoring through the Quality Report including CQC essential standards</li> <li>• Quality Account</li> <li>• Quarterly complaints scrutiny panel</li> <li>• Quality Improvement and Risk Group</li> <li>• Annual Clinical Audit Programme</li> <li>• Annual staff survey</li> <li>• Professional Advisory Group (shortly to change to Clinical Standards Group)</li> <li>• Competency Scrutiny Panel</li> </ul>	
4. The <b>patient will be at the heart</b> of everything the NHS does	JA/SA /DN	Compliant	Green	<ul style="list-style-type: none"> <li>▪ Solent 'story' linked to strategy</li> <li>▪ "Your voice counts" leaflets</li> <li>▪ "Your view, your say, your service" leaflets</li> <li>▪ Service user feedback is encouraged through the use of social networking sites (e.g. Facebook, NHS Choices, Twitter, Patient Choices)</li> <li>▪ Service User Support Groups (Note: Community Engagement Strategy and delivery changes)</li> <li>▪ Family and Friends monitoring of numbers and narrative</li> <li>▪ Community Engagement Committee</li> <li>▪ Community Engagement strategy Duty of Candour</li> <li>▪ The Academy of Research &amp; Improvement</li> <li>▪ Freedom to Speak Up Guardians available for staff to raise concerns: including those of patient safety</li> </ul>	
5. The NHS works <b>across organisational boundaries and in partnership</b> with other organisations in the interest of patients, local communities and the wider population.	DN / SA	Compliant	Green	<ul style="list-style-type: none"> <li>• Active participant and partner in the Hampshire &amp; IOW Sustainability and Transformation Partnership (STP) and developing Integrated Care System and Integrated Care Partnerships - for example;                             <ul style="list-style-type: none"> <li>○ In Portsmouth &amp; South East Hampshire (PSEH) system: Medically Fit for Discharge programme , MCP programme</li> <li>○ In Southampton: Better Care Transformation partnership with IOW MH</li> </ul> </li> <li>• Strategic exchanges with partner organisation boards and exec teams</li> <li>• Membership of multi organisational programme boards</li> <li>• Health and social care teams in the localities – oversight from the Partnership Management Group (cross organisational board) in Southampton</li> <li>• Acute community multi-disciplinary teams for frail elderly</li> <li>• Working in partnership for individual care pathways including COPD, diabetes, stroke, heart failure</li> <li>• A range of partnerships through sub contracts with third sector organisations</li> <li>• Leadership of the military mental health Alliance in Portsmouth working across charity and third sector organisations</li> <li>•</li> </ul>	
6. The Trust is committed to providing <b>best value for taxpayers' money &amp; the most effective</b> , fair & sustainable use of finite resources.	AS	Compliant <sup>1</sup>	Green	<ul style="list-style-type: none"> <li>• External Audit VFM opinion for 18/19 was an unqualified opinion within the Trust's financial statements.</li> <li>• The Trust has complied with the break-even duty over the 3 year period ending 31 March 2019.</li> <li>• The Trust has agreed a break-even control total for the year ending 31 March 2020</li> </ul>	
7. The Trust is <b>accountable to the public, communities and patients</b> it services	JA/ RC	Compliant	Green	<ul style="list-style-type: none"> <li>• Annual Report</li> <li>• In Public Board Meeting papers and minutes available via the public website</li> <li>• Community Engagement strategy</li> <li>• Attendance at health watch, health and overview scrutiny.</li> <li>• Annual General Meeting</li> </ul>	

Access to Services			Executive Lead = David Noyes Sarah Austin	
The NHS commits to		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> <li>to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution (pledge);</li> <li>to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered (pledge); and</li> <li>to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them (pledge).</li> </ul>		<ul style="list-style-type: none"> <li>Activity against waiting times recorded within performance report and monitored in more detail through performance sub committees.</li> <li>Board In Public papers</li> <li>Solent NHS Trust works with its partners to ensure smooth transitions along care pathways and between providers</li> </ul>		None
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to receive NHS services <b>free of charge</b> , apart from certain limited exceptions sanctioned by Parliament.	Compliant	Green	Services are free at the point of delivery	
You have the right to <b>access NHS services</b> . You will not be refused access on unreasonable grounds.	Compliant	Green	All patients eligible for treatment and access is available using a range of options including, GP referral, direct access, Referral criteria on web site	
You have the right to expect your local NHS to <b>assess the health requirements of the local community</b> and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.	Not applicable		Duty rests with commissioners ; <ul style="list-style-type: none"> <li>Commissioning plans in place to commission services from Solent NHS Trust.</li> <li>Solent NHS Trust plans are aligned with commissioners and wider STP plans</li> <li>Solent actively supporting population health management project in PSEH</li> </ul>	N/A
You have the right, in certain circumstances, to <b>go to other European Economic Area countries or Switzerland</b> for treatment which would be available to you through your NHS commissioner.	Not applicable		Duty rests with commissioners	N/A
You have the right <b>not to be unlawfully discriminated against</b> in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status	Compliant	Green	<ul style="list-style-type: none"> <li>Equality, Diversity and Inclusion Sub-Committee - action plan to focus on BME as well as LGBT</li> <li>participating in the NHS Partners programme</li> <li>Equality Strategy under development</li> <li>WRES and EDS2</li> <li>EIA process being enhanced</li> <li>Freedom to Speak Up Guardians are available for people to raise concerns</li> </ul>	
You have the right to <b>access</b> certain services commissioned by NHS bodies <b>within maximum waiting times</b> , or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution	Compliant	Green	<ul style="list-style-type: none"> <li>Performance report</li> <li>18 wk national targets achievement monitored</li> <li>6 week diagnostic targets achievement monitored</li> <li>Delayed transfers of care targets achievement monitored</li> <li>Solent NHS Trust works with its partners to ensure smooth transitions along care pathways and between providers</li> <li>Waiting list reports</li> <li>Solent NHS Trust meets constitutional standards whilst acknowledging unacceptable therapy secondary waits</li> <li>Preparing to meet new commitments in the LTP</li> </ul>	

Quality of care & environment			Executive Lead = Jackie Ardley	
The NHS also commits		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> <li>to identify and share best practice in quality of care and treatments (pledge).</li> </ul>		<ul style="list-style-type: none"> <li>PLACE inspection results</li> <li>Ad-hoc infection control inspections.</li> <li>Board to Floor visits</li> <li>Quarterly monitoring through the Quality Report</li> <li>CQC registration maintained without conditions</li> <li>Complaints feedback</li> <li>Patient Survey feedback</li> <li>Single Sex Accommodation monitoring</li> <li>Friends and Family feedback</li> </ul>		None
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to be <b>treated with a professional standard of care, by appropriately qualified and experienced staff</b> , in a properly approved or registered organisation that meets required levels of safety and quality.	Compliant	Green	<ul style="list-style-type: none"> <li>Implementation of the Patient Experience Strategy</li> <li>Quarterly patient FFT</li> <li>Annual Quality Account</li> <li>Quality Improvement Programme</li> <li>Annual Clinical Audit Programme</li> <li>Complaints and concerns process</li> <li>Staff training in customer care</li> </ul>	
You have the right to be cared for in a <b>clean, safe, secure and suitable environment</b>	Compliant	Green	<ul style="list-style-type: none"> <li>PLACE assessments</li> <li>IPC Audit Programme</li> <li>IPC Training</li> <li>Ligature Risk Assessments</li> <li>Environmental Audits</li> <li>H&amp;S Statement of Intent</li> </ul>	
You have the right to receive <b>suitable and nutritious food and hydration</b> to sustain good health and wellbeing	Compliant	Green	<ul style="list-style-type: none"> <li>PLACE assessments</li> <li>Nutrition and Hydration Steering Group</li> <li>Risk assessments and Care planning</li> <li>Mention new catering contract?</li> </ul>	
You have the right to <b>expect NHS bodies to monitor, and make efforts to improve</b> continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services.	Compliant	Green	<ul style="list-style-type: none"> <li>Quality goals and Annual Quality Priorities</li> <li>Quarterly patient and carer experience</li> <li>Quality Account</li> <li>Performance and governance committee structure from Board to service</li> <li>Quality Improvement Programme</li> <li>Research and Improvement</li> <li>Quality Performance Reporting and monitoring via performance governance infrastructure including service line governance groups, QIR, Performance Sub-Committees.</li> <li>Annual Clinical Audit Programme</li> <li>PLACE inspection results</li> <li>Infection control inspections.</li> <li>Board to Floor visits</li> <li>LFD</li> </ul>	

Nationally approved treatment, drugs and programmes			Executive Lead = Chief Medical Officer	
Pledges		How do we demonstrate Compliance		Exceptions to compliance
<ul style="list-style-type: none"> <li>to provide screening programmes as recommended by the UK National Screening Committee (pledge).</li> </ul>		<ul style="list-style-type: none"> <li>Chlamydia Screening</li> <li>Newborn Screening</li> </ul>		
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to <b>drugs and treatments</b> that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.	Compliant	Green	<ul style="list-style-type: none"> <li>NICE compliance is part of the annual clinical audit plan (national and local). Report to QIR and Assurance Committee. Also monitored via Medicines Management Committee</li> <li>Medicines Management &amp; Safety Policy</li> <li>Medicines Management Committee</li> <li>Mention project for EP?</li> </ul>	
You have the right to <b>expect local decisions on funding of other drugs and treatments</b> to be made rationally	Not applicable	N/A	Duty rest with commissioners	N/A

following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.				
You have the right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.	Not applicable	N/A	Duty rest with commissioners <ul style="list-style-type: none"> <li>HPV Vaccination programme</li> <li>Child Immunisation Programme</li> </ul>	N/A

Respect, consent and confidentiality		Executive Lead = Jackie Ardley		
The NHS also commits to:		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> <li>ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively (pledge);</li> <li>that if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution (pledge);</li> <li>to anonymise the information collected during the course of your treatment and use it to support research and improve care for others (pledge);</li> <li>where identifiable information has to be used, to give you the chance to object wherever possible (pledge);</li> <li>to inform you of research studies in which you may be eligible to participate (pledge); and</li> <li>to share with you any correspondence sent between clinicians about your care (pledge)</li> </ul>		<ul style="list-style-type: none"> <li>Waiting times</li> <li>Leaflet availability</li> <li>Complaints feedback</li> <li>Caldicott Guardian</li> <li>Information Governance adherence</li> <li>Records review and audit</li> <li>Research Strategy</li> <li>All clinicians have access to the summary care record</li> <li>All patient records now electronic.</li> </ul>		Where it is not deemed in the best interest of the client or family to share data
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to be treated with <b>dignity and respect</b> , in accordance with your human rights.	Compliant	Green	<ul style="list-style-type: none"> <li>Our values</li> <li>Dignity at Work Policy (Bullying &amp; Harassment) Quarterly essence of care benchmarking on Dignity and respect</li> <li>Quarterly survey of patient and carer experience</li> <li>Complaints process and quarterly monitoring of themes and trends.</li> <li>DOLS audits</li> <li>Monitoring of compliance with the new Care Act 2014 within the Safeguarding Adult framework</li> <li>Policies subject to impact assessments</li> <li>Monitoring of compliance with mixed sex accommodation</li> <li>Chaperone Policy</li> <li>Interpreter service available</li> <li>Monitoring of compliance with EDS2</li> <li>Data Encryption Policy</li> <li>Monitoring of compliance with Accessible Information Standards</li> </ul>	
You have the right to be <b>protected from abuse and neglect</b> , and care and treatment that is degrading.	Compliant	Green	<ul style="list-style-type: none"> <li>Level 1- 3 Safeguarding training for Children and Adults</li> <li>Safeguarding referral in place</li> <li>Safeguarding Audits</li> <li>Safeguarding Supervision</li> <li>Participation in MASH and MARAC</li> <li>Safeguarding Committee</li> <li>Safeguarding Policy for Children and Adults</li> <li>Compliance with MHA, and review through committee</li> </ul>	
You have the right to <b>accept or refuse treatment</b> that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests	Compliant	Green	<ul style="list-style-type: none"> <li>Consent to Examination and Treatment policy and consent audits</li> <li>Safeguarding policies</li> <li>Care Programme Approach (CPA) Standard Care Policy</li> <li>Information Leaflets</li> <li>DoLs and MCA</li> <li>Training on DoLs and MCA</li> <li>Advocacy Service and MHA advocates</li> <li>Compliance with MHA, and review through committee</li> </ul>	
You have the right to <b>be given information about the test and treatment options</b> available to you, what they involve and their risks and benefits.	Compliant	Green	<ul style="list-style-type: none"> <li>Service Information leaflets</li> <li>Initial and Pre-operative assessments</li> <li>Consent to Examination and Treatment Policy</li> </ul>	
You have the <b>right of access to your own health records</b> and to have any factual inaccuracies corrected.	Compliant	Green	<ul style="list-style-type: none"> <li>Access to Health Records Policy/Subject Access Requests</li> <li>Data Protection Compliance Policy</li> <li>Information Sharing Protocols</li> <li>SIRO and Caldicott positions held at Board level</li> <li>Data Security &amp; Protection Toolkit Submission</li> </ul>	
You have the <b>right to privacy and confidentiality</b> and to expect the NHS to keep your confidential information safe and secure.	Compliant	Green	<ul style="list-style-type: none"> <li>Patient feedback</li> <li>Data Security &amp; Protection Toolkit Submission</li> <li>Information Sharing Protocols</li> </ul>	

			<ul style="list-style-type: none"> <li>• Caldicott Principles,</li> <li>• Data Protection, Caldicott &amp; Confidentiality Policy</li> <li>• SIRO and Caldicott positions held at Board level</li> </ul>	
You have <b>the right to be informed about how your information is used.</b>	Compliant	Green	<ul style="list-style-type: none"> <li>• Privacy Notice "Your Information Your Rights" Data Protection, Caldicott &amp; Confidentiality Policy</li> <li>• SIRO and Caldicott positions held at Board level</li> </ul>	None
You have the <b>right to request that your confidential information is not used beyond your own care</b> and treatment and to have your objections considered, and where your wishes cannot be followed, to be told the reasons including the legal basis.	Compliant	Green	<ul style="list-style-type: none"> <li>• Privacy Notice "Your Information Your Rights"</li> <li>• Data Protection, Caldicott &amp; Confidentiality Policy</li> <li>• SIRO and Caldicott positions held at Board level</li> </ul>	None

Informed Choice		Executive Lead = David Noyes / Sarah Austin		
The NHS also commits:		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> <li>• to inform you about the healthcare services available to you, locally and nationally (pledge); and</li> <li>• to offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices.</li> <li>• This will include information on the range and quality of clinical services where there is robust and accurate information available (pledge)</li> </ul>		<ul style="list-style-type: none"> <li>• Detail of services available on the public website</li> <li>• Service leaflets</li> <li>• Performance Reports including quality data</li> <li>• Quality Account</li> </ul>		None
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right <b>to choose your GP practice</b> , and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.	Compliant	Green	Commissioning responsibility GP practices run by Solent welcome all patients.	
You have the right <b>to express a preference for using a particular doctor</b> within your GP practice, and for the practice to try to comply.		Green	Commissioning responsibility GP practices run by Solent allow patients to express a preference for a particular doctor.	
You have the right to <b>transparent, accessible and comparable data</b> on the quality of local healthcare providers, and on outcomes, as compared to others nationally		Green	Reported through performance reports presented at In Public Board and the Annual Report. Also the responsibility of commissioners	
You have the right <b>to make choices about your NHS care and to information to support these choices.</b> The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution.	Compliant	Green	<ul style="list-style-type: none"> <li>• Service Information</li> <li>• Patient Information Policy and patient leaflets - leaflets available in alternative formats, such as large print, Braille, alternative languages and audio</li> <li>• CQC ratings</li> <li>• Detail of services available on the public website</li> </ul>	

Involvement in your healthcare and in the NHS		Executive Lead = David Noyes /Sarah Austin		
The NHS also commits:		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> <li>provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);</li> <li>to work in partnership with you, your family, carers and representatives (pledge);</li> <li>to involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge);</li> <li>and to encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).</li> </ul>		<ul style="list-style-type: none"> <li>Board In Public papers</li> <li>Service users are involved in planning many services</li> <li>Focus groups</li> <li>Consultation groups with patient/public involvement</li> <li>Community Engagement strategy in development</li> </ul>		None
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to be <b>involved in planning and making decisions</b> about your health and care with your care provider or providers, including your <b>end of life care</b> , and to be given information and support to enable you to do this. Where appropriate, this right includes your family and carers. This includes being given the chance to manage your own care and treatment, if appropriate.	Complaint	Green	<ul style="list-style-type: none"> <li>Core question asked in the quarterly patient experience survey programme</li> <li>Consent to Examination and Treatment Policy</li> <li>Policy annual audit of compliance</li> <li>Patient information leaflets</li> <li>Complaints/concerns process</li> <li>Key element of Solent Values</li> <li>Involvement in care planning and having a copy of care plan</li> <li>End of Life Policy</li> </ul>	
You have the right to an <b>open and transparent relationship</b> with the organisation providing your care. You must be told about any <b>safety incident</b> relating to your care which, in the opinion of a healthcare professional, has caused, or could still cause, significant harm or death. You must be given the facts, an apology, and any reasonable support you need.	Complaint	Green	<ul style="list-style-type: none"> <li>Duty of Candour</li> <li>SIRI policy</li> <li>Complaints policy</li> <li>Emphasis on timely local resolution of complaints and concerns</li> </ul>	
You have the right to be <b>involved, directly or through representatives</b> , in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.	Complaint	Green	<ul style="list-style-type: none"> <li>Service users are involved in planning many services</li> <li>Focus groups</li> <li>Consultation groups with patient/public involvement</li> <li>Community Engagement strategy in development</li> </ul>	

Complaints and Redress			Executive Lead = Jackie Ardley	
The NHS also commits		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> <li>to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and the fact that you have complained will not adversely affect your future treatment</li> <li>to ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again; and</li> <li>to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services</li> </ul>		<ul style="list-style-type: none"> <li>The Trust has an open and honest approach to complaints and is willing to accept when standards have not been at a level they would expect. Apology is always made in these circumstances and the complainant will be informed of what actions are to be taken to resolve the problem.</li> <li>The Trust has a continuous improvement plan to ensure learning is implemented.</li> <li>All complaints are reported to our Trust Board on a quarterly basis. Details of all complaints, in particular those which have required improvements to be made are recorded and shared with Senior Managers and discussed at monthly Divisional Governance Meetings in an effort to provide assurance that actions are completed but also to allow other teams to share in the lessons learned.</li> <li>Whistleblowing policy, grievance policy, Staff friends and family. , IMPACT groups.</li> </ul>		None
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to <b>have any complaint you make about NHS services dealt with efficiently</b> and to have it properly investigated.	Compliant	Green	<ul style="list-style-type: none"> <li>Managing Concerns &amp; Complaints Policy and Procedure</li> <li>Emphasis on early and appropriate local resolution</li> <li>Complaints Report</li> <li>The Trust has implemented a policy in relation to Duty of Candour, and staff are informing patients/service users who may have suffered harm of their ability to raise a complaint.</li> <li>The Trust welcomes all feedback from our service users and sees complaints as an opportunity to review and improve the standard of care we are providing. All complaints are thoroughly investigated by a senior member of staff and responses scrutinised by members of our Executive Team prior to being sent.</li> <li>The CEO reviews all formal complaints responses prior to release</li> <li>Duty of Candour</li> <li>Quarterly Complaints Scrutiny Panel</li> </ul>	
You have the <b>right to discuss the manner in which the complaint is to be handled</b> , and to know the period within which the investigation is likely to be completed and the response sent.	Compliant	Green	<ul style="list-style-type: none"> <li>The Trust's Patient Experience Service make contact within 3 working days with anyone who has made a complaint.</li> <li>Once a complaint has been responded to a satisfaction questionnaire is sent to the complainant to ask if they feel they have been discriminated in any way because of having made a complaint.</li> <li>A meeting with the Service involved is always offered and Patient Experience staff will attend to support the complainant.</li> <li>Details of the Independent Complaints Advocacy Service are also included in the Trust's acknowledgement letters and complaints leaflet</li> </ul>	The satisfaction questionnaire is currently under review as returned feedback is low. Small pilot project in place and greater workstream in development working with Sarah Balchin, Associate Director of Patient Experience
You have the <b>right to be kept informed of progress and to know the outcome of any investigation</b> into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.	Compliant	Green	<ul style="list-style-type: none"> <li>Where there is an unavoidable delay to the response due to either the complexity of the issue or service delays the organisation will contact the complainant either by phone, email or letter to explain.</li> <li>Complainants can also meet with service and corporate leads to understand the outcomes in more detail and to be assured of lessons learnt and changes made.</li> <li>The trust follows the guidance of the Duty of Candour Policy as best practice in relation to informing complainants of the progress/outcome of an investigation.</li> </ul>	
You have the right to <b>take your complaint to the independent Health Service Ombudsman</b> , if you are not satisfied with the way your complaint has been dealt with by the NHS.	Compliant	Green	<ul style="list-style-type: none"> <li>In every formal response letter the Trust provides information on the right to refer a complaint to the 2<sup>nd</sup> stage of the NHS complaints process, the Ombudsman. Contact details for the Ombudsman's office are also included in our complaints leaflet and Trust website</li> </ul>	
You have the right to <b>make a claim for judicial review</b> if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.	Compliant	Green	<ul style="list-style-type: none"> <li>All complainants are informed of their rights to progress the complaint further if they are dissatisfied with the organisational response</li> </ul>	
You have the <b>right to compensation where you have been harmed by negligent treatment.</b>	Compliant	Green	<ul style="list-style-type: none"> <li>NHSL Resolution Risk Pooling membership</li> <li>Litigation Process</li> </ul>	

Staff			Executive Lead = Helen Ives	
The NHS commits:		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> <li>to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability (pledge);</li> <li>to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities (pledge);</li> <li>to provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential (pledge);</li> </ul> to provide support and opportunities for staff to maintain their health, wellbeing and safety (pledge); <ul style="list-style-type: none"> <li>to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families (pledge);</li> <li>to have a process for staff to raise an internal grievance (pledge); and</li> <li>to encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996 (pledge)</li> </ul>		<ul style="list-style-type: none"> <li>All staff have job descriptions and all staff should have an annual appraisal</li> <li>PDPs are in place linking personal development plans with appraisal.</li> </ul>		None
Staff Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
have a <b>good working environment</b> with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;	Compliant	Green	<ul style="list-style-type: none"> <li>Flexible Working practices</li> <li>Occupational Health and Wellbeing Service</li> <li>Counselling Service and Employee assistance programme (24/7 confidential line)</li> <li>Special Leave Policy</li> <li>Living our values</li> </ul>	
have a <b>fair pay</b> and contract framework;	Compliant	Green	<ul style="list-style-type: none"> <li>Agenda for change pay scales embedded</li> <li>Committed to Living Wage pledge</li> </ul>	
can <b>be involved and represented</b> in the workplace;	Compliant	Green	<ul style="list-style-type: none"> <li>Staff Side partnership working</li> <li>Joint Consultative Committee &amp; Doctors &amp; Dentist Negotiating Committee</li> <li>Focus Groups</li> <li>Engagement Programme</li> <li>Staff Survey</li> <li>Workforce &amp; OD Committee</li> <li>People &amp; OD Group</li> <li>Communications Champions</li> <li>Solent Awards – staff recognition &amp; appreciation programme</li> </ul>	
have <b>healthy and safe working conditions</b> and an environment free from harassment, bullying or violence;	Compliant	Green	<ul style="list-style-type: none"> <li>Investors in People Health &amp; Wellbeing accreditation</li> <li>SEQOHS (Safe, Effective, Quality Occupational Health Service) accreditation</li> <li>Health &amp; Safety Committee &amp; Policy</li> <li>Joint Consultative &amp; Negotiating Committee</li> <li>Health &amp; Wellbeing Strategy and Working Group</li> <li>Optimising Wellbeing &amp; the Lived Experience of Staff Group</li> <li>Dignity at Work Policy (Bullying &amp; Harassment)</li> <li>Staff Survey</li> <li>Freedom to speak up guardians</li> <li>Communications Champions</li> </ul>	
are <b>treated fairly, equally and free from discrimination</b> ;	Compliant	Green	<ul style="list-style-type: none"> <li>Equality, Diversity and Inclusion Sub-Committee - action plan to focus on BME as well as LGBT</li> <li>participating in the NHS Partners programme</li> <li>Equality Strategy under development</li> <li>WRES and EDS2</li> <li>EIA process being enhanced</li> <li>Freedom to Speak up Policy</li> </ul>	
can in certain <b>circumstances take a complaint about their employer to an Employment Tribunal</b> ;	Compliant	Green	<ul style="list-style-type: none"> <li>Grievance Policy</li> <li>Disciplinary Policy</li> </ul>	
can <b>raise any concern</b> with their employer, whether it is about safety, malpractice or other risk, in the public interest.	Compliant	Green	<ul style="list-style-type: none"> <li>Freedom to Speak Up Policy</li> <li>Freedom to Speak Up Steering Committee (quarterly)</li> <li>Incident reporting system</li> <li>Freedom to speak up guardians</li> </ul>	



## Winter Planning and Resilience plan 2019

<b>Presentation to</b>	Board							
<b>Title of Paper</b>	Winter Resilience and cold weather planning 2019							
<b>Author(s)</b>	Elaine Peachey			<b>Executive Sponsor</b>		David Noyes		
<b>Date of Paper</b>	02/12/2019			<b>Committees presented</b>		EPRR group		
<b>Well Led KLoEs</b>	<b>W1</b> Leadership Capacity & Capability	X	<b>W2</b> Vision & Strategy	X	<b>W3</b> Culture	X	<b>W4</b> Roles & Responsibilities	X
	<b>W5</b> Risks and Performance	X	<b>W6</b> Information	X	<b>W7</b> Engagement	X	<b>W8</b> Learning, Improv & innovation	

### Executive Summary

The purpose of this document is to describe the planning arrangements put in place by Solent NHS Trust to support the delivery of care throughout the winter period.

#### Summary

Solent NHS Trust plans to maintain organisational readiness and resilience, and respond appropriately to operational pressures to enable services to continue throughout the winter period. It is recognised however, that an additional focus is required during this period, when demand for some services is likely to be at its highest level. It is essential to maintain a co-ordinated approach to ensure that preparation is robust and that processes are in place that can adapt to the different pressures as and when they arise.

Lessons learnt from previous years have been included in the planning and business continuity plans have been reviewed particularly in view of severe winter weather conditions. A co-ordinated approach is essential to ensure that preparation is robust and both Portsmouth and Hampshire wide services have adopted a system wide approach to the preparation for winter.

The response to adverse weather conditions and the impact on services have also been reviewed and updated to ensure adverse weather has been considered and is part of the planning for any travel disruption.

### Risks identified in relation to this report (and include date of when included on the Risk Register)

Despite the detailed contingency there are a number of risks that could affect the response to winter these are included in the risk register

- Pandemic influenza (or similar infectious outbreak)
- Widespread electricity loss
- Severe and prolonged adverse weather

**Key Decisions/ Action(s) requested**

The Board is asked to **note** the status of the Winter Plan for 2019/20, which has been submitted to NHS England and that the Trust is working with partner organisations through the A&E Delivery Board to deliver those actions in the plan.



## Winter Resilience and Cold Weather Planning 2019/20

Draft V0.3

## **1.0 Introduction**

- 1.1 The purpose of this document is to describe the planning arrangements put in place by Solent NHS Trust to support the delivery of care throughout the winter period.
- 1.2 Solent NHS Trust plans to maintain organisational readiness and resilience, and respond appropriately to operational pressures to enable services to continue throughout the winter period. It is recognised however, that an additional focus is required during this period, when demand for some services is likely to be at its highest level. It is essential to maintain a co-ordinated approach to ensure that preparation is robust and that processes are in place that can adapt to the different pressures as and when they arise.
- 1.3 To ensure the organisation can respond to significant peaks in demand Solent NHS Trust has Incident Response Plans (Major Incident Policy) which are supported by associated plans and action cards. These documents are underpinned by the individual service's Business Continuity Plans which detail how capability and capacity is maintained at peak times. These have been continually updated and honed to capture lessons over the past few years.
- 1.4. Naturally the trust is also engaged with system partners in both cities in order to effectively contribute to system plans throughout the winter period. This paper addresses the trust's internal preparedness for winter pressures; however the responsibility for governance of system resilience remains with the A&E delivery boards.
- 1.5 During the winter of 2019-2020 the UK is likely to exit the EU (correct at the time of writing this paper) and therefore significant work around preparation and planning has taken place to ensure readiness.
- 1.6 The purpose of this document is to set out:
  - Key pressures and lessons identified
  - Escalation framework and protocols
  - Monitoring and reporting arrangements
  - Influenza and other infectious diseases

## **2. Key Pressures**

- 2.1 There are a number of key pressures which are likely to occur during the winter period:
  - Increased demand on the health and social care system as a whole due to the direct effects of cold weather resulting in increased heart attacks, strokes, respiratory diseases, influenza, falls, injuries, hypothermia and carbon monoxide poisoning, and the indirect effects of cold weather such as depression and other mental health illnesses.
  - Staffing problems due to the health effects of cold weather as detailed above.
  - The impact of extreme weather on road and rail networks making travel to and from work and while at work difficult.
  - Potential disruption to the critical supply chain infrastructures.
  - System wide delays in transfer and system operational pressures.
  - The impact of the UK exit from the EU

### 3. Lessons Learnt from Previous Years

#### (a) Trust wide winter lessons learnt

Following the heavy snowfall in late February/March 2018 a full debrief took place and all lessons identified were shared and actions completed. This had a positive result during the snowfall in December 2018 and the planning resulted in no disruptions to patient care and no impact on service users. The lessons identified and actions taken were:

- It was evident that not all managers were aware of the correct process for requesting taxis for use in extreme circumstances. Information was sent out to managers which was then included in business continuity plans.
- The process for when to request 4x4 support from volunteers was subject to different interpretations on the use of the volunteers. This has now been added to solnet as a process summary card which details the use and limitations.
- There were some mixed messaging around staff payment for non-working days, this information was added to the travel disruption SOP for clarity.
- BCP refresh was required with some update to weather alerts & contingency discussions. Therefore all BCP's were reviewed and further exercises were carried out across service lines to verify plans.

In 2017/2018 the trust produced contingency plans that included risk based, prioritised (RAG) list of services and the capability/capacity that the trust could mobilise in the event of an extreme set of circumstances over and above normal system business continuity. As part of the annual refresh of both winter planning and business continuity these contingency plans have now been added to the relevant business continuity plans.

#### (b) Southampton system

- Operational Resilience Conference calls – These continued throughout the winter which assisted in planning and the prevention of unnecessary delays. The rota for responding to conference calls works well and if the system is in black (OPEL 4) the rota changes to senior managers who are able to facilitate on the spot decision making. Solent have been pro-active in ensuring data is uploaded daily onto SHREWD (Single Health Resilience Early Warning Database) and is fully engaged with any further developments with this. There has been clear communication regarding expectations and also when to escalate to more senior management eg. Deep red/black status. Due to recent updates the SHREWD data now also reflects integrated services which effect the system position.

#### (c) Portsmouth system

- Solent along with system partners have supported the implementation of SHREWD and are fully engaged in local development in its application. Further plans in advance of winter include the development of a Portsmouth system (PCC and Solent combined) submission for SHREWD as well as the use of SHREWD data to inform the narrative and agreed actions of the Daily Ops Call

### 4. Cold Weather Alerts

Solent NHS Trust follows the national Met Office Cold Weather Alerts and informs staff of the alerts using the internal intranet (solnet). These alerts are also cascaded by the Trust Communications team to all staff, together with the appropriate actions to take at that level and any advice for the

patients and service users. Social media is also used to notify staff of any issues such as adverse weather and traffic issues.

Cold weather alerts are classified into four categories from November 1 to March 31 :

Level 0	Long-Term Planning - All year
Level 1	Winter Preparedness Programme 1 November to 31 March
Level 2	Severe Winter Weather is Forecast – Alert and Readiness Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence
Level 3	Response to Severe Winter Weather – Severe Weather Action Severe winter weather is now occurring; mean temperature of 2°C or less and/or widespread ice and heavy snow
Level 4	Major Incident – Emergency Response Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health.

The Trust works in partnership with social care services to identify people most at risk from seasonal illness and to improve their resilience to severe weather. Warnings at level 2, level 3 or level 4 are forwarded by the Trust’s Emergency Planning team to cascade to staff and managers.

The Trust’s communications plan includes arrangements in place for communicating with staff during severe weather conditions for example, to advise staff how best to get to work or to advise staff on mobile/home working.

## 5. Escalation framework

### 5.1 Leads

The Chief Operating Officers, are the Trust leads for systems resilience and winter planning and the Chief Nurse, has the lead responsibility for flu planning.

### 5.2 System Networks

The Trust participates in local networks which support the development and coordination of day to day systems management and escalation. Key stakeholders involved within the networks include Clinical Commissioning Groups, neighboring Trusts, Ambulance Trusts, Out of Hours providers, 111, Social Services, and other Local Authority Departments.

The groups also have close links with Communications and emergency planning groups.

The escalation policies and frameworks for the Trust are rooted in System-wide management methodology at a local and regional level using the operational pressures escalation levels framework (OPEL) across the whole system.

Escalation levels	
OPEL 1	Four-hour performance is being delivered. The local Health and Social Care System capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E / U&E Care Delivery Boards area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.

OPEL 2	Four-hour performance is at risk. The local Health and Social Care System is starting to show signs of pressure. The Local A&E / U&E Care Delivery Boards will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS E /I colleagues at regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.
OPEL 3	Four-hour performance is being significantly compromised. The local Health and Social Care System are experiencing major pressures compromising patient flow, and these continue to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E / U&E Care Delivery Boards Partners and increased external support may be required. The NHS E/I SE Regional Team including the SE Regional Director will be made aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. Decisions to move to system level OPEL 4 will be discussed between the Trust CEO, the CCG AO or Managing Director, and System leadership (CCG/STP/ICS Directors). This should also be agreed with the SE Regional Director, or their nominated Deputy. The National UEC Operations Team will be immediately informed by the SE Regional UEC Operational Leads through internal reporting mechanisms.
OPEL 4	Four-hour performance is not being delivered and patients are being cared for in overcrowded and congested department(s). Pressure in the local Health and Social Care System continues and there is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E / U&E Care Delivery Boards to recover capacity and ensure patient safety. If pressure continues for more than 3 days an extraordinary AEDB / U&ECDB meeting should be considered. All available local escalation actions taken, external extensive support and intervention required. The NHS E/I SE Regional Team will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. The SE Regional UEC Operations Leads will have an ongoing dialogue with the National UEC Ops Room providing assurance of whole system action and progress towards recovery. The key question to be answered is how the safety of the patients in corridors is being addressed, and actions are being taken to enable flow to reduce overcrowding. The expectation is that the situation within the hospital will be being managed by the hospital CEO or appropriate Board Director, and they will be on site. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and Regional boundaries, national action may be considered.

### 5.3 Daily Escalation Reporting – System Priority Services

Based on the model above an alert system operates within the Trust which includes routine daily reporting of the capacity and escalation status of 3 key service areas that are critical to the effective management of demand, capacity and patient flow through the system:

<b>Portsmouth</b>	<b>Southampton</b>
Portsmouth Rehab and Reablement service/Rapid response	Southampton Urgent Response Service
Community nursing including EOL Service	Community nursing
Community In-patient services	Community in-patient services

Each of the services has clearly defined triggers built around agreed early warning signs of escalating pressure, which allow the service to match themselves against the levels of alert above. This traffic light system enables the services to communicate, early each day, any mismatch between capacity and demand. These triggers combine to form a Trust escalation framework which determines the alert status of the Trust overall. Throughout the year via daily status reports the alert status of each of the services and the overall Trust status are shared with the Acute Trusts and relevant stakeholders within the Southampton and Portsmouth systems. This includes submission to a system-wide depository to enable a systems dashboard to be distributed by the CCGs, and a system wide escalation plan (SHREWD).

Each of the services in the table above has a capacity and escalation plan in place, which outlines their escalation triggers, actions and responsibilities. These plans are supplemented by business continuity plans when pressures occur which extend beyond business as usual. Both sets of plans are held centrally within the Trust.

The escalation framework described above can be expanded to include other services where capacity pressures arise. Managers on call out of hours are provided with a daily capacity update when the system is under pressure and are able to request more frequent reports if necessary.

Workforce Planning: There are thresholds already in place for the numbers of staff that can have planned leave at any one time, however as part of our Winter Plan we are focussing on the robustness of business continuity plans and this will include more work on contingency planning particularly in view of Pandemic Flu risk and the need to build into escalation plan actions re transferring resource from elective to non-elective services.

## **6.0 Capacity and Demand**

### **6.1 Capacity Planning**

The Trust continues to work collaboratively with partner organisations to develop system-wide predictive capacity modeling tools and to review existing escalation frameworks. System wide meetings enable sharing of information which can then act as a predictor of the peaks in demand such. SHREWD can also assist with capacity planning.

All service's Business Continuity Plans (BCPs) detail how capacity and quality is maintained at peak times and when there is a loss of critical services or resources. These BCPs link to the local health economy Escalation Plans and policies. All service BCP's are subject to annual review and validation to ensure they are effective when in use.

### **6.2 Surge and Escalation**

On receipt of the alert status reports from external providers or system-wide dashboards there is a robust system in place for the forward dissemination of this information within Solent NHS Trust.



Each of the key services has agreed actions within their capacity and escalation plans on how it will respond to capacity pressures internally or within the local health and social care system. Figure 2 summarizes these actions. Where surges in any part of the system arise, CCGs and Solent will use the NHS England South Central OPEL Escalation Framework (revised 2017) to determine the actions required.

National Escalation Status Triggers					
Escalation level	Acute trusts	Community care	Social care	Primary care services	Other services
<b>OPEL 1</b>	<p>Demand for services within normal parameters</p> <ul style="list-style-type: none"> <li>• There is capacity available for the expected emergency and elective demand. No staffing issues identified</li> <li>• No technological difficulties impacting on patient care</li> <li>• Use of specialist units/beds/wards have capacity</li> <li>• Good patient flow through ED and other access points. Pressure on maintaining ED 4-hour target</li> <li>• Infection control issues monitored and deemed within normal parameters</li> </ul>	<p>Community capacity available across system. Patterns of service and acceptable levels of capacity are for local determination</p>	<p>Social services able to facilitate placements, care packages and discharges from acute care and other hospital and community-based settings</p>	<p>Out of Hours (OOH) service demand within expected levels</p> <ul style="list-style-type: none"> <li>• GP attendances within expected levels with appointment availability sufficient to meet demand</li> </ul>	<ul style="list-style-type: none"> <li>• NHS 111 call volume within expected levels</li> </ul>
<b>OPEL 2</b>	<p>ED 4-hour performance is at risk</p> <ul style="list-style-type: none"> <li>• Anticipated pressure in facilitating ambulance handovers</li> <li>• Insufficient discharges to create capacity for the expected elective and emergency activity</li> <li>• Opening of escalation beds likely (in addition to those already in use)</li> <li>• Infection control issues emerging</li> <li>• Lower levels of staff available but are sufficient to maintain services</li> <li>• Lack of beds across the Acute Trust</li> <li>• ED patients with DTAs and no action plan</li> <li>• Capacity pressures on PICU, NICU, and other intensive care and</li> </ul>	<p>Patients in community and / or acute settings waiting for community care capacity</p> <ul style="list-style-type: none"> <li>• Lack of medical cover for community beds</li> <li>• Infection control issues emerging</li> <li>• Lower levels of staff available, but are sufficient to maintain services</li> </ul>	<ul style="list-style-type: none"> <li>• Patients in community and / or acute settings waiting for social services capacity</li> <li>• Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions)</li> <li>• Lower levels of staff available, but are sufficient to maintain services</li> </ul>	<ul style="list-style-type: none"> <li>• GP attendances higher than expected levels</li> <li>• OOH service demand is above expected levels</li> <li>• Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions)</li> <li>• Lower levels of staff available, but are sufficient to maintain services</li> </ul>	<p>Rising NHS 111 call volume above normal levels</p> <ul style="list-style-type: none"> <li>• Surveillance information suggests an increase in demand</li> <li>• Weather warnings suggest a significant increase in demand</li> </ul>

	specialist beds (possibly including ECMO)				
<b>OPEL 3</b>	<p>Actions at OPEL Two failed to deliver capacity</p> <ul style="list-style-type: none"> <li>• Significant deterioration in performance against the ED 4-hour target (e.g. a drop of 10% or more in the space of 24 hours)</li> <li>• Patients awaiting handover from ambulance service significantly compromised</li> <li>• Patient flow significantly compromised</li> <li>• Unable to meet transfer from Acute Trusts within 48-hour timeframe</li> <li>• Awaiting equipment causing delays for a number of other patients</li> <li>• Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> <li>• Serious capacity pressures escalation beds and on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)</li> <li>• Problems reported with Support Services (IT, Transport, Facilities Pathology etc.) that cannot be rectified within 2 hours</li> </ul>	<p>Community capacity full</p> <ul style="list-style-type: none"> <li>• Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> </ul>	<ul style="list-style-type: none"> <li>• Social services unable to facilitate care packages, discharges etc.</li> <li>• Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> </ul>	<p>Pressure on OOH/GP services resulting in pressure on acute sector</p> <ul style="list-style-type: none"> <li>• Significant, unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> </ul>	<p>Surveillance information suggests an significant increase in demand</p> <ul style="list-style-type: none"> <li>• NHS111 and 999 call volume significantly raised with normal or increased acuity of referrals</li> <li>• Weather conditions resulting in significant pressure on services</li> <li>• Infection control issues resulting in significant pressure on services</li> </ul>
<b>OPEL 4</b>	<p>Chief Operating Officers should make decisions across the whole system covering all urgent care entry points;</p> <ul style="list-style-type: none"> <li>• Actions at OPEL Three have failed to deliver capacity;</li> <li>• There is no capacity across all urgent care entry points;</li> <li>• There are severe handover delays;</li> <li>• The whole system is unable to manage effective flow/discharge capacity;</li> <li>• The acute trust is unable to manage DTOC and stranded patients effectively;</li> <li>• All emergency care pathways are significantly</li> </ul>	<p>No capacity in community services</p> <ul style="list-style-type: none"> <li>• Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety</li> </ul>	<ul style="list-style-type: none"> <li>• Social services unable to facilitate care packages, discharges etc.</li> <li>• Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> </ul>	<p>Acute Trust unable to admit GP referrals</p> <ul style="list-style-type: none"> <li>• Inability to see all OOH/GP urgent patients</li> <li>GP Streaming not alleviating ED pressures</li> <li>• Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on</li> </ul>	

	compromised; <ul style="list-style-type: none"> <li>• Ambulances are unable to unload their patients;</li> <li>• The whole system is experiencing unexpected reduced staffing levels for example due to sickness, severe weather conditions in areas where this causes increased pressure on patient flow is at a level that compromises service provision and patient safety;</li> <li>• There is severe capacity pressure on Critical Care, PICU, NICU and other intensive care and specialist beds (possibly including ECMO);</li> <li>• The whole system is experiencing infectious illness, Norovirus; severe weather and other pressures;</li> <li>• There are problems reported with support services (IT, transport, facilities, pathology etc.) that cannot be rectified within 4 hours;</li> <li>• Primary Care services to support the whole system are greatly reduced.</li> <li>• The ED four-hour target is no longer being delivered and patients are being cared for in overcrowded and congested EDs</li> </ul>			patient flow is at a level that compromises service provision / patient safety	
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--------------------------------------------------------------------------------	--

6.3 OPEL level 4 (OPEL Framework)

Provider organisations should request a full system conference call if they feel that they are reaching OPEL level 4 to ensure that all actions have been completed to avoid escalation.

Should escalation to OPEL 4 be reached, de-escalation will take place once the CCG is satisfied that there is no requirement for further escalation or intervention. This will be via verbal and written notification to the system providers and the CCG will then restate the overall system escalation status. Actions relevant to the lowered status will continue.

At times of increased pressure, it may be appropriate to hold an extra-ordinary system-wide teleconference. Regular calls will take place during the winter months to ensure that weekend and out of hours systems are in place to cope with pressures. These will be individual to each system.

**7. SITREP arrangements**

7.1 Solent NHS trust staff will continue to monitor and report daily bed and staff statistics. These reports will be available to contribute to the whole system groups and conference calls. Solent NHS

Trust also recognises the need to have availability of a bed state and staffing data on a daily basis throughout the winter period to inform the daily metrics that may be requested detailed in the table below. The information is updated on SHREWD by all organisations.

Data item	Period for reporting	Source	Lead	How these metrics will be shared
ED performance and admission conversion rates and acuity	Past 24 hours	ED data (4 hour waits and conversion to admissions %)	Acute representative	Conference call
Additional flex/extra beds open	Current as at time of conference call	Hospital bed status report (Ops report)	Acute representative	Conference call Escalation report
Bed capacity in acute and community services	past 24 and forward 24-48 hours	Rates of daily discharges and planned / predicted admissions Number of patients on Discharge Ready list & discharge issues	All bed based service providers duty managers	Conference call. Escalation report
Ward closures	past 24 and forward 24-48 hours	Details of any occurring and predicted to occur	All bed based service providers	Conference call Escalation report
Adult Social Services workload capacity	past 24 and forward 24-48 hours	Details of service capacity	Duty managers HCC and SCC	Conference call Escalation report
Community caseload demand / capacity to receive patients	past 24 and forward 24-48 hours	Details of service capacity	Duty managers Solent, SHFT	Conference call Escalation report
OOH GP surgery predicted demand and capacity	past 24 and forward 24-48 hours	Details of OOH GP surgery	Care UK NHUC	Conference call Escalation report
OOH GP surgery	Number of non triaged calls outstanding as at the conference call	Metrics of non-triaged calls	Care UK NHUC	Conference call Escalation report
Ambulance delays	Past 24 hours and current position as at the conference call	Ambulance handover reports	SCAS duty manager	As above plus emailed on regular distribution list each day.

111 issues	As above	Details of service capacity	111 lead	Conference call. Escalation report
------------	----------	-----------------------------	----------	------------------------------------

## 8.0 Service level planning and learning (see appendices)

### 9.0 Governance

9.1 This section describes the governance arrangements for the delivery of the seasonal plan.

9.2 The main group through which the delivery of the winter plan is monitored is the Trust's Emergency Planning Group, and CCG Systems Resilience meetings. Each Service Line is represented on the Emergency Planning Group. System governance is the responsibility of the appropriate A&E delivery boards.

### 9.2 Out of Hours Arrangements

The Trust operates a Clinical & Senior Manager and Duty Director Rota. Managers on call out of hours are provided with a daily capacity update when the system is under pressure and are able to request more frequent reports if necessary.

9.3 Individual service Business Continuity Plans (BCPs) contain information about staff groups and the skills required which would enable them to be redeployed if required.

## 10. Communication

Date	Audience	Activity	Responsibility
November 1	Staff	Add cold weather plan to intranet and circulate via Staff News	EP/ Solent Comms
From October 1	Staff	Implement campaign to encourage staff to receive flu vaccine	Occupational Health/ Solent Comms
Commencing November 1st	Staff	Inform staff of any met office adverse weather alerts via Staff News/ Intranet and global email (if required)	EP/Solent Comms
At first signs of severe weather	Staff	Remind staff of cold weather plan via Staff News/ global email and social media	EP/Solent Comms
At first signs of adverse weather	Staff	Communication circulated via email and added to intranet, including safety information and flexible working information.	EP/Solent Comms/HR
National Self-care week	Staff and Public	Inform staff and use resources available to promote key messages from the campaign	EP/Solent Comms
If adverse weather affects services	Public	Add latest clinic closures/ service opening times to Service Directory on solent.nhs.uk and include a banner on front page linked to pages with latest information.	EP/Solent Comms
	Staff	Consider using media to cascade messages. Include links to latest information on all social media platforms with an obvious hashtag. Include information regarding clinic closures/ service opening times on intranet and if required circulate via	EP/Solent Comms

Date	Audience	Activity	Responsibility
	Stakeholders	global email. Encourage staff to look at Social Media and solent.nhs.uk	EP/Solent Comms
	GPs	Circulate information regarding clinic closures/ service opening times to stakeholders and comms leads via email.	EP/Solent Comms
		Circulate information regarding clinic closures/ service opening times to GPs via CCG comms leads.	
When required	Staff and public	Pharmacy opening times to be publicized via Staff News and on public website when available.	EP/Solent Comms
Ongoing	Staff	Include regular updates in Staff News and circulate information via Managers' messages.	EP/Solent Comms
Throughout period	Public	Support CCG winter comms plans to convey messages to the public.	EP/Solent Comms

## 11. Influenza and other infectious disease outbreaks

Close links are in place with Public Health England (PHE) and surveillance information on infectious illness such as noro-virus and outbreaks in surrounding areas are e-mailed directly to the Infection Prevention and Control Team (IPCT) within Solent. These alerts are used to keep staff informed of changes in infection trends within the Community population in order for services to respond accordingly. The IPCT also monitors infection activity within the organisation on a daily basis using internal surveillance.

### 11.1 Influenza

Specifically a weekly report will be published by PHE which will include a range of indicators on flu including:

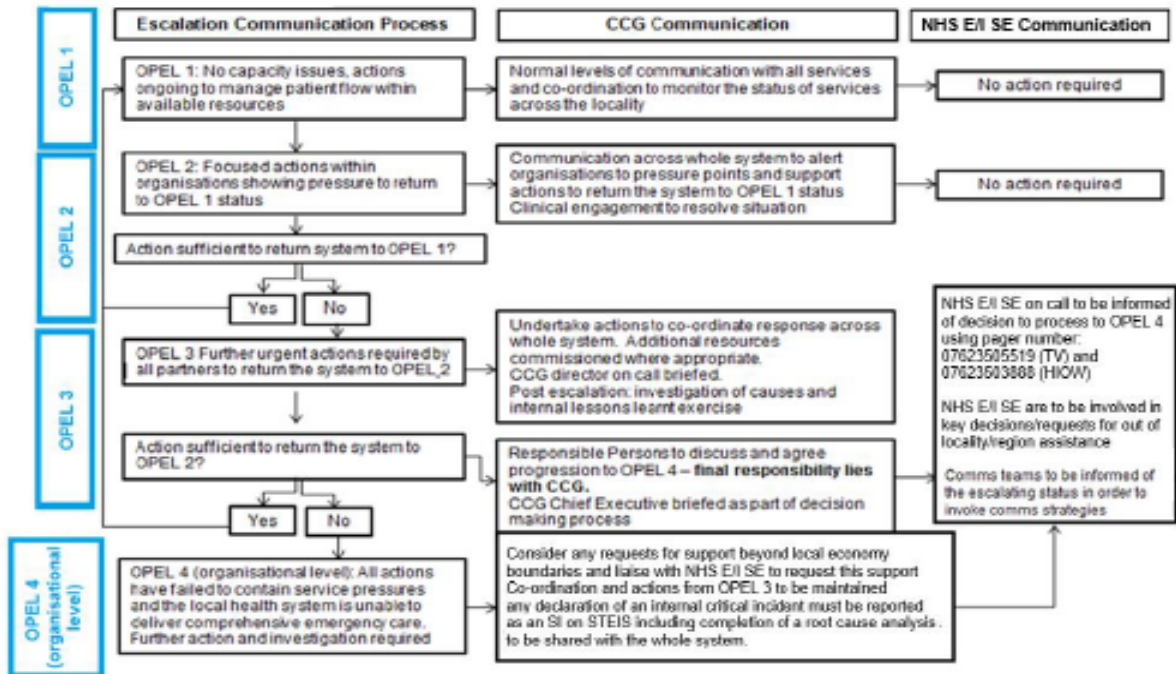
- the amount of flu-like illness (ILI) in the community
- the prevalent strain(s) of flu circulating
- the proportions of clinical samples that are positive for flu or other specified viruses
- the number of flu-related hospital admissions
- the relative impact of flu on different groups of people, by age and by clinical condition (including data on deaths where flu is the confirmed cause) based on data from intensive care units
- excess mortality monitoring
- the international situation

NHS Public Health is leading locally on flu preparedness and has a robust plan for uptake of vaccination. The flu vaccine targets have been altered to encourage greater uptake.

In relation to staff flu programme, strategies are in place to encourage maximum uptake of the vaccine by all staff groups. A campaign has been launched to include staff flu clinic updates which commenced late September and we will be monitoring and promoting the uptake over the next few months and reporting this regularly through the Trust's flu meeting and relevant other forums in order to achieve the staff target uptake of 80%.

Appendix 1

Appendix 1 Escalation Communication Flow Chart



## Appendix 2

### Service level planning template

<b>ADULTS SERVICES SOUTHAMPTON</b>				
<b>Area</b>	<b>Actions</b>	<b>Lead</b>	<b>Risks/Mitigation</b>	
<b>Demand and capacity</b>	<ul style="list-style-type: none"> <li>All staffing levels for services will be reviewed to support system resilience.</li> <li>All relevant services open as usual with no reduction in capacity</li> <li>Usual communications will continue through management routes</li> <li>Sustained demand during the period with rotas being managed flexibly to accommodate any spikes in demand. Continued input and participation at system resilience meetings/calls and escalation in place.</li> <li>Exploration of new models of working to increase existing capacity</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	
<b>Effective management of demand pressures</b>	<ul style="list-style-type: none"> <li>Rotas planned well in advance.</li> <li>Escalation plans in place to flexibly manage staffing</li> <li>Flexible management of community bed provision.</li> <li>Key service staffing rotas managed to support anticipated demand spikes.</li> <li>Active participation in system resilience call/meetings</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	
<b>Staffing</b>	<ul style="list-style-type: none"> <li>Annual leave being managed effectively.</li> <li>Rotas planned well in advance</li> <li>Proactive sickness management and support from Human Resources.</li> <li>Review of bank staffing arrangements to mitigate and promotion of recruitment onto bank staffing.</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	
14				



<b>Infection control</b>	<ul style="list-style-type: none"> <li>Flu jab campaign has already been started and is being heavily promoted.</li> <li>Robust policy and procedure for infection control on wards.</li> <li>Monitoring and review staff mandatory infection control training.</li> <li>Close monitoring of sickness with OH review.</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	
<b>Releasing additional capacity</b>	<ul style="list-style-type: none"> <li>Performance and system monitoring with escalation processes in place to manage staff flexibly.</li> <li>Use of bank staffing to support additional capacity</li> <li>Flexible use of community bed capacity</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	
<b>Partner organisations</b>	<ul style="list-style-type: none"> <li>Cooperation and communication as part of the multi organisation system resilience initiative.</li> <li>Flexible working strategies</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	
<b>Learning from previous winter</b>	<ul style="list-style-type: none"> <li>Sustained application of the above processes against the previous winter demand which showed the peak system demand post the Christmas and New Year and towards the end of January.</li> </ul>	Service Leads and operational managers		
<b>Severe weather</b>	<ul style="list-style-type: none"> <li>Business continuity and escalation plans in place to support service delivery</li> <li>EP lead involvement/ briefing services and following adverse weather plan</li> <li>Use of 4x4 vehicles</li> <li></li> </ul>	Service Leads and operational managers	Involve LRF if appropriate	
<b>ADULTS SERVICES PORTSMOUTH</b>				
<b>Area</b>	<b>Actions</b>	<b>Lead</b>	<b>Risks/Mitigation</b>	

<b>Demand and capacity</b>	<ul style="list-style-type: none"> <li>Staffing levels for services continue to be reviewed and safe staffing levels achieved through bank and agency if required</li> <li>BCP followed to ensure continuation of priority services if necessary</li> <li>Daily communication with system and all teams using system resilience calls</li> <li>Continue to look at the provision of care and potential improvements to models of care</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	
<b>Effective management of demand pressures</b>	<ul style="list-style-type: none"> <li>Rotas planned well in advance any gaps identified and bank booked in advance.</li> <li>Escalation plans in place to flexibly manage staffing</li> <li>Flexible management of community bed provision when requested</li> <li>Key service staffing rotas managed to support anticipated demand spikes.</li> <li>Careful management of whole service relocation for PRRT due to be completed by first week in November</li> <li>Active participation in system resilience call/meetings</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	
<b>Staffing</b>	<ul style="list-style-type: none"> <li>Annual leave is managed effectively in accordance with trust policies.</li> <li>Rotas are planned well in advance including the recruitment process which is a challenge for the Portsmouth system</li> <li>Proactive sickness management and support from Human Resources.</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	
<b>Infection control</b>	<ul style="list-style-type: none"> <li>Flu jab campaign has already been started and is being heavily promoted.</li> <li>Robust policy and procedure for infection control on wards.</li> <li>Monitoring and review staff mandatory infection control training.</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>Capacity monitoring and escalations plans in place</li> <li>BCP's</li> </ul>	

	<ul style="list-style-type: none"> <li>• Close monitoring of sickness with OH review.</li> </ul>			
<b>Releasing additional capacity</b>	<ul style="list-style-type: none"> <li>• Domiciliary care provision the winter is increased during the winter to provide extra capacity</li> <li>• In-patient beds used flexibly during system at OPEL 3 &amp; 4</li> <li>• We have deployed a wing of Jubilee House to CHC beds in the city and renegotiated the pathways</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>• Capacity monitoring and escalations plans in place</li> <li>• BCP's</li> </ul>	
<b>Partner organisations</b>	<ul style="list-style-type: none"> <li>• Cooperation and communication as part of the multi organisation system resilience initiative.</li> <li>• Flexible working strategies</li> </ul>	Service Leads and operational managers	<ul style="list-style-type: none"> <li>• Capacity monitoring and escalations plans in place</li> <li>• BCP's</li> </ul>	
<b>Learning from previous winter</b>		Service Leads and operational managers		
<b>Severe weather</b>	<ul style="list-style-type: none"> <li>• Business continuity and escalation plans in place to support service delivery</li> <li>• EP lead involvement/ briefing services and following adverse weather plan</li> <li>• Use of 4x4 vehicles</li> </ul>	Service Leads and operational managers	Involve LRF if appropriate	
<div style="text-align: center; opacity: 0.2; font-size: 48px; font-weight: bold;">Draft</div>				

<b>CHILDREN AND FAMILIES – East CCN/CPMS/LAC</b>				
<b>Area</b>	<b>Actions</b>	<b>Lead</b>	<b>Risks/Mitigation</b>	
<p><b><u>Demand and capacity</u></b></p> <p><b>Increased referrals to urgent care pathways</b></p> <p><b>Increased referrals/home visiting to children on current caseloads due to winter illness</b></p> <p><b>Increase demand on consumables due to winter illness (LTV children)</b></p>	<p>Re-establish urgent care pathway in collaboration with PHT and primary care.</p> <p>Encourage children on caseload to have flu vaccination</p> <p>Clear identification if the most complex and vulnerable on S1 caseloads.</p> <p>Work with materials management team to ensure adequate supplies are maintained and managed according to demand.</p>	<p>Clare Smith (CS)</p>	<p><b>Risk-</b> Children may experience delays in care due to demand exceeding capacity.</p> <p><b>Mitigation –</b> Agreed urgent care pathways with system partners at times of pressure.</p> <p>Implementation of RAG rated work plan across all services to ensure safe service delivery.</p> <p>Caseload prioritisation for most vulnerable and complex children</p> <p>Consider other ways to deliver service such as clinic/telephone consultation</p>	
<p><b><u>Effective management of demand pressures</u></b></p>	<p>As above</p>	<p>CS</p>	<p>AS above</p>	
<p><b><u>Staffing</u></b></p> <p><b>Increased sickness levels across all services</b></p> <p><b>Impact of severe weather on staffing ability to delivery service in the community and in bases</b></p>	<p>Encourage staff to have flu vaccination.</p> <p>Support access to vaccinations with peer vaccinator</p> <p>Sickness policy followed to manage staff sickness absence.</p> <p>Annual leave has been monitored and staff encouraged to take leave before November.</p>	<p>CS</p>	<p><b>Risk</b></p> <p>Safe staffing levels may not be maintained which will impact on the ability to deliver safe care to all and may put pressure on other primary care and acute partners.</p> <p><b>Mitigation:</b></p> <p>Business continuity plan in place in event of severe weather or significant drop in staffing levels.</p>	

	<p>Bank nursing available.</p> <p>Recruitment over complement to increase team resilience.</p> <p>Improvements in roster management</p>		<p>Support staff with encouragement of regular breaks and clear start finish times.</p> <p>Through regular supervision monitor AL to support staff wellbeing.</p> <p>Consider use of other staff across the service to support in the event of low staffing levels.</p>	
<b>Infection control</b>	<p>Monitor other infection control procedures, including training compliance and adherence to policy in daily practice.</p>	<p>Professional Lead</p>	<p><b>Risk:</b> If staff do not follow appropriate infection control procedures then more children and staff may be subjected to infection.</p> <p><b>Mitigation</b> Encouragement of flu vaccine for staff and service users to reduce risk</p> <p>Monitor and address any non-compliance with individuals/teams</p>	
<b>Releasing additional capacity</b>	<p>N/A</p>			
<b>Partner organisations</b>	<p>Lead clinicians in all services to maintain links with PCC, PHT and Primary Care in order to share information around demand and capacity.</p>	<p>Professional lead</p>	<p><b>Risk</b> Reputational Damage Impact on financial contract</p> <p><b>Mitigation</b> Regular communications with key partners and stakeholders including service users at time of significant pressure</p>	
<b>Learning from previous</b>				

<b>winter</b>	Management of home visiting clinical services due to snow  Management of clinical services delivered from bases	CS	<b>Risk</b> Inability to reach patients' homes/deliver appropriate supplies  Inability of staff to reach bases to deliver clinical services  <b>Mitigation</b> Prioritisation of workload and risk assessment regarding ability to deliver care safely for both staff and service users.	
<b>Severe weather</b>	Business Continuity Plans to be reviewed and updated as appropriate  Ensure appropriate processes and plans are in place to support staff and services users in the event of severe weather.	CS	<b>Risk</b> Unable to deliver some parts across the service due to poor weather  <b>Mitigation</b> Prioritisation of workload to ensure most urgent children receive care  Use of digital technology to offer telephone/text updates and if appropriate clinical advice.  Offer collection service from base if severe weather becomes longer term.	
<b>CHILDREN AND FAMILIES WEST</b>				
<b>Area</b>	<b>Actions</b>	<b>Lead</b>	<b>Risks/Mitigation</b>	
<b>Demand and capacity</b>	Staff from other areas within Children and Families trained to deliver vaccinations and mobilised to support the delivery  Extra training days provided	KS	Increased cohort eligible for Flu vaccination across Portsmouth and Southampton   Changes in staffing – new starters	
<b>Effective management of demand pressures</b>	Cold chain would need to be restored and vaccines reordered	KS	Cold chain failure which could cause delay in the delivery of the service and loss of vaccine	

	<p>Vaccines utilised from other sites across Southampton and Portsmouth to ensure continuity of delivery whilst waiting for new vaccine delivery</p> <p>School vaccination sessions rebooked</p> <p>NHS England would need to negotiate vaccine supplies through GP practices.</p> <p>Staff from other areas within Children and Families trained to deliver vaccinations and mobilised to support the delivery</p> <p>Paper Performa to be used and information faxed to GP practices until the electronic records are functioning. Backlog would then need to be uploaded as soon as possible to provide a continuous record. This could however present a small risk as a child could be immunized more than once due to a delay in records upload</p>		<p>Vaccine availability delay</p> <p>School cancellation of session</p> <p>Increased cohort eligible for Flu vaccine</p> <p>Loss of IT – data reporting</p>	
<b>Staffing</b>	<p>Mobilisation of staff trained in vaccination would be called upon to support delivery of childhood flu from both Portsmouth and Southampton Teams.</p> <p>All appropriate staff are aware of this requirement. Immunisation and School Nurse contact details can be located on R drive HV /SN and SAI Management file for Southampton and the T drive for Portsmouth</p> <p>Excess staffing hours agreed</p>	KS	<p>Simultaneous resignation or loss of key staff</p> <p>Staff sickness</p>	
<b>Infection control</b>	<p>Draw on other staff from PHN service to support with the vaccination programme, following guidance from PHE.</p> <p>Adherence by all staff to Solent NHS Trust Infection</p>	KS	<p>Infectious disease outbreak</p>	

	Control policy  Access to associated infection control equipment such as hand sanitizer, tissues and safe disposal equipment.			
<b>Releasing additional capacity</b>	Mobilisation of staff trained in vaccination would be called upon to support delivery of childhood flu from both Portsmouth and Southampton Teams.  All appropriate staff are aware of this requirement.	KS	Simultaneous resignation or loss of key staff  Increased eligible cohort  Staff sickness  Several schools requiring flu vaccination on same day due to vaccine delay and time frame for delivering programme	
<b>Partner organisations</b>	Update NHS England re any cold chain failures / vaccine wastage as per policy / vaccine delay  Cold chain failure would require urgent restock through ordering on Immform  NHS England would need to negotiate vaccine supplies through GP practices.	KS	Cold chain failure causing loss of vaccines Unable to access vaccine supplies	
<b>Learning from previous winter</b>				
<b>Severe weather</b>	Mobilise available staff from across wider service who have been appropriately trained to deliver vaccinations.  Rebook school vaccination session as soon as possible		Significant staff absence due to severe weather or transport issues  School closure due to severe weather	
<b>ADULTS MENTAL HEALTH</b>				
<b>Area</b>	<b>Actions</b>	<b>Lead</b>	<b>Risks/Mitigation</b>	
<b>Demand and capacity</b>	We run daily escalation calls in MH so we are always assessing our demand and capacity across the service daily. Main pressures points are likely to be in the	Cheryl Sullivan	Current staffing plan in place and forecast has been completed with actions being taken to fill gaps.	



	Crisis Team			
<b>Effective management of demand pressures</b>	Again this is done through our daily Ops calls for escalation. We have a fully functional OPEL style system for this	Cheryl Sullivan	No additional risks or mitigation required	
<b>Staffing</b>	Staffing for inpatients and all 24/7 services has already been mapped out for the first half of the winter to Xmas.	Cheryl Sullivan	No risks identified apart from the Crisis one that has already been mentioned.	
<b>Infection control</b>	Infection control measures in place.	Cheryl Sullivan	Key risks are around the flu. We already have robust business continuity plans for such events that we would implement as needed.	
<b>Releasing additional capacity</b>	For those key areas where we might see a surge in demand we have well established plans that we execute through the daily escalation calls. Decisions are made in that forum as where additional capacity needs to be added and what aspects of non-urgent activity are stood down	Cheryl Sullivan	No risks identified around resilience in this area.	
<b>Partner organisations</b>	We work closely with PHT and Southern Health particularly around the management of patients out of QA	Cheryl Sullivan	Key risk is around the patient flow challenges in SH which could have a knock on effect particularly in the 136. Mitigation plans being drawn up in the Pan Hampshire 136 meeting	
<b>Learning from previous winter</b>	Main learning is that Solent NHS Trust accepts too high a level of risk transfer from the system in order to support	Suzannah Rosenberg	Some discussions need to take place around what the parameters of our risk appetite are with transfer of patients from the Acute	
<b>Severe weather</b>	We have well established severe weather plans that we actually have to execute every year and this has been done successfully	Cheryl Sullivan	No risks and current mitigation plans are robust	

<b>SPECIALIST DENTAL SERVICES</b>				
<b>Area</b>	<b>Actions</b>	<b>Lead</b>	<b>Risks/Mitigation</b>	
<b>Demand and capacity</b>	The Special Care Dental services are mostly planned in nature, the teams have however reviewed and identified.	Lisa Dugan	Actions would be taken in the event of extreme weather or illness impacting on the services ability to support capacity and manage demand.	
<b>Effective management of demand pressures</b>	This is effective using the management of the operational review of services on a daily basis	Lisa Dugan	Telephone management of review appointments are an option in some cases	
<b>Staffing</b>	The service uses staff flexibly if needed and follows the business continuity plans If the services were under pressure due to staff sickness or absence due to travel disruption then all non-urgent, non-priority work would be cancelled including meetings and training	Lisa Dugan	Urgent cases can be prioritised	
<b>Infection control</b>	Ensure promotion of a high uptake of the flu and pneumococcal vaccinations in order to try and prevent as much illness as possible for patients as well as staff.	Lisa Dugan	There are known risks are around the flu. We already have business continuity plans for such events that we would implement as needed.	
<b>Releasing additional capacity</b>	R4 Dental System patient notes allow staff from different areas to manage other colleagues caseloads and communicate more effectively.	Lisa Dugan		
<b>Partner organisations</b>	Work closely with stakeholders to continuously communicate	Lisa Dugan		
<b>Learning from previous winter</b>	Staffing challenges can present even though all work planned	Lisa Dugan	Minimum staffing levels over holiday periods this time of year are set so clinics still function and urgent patients can be offered appointments	
<b>Severe weather</b>	If the services were under pressure due to staff sickness or absence due to travel disruption then all non-urgent, non-priority work would be cancelled including meetings and training,	Lisa Dugan	Redeployment of staff to nearest site during extreme weather conditions, Utilise the weather alerts to plan clinic – potential to start and end earlier during these times if extreme conditions Communication on the website and any other media available would be used to update patients on the	

			status of clinics during very bad weather.	
<b>PRIMARY CARE (MSK, pain, podiatry and G.P's)</b>				
<b>Area</b>	<b>Actions</b>	<b>Lead</b>	<b>Risks/Mitigation</b>	
<b>Demand and capacity</b>	GP SURGERY Focussing attention on the patients who most need our service e.g. in the summer we may have capacity to see a patient who has a viral illness, in the winter we may need to redirect patients to pharmacies and self-help.	KA	eConsult is in place which patients can use to access self-care and also to access GP service if needed. This will help to spread the workload Promote 'self-care' during national self-care week (November 18 <sup>th</sup> -24 <sup>th</sup> )	
<b>Effective management of demand pressures</b>	GP SURGERY Utilising appointments at the SPCL Hubs if we have days when demand severely outstrips capacity (we contact the Hub Manager in advance to discuss). Continue to utilise the Acute Visiting service to help in managing on the day demand.	KA	Advanced Nurse Practitioner appointments to be ring-fenced for use by Solent GP Surgery at times of high acuity.	
<b>Staffing</b>	ALL SERVICES If the services were under pressure due to staff sickness or absence due to travel disruption then all non-urgent, non-priority work would be cancelled including meetings and training, Redeployment of staff to nearest site during extreme weather conditions, or any travel disruption.	KA	System1 notes now allow staff from different areas to manage other colleagues caseloads and communicate more effectively and securely if staff can get to a site closer to home that is not their normal base. Minimum staffing levels over holiday periods this time of year are set so clinics still function and urgent patients can be offered appointments, while ensuring lone working is not an issue.	
<b>Infection control</b>	ALL SERVICES Ensure as high an uptake as possible of flu and pneumococcal vaccinations in order to try and prevent as much illness as possible (patients as well as staff).	KA	Potential for a flu outbreak to affect staffing would require following business continuity plans	
<b>Releasing additional</b>	GP SURGERY Utilising appointments at the SPCL Hubs if we have days	KA		

<b>capacity</b>	when demand severely outstrips capacity (we contact the Hub Manager in advance to discuss). In addition we can ask for Advanced Nurse Practitioner appointments to be ring-fenced for use by Solent GP Surgery at times of high acuity.			
<b>Partner organisations</b>	Acute trusts CCG's	KA		
<b>Learning from previous winter</b>	It was recognised that forward planning was required for the nearest places of work to individual's homes if there was a traffic disruption situation. This has now been mapped in order that we are able to mobilise more rapidly (ie staff know where to go) rather than phoning round to identify and agree. Remote working for GPs where possible to enable telephone triage and management of triage lists remotely in extreme circumstances.	KA	Staff may still be unable to work due to dependents also unable to attend school etc.  This may not be appropriate particularly for the frail elderly although accepted in extreme circumstances and individual patient needs would be assessed at the time	
<b>Severe weather</b>	As above and include the possible use of 4 x 4 and volunteer drivers.  Utilise the weather alerts to plan clinic – potential to start and end earlier during these times if extreme conditions	KA	Communication on the website and any other media available would be used to update patients on the status of clinics during very bad weather.	

## Sexual Health services

<b>SEXUAL HEALTH SERVICES</b>				
<b>Area</b>	<b>Actions</b>	<b>Lead</b>	<b>Risks/Mitigation</b>	
<b>Demand and capacity</b>	<ul style="list-style-type: none"> <li>We hold 2 weekly C4 meetings to review all of our activity and monthly Board meetings where Psychosexual counselling, vasectomy and Health promotion is reviewed.</li> <li>Currently we are delivering much more in our cities than the expected modelled costed activity plan. This means we can afford to lose sessions through snow, flood etc- this will be reviewed and staff moved according to need.</li> <li>We are considering planned closures based on our latest activity forecast.</li> </ul>	DZ/ SK	<ul style="list-style-type: none"> <li>We will move staff according to need and put on additional complex clinics if required</li> <li>As a last resort we will put on additional Vasectomy services</li> <li>Our TOP provider will also add additional sessions should waiting lists become extended.</li> </ul>	
<b>Effective management of demand pressures</b>	<ul style="list-style-type: none"> <li>2 Weekly C4 meetings</li> <li>Review data and compare against previous years activity data – plan for peaks and troughs</li> <li>Escalations to SK / DZ at these meetings</li> <li>Escalation to David should activity plans decrease</li> <li>Switch off activity if required following discussion with commissioners</li> </ul>	DZ/SK	<ul style="list-style-type: none"> <li>Move staff to cover shortfalls as required</li> <li>Put on additional sessions as required</li> <li>Close activity as required</li> </ul>	
<b>Staffing</b>  27	<ul style="list-style-type: none"> <li>2 weekly C4 meeting where we review all staff alongside activity and demand</li> <li>Monthly sickness review meetings to ensure all staff are managed appropriately to ensure they return to work as soon as appropriate</li> </ul>	DZ/ SK	<ul style="list-style-type: none"> <li>Recruitment – always be on top of recruitment requirements and advertise when notice is given</li> <li>Sickness – move staff to support areas of need , manage sickness appropriately, as</li> </ul>	

	<ul style="list-style-type: none"> <li>• Monthly workforce ( day 10 ) meetings to review staff and recruitment and bank use as appropriate</li> <li>• 6 weekly service rota review meetings</li> <li>• Increased sickness due to flu/colds</li> <li>• Support from HR as appropriate to encourage early return to work</li> </ul>		<p>appropriate switch off activity</p> <ul style="list-style-type: none"> <li>• Always be aware of the shortfalls in service and plan rotas six weeks in advance</li> <li>• Band 7s on duty at all times to review management of staff – delegate authority as appropriate</li> <li>• Encourage uptake of flu vaccinations, 2 x nurses flu vaccinators and will be attending education day</li> </ul>	
<b>Infection control</b>	<ul style="list-style-type: none"> <li>• Infection control link for all localities</li> <li>• Mandatory training up to date</li> <li>• Infection control audits</li> <li>• No wards therefore no need to review bed capacity</li> <li>• One of our roles is to find infection and treat it therefore outbreaks will be treated as business as usual</li> </ul>	CS/ SK	<p>Not a problem in service</p> <p>Only risk is staff sickness risk and this will be managed s part of the HR policy</p>	
<b>Releasing additional capacity</b>	<ul style="list-style-type: none"> <li>• Discussed at c4 meeting and planned and agreed as appropriate but currently both cities capacity is over the modelled demand and HCC is very close to achievement 1-2 % shy of target</li> </ul>	DZ/ SK	<p>Capacity and demand is currently over capacity YTD for all services following the DQUIP issues being rectified. We therefore have scope to cancel clinics as required</p>	
<b>Partner organisations</b>	<ul style="list-style-type: none"> <li>• No winter breaks planned apart from usual closure on Bank Holidays</li> <li>• BAU with subcontractors and should weather</li> </ul>	DZ/ SK	<ul style="list-style-type: none"> <li>• All of our partners have up to date BCP and these will be initiate should the need arise</li> </ul>	

	<p>deteriorate we will run a skeleton staff as per last winter- clients tend not to attend if weather is bad</p> <ul style="list-style-type: none"> <li>• Advertise on our website the opening times</li> <li>• Cancel booked appointments and rebook</li> <li>• Continue monthly subcontractor meetings</li> </ul>			
<b>Learning from previous winter</b>	<p>Last year in the snow which was the only time services were reduced-those in all sites who could get into service did and those who could not did not attempt it.</p> <ul style="list-style-type: none"> <li>• Commissioners contacted and informed</li> <li>• Website updated</li> <li>• Patients cancelled , apologised to and rebooked as appropriate</li> </ul>	DZ/ SK /CS	When it snowed heavily our BCP worked well	
<b>Severe weather</b>	<p>snow which was the only time services were reduced-those in all sites who could get into service did and those who could not did not attempt it.</p> <ul style="list-style-type: none"> <li>• Based on staffing attendance we offered the service we could with the staff who had attended prioritising urgent patients</li> <li>• Commissioners were contacted and informed</li> <li>• Website updated</li> <li>• Patients cancelled , apologised to and rebooked as appropriate</li> <li>• Medication shortfalls addressed and actioned- all HIV patients medication shortfalls are assessed as part of our BAU plan via our pharmacists</li> <li>• BCP actioned</li> </ul> <p>Staff for SARC not able to get to work due to severe weather</p>	DZ/CS/SK	<ul style="list-style-type: none"> <li>• BCP enacted</li> </ul> <p>Police will collect SOEs and crisis workers and bring them to SARC</p>	

Draft V0.3



Presentation to	<input checked="" type="checkbox"/> In Public Board Meeting	<input type="checkbox"/> Confidential Board Meeting						
Title of Paper	Schwartz Rounds – Year One Review							
Author(s)	Sarah Williams	Executive Sponsor Jackie Ardley						
Date of Paper	15/11/2019	Committees presented Schwartz Round Steering Group						
Link to CQC Key Lines of Enquiry (KLoE)	<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led			
Well Led KLoEs	W1 Leadership Capacity & Capability	<input checked="" type="checkbox"/>	W2 Vision & Strategy	<input type="checkbox"/>	W3 Culture	<input checked="" type="checkbox"/>	W4 Roles & Responsibilities	<input type="checkbox"/>
	W5 Risks and Performance	<input type="checkbox"/>	W6 Information	<input type="checkbox"/>	W7 Engagement	<input type="checkbox"/>	W8 Learning, Improv & innovation	<input checked="" type="checkbox"/>
Justification for inclusion in the Confidential Meeting	<i>Guidance note: The default position is that all papers should be included in the In Public Meeting, unless clear justification can be provided as to why the paper should be taken in the closed private paper, on the grounds of commercial sensitivity (for example). Also consider whether the Freedom of Information Act exemptions would apply – if none apply it may be difficult to justify that the paper should be included in the confidential meeting. For queries pls consult the Company Secretary and Information Governance Manager **DELETE THIS ROW IF BEING PRESENTED TO THE IN-PUBLIC MEETING**</i>							
Action requested of the Board	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision						
Link to BAF risk	BAF # ----- Concerning ----- or <input type="checkbox"/> N/A							
Level of assurance (tick one)	Significant	<input checked="" type="checkbox"/>	Sufficient	<input type="checkbox"/>	Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

The purpose of this paper is to provide the Board with an overview of the first year of Schwartz Rounds in Solent NHS Trust.

Schwartz Rounds are evidenced based structured forums for all staff – they are designed to bring people together to reflect on the emotional and social demands of their work across health and care. In Solent, we held our first Round in September 2018, and in the period to the end of October 2019, we have held 22 rounds, involving approximately 500 staff.

Rounds are positively evaluated, with staff reporting improved understanding of their own emotions at work, and of the roles of their colleagues. Many reported that this has had a positive impact on the care that they provide to patients.

The report gives an overview of the Rounds and a summary of the feedback.

### Board Recommendation

The Board is asked to note the review.



## Schwartz Rounds in Solent: Year One Overview

### Background

Solent held its first Schwartz Round on the 25<sup>th</sup> September 2018, under the theme, “The patient or family I’ll never forget”. Over the 13 months until October 2019, 22 rounds have been held; a combination of full rounds (available to all staff) and pop ups (smaller rounds to individual teams or at events). Approximately 500 staff have attended (this includes Rounds run at three conferences), across multiple sites in Hampshire and the Isle of Wight.

The programme is overseen by a Steering Group that meets monthly.

### What are Schwartz Rounds?

Schwartz rounds are evidenced based structured forums for all staff – they are designed to bring people together to reflect on the emotional and social demands of their work across health and care. They have been shown to decrease feelings of stress and isolation, help with the understanding of others’ roles and increase feelings of compassion and attentiveness in patient care. Schwartz Rounds are run under license, managed by the Point of Care Foundation – they provide all training and oversight (including mentoring) for the programme.

#### A Typical Round:

- Has a theme
- Lasts about an hour
- Is supported by a trained facilitator
- A case study or story is presented by 3 or 4 panellists (about 5 mins each).
- A discussion then follows, and members of the audience can reflect on these or their own experiences
- The focus is kept on emotional experience, rather than practical problem solving

*“Discussing issues made me realise that I am not alone in different situations.”*

*“Good to hear Board level people confess to being human (!)”*

*“Beautifully explained stories with such emotion”*

Our values are:



## The Solent Story

As a provider of services across a broad geography, at Solent, we have had to adapt the traditional model of Schwartz rounds to maximise access. We have the traditional monthly Rounds which rotate around different sites, but augment these with smaller ‘pop up’ Rounds when requested. The mix has been well received. Between September 2018 and October 2019, 22 Rounds have been held, of which 8 have been Pop-Up. Each session has a theme, which are selected either by the Steering Group or via a voting system on SolNet.

### Example Themes:

- In at the deep end
- Why I come to work
- The erosion of empathy
- The day I made a difference

Rounds have been held at multiple locations across Hampshire and the Isle of Wight, with participants from both clinical and administrative professions. Service lines now have identified Schwartz champions to help promote the Rounds and support panellists.

A table with a full summary of the Rounds, themes and locations can be found in Appendix 1.

## Feedback

*“I found this Schwartz Round invaluable as a student nurse. I will take away with me the importance of compassion and empathy.”*

Feedback is taken at the end of every round – it has been overwhelmingly positive. Rounds are all well attended, with between 20-30 people typically attending.

- 85% felt the Rounds would help them work better with colleagues
- 80% had a better understanding of how they felt about their work
- 70% felt they had gained insights that would help them improve patient care
- 92% would recommend Schwartz Rounds to others

*“I didn't realise how emotional I would feel listening to others. I realised we all feel emotional and I think it will break down barriers talking about it in team”*

*“It wasn't until the end of the meeting that I remembered a story that was relevant and how this made me feel. I realised that we don't think about feelings at the forefront of our mind so these sessions are valuable.”*

Our values are:



## Appendix 1: Summary of Rounds

Date	Location	Theme
25/09/201	St Mary's Seminar Room, Ground Floor Block A	The patient or family I'll never forget
24/10/201	Adelaide Board Room A&B	We're human too - personal & professional overlap
29/10/2018	MDAC pop up Highpoint	Introduction to Schwartz Rounds
13/11/2018	St Mary's Lecture 1a+b 4th Floor Block A	The day I made a difference
10/12/2018	Highpoint, Osprey	Difficult conversations
11/01/2019	St Mary's Lecture Room 1 Block A	The day I nearly walked out
12/02/2019	Adelaide Room Large Meeting Room (FF37)	Have we done all we can?
13/02/2019	Adelaide Pop up	(child death special round)
05/03/2019	Highpoint, Osprey	When your best doesn't feel good enough
09/04/2019	Portsmouth, Seminar Room	When we cannot fix it
07/05/2019	Basingstoke, Adelphi House	Maintaining hope
11/06/2019	Highpoint, Osprey	The erosion of empathy, in the support of a demanding patient
09/07/2019	St Mary's Hospital	When communication breaks down
10/07/2019	Western Pop up (Health Visitors)	What it's like to work in a challenging environment
14/08/2019	Adelaide Board Room A&B	In at the deep end
19/08/2019	Cowes Special Care Dental	A day in the life of...
09/09/2019	SW Hants Therapies	Letting go: knowing what you can let go of
10/09/2019	Highpoint, Osprey	Why I come to work
26/09/201	Innovations Conference,	What have I contributed to innovation
08/10/2019	Portsmouth Seminar 1 SMH	You see a lot in this job
10/10/2019	AHP pop up, Ageas Bowl	A day in the life of an AHP
25/10/2019	Highpoint, Osprey	In at the deep end

Our values are:



# SCHWARTZ ROUNDS

Supporting emotional wellbeing at work



## OUR FIRST YEAR IN SOLENT:

**>500 PARTICIPANTS**

staff from many different professions, clinical and non clinical attended rounds



**ROUNDS 22**



a mix of full rounds and smaller pop ups were held across Hampshire and the Isle of Wight

**85% "DISCUSSING ISSUES MADE ME FEEL I AM NOT ALONE"**

of participants felt that attending rounds helped them to work better with colleagues



**"BEAUTIFULLY EXPLAINED STORIES WITH SUCH EMOTION"**

**92%** would recommend Rounds to others



Join in. Find out about future Rounds and how to get involve by searching 'Schwartz' on SolNet or email [schwartz@solent.nhs.uk](mailto:schwartz@solent.nhs.uk)



<https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/>

Our values are:



**Our values are:**



Honesty



Everyone counts



Accountable



Respectful



Teamwork

### Exception and recommendation report

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

#### Key issues to be escalated

We received the following briefings which we agreed required escalation for Board attention:-

- An (now) **historic inquiry into a homicide** some time ago where Solent and Southern were both providing care and treatment. Action to address the recommendations and concerns were in place and where relevant, jointly agreed. Progress will be monitored through future Learning from Deaths panel reports.
- Concern regarding car parking provision at and adjacent to the St Mary's Community Hospital, Portsmouth, following the recent opening of the new facilities. It was reported that pressure on available parking was potentially impacting upon the ability of practitioners to undertake planned visits, thereby creating potential quality concerns but also having an adverse impact upon morale.

We received the following **reports**:-

- The **Learning from Deaths** quarterly report
- The re-submitted Annual **Infection Prevention & Control** report.

*These reports, as mandated nationally are appended to this report*

- The half-year formal up-date from our **Freedom-to-Speak-Up (F2SU) Guardian**, in the form of a completed **self-assessment** against national expectation which identified the work programme necessary through the next reporting period. We also took the opportunity to celebrate the National Award from September 2019, previously notified to the Board.
- A quarterly update of progress against the **Quality Account priorities**, where good progress appeared to be achieved against most timelines. Slippage on the Learning Disabilities Strategy was however reported, together with explanations and a commitment for more tangible evidence of progress at our January 2020 meeting.
- A quarterly **Safety** report which now encompassed action and learning from events including Serious Incidents and the Learning from Deaths activity noted above.
- A quarterly report on the **experience of people** who access services provided by the Trust and sometimes their carers, which developed and improved on the depth of insight into those contributing and those yet to be engaged to this work. As with the F2SU report, this then identified the work programme necessary through the next reporting period.
- The quarterly **Safeguarding** report.

*These 5 reports are available if required, for further scrutiny*

<b>Decisions made at the meeting</b>
We noted that the Company Secretary, together with the chair and Executive Lead for the Committee had completed the attached <b>revision to the Terms of Reference</b> , which had been agreed at the previous meeting.
<b>Recommendations to the Trust Board</b>
<b>The Board are asked to note the issues set out above</b>
<b>Other risks to highlight (not previously mentioned)</b>
None of note



### Exception and recommendation report

<b>Committee /Subgroup name</b>	<b>Infection Prevention &amp; control Annual Report</b>				<b>Date of meeting</b>	N/A		
<b>Chair</b>	Jackie Ardley				<b>Report to</b>	Assurance Committee		
<b>Well Led KLoEs</b>	W1 leadership Capacity & Capability		W2 Vision & Strategy		W3 Culture		W4 Roles & Responsibilities	
	W5 Risks and Performance		W6 Information		W7 Engagement		W8 Learning, improvement & innovation	

#### Key improvements and issues to be noted

The Infection Prevention and Control Annual report was previously presented to assurance committee in July 2019 but on request of the committee the report has been amended to reflect comments from the committee members.

2018/19 was a busy year for the team and in addition to the achievements identified there are areas for ongoing improvement and the following is identified for noting:

- The organisation continues to have low levels of MRSA & Cdifficile
- ATP has exposed poor cleanliness of equipment used on a daily basis in some areas but actions and improvement plans are in place
- That the ATP scores which deviate rapidly from red to green and back is directly related to cleaning of equipment after use and that it correlates with patients' risk of infection
- Despite the concerns around the ATP scores and the associated risks the levels of infection in the Trust remain low
- The Director Infection Prevention & Control (DIPC) emphasised that this will remain a focus for IPC in 2019/20 with the aim to see a sustainable improvement across all inpatient areas

#### Decisions made at the meeting

N/A

#### Recommendations

To note the annual report

# **INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2018/19**

**Jackie Ardley**  
Chief Nurse  
Director of Infection Prevention & Control

**Ann Bishop**  
Infection Prevention Specialist Nurse  
Head of Infection Prevention



## EXECUTIVE SUMMARY

### Achievements:

The following summary celebrates all of the positive achievements during 2018-19. Again we finished the year with extremely low numbers of reportable infections. Our record of low infection rates proves we have the ability to provide safe, clean care. However there are areas that need to be improved particularly in relation to decontamination of equipment.

**170** staff within the nursing and residential care home sector was provided with infection prevention education.

**465** patients were screened for the carriage of MRSA on admission.

**All** in-patient areas received updates and training sessions on the management of CDI, MRSA, UTI, decontamination and winter readiness.

Gastroenteritis outbreak paperwork was reviewed, updated and new outbreak boxes delivered to all in-patient areas.

**142** hand hygiene competencies completed.

Two members of the IPT shared their experience of work in Sierra Leone during the Ebola crisis



An audience with...

**Solent's Sierra Leone heroes**

Come and join us to hear about how  
Beth and Natalie made a difference,  
battling the Ebola crisis in Sierra Leone

**18** new dental staff received bespoke infection prevention training.

**535** confirmed infection results were disseminated to relevant staff within the community, plans put in place for each result.

**64** facilities staff received training on the correct method for cleaning sinks and taps.

Two bespoke community nurse study days provided training for **18** staff.

**28** community staff received sepsis awareness training.

**102** link advisor staff attended a total of five workshops.

**39** new link advisors were trained.

Hand hygiene compliance increased by **1%** on previous year.

Attendance at link advisor workshops increased by **28%** on previous year.

**69** members of staff visited the infection prevention stand during national infection prevention week.

We saw the lowest number of urinary catheters within in-patient areas since work stream began three years ago.

**110** community cases of blood stream infections caused by E.coli examined in detail during quarter 2 as part of a Public Health England project.

Dental service made the transition to safer scalpels.

**10** mattress audits were undertaken.

**16** sharps safety spot checks were completed.

**19** spot checks on portable fans within clinical areas took place.

**22** commode checks were completed.

## **1.0 INTRODUCTION**

This report seeks to provide assurance to the Trust Board that progress continues to be made in accordance with the annual infection prevention programme. In addition to this it will seek to make the appropriate recommendations for areas of improvement for 2019-2020.

Healthcare Associated Infections (HCAs) can occur across a wide range of care settings and can develop as a direct result of healthcare interventions or from being in contact with a healthcare facility. The term HCAI covers many types of infections including the most well-known such as *Meticillin resistant Staphylococcus aureus* (MRSA) and *Clostridium difficile* infection (CDI).

HCAIs pose a serious risk to patients, staff and visitors. They can cause significant morbidity and mortality to those affected in addition to increased costs and workload.

Although there have been significant reductions in reportable infections such as MRSA and CDI over the past years it remains a significant patient safety issue.

The systems required for preventing HCAIs focus on good quality leadership, management arrangements, design and maintenance of the environment, cleanliness, audit of practice and medical devices.

Solent NHS Trust remains committed to reducing the risks associated with HCAI and embraces the national 'zero tolerance' approach to avoidable infections. Achieving this vision requires planning and a systematic method of working to ensure the organisation has a culture where infection prevention and control is truly embedded in practice.

The value of a system wide approach and collaborative working cannot be underestimated when it comes to pulling together plans to reduce HCAI. Shared learning will help to deliver high quality services.

## **2.0 THE INFECTION PREVENTION TEAM**

- 2.1** The Infection Prevention Team (IPT) provide support and guidance on all matters relating to the prevention and control of infection to Solent NHS Trust. The IPT sit corporately within the Chief Nurse Directorate. The team had no vacancies during the year and the skill mix remained unchanged.
- 2.2** The Chief Nurse is the Director of Infection Prevention and Control (DIPC) and has the executive responsibility for ensuring the implementation of strategies to prevent avoidable HCAI at all levels within Solent NHS Trust. The DIPC reports directly to the Chief Executive of the Board and not through any other office.
- 2.3** The team have a contract with Portsmouth CCG to undertake specialist infection prevention work and all elements of this contract have been delivered during 2018/19.
- 2.4** The team have a similar contract with South East Hants and Fareham and Gosport CCGs and have delivered all elements of this contract during 2018/19. Following review of this contract during 2018/19 notice has been served and we will discontinue with this from 1<sup>st</sup> April 2019.

### 3.0 REVIEW OF INFECTION PREVENTION AND CONTROL OBJECTIVES AND THE ANNUAL PROGRAMME

3.1 The programme outlined the key objectives, activities and priorities for 2018-19. It supported the update of the Infection Prevention Framework Policy (IPC01) during the year and activities were prioritised with the approval of the DIPC. The aims of the programme are listed below and assisted the Trust to eliminate avoidable HCAI.

- Maintain on-going surveillance of infections
- Effective dissemination of infection results to the appropriate healthcare professional
- Lead on any Post Infection Review (PIR) in line with national guidance
- Lead on any outbreaks of infection affecting in-patient areas
- Develop, review and implement infection prevention policies
- Provide education and training for all clinical and support staff as per mandatory requirements and needs of individual services
- Maintain on-going compliance with the Health and Social Care Act 2008
- Act as an expert resource on all matters relating to infection prevention
- Take part in local, regional, national initiatives and research as appropriate
- Audit infection prevention and control practice, the environment and monitor subsequent action plans
- Effectively communicate any actions for learning following incidents or outbreaks of infection

### 4.0 INFECTION PREVENTION AND CONTROL GROUP (IPCG)

IPCG is a formal sub group of the Quality Improvement and Risk Group which reports to the Assurance Committee. IPCG membership reflects the ability to promote effective communication between all staff and relevant external agencies. IPCG meets quarterly and Terms of Reference are reviewed every two years. IPCG is the key group for:

- Driving the implementation of the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of HCAI (Dec 2009) and associated standards and targets, thereby minimising the risk of infection to patients staff and visitors
- Taking responsibility for promoting quality in all infection prevention and control activities throughout the provider service
- Taking responsibility for promoting ownership that infection prevention is 'everybody's business' throughout the organisation

The table below illustrates required membership of the group and attendance during 2018/19 and shows where there is variance and as a result improvement is required:

Service	2016-17	2017-18	2018-19	Trend
Chief Nurse or deputy	100%	75%	100%	↑
Head of Infection Prevention	100%	100%	100%	↔
Estates	100%	100%	25%	↓
Facilities	75%	100%	100%	↔
Occupational Health	100%	75%	25%	↓
Pharmacist	50%	0%	0%	↓
Sexual Health Services	100%	100%	25%	↔
Special Care Dentistry	75%	100%	75%	↓
Primary Care, MSK, podiatry and Pain	75%	75%	25%	↓
Adults Southampton	50%	75%	100%	↑

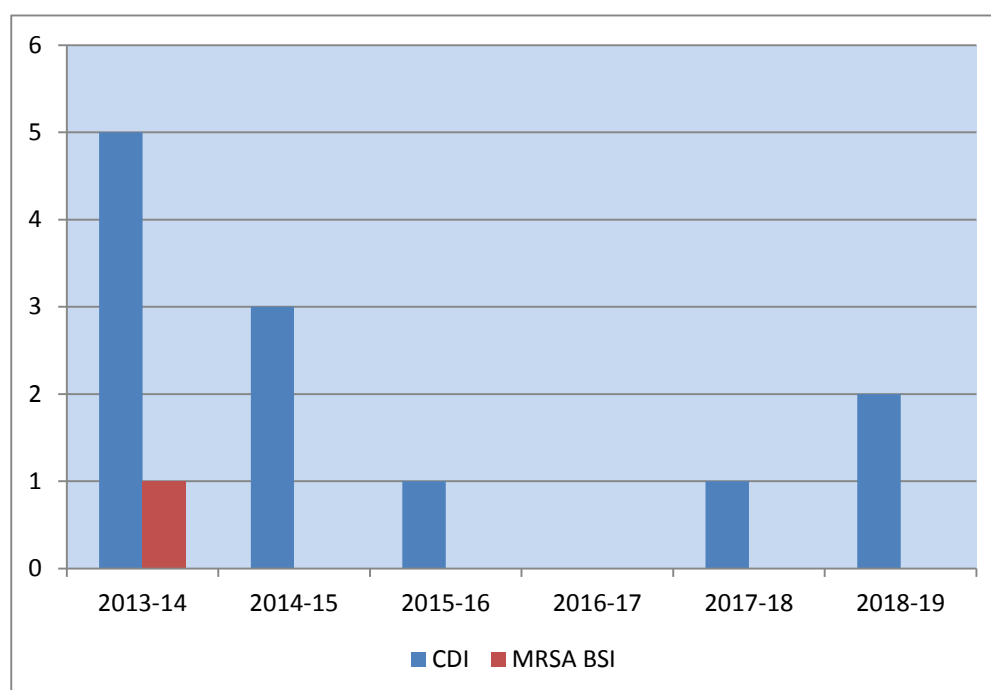
Children and Families	100%	25%	50%	↑
Adult Mental Health and Substance Misuse	50%	0%	50%	↑
Adults Portsmouth	75%	75%	75%	↔

## 5.0 SURVEILLANCE

**5.1** The role of the PT in the on-going surveillance of infection remains a key focus of the IPT, Particularly within in-patient areas. The aim is to identify trends and hotspots so that early interventions can be applied. This in turn provides assurance that care is being carried out in the safest way possible to prevent onward transmission of infection.

**5.2** As a community and mental health organisation we are not given reduction targets for Health Care Acquired Infection (HCAI) but if and when they occur each case undergoes careful scrutiny to ensure that any lapses in care are addressed and actions put in place and monitored.

The following graph illustrates the numbers of Clostridium difficile infection (CDI) and MRSA bloodstream infection (MRSA BSI) cases within Solent NHS Trust since 2013.



**5.3** It should be noted that the numbers are exceptionally low. 2016/17 saw zero cases which was a great achievement. The learning noted from the two cases that occurred this year has illustrated that all staff within in-patient areas need to remain focused on correct infection prevention precautions at all times.

### 5.4 MRSA BSI 2018-19

Whilst there were no cases attributed to Solent, Portsmouth City saw a significant rise and some learning has been taken forward through Substance Misuse Services as a result. The full report has been made available to NHS Portsmouth CCG.

## 5.5 Solent Clostridium Difficile Infection (CDI) cases

Two cases of CDI occurred within in-patients areas, on Lower Brambles ward in Q2 and Jubilee House in Q3. Both patients had been admitted to the wards for more than 72 hours when the CDI was identified and so were not inherited cases. There were marked similarities in both cases in that both patients had received high risk antibiotics appropriately for severe infections whilst in acute care prior to transfer.

Learning and outcomes are illustrated in the table below:

Learning	Recommendations
No staff considered the previous antibiotic history	All ward staff to be made aware of incident and potential for CDI outbreak due to significant failure to follow policy
Delay in obtaining a stool sample of four and seven days	Managers and ward staff must ensure they are aware of policies relating to the management of patients with diarrhoea and ensure they are being followed
Not isolated in a timely way	On commencement of any diarrhoea of unknown cause the care pathway for unexplained diarrhoea must be instigated to assist all clinical and medical staff ensure all checks and precautions are in place
IPT not informed at any point prior to result	Inform IPT at earliest opportunity. Any episodes of diarrhoea must be recorded on SystmOne as well as the bowel chart
Significant infective episode not recorded on discharge summary when patient left the organisation	Medical staff completing discharge summaries must document any infection episode
Staff not aware of process to get samples to the laboratory over bank holidays	Process checked and communicated
Discrepancies in the recording of bowel movements between paper and electronic documents	A consistent approach for recording bowel movements must be established. Current Bristol stool chart enhanced to contain prompts (as seen below)

## 5.6 Carbapenemase-producing Enterobacteriaceae (CPE)

Carriage of CPE was not identified on any patients whilst receiving intensive care treatment prior to being transferred to any in-patient units during the year to our knowledge. It needs to be noted that the reliance is on colleagues in acute care imparting this information on transfer so that appropriate measures can be put in place.

The spread of CPE is a matter of national and international concern as they continue to be an emerging cause of HCAI which present a challenge to health systems. There are new and updated tools and guidance due in July 2019 and this will provide an opportunity to review the current position.

## 5.7 Meticillin Sensitive Staphylococcus Aureus (MSSA)

There were no cases of MSSA assigned to the organisation during the year.



## 5.8 Gastroenteritis Outbreaks

There were no confirmed outbreaks of Norovirus or similar during 2018/19. This meant there were no ward closures affecting capacity and so did not affect the ability to support the acute Trusts in patient flow.

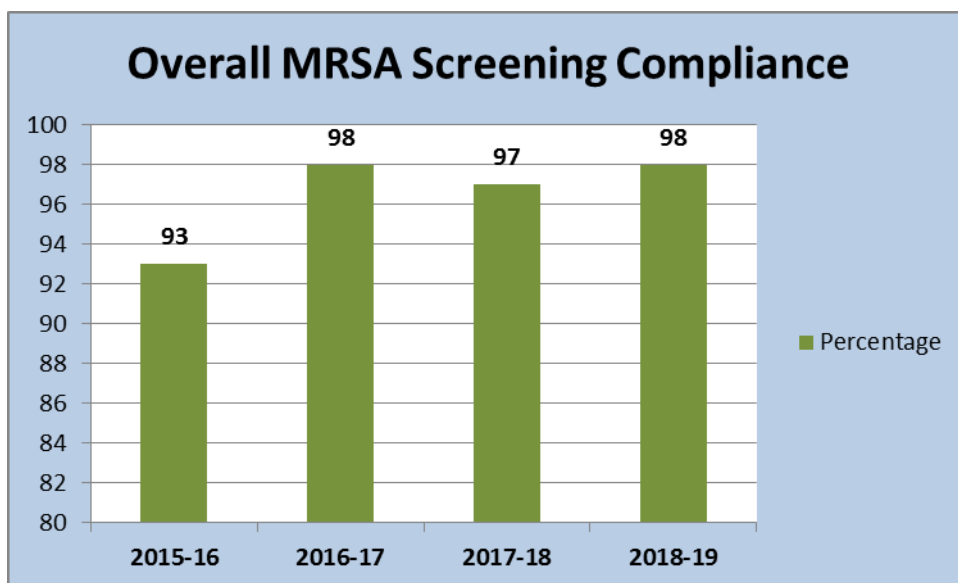
## 5.9 Influenza

The organisational influenza vaccination programme commenced at the beginning of October 2018 and infection prevention precautions were successfully applied where there were patients with suspected influenza in our in-patient areas. There were two cases of positive results confirmed and the patients were appropriately transferred to secondary care. It is encouraging to note that there was no evidence of onward transmission of infection within the wards.

## 6.0 MRSA SCREENING

6.1 The transmission of MRSA and the risk of MRSA infection (including MRSA BSI) can only be addressed effectively if measures are taken to identify MRSA carriers as potential sources and treating them to reduce these reservoirs. Screening of patient populations for MRSA carriage on admission and implementing a suppression regime based on risk assessment aims to reduce the risk of infection for these individuals and the spread of MRSA to other vulnerable patients in the vicinity.

Point Prevalence Surveillance (PPS) was carried out each quarter during the year which allows the team to monitor compliance against the current MRSA policy. The following graph demonstrates compliance for the past four years.

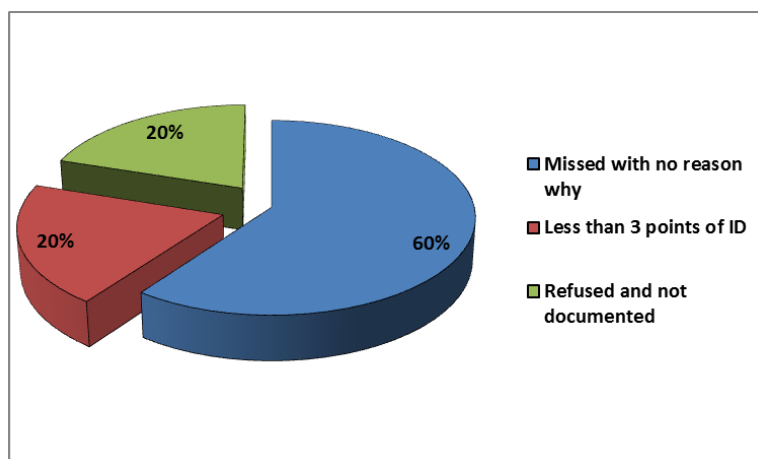


Compliance rose by **1%** compared to the previous year. A total of **twelve** patients were identified as carrying MRSA through this screening process. This is four less than number the previous year.

Q1 saw compliance with MRSA screening reach 100%. This was the first and only time that this had been achieved since the introduction of screening in 2011.

The year saw **465** screens being taken across in-patient areas. A total of 10 patients were not screened.

The following chart illustrates the reasons why MRSA screening did not occur on 10 occasions:



In response the following actions were taken to improve compliance:

- Compliance rates continued to be added to the scorecards for monitoring through governance structures for each area and any short fall challenged by the service.
- Specimens to have at least three points of identification or they will not be processed. A system of double checking has been implemented.
- Clinical staff must follow up the results of MRSA screening and any other sample they have sent to the laboratory. This requirement has been added to the relevant hand over sheets.
- Clinical staff receives appropriate training enabling them to access microbiological results.
- Routine admission screening should include nose and groin, swabs from any existing wounds, invasive line entry sites and a CSU should be obtained using an aseptic technique if a urinary catheter is in situ.

## 7.0 AUDIT

### 7.1 Quality Improvement Tools

Quality Improvement Tools (Infection Prevention Society 2012) are designed to provide detailed measurement of all aspects of the environment. During 2018-19 the tools have been altered to become more efficient to use. Following completion action plans were generated and given to the service so that any actions could be addressed or monitored. The tools measured overall compliance against evidence based criteria required to prevent and reduce the risk of infection. This is a rolling programme and all areas that score below 100% are re-checked.

The table below illustrates noted improvements when first scores have not reached an acceptable standard during the year:

Area	1 <sup>st</sup> score	Re-audit score
Kite	78%	93%
Magnolia Suite (UHS)	82%	86%
Hawthorns	84%	87%
kestrel	63%	88%
Jubilee House	90%	93%

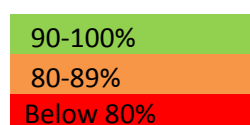
### Environmental challenges

At the beginning of the year concerns were raised by the Learning Disabilities Team based at the **Kestrel Centre** on the St James site on the poor standards of cleaning being provided by OCS (contracted by NHS Property Services). Using a recognised Quality Improvement Tool the score of 63% was well below the accepted level. It was noted that the general cleaning standard throughout the building was poor with particular concerns regarding the kitchen and toilet areas. The initial re-audit at six weeks noted a 3% improvement and following a further seven audits the position has improved up to achieving a score 88%.

The **Magnolia Suite** in the Duthie building is owned by the University Hospital Southampton (UHS) and the space rented by Child & family service line. The issues leading to a low score related to existing fixtures and fittings. In addition to this the toilet that is used by both staff and visitors has inadequate hand washing and waste disposal facilities. The infection prevention link advisors made great improvements which caused the score to increase at re-audit. However the majority of the issues were beyond their control.

These cases indicate the challenges faced by IPT and facilities teams to address IPC risks in a timely manner, with improvements taking an unacceptably long period of time to resolve. The table below illustrates scores for in-patient areas during the year. Please note that any area scoring below 90% has an action plan in place and post action checks are repeated generally within a six week period until issues are resolved. If there are issues that cannot be resolved they are escalated through the IPCG.

Area	Score 2017-18	Score 2018-19	Trend
Jubilee House	93%	93%	↔
Spinnaker Ward	93%	99%	↑
Fanshawe Ward	97%	98%	↑
Snowdon	96%	97%	↑
Kite	91%	93%	↑
Oakdene	97%	99%	↑
Brooker	96%	97%	↑
Hawthorne	86%	87%	↑
Lower Brambles	91%	92%	↑
Maples	88%	85%	↓



The average score for in-patient area during the year was **94%** which is a **1%** increase on the previous year. Therefore whilst overall performance has been good the results reflect the ongoing challenges particularly within our in-patient mental health wards.

### 7.2 The following table summarises the variety of audit/monitoring processes undertaken during 2018-19.

Infection Prevention & Control Audit Plan		
Corporate	Hand Hygiene Observational Audit	Q1 & Q3
Corporate	Quality Improvement Tools In-patient areas	On-going annual and as required
Corporate	Quality Improvement Tools Clinics and other areas	On-going and bi-annual
Corporate	MRSA screening compliance	Q1, Q2,Q3, Q4
Corporate	Adenosine Triphosphate - Environmental Cleanliness	Q1, Q2,Q3, Q4
Corporate	Adenosine Triphosphate - Medical Equipment Cleanliness	Q1, Q2,Q3, Q4
Corporate	Link advisers Quality Improvement Tool (QIT) monthly checks	On-going

### 7.3 Hand Hygiene Observational Audits

As per the audit plan the agreed hand hygiene observational audits took place twice during 2018/19. The overall performance for the Trust is positive with an overall compliance rate of 96%, a 1% increase on 2017/18. The full results are provided in appendix 1.

### 7.4 Adenosine Triphosphate (ATP) Monitoring Tool

There is compelling evidence that areas with high levels of environmental contamination have a higher incidence of HCAI. To ensure that cleaning standards are maintained Solent NHS Trust has invested in new technology (ATP monitoring) to help monitor cleaning standards to ensure that we provide a safe environment for our patients.

Scores are calculated and presented in a RAG format to give a visible prompt for areas that need to be improved using scoring levels below. While the table in appendix 2 shows a significant number of areas above 99 RLUs it should be noted that infection rates remain low.

Each area received a breakdown of their individual scores and they are now displayed in the clinical area so that all staff are aware of their current position and will be able to see improvements as these occur.

The importance of maintaining acceptable ATP levels was raised at matron's forum and plans are in place to deliver significant improvements during 2019/20. The IPT will continue to work with clinical teams and matron's to drive improvement as this is a key area of work in 2019/20.

Summary of on-going actions:

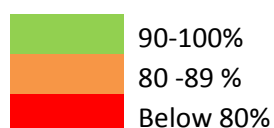
- Every item with a score of above 1000 RLU will be cleaned immediately. An incident form will be requested to be completed by the senior member of staff on duty and managers and professional leads informed.
- IPT nurse for that area will follow up and discuss actions with senior staff on the ward/unit.

- Random spot checks of all clinical areas will continue by the IPT focusing on cleaning and clinical practice.
- Decontamination methods continue to be a key feature in all education sessions and workshops.
- Bespoke teaching sessions on decontamination are available from the IPT on request.
- Processes that are in place with the areas that scored well will be shared across all areas.
- IPT will have a regular slot at the Matrons forum for the coming year.

### 7.5 National Patient Safety Agency (NPSA) Audits

NPSA are known for leading and contributing to improved, safe care for patients. The NPSA audit tools were designed to monitor cleaning standards against the National Specifications for Cleanliness (2010).

NPSA audits were carried out each quarter during the year with the aim of providing assurance that the organisation was able to demonstrate compliance in accordance with Criterion Two of the Health and Social Care Act 2008 (DH 2010) and the Trust Decontamination policy.



Quarter	Nursing NPSA	Domestic NPSA	Overall average
Q1	75	97	86
Q2	73	97	85 ↓
Q3	80	97	89 ↑
Q4	78	96	87 ↓

The above table illustrates the on-going issues with the cleaning of medical equipment previously discussed. It is noted that the facilities teams maintained exceptional scores throughout the year.

### 7.6 Medicines Management and Antimicrobial Updates

In 2018/19 an audit of Antimicrobial Prescribing in Solent NHS Trust Inpatient Wards was undertaken. The aim of this audit was to identify whether relevant local guidelines are being adhered to and that the Department of Health guidance is being followed, in order to ensure this area of prescribing is safe and effective.

In the main the audit demonstrated compliance with standards and an area of improvement relating to recording the indication for the prescription of the antibiotic was identified. An action plan is in place and being implemented by the ward pharmacists and progress is monitored through IPCG.

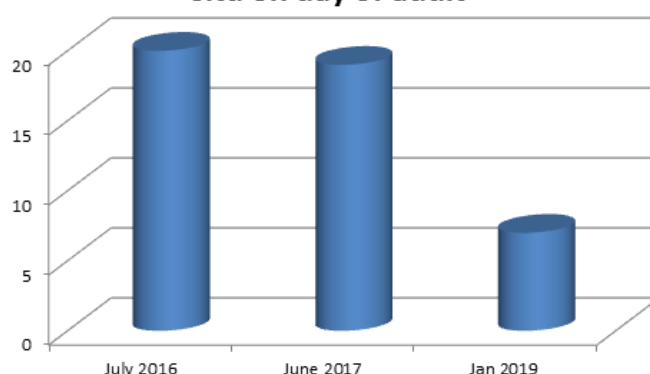
## 7.7 Urinary Catheter Working Group (UCWG)

A review of the current work stream, now in its third year, was reviewed and the objectives agreed for 2018/19 were:

- Work collaboratively with local acute care providers to ensure their policies are adhered to.
- Scope current discharge processes within our own in-patient wards with a view to standardising across the organisation and reflect any changes that may be required within the policy for adult urinary catheterisation.
- Attempt to standardise patient information leaflets and make readily available for all areas
- Review up to date evidence to ensure the most effective pre-catheterisation cleaning fluid is utilised
- Re-engage with SPA to assess whether anything can be added to the referral process
- Explore the current on-going supplies of urinary catheter equipment in the community via primary care to assess if any changes would be beneficial
- Set up a trial of bladder scanners for the adult nursing community teams in Portsmouth City
- Analyse all data collated during the bladder scanner trial so that any benefits to patient safety and care can be put forward to justify purchase of more scanners
- Re-audit all in-patient areas to ensure all patients with an indwelling urinary catheter have the correct paperwork completed accurately and readily available to provide assurance that every catheter remains in situ for a valid reason.

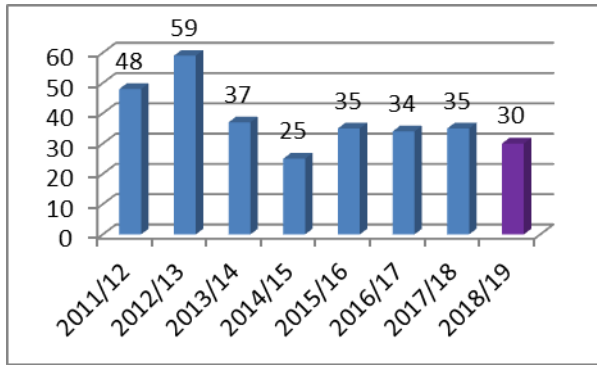
Following the work undertaken the graph below illustrates a significant reduction in the percentage of patient's on the in-patient wards who had a urinary catheter in situ compared to all previous year. It is also evident from talking to ward staff that there is good understanding of the risks linked to urinary catheters and that ward staff where possible ensure urinary catheter usage is minimised.

**Percentage of patients with urinary catheters in situ on day of audit**



## 8.0 SHARPS SAFETY

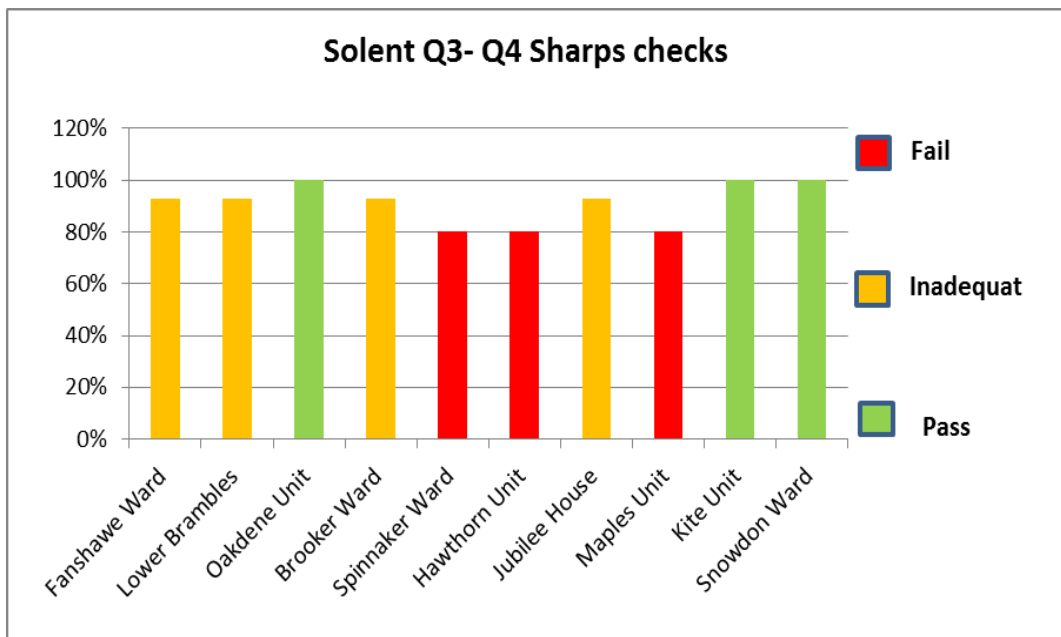
The following is showing the number of reported inoculations and contamination incidents over the past eight years. There has been a reduction in numbers from 2017/18 but overall the position remains relatively static:



**The breakdown of incidents for 2018/19 is:**

- 30 sharps and contamination incidents reported to OH this year
- Majority are upper limb (26) and mostly sharps related injuries (23)
- 1 high risk injury

The appropriate actions were taken in relation to all cases and the IPT carried out spot checks on sharps safety each month as a minimum throughout the year. The organisation should strive to achieve 100% with regards safe sharps practice and the graph shows average results over a six month period with 3 of the wards achieving this level. The IPT followed up all reported sharps incident so that areas of risk and areas for learning are taken forward.



**9.0 WATER SAFETY**

The Water Safety Group (WSG) continued to meet bi-monthly during the year. The WSG focuses on the quality of water and air hygiene across both the Solent NHS Trust retained estate and working with provider partners for premises where we are tenants.

In 2018/19 concern was raised regarding water coolers which appeared visibly unclean. ATP was used to assess the cleanliness of these and results displayed below illustrate that

generally these items are very unclean. It is noted that the swabs are taken directly at the outlet, therefore the point at which everyone has contact.

The WSG agreed that all existing water coolers would be individually assessed and rationalised and those not required removed. No water coolers must be purchased without agreement of the WSG moving forward. The WSG will issue guidance regarding these units and where possible reduce the numbers across the organisation.

### **Raised levels of Legionella PHT**

The rehabilitation building at Portsmouth Hospital trust (PHT) is predominantly used by Solent MSK staff. The on-going issue with raised levels of legionella sero group 1, the most common group relating to outbreaks among humans, in this building was escalated to the Associate Director Infection Prevention & Control at PHT. Intensive risk assessments confirmed that currently patients and staff are not thought to be at risk. The raised levels are located mainly within staff changing rooms with investigations by PHT Estates on-going to establish any systemic proliferation within the building water system. Points of use bacterial filters are currently in place on all six showers within these areas in order to mitigate the risk of aerosolisation of contaminated water droplets. This action is in accordance with healthcare best practise surrounding water hygiene.

The Estates team at PHT carried out all initial and expected remedial work such as chlorination to the whole building, changing thermostatic mixer valves (TMV), pipework and taps. Despite this the problem was not eradicated and raised counts of legionella sero group 1 kept returning suggesting a more systemic cause.

Solent NHS Trust Estates and members of the WSG have engaged and are working alongside PHT Estates to introduce a recommended daily and more aggressive outlet flushing regime in order to manage the current issues. The aim is to continue working collaboratively for the safety of all parties moving forward and as part of the rental agreement.

## **10.0 EDUCATION AND TRAINING**

The IPT strongly support the role of Infection Prevention Link Advisors (IPLA) within all clinical areas. These are staff members, who with the support of their line managers agree to undertake additional training to enable them to recognise and promote good infection prevention practices. They crucially act as our eyes and ears across the geographically challenging area of Solent NHS Trust and highlight any concerns to us.

### Aim of Link Role

- To establish a network of appropriately trained IPLAs within all disciplines allied to healthcare.
- To use the network to monitor standards and improve the patient care within their area.
- To use the network to monitor standards and protect the workforce from occupational risks relating to infection prevention.
- To inform the IPT of any concerns i.e. decontamination, environmental or practice issues within your area.
- To provide evidence / research based education effectively in a timely fashion.
- To provide evidence of improvements in practice through the process of audit and implementing actions arising.
- Support Line Manager to achieve Infection Prevention agenda.



- To feedback to service information, updates and knowledge gained from relevant workshops and education sessions.

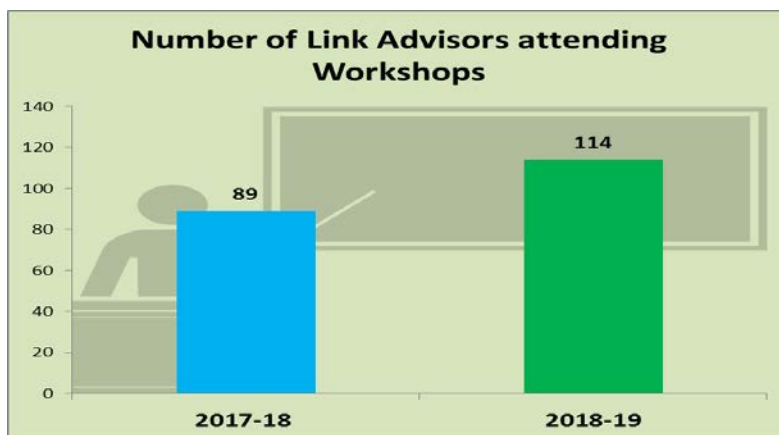
## **Currently 147 IPLAs work within Solent**



The initial training is one full day followed by an afternoon where delegates return to the group to present an infection prevention related project they have implemented in their workplace since undertaking the course.

In order to support on-going learning and updates the IPT held link advisor workshops several times during the year. The workshops are delivered in both Southampton and Portsmouth with dates being agreed and advertised at least six months in advance.

Attendance at the IPLAS workshops has increased by **28%** this year as illustrated below:



Two bespoke infection prevention study days were prepared for adult community nursing services earlier in the year. The topics were selected as a result of events and learning identified over the previous year.

Evaluation comments included:

- *“Quality of information from all the speakers was very good”*
- *“All parts were useful for own role and also to feedback/review team policies to ensure best practice”*

- *All were very informative and I have come away with a lot of additional/widened knowledge base, thank you”*
- *Review of team policies/procedures. Feedback/refresher training and highlighting of standard precautions for the rest of the team”*
- *“Sepsis and signs and Symptoms”*

### **International Infection Prevention Week**

This took place during October 2018 and this year’s stand focused on the chain of infection, influenza vaccination, the role of the IPT and how they can support staff. Visitors to the stand were encouraged to discuss this year’s themes as well as any other infection prevention topics. 69 people entered the completion and each day a winner was announced.



### **11.0 POLICIES**

The following policies were reviewed, updated and approved during 2018/19:

IPC01: Policy on Infection Prevention and Control Framework

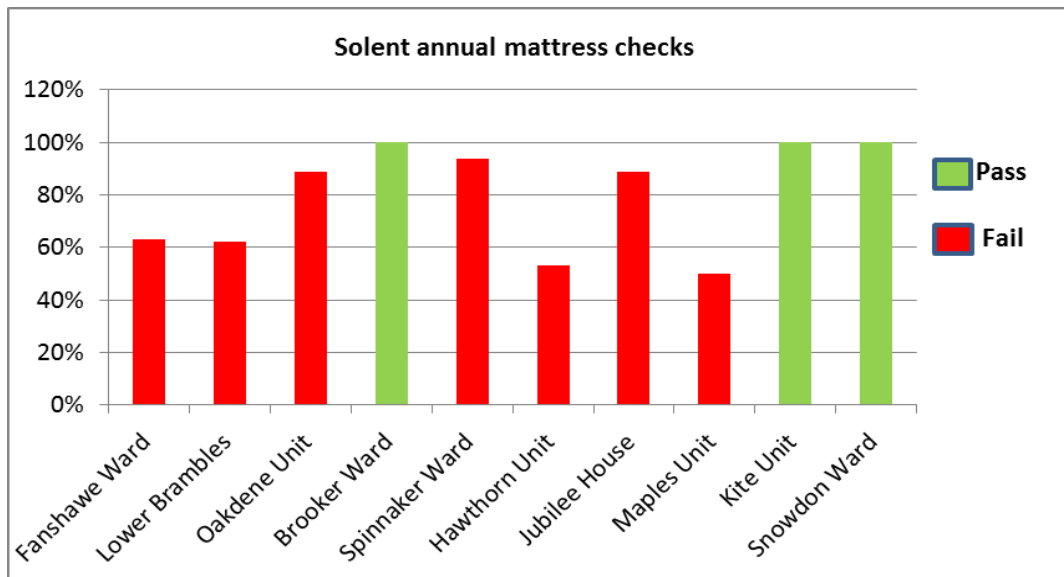
IPC10: Policy for Aseptic Technique

IPC11: Policy for the Prevention and Control of Clostridium Difficile Infection

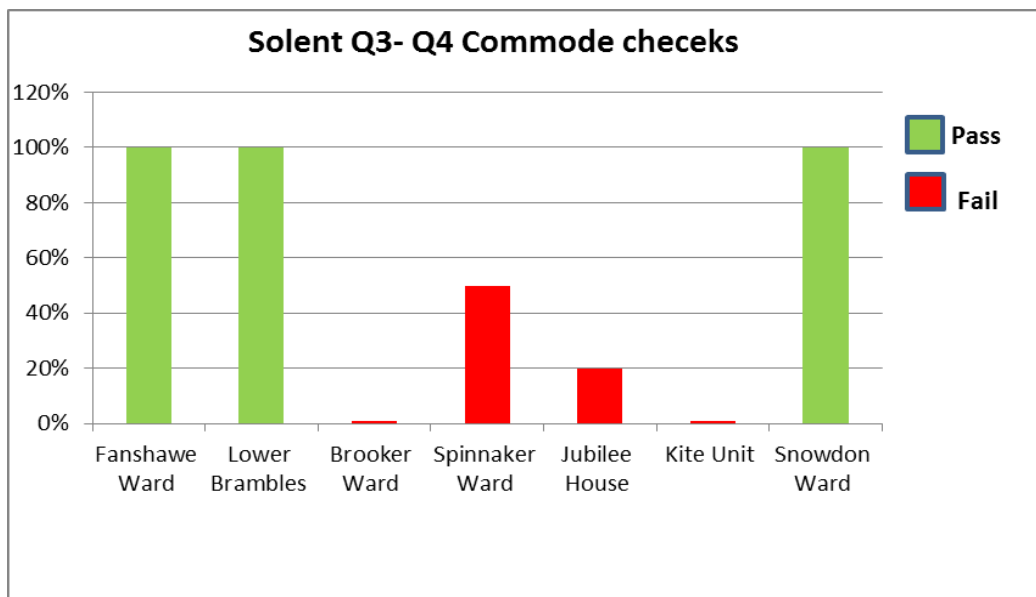
### **12.0 DECONTAMINATION**

The IPT undertake spot checks on the condition of mattresses in all in-patient areas and the results in the graph below were a cause for concern with only three areas achieving 100% which is the required standard. Mattress checks from both an infection prevention and tissue viability perspective should be carried out every time a mattress is cleaned when a patient leaves the area. For those patients that remain in our care for a long time the mattress must be checked on a monthly basis to ensure it remains fit for purpose.

To address this a number of replacement mattresses have been purchased and are now in place however it should be noted that if regular checks were carried out this would lead to earlier detection of tears or splits which would mean a new cover can be fitted before moisture damage affects the interior and renders the whole item unsafe.



Spot checks on commodes were carried out monthly throughout the year and the results below shows the average results over a six month period. Any soiled commodes are cleaned immediately and training on effective commode cleaning is provided regularly.



### 13.0 CONCLUSION

The aim of the annual report is to demonstrate how the organisation has managed to move the infection prevention agenda forward whilst supporting the objectives within the annual plan for 2018-19.

Although there have been significant improvements during the year and many examples of excellent practice there are several areas where attention needs to be focused in the coming year. We saw two separate cases of CDI which highlighted areas for learning, the main being that policy had not been followed on either occasion. It does need to be recognised however that our recorded rates of infection remain extremely low and there has been no evidence of onward transmission of infection or ward closures due to outbreaks.

The other area of concern related to the poor standard of cleaning undertaken by external contractors on sites where Solent NHS Trust staff are tenants. There are plans in place to ensure this does not continue and we receive assurance that environmental cleaning is of the highest standard.

As with the previous year the issue with the increase of MRSA BSI has continued. These relate to cases within the community of Portsmouth City. However the individuals affected have often been linked to our Substance Misuse service. A work stream has been set up as a result which emphasises the importance of collaborative working with public health leads, local authorities and charitable organisations. The IPT were able to instigate some changes in practice and will continue to do more in the coming year. The individuals concerned have chaotic lifestyles and are mostly homeless. This fits in with The NHS Long Term Plan (2019) as homeless health issues become more apparent within our cities, particularly those linked to severe infections.

As with the previous year attendance at IPCG does need to improve and work supported by the DIPC is on-going to address this. IPCG provides the ideal platform to address concerns and create actions in a timely way. It will also improve communication about the infection prevention agenda within the service lines.

There are several key areas of focus for the year ahead. Our prime concern will be to uphold on-going surveillance of infections. The clinical results will take priority over any other work as will any indications that an outbreak situation is occurring.

It will have been noted throughout the report that cleaning of medical equipment remains challenging. Clean equipment plays a crucial part in patient safety. It is one of the basic elements of infection prevention and control and it has been recognised that we need to make improvements and that these are consistently maintained. The year ahead will have a bigger focus on ensuring all spot check results are returned in a brief and informative way to key people within the service lines and that actions are completed.

Building upon the work already undertaken to reduce E.coli GNBSIs there will be further challenges in the year ahead. We will be guided by local and national initiatives to ensure our work on this is useful and collaborative.

The importance of basic infection prevention principles cannot be understated and it could be argued that they remain our best form of defence in the fight against antimicrobial resistance and emerging pathogens, so the work will continue with everyone's help.

**The report was based on the infection prevention annual plan and the following national guidance:**

Everyone Counts: Planning for Patients 2013/14

Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections from April 2014 (version 2) ANHS England Patient Safety

Epic3: National Evidence Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England (2014)

NHS England: Update on the reporting and monitoring arrangements and post-infection review process for MRSA bloodstream infections (March 2018)

NHS: The Long Term Plan- a summary (January 2019)

NHS Improvement: Clostridium difficile infection objectives for NHS organisations in 2018/19, guidance on sanction implementation and notification of changes to case attribution definitions from 2019 (March 2018)

Public Health England (2014) Start Smart – Then Focus Antimicrobial Stewardship Toolkit for English Hospitals

Public Health England (2017) Preventing healthcare associated Gram negative bloodstream infections: an improvement resource (May 2017) NHS Improvement.

Southampton, Hampshire, Isle of Wight & Portsmouth along with Surrey Heath & Berkshire East Guidelines for Antibiotic Prescribing in the Community (2014)

The Health and Social care Act (2008) code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance. Department of Health January 2009

UK Five Year Antimicrobial Resistance Strategy 2013-18

**Appendix 1:** The following table illustrates overall compliance within in-patient areas and by service line for 2018/19:

90-100%
80-89%
Below 80%

In-patients:

HAND HYGIENE OBSERVATIONAL AUDIT In-patient areas	Naked below the elbows	Hand hygiene immediately before clinical care	Hand hygiene immediately after clinical care	Hand hygiene after removal of PPE	Overall Score
Brooker	93	93	100	100	97
Fanshawe	100	100	100	100	100
Hawthorn	90	100	100	100	98
Jubilee	100	100	100	100	100
Kite Unit	100	100	95	90	96
Lower Brambles	100	100	100	100	100
Maples	95	100	100	100	99
Oakdene	91	100	100	100	98
Snowdon	100	100	100	100	100
Spinnaker	100	100	100	100	100
<b>Overall Compliance</b>	<b>97%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>

Service line:

HAND HYGIENE OBSERVATIONAL AUDIT In-patient areas	Naked below the elbows	Hand hygiene immediately before clinical care	Hand hygiene immediately after clinical care	Hand hygiene after removal of PPE	Overall Score
AMH	95	100	100	100	99
Dental	98	100	100	99	99
Children	93	98	100	100	98
Adults Portsmouth	91	88	92	92	91
Sexual Health	94	98	98	98	97
Primary Care, MSK, Podiatry & Pain	98	98	100	100	99
Adults Southampton	90	90	90	90	90
<b>Overall Compliance</b>	<b>94%</b>	<b>96%</b>	<b>97%</b>	<b>97%</b>	<b>96%</b>

Trust-wide Mortality Report, Q2 2019

Number of deaths reported YTD

Number of Deaths Reported	690
---------------------------	-----

Quarterly Count of Deaths Reported

monthname	Number of Deaths
July	101
August	82
September	98

Quarterly Count of Deaths Reviewed via SJT\* or MDT\*

monthname	Reviewed
July	26
August	26
September	10

Quarterly Count of Deaths SI Raised

monthname	SI
July	4
August	1
September	0

Quarterly Count of Deaths of Learning Disability Patients

quarter	1
---------	---

Quarterly Count of Deaths Reviewed by Another Provider

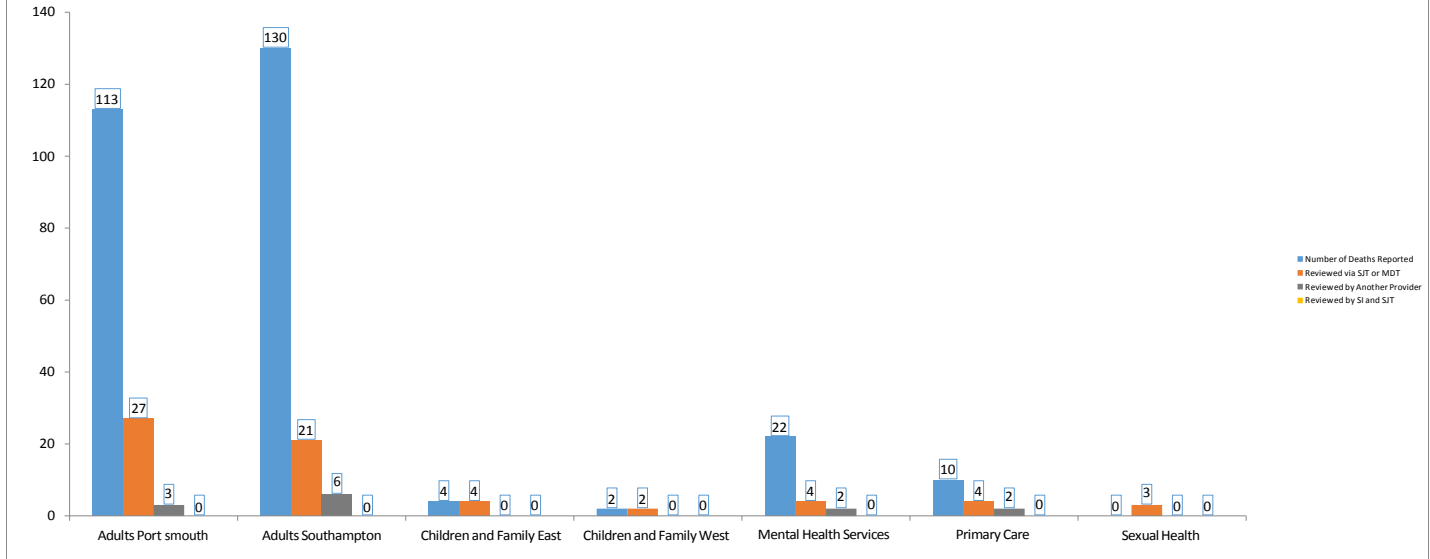
monthname	Reviewed
July	7
August	4
September	2

Q1 Deaths Reported and Reviewed by SJT\* or MDT\* or by Another Provider by ServiceLine

service line	Number of Deaths Reported	Reviewed via SJT or MDT	Reviewed by Another Provider	Reviewed by SI and SJT
Adults Portsmouth	113	27	3	0
Adults Southampton	130	21	6	0
Children and Family East	4	4	0	0
Children and Family West	2	2	0	0
Mental Health Services	22	4	2	0
Primary Care	10	4	2	0
Sexual Health	0	3	0	0

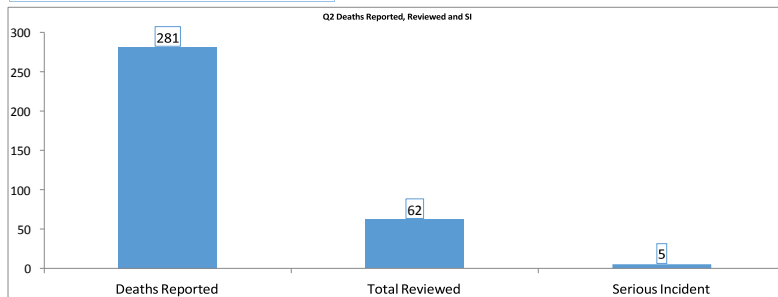


Learning Disabilities	1
-----------------------	---



Quarterly Deaths Reported and Reviewed either by SJT\*, MDT\* or Another Provider and SI

Category	Count
Deaths Reported	281
Total Reviewed	62
Serious Incident	5



<b>Reporting terminology;</b>
Considered for review = reviewed by service to decide whether an in-depth mortality review is indicated
Reviewed = in-depth review via clinical judgement tool or death subject to root cause analysis
MDT* = Multi Disciplinary Team
*SJT = Structured Judgement Tool

<b>Data sources;</b>
Dates of death and patients extracted from SystemOne (as per Service Line definitions), confirmed against Spine, confirmed by Service Lines
SI data provided by Quality Team (inclusion = date of death within reporting period)
Primary Care Services consists of: Solent GP
Sexual Health Data provided by Sexual Health Team (inclusion = date of death within reporting period)
Learning Disability data provided by Learning Disability Team (inclusion = date of death within reporting period)

<b>Author;</b>
Data Warehouse Team
Process: Mortality Reporting

<b>Main categories of deaths not reviewed via CJT or MDT by Service Lines:</b>
Adults Portsmouth: 1. Specialist Palliative Care deaths in the community 2. Some deaths in QAH
Adults Southampton: 1. Palliative care & EoL pathway deaths in the community 2. Some deaths in UHS
General Practice: Deaths in UHS are reviewed in UHS and the learning is shared with Solent



## Solent NHS Trust

### Assurance Committee - Terms of Reference

#### 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). As a Committee of the Board, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee.

1.2 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, clinical governance and regulatory compliance.

#### 3 Duties

##### 3.1 Objectives:

To seek assurance that

- processes are in place to assess and monitor clinical governance performance concerning all aspects of service quality
- effective processes are in place to achieve all areas of regulatory compliance including registration and recommendations of the CQC
- the development of all clinical governance activities within the service lines improve the quality of care throughout the Trust
- learning from relevant events is disseminated and embedded

3.2 The Committee will seek assurance on all aspects of quality via:

- An 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
- Scheduled reports from the various annual programmes including
  - Regulatory Compliance and CQC oversight
  - Safe Staffing
  - Patient Experience including complaints
  - Safeguarding
  - Research & Development including Clinical Audit & Effectiveness and Quality Improvement
  - Learning from Deaths, SIs and Incidents
  - Safeguarding
  - Learning Disabilities Strategy updates
  - Operational Risks and the BAF
  - Freedom to Speak Up
- Via the QIR Group, the Committee also seeks assurance regarding Medicines Management, Infection Prevention & Control, Safeguarding and Health and Safety. The annual reports for these agendas are also noted at the Committee prior to presentation to Board.
- Quarterly reports on achievement against the Trust's Quality Priorities

3.3 The Committee will approve the QIR Group Terms of Reference

3.4 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.

## **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

## **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 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 The quorum necessary for the transaction of business shall be

- 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 and administration**

8.1 The Assistant Company Secretary and Corporate Support Manager or their nominee shall act as the secretary of the committee. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated promptly to all members.

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

## **9 Authority**

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

## **10 Reporting**

10.1 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.

<b>Report presented to:</b>	Workforce and OD Committee						
<b>Title of Paper:</b>	Improving People Practices			<b>Author(s):</b>	Vicky Butler Ceri Connor		
<b>Executive Lead:</b>	Helen Ives			<b>Date of Paper:</b>	23.10.19		
<b>Committees presented:</b>							
<b>Link to 8 Key Lines of Enquiry (KLoE)</b>							
<b>W1</b> Leadership Capacity & Capability	x	<b>W2</b> Vision & Strategy		<b>W3</b> Culture	x	<b>W4</b> Roles & Responsibilities	x
<b>W5</b> Risks and Performance		<b>W6</b> Information		<b>W7</b> Engagement		<b>W8</b> Learning, Improvt & innovation	x
<b>Executive Summary</b>							
<ul style="list-style-type: none"> <li>This paper provides assurance on implementation of the changes to People Practices across the organisation, in line with the Dame Dido Harding recommendations (May 2019) and Just Culture Principles.</li> <li>The paper provides information on the immediate actions taken, short and long term plans, and identified risks.</li> </ul>							
<b>Risks identified in relation to this report (and include date of when included on the Risk Register)</b>							
<p>Risks identified in this paper are related to the following:</p> <ol style="list-style-type: none"> <li>Capacity of HR Consultancy team to implement transformation plan at pace.</li> <li>Capacity of service line managers to engage with capability programme</li> <li>Ability of Solent to make required investments including Case Management System, and outsourced Investigation solution.</li> <li>Culture and behaviour change is not seen at sufficient scale to impact positively on people practices.</li> </ol>							
<b>Key Decisions/ Action(s) requested</b>							
<p>To receive the following assurances :</p> <ul style="list-style-type: none"> <li>Implementation of People Practices Transformation Plan to implement Dido Harding recommendations and Just Culture principles is progressing as per plan.</li> </ul>							

## **Improving People Practices**

### **22 October 2019**

In May 2019, Baroness Dido Harding, Chair of NHSi wrote to all NHS Trusts following the Verita review with guidance and recommendations required of all Trusts in regard to improving people practices. A copy of the Chair's letter and a summary of the Just Culture principles are included in Committee papers.

Following receipt of the recommendations, an assessment of Solent NHS Trust's people practices was undertaken, there were many areas of good practice already embedded, however there were also key actions were identified. This paper provides assurance that the actions required of the Dido Harding recommendations are being implemented across the Trust, including a plan to embed the principles of Just Culture.

#### **1. Immediate Changes to People Practices**

In direct response to the Dido Harding recommendations and order to ensure our processes and procedures lead to robust decision making, an assessment was immediately undertaken of our current people practice (previously provided to People and OD Committee). As a result of the assessment the following actions were immediately implemented:

- The Performance Management Assurance Forum (PMAF) has been created. The PMAF core duties are to ensure appropriate oversight of case management, particularly complex, high risk and lengthy cases. The core members are the Chief Nurse and Chief People Officer. Issues are escalated to Executive Directors and Workforce & OD Committee as required and in any other circumstance that is deemed appropriate. All cases nearing final stage of a formal policy where the likelihood could be dismissal are referred to PMAF.
- Introduced a panel of two people at all final hearings to ensure plurality in decision making.
- Developed a People Practices Assurance document; to ensure that there is Board level oversight of our activity in relation to employee relations we have developed an assurance document which will be included in the December Board papers.
- Development of a Learning Framework; to ensure a culture of continuous learning and improvement of our practices both within the HR Consultancy service and across the Trust, with continual development of the team and managers. The Learning Framework will be launched in November 2019 and will capture learning and improvement during the course of, and following the closure of a case. It also allows us to consider case management at an aggregate level, identify trends, root causes and process/systems failings in what we do. Outcomes of the learning reviews will be fed into the People

Practices reporting and into wider organisational communications, and included within the manager's capability curriculum.

- A series of Manager's Forums to regularly engage with our staff, managers and staff side will commence in November. These forums are designed to enable diversity of thought and collective leadership input to policies and procedures and to interaction in relation to our People Practices Transformation.
- The RAG/escalation rating criteria has been strengthened to ensure appropriate level HR Consultancy support is assigned to casework. It also sure ensures timely information is provided to key stakeholders, and cases are escalated as appropriate. The RAG/escalation rating informs the cases for referral to PMAF and further adjustments are to be made to in November to ensure that the criteria are objectively and consistently applied.

In addition to the immediate changes made, a medium and long term plan has been created with the following priorities:

## **2. People Practices Transformation Programme**

In order to ensure full implementation of the Dido Harding recommendations and to embed people focused practices across Solent, aligned to our values, a Transformation Plan has been developed; a monthly update is provided to People and OD Senior Leadership (Appendix 1).

### **2.1 Review of HR Consultancy team capacity and capability**

A review was already underway, however the NHSi recommendations enabled an assessment of the HR Consultancy's capability and capacity to be expedited at pace. As a result of this assessment there has been a shift in senior expertise to focus on strategic transformation of people practices, and we have hired additional capability to ensure operational implementation. In addition senior HR operational leadership has been strengthened on a fixed term basis.

### **2.2 People Policies**

Organisational people policies set the tone and expectation across the organisation, and are an important guide to managers and leaders. In order to shift our culture towards a more person centred approach our people policy suite and associated SOPs must be rewritten using terms and tone. The following actions have been taken:

- A reworking of the investigation, suspension, disciplinary and grievance policies and standard operating procedures is in process and will be submitted to the policy steering group in January 2020 following engagement with stakeholders. The performance and managing attendance policies will be submitted to March's steering group.

- Scoping with our legal provider to provide automatic policy updates when employment law changes are made. This will provide additional assurance that policies, procedures and the approach to people matters remain current in accordance with legislation and best practice. In the meantime, changes to policy are identified through the regular attendance at employment law updates and through legal email bulletins which is sufficient.

### **2.3 Improving Manager's Capability**

A programme of interventions to improve managers capability in terms of the culture changes and changes to policy is in development and will be implemented from January 2020, including:

- Redesigned core essentials offering to support the management of matters at day to day/informal stages
- Creation of an internal faculty of investigators including training and ongoing CPD/learning
- Embedding just culture principles as a thread through all leadership development.
- Train 'expert managers' to increase capacity for internal hearings.
- Targeted learning opportunities where data analysis suggests hotspots and trends.
- Action learning sets and coaching to embed values in action and people focussed leadership.
- Digital learning resources and learning communities (new LMS) including refreshed Manager's Toolkit.

### **2.4 Managing investigations**

In order to strengthen the model for internal investigations and to create increased independency for all RED rated cases, the following actions have been implemented:

- Development of a business case to change the model of investigations, creating a blend of internal and external resource to improve the quality, transparency and objectivity of investigations.

### **2.5 Mediation**

Mediation as a principle of early intervention is a change to existing practice. In many cases mediation early on can alleviate the need for formal interventions. The Trust does not currently have trained mediators; a proposal is in development for a mediation solution across the Trust.

### **2.6 Digital Case Management System**

- Current case management is managed via excel spreadsheet. The functionality is limited and does not enable efficient and effective case management.

- A business case for a digital ER case management system has been developed and will be presented for consideration by Q4 2019/20. Functionality would include:
  - Document capture -Record every detail of an employee case, including all correspondence (email, letter, phone or meeting). Everything associated with the case stored and managed in one place.
  - Real-time monitoring - Dashboards providing top line visibility and performance monitoring. Managers have full visibility of their teams' ER cases and dashboards enable them to review progress and keep everything on track.
  - Auto-populated templates - Letters and emails can be built in and automatically populated. Users can send, reply and automatically save all case management correspondence in once place.
  - Workflow management - Configure workflows for each case type; assign stages, steps and timeframes, helping to ensure consistency across processes. Steps can be added on a case-by-case basis.
  - Alerts and reminders – Enables timelines to be built in, approaching deadlines reminders, email alerts including when required actions are overdue or require completion.
  - Flexible user permissions - User defined access roles allow you to control access to each HR case and what users can undertake. Sensitive cases can be managed discreetly with visibility granted to only those who need it.
  - ESR interface - personal records and changes to employee details, including sanctions are uploaded/downloaded between ESR and the case management system.
  - Fast track - Cases can now be fast tracked which means they need to be completed within a shorter duration ensuring cases are resolved sooner if appropriate.
  - Reporting suite - Reporting tools to analyse information within the ER Tracker to proactively manage cases, reduce case costs by resolving cases quicker, and in some instances even prevent cases before they happen.

### 3. Identified risks

Risks associated with the changes detailed in this paper are as follows:

5. Capacity of HR Consultancy team to implement transformation plan at pace.
6. Capacity of service line managers to engage with capability programme

7. Ability of Solent to make required investments including Case Management System, and outsourced Investigation solution.
8. Culture and behaviour change is not seen at sufficient scale to impact positively on people practices.



Appendix 1  
Monthly HRC Transformation Plan Progress Update (October 2019)

## HR Consultancy HR TRANSFORMATION PLAN

---

### ACTIVITIES COMPLETED THIS MONTH

Key tasks, milestones and changes:

- Feedback received from project team in relation to the draft Investigation Policy and SOP, this has been incorporated into final draft.
- Draft Suspension Policy and SOP written.
- HR Competencies now in draft format using CIPD Standards (The Profession Map) as a guide.
- Comms sent out in Managers Matters inviting managers to engage via forums
- Manager forums arranged for 12<sup>th</sup> & 13<sup>th</sup> November
- Case trackers analysed to identify hotspots in ER activity
- Comms team have created some initial designs for a banner to go across the top of all documents created by HRC, to create consistent and easily recognisable documents.

- Policy schedule/calendar produced outlining intended timescales for development of policies

ACTIVITIES IN PROGRESS	NEXT ACTION	DUE DATE (R/A/G)
HRC team development programme	Criteria to assess against core knowledge and behaviours to be developed using local JDs and person specifications, CIPD assessment criteria and Dido Harding/NHSI guidance on improving people practices.	By December
Continued review and improvement of new assurance documentation	Following further review, work underway to further develop document to ensure it is fit for purpose. Changes to be reflected in next assurance report.	Beginning of November
Redesign of HR Policies (Investigation & Suspension)	Suspension Policy and SOP to be shared with HR Consultancy team and HR management for feedback. Investigation and Suspension Policy and SOP to be shared with managers attending forums by 1 <sup>st</sup> November.	1 <sup>st</sup> November
Redesign of HR Policies (Disciplinary & Grievance)	Disciplinary and Grievance Policy and SOP under development. To be in final draft format by beginning of December.	Beginning of December
Learning framework, case review/lessons learnt documentation all in draft	<p>Finalising learning framework to add a communication section, outlining how learning/wider themes will be shared with the organisation.</p> <p>Team deadline to provide comments on lessons learnt process and documentation by 25<sup>th</sup> October to be finalised and put in place in November.</p>	By mid-November
Stakeholder Engagement	Prepare for forums on 12 <sup>th</sup> and 13 <sup>th</sup> November.	By mid-November

	Schedule further forums.	
Simplification of case trackers – as a temporary measure pending potential case management system - combined into one spreadsheet, one line snapshot of latest case update, file note template created for e-filing to hold all case data	Seeking team views and feedback, before updating and finalising.	End of November
Simplification of reporting tools	Reviewing the number and types of trackers and reports currently produced, considering how these may be reduced and refined.	End of November
Toolkit	Continue to build toolkit documents, to support new policies and SOP's	Ongoing at this stage

<b>ACTIVITIES TO BE STARTED NEXT MONTH</b>	<b>DUE DATE</b>
Plan being produced to address hotspots identified following initial analysis of the trackers. Exploring options for appropriate training to address manager competency and confidence.	TBC
Performance Management Policy to be revamped and SOP created, along with supporting toolkit documents, reflecting new format.	End of January
Pulling together format/presentation for managers forums	8 November 2019

<b>KEY ISSUES</b>	<b>ACTION PLAN</b>
Only 2 attendees confirmed so far for the Managers Forum at Highpoint (good number of attendees confirmed for other 2 forums)	Sending emails to specific service line managers and OD's, specifically approaching the areas where we have had a limited response.
Periods of high annual leave in coming months	Captured on policy schedule calendar, to enable workload to be planned around this where possible.
Clarity needed of scope of project in terms of policies to be updated.	Pulling together a list of all existing HR policies for wider discussion and agreement.

## Exception and recommendation report

<b>Committee /Subgroup name</b>	<b>Mental Health Act &amp; Deprivation of Liberty Safeguards Scrutiny Committee</b>	<b>Date of meeting</b>	14 <sup>th</sup> November 2019
<b>Chair</b>	<b>Mick Tutt</b>	<b>Report to</b>	Trust Board

<b>Key issues to be escalated</b>
-----------------------------------

We received a second iteration of a **revised Mental Health Act activity report** which continued to address many of the recommendations of the Internal Audit from PwC regarding the review of the effectiveness of assurance provided for the Board from the Committee's scrutiny of Mental Capacity & Mental Health Acts application. We again noted that these appeared to generate an additional degree of scrutiny across committee members.

Of particular note within this reporting period was:-

- **2 unlawful uses of s5:2** of the Mental Health Act 1983 ('the Act). This section enables appropriately experienced medical practitioners to detain a person for up to 72 hours for assessment of their mental state. It should only be used where the person is already within an environment which is licensed/registered (by the CQC) for the purposes of care and treatment under the Act – but in these 2 instances one person was conveyed to the Orchards using this mechanism and one person was detained on a ward not licensed/registered until such time as an appropriate bed had been identified. The relevant management action to both address the immediate issues of unlawful use and the underlying reasons for wrongful use were outlined and the Committee will need to monitor whether this mitigates against further instances of this unlawful action.
- An instance where **a relative was prevented from visiting someone resident** on the Orchards.  
This is an extremely rare occurrence within Solent services and has to be justified within the criteria set out in Chapter 11 of the Act's Code of Practice. The relevant paragraphs are 11:13 to 11:17 – which in essence remind practitioners, managers and ultimately the Board that such acts '...may be considered a breach of [the person's] article 8 rights. [because of that (potential HRA breach)] Hospital managers should review the effect on the patient of any decision to restrict visits.'  
In this instance, justification was 'on security grounds. The behaviour of a particular visitor [was] or may have been disruptive to the degree that exclusion from the hospital is necessary as a last resort.'  
We had assurance that the 'decision to [was] fully documented and explained...' and that the exclusion lasted for the minimum time necessary.  
Again, the Committee will need to monitor whether this rare action occurs repeatedly
- 2 occasions where **people accepted into the s136 suite required more than 24 hours for practitioners to complete a mental health assessment**. The Policing & Crime Act 2017 reduced the threshold for assessment from 72 to 24 hours, but allowed exceptions where medical practitioners could confirm that assessment was not possible during the initial 24 hours. Since the threshold reduced in late 2018, there have only been 5 incidents (including these 2) where people have remained longer than 24 hours in the s136 suite, with the first 3 being subject to earlier Board reporting and explanation. Solent remains an outlier on the extreme low end of providers exceeding the threshold.

We undertook our standard scrutiny of the **use of restraint and seclusion**. In addition to the now usual assurances that the management reviews confirmed that all restraint incidents were lawful and used approved taught techniques and that all incidents of seclusion were appropriate to the situation and that the policy had been followed. We also heard that use had reduced by c.50% during the reporting period. Consequently, the principles of least restrictive interventions were used. More importantly however, at least part of the apparent dramatic reduction could be attributed to the National Quality Improvement initiative the service was participating in. We did ask that our appreciation for this initiative and outcome was shared with front-practitioners.

We were up-dated on the continued **emerging implications of the Liberty Protection Safeguards** (arising from a recent amendment to the Mental Capacity Act 2005). It was noted that both the MC&MHA Lead and the Chair of MHASc continued to be involved at a national level in discussions regarding the implementation of this significant alteration in which people deemed to lack capacity to consent are managed. Undoubtedly the Board will need to take a view on these implications once greater clarification is available.

**Decisions made at the meeting**

The Committee:

- Endorsed the recent improvements in the **Associate Hospital Managers'** administration
- Requested that services submit schedules of **Blanket Bans** they proposed for endorsement at a future Board meeting. This would be in accordance with 1:6 of the Act's Code of Practice, which states that 'Restrictions that apply to all [people] should be avoided. Blanket restrictions should never be for the convenience of the provider. Any such restrictions, should be agreed by hospital managers, be documented with the reasons for such restrictions clearly described and subject to governance procedures that exist in the relevant organisation.'

**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

## Solent NHS Trust

### Finance & Infrastructure Committee– Terms of Reference

#### 1 Constitution

- 1.1 Solent NHS Trust Board hereby resolves to establish a committee of the Board to be known as the Finance Committee ('the Committee'). The Committee is a Committee of the Board and has no executive powers, other than those specifically delegated by the Board in these Terms of Reference which are incorporated within the Trust's Standing Orders.

#### 2 Purpose

- 2.1 The Terms of Reference reflect the Board delegated role of the Committee in ensuring appropriate financial frameworks are in place to drive the financial strategy, and provide assurance to the Board on financial and infrastructure matters as directed.

#### 3 Duties

The Committee will make recommendations to the Board in relation to its duties as described below;

##### 3.1 Strategic Financial Planning

- To scrutinise the development of the Trust's commercial and financial strategy (including both revenue and capital), including the underlying assumptions and methodology used, ahead of review and approval by the Trust Board.
- To review the Trust's 2 and 5 year financial plan prior to presentation at the Board and ensure it is aligned to the strategy of the wider health economy, particularly the Sustainability and Transformation Plan.
- To recommend to the board the disposal/acquisition of estates in relation to strategic financial planning and to recommend the strategic use of estates to the Board
- To consider major transformation and productivity in relationship to forward strategy including workforce, ICT and Estates.
- The consideration of strategic estates plan (and understanding of funds flows, programme management of estates plans)
- To set a framework and relevant criteria for evaluating capital investment proposals within the Trust.
- To review any post-implementation investment audits undertaken by or on behalf of the Trust.
- ~~To consider the implications of the emerging ICS and ICP in terms of financial impact on the Trusts' control total and Operating Plan~~
- If and when appropriate, the Committee will recommend the incorporation of start-up companies to the Trust Board, for agreement, in relation to any due diligence, warranties, assignments, investment agreements, etc. related to start-up companies.

##### 3.2 Business Planning process

- To ensure alignment of plan, budget and workforce plan, seeking assurance that the plan is produced and owned by the service lines / corporate divisions
- To understand the impact of plan delivery on clinical quality and be assured that there are QIA processes in place
- To ensure that the resource to deliver the plan is understood and allocated
- To seek assurance that estates and IT strategies are aligned to service plans
- To seek assurance that all associated costs are validated (e.g. estates, IT)
- To review all risks and opportunities to future business and their link into business planning
- To seek assurance on the achievement of business plans and major change programmes

### 3.3 Annual Budget Setting & Monitoring

- To review the impact of Cost Improvement Plans (CIPs) on forward financial planning
- To scrutinise the financial plan underpinning the Annual Operating Plan
- ~~To consider the Trust's Control Total, ahead of approval by the Board~~
- To consider the Trusts' Control Total and consider the implications of an ICS joint Control Total, ahead of approval by the Board
- To scrutinise the draft budget prior to approval at the Board
- To review and scrutinise the capital programme in relation to estates

Formatted: Font color: Black

### 3.4 Treasury Management

- To agree the Treasury Management Policy and the subsequent review and implementation of the policy.

### 3.5 Financial Recovery Programme and financial control

- To review funding sources and budgets
- To review levels of recurrent / non-recurrent CIPs and overall level of savings
- To review the risks and opportunities schedule as a tool to manage the in year forecast outturn
- To review the progress against key milestones of major benefit realisation plans

### 3.6 Business Management

- To have oversight of activity and capacity data in relation to individual service lines
- To evaluate, scrutinise and review individual investment/divestment decisions, as defined by the SFIs and to monitor on behalf of the Trust Board
- To ~~annually~~ review ~~relevant~~ Financial Policies and Procedures
- ~~To approve the Investment Policy.~~
- To seek financial governance assurance regarding major work programmes; such as CGI contract reset and CRS project implementation
- To seek assurance on the achievement of the key performance targets in the Trust's strategic plan
- ~~To review the Standing Financial Instructions and Scheme Of Delegation ahead of presentation to the Board~~

### 3.7 Infrastructure (Estates and IT )

- ~~To receive exception reports from the ICT Group and the Estates, Facilities and Sustainability Group~~
- ~~To approve for recommendation to the Board the Estate and IT strategic plans~~
- ~~To review key commercial partnerships as appropriate~~
- ~~To seek assurance regarding operational delivery of estates and IT plans~~

### 3.8 Finance and Commercial Group

To receive an 'Exceptions and recommendation' report from the Finance and Commercial group, detailing business transacted and to receive and review recommendations from the Group on investment decisions  $\geq$  £500,000 <£3m per annum (on cases >£3m the committee will make a recommendation to the Board)

### 3.9 Other duties

- At the request of the Trust Board, the Committee may review in depth aspects of financial performance where the Board requires additional scrutiny and assurance (for example the delivery of the CIP programme) while recognising that the primary responsibility for the monthly monitoring and review of the Trust's financial performance rests with the full Trust Board.
- The Committee may examine any matter referred to it by the Trust Board or the Audit & Risk Committee.



## **4 Membership**

- 4.1 The Committee will consist of the
- Three Non-executive directors as appointed by the Board,
  - Chief Executive and
  - Deputy CEO and Chief Financial Officer
  - Director of Finance
- 4.2 A designated alternate person acting in the capacity of a member must be identified where a member is unable to attend a meeting. Such alternates will be authorised to vote if the need arises.
- 4.3 One of the Non-Executive Director members will be appointed Chair of the Committee by the Board.
- 4.4 In the event of the Chair being unable to attend all or part of a meeting, the Chair will nominate a replacement from within the membership to deputise for that meeting.

## **5 Attendees**

- 5.1 Other persons may be invited to attend by the Chair.

## **6 Meeting administration**

- 6.1 The Company Secretary shall nominate an administrator to act as the Secretary of the Committee. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated promptly to all members

## **7 Quorum**

- 7.1 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 Deputy CEO and Chief Financial Officer and/or the Director of Finance

## **8 Frequency**

- 8.1 Meetings will normally be held bi-monthly. Additional ad-hoc meetings may be arranged to discuss specific issues but any such meetings should be infrequent and exceptional.

## **9 Authority**

- 9.1 The Committee is authorised by the Board to investigate any activity within its terms of reference or any matter delegated by the Trust Board. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 9.2 The Committee may refer issues to the Audit & Risk Committee as appropriate and vice versa.

## **10 Reporting**

- 10.1 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.

## Exception and recommendation report

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

**Key issues to be escalated**

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

- The Chief Finance Officer presented a report outlining **Single Tender Waivers** processed and **Losses and Special Payments, and write offs** since the last meeting. The rationale for these was provided- which were noted by the Committee.
- Ernst & Young presented the **outline audit plan for 2019/20** and highlighted to the committee their initial risk identification for the upcoming audit – including the valuation of land and buildings (which is a complex matter, and is subject to a number of assumptions and judgements, including reliance by management on the work of an external expert) as well as the implementation of the new accounting standard IFRS 16 leases.
- Subsequent to the meeting the audit and accounts timeline has been confirmed as:
  - Audit & Risk Committee meeting, May 22<sup>nd</sup> 2020, 9am – 12noon
  - Extra-Ordinary Public Board meeting, May 22<sup>nd</sup> 2020 12noon – 12:30pm (for agreement of accounts and public disclosure documents).
- The Trusts' internal auditors, PwC presented the **Internal Audit 2019/20 Progress Report** – a summary of further progress against the 2018/19 Internal Audit Programme is as follows:

Review to be undertaken	Executive Sponsor	Target AC date	Audit Sponsor identified	Scoping meeting(s) held	Terms of reference approved	Fieldwork dates confirmed	Fieldwork completed	Report issued to Solent	Review complete
Key Financial Systems - Management of activity based income and expenditure	Director of Finance and Performance	January 2020	Completed	Completed	Completed	Completed			
IT Asset management and GDPR update	Chief Operating Officer – Southampton and County Services	May 2020	Completed	Completed	Completed	Completed	In Progress		
Risk Management - Adults (Southampton/Portsmouth)	Chief Nurse	May 2020	Completed	Completed	In Progress				
Data Security Protection Toolkit	Chief Operating Officer – Southampton and County Services	January 2020	Completed	Completed	Completed	Completed			
Medicine and pharmacy management	Chief Medical Officer and Chief Operating Officer – Portsmouth and Commercial	October 2019	Completed	Completed	Completed	Completed	In Progress		
E-Rostering	Chief People Officer and Chief Nurse	October 2019	Completed	Completed	Completed	Completed	In Progress		
Follow Up of internal audit actions	Director of Finance and Performance	May 2020	Completed						

The Committee noted progress and received the report. Oversight of the internal audit action tracker was discussed at the meeting and the Committee noted robustness of sharing internal audit actions with each Trust Committee. Delays due to the complexity of the dispersed audit was highlighted for the Medicine and Pharmacy Management and E-Rostering reviews and it was confirmed that these would be reported to the January 2020 meeting.

- The Chief Finance Officer presented the **Counter Fraud Progress report** on behalf of the Counter Fraud team. The Committee were briefed on investigations taking place and reviewed a case regarding a staff member working whilst sick- with confirmation that a new process for strengthening sickness forms had been implemented.
- The Committee noted the **Audit & Risk Committee Mid-Year Review**.
- The **Clinical Audit Annual Plan-Six Month Review** was received by the Committee. Positive work and improvements made as a result were reviewed and integration of learning from audits across the organisation shared. Discussions regarding the **Use of End of Life syringe drivers** were held at the meeting, with confirmation of on-going review at local level

meetings to influence learning and encourage service lines to work together to share projects.

- The Committee requested that the **Assurance Committee seek assurance** with regards to an updated report **in respect of the learning implementation following the Gosport War Memorial findings.**
- **Risk Appetite** was highlighted as an outstanding issue for review at a future meeting and it was confirmed that a follow up session is being held on 18<sup>th</sup> November at the Board workshop.
- An update was received following the **Freedom to Speak Up Steering Group** meeting.

#### **Decisions made at the meeting**

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

#### **Recommendations**

No specific recommendations are made to the Board.

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

There are no risks to highlight.

### Exception and recommendation report

<b>Committee /Subgroup name</b>	<b>Charitable Funds Committee</b>	<b>Date of meeting</b>	14 <sup>th</sup> November 2019
<b>Chair</b>	<b>Mick Tutt</b>	<b>Report to</b>	Trust Board

#### Key issues to be escalated

We utilised the meeting to confirm:-

- The altered and more inclusive approach to accepting and approving bids against the Fund, as set-out in the previous exception report from the Committee to the Board.
- Use of the Beacon logo where-ever possible, to establish to identity of the Fund.

#### Decisions made at the meeting

We endorsed:-

- The Annual Report and Accounts and the Independent Examiners report and noted that these were available for any member of the Board to view if required.
- A bid against the Fund, subject to further detail, for the Childrens' Nursing service, but declined one from the Specialist Dental service. The rational for acceptance/rejection was around a clear articulation of the benefits for the people accessing the service.
- Amendments to the Terms of Reference for the Committee, which are appended for endorsement by the Board.
- 2 policies related to the activities associated with the Committee.

#### Recommendations to the Trust Board

**The Board are asked to note the issues set out above**

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

None of note

**Exception and recommendation report**

<b>Committee /Subgroup name</b>	<b>Charitable Funds Committee</b>	<b>Date of meeting</b>	14 <sup>th</sup> November 2019
<b>Chair</b>	<b>Mick Tutt</b>	<b>Report to</b>	Trust Board

<b>Key issues to be escalated</b>
<p>The Committee utilised the meeting to confirm:-</p> <ul style="list-style-type: none"> <li>➤ The altered and more inclusive approach to accepting and approving bids against the Fund – as set-out in the previous exception report from the Committee to the Board</li> <li>➤ Use of the Beacon logo, where-ever possible to establish to identity of the Fund</li> </ul>
<b>Decisions made at the meeting</b>
<p>The Committee endorsed:-</p> <ul style="list-style-type: none"> <li>➤ The Annual Report and Accounts and the Independent Examiners report and noted that these were available for any member of the Board to view if required</li> <li>➤ A bid against the Fund (subject to further detail) for the Childrens' Nursing service, but declined one from the Specialist Dental service. The rational for acceptance/rejection was around a clear articulation of the benefits for the people accessing the service</li> <li>➤ Amendments to the Terms of Reference for the Committee – which are appended for endorsement by the Board</li> <li>➤ 2 policies related to the activities associated with the Committee</li> </ul>
<b>Recommendations to the Trust Board</b>
<b>The Board are asked to note the issues set out above</b>
<b>Other risks to highlight (not previously mentioned)</b>
None of note

## Solent NHS Trust Charitable Funds Committee – Terms of Reference

### 1 Constitution

- 1.1 The Charitable Funds Committee (The Committee) is a Committee of the Board and 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 Trust Board to ensure they remain appropriate.
- 1.2 The Charitable Funds Committee exists to carry out functions delegated to it by Solent NHS Trust, which is the Corporate Trustee of the Charity that is registered with the Charity Commission as Portsmouth & South East Hampshire Charitable Fund (number 1053431), now Solent NHS Charity. The Charity is also known as 'Beacon', Solent NHS Trust Charity.
- 1.3 The Corporate Trustee, through its board, has delegated day to day management of the charity to the Committee, including delegable functions as defined in regulation 16 of the NHS Trusts (Membership & Procedures) Regulations 1990 [*and under section 11 of the Trustee Act 2000 once authorised as a Foundation Trust*].

### 2 Purpose

- The Committee will ensure that funds are spent in accordance with the original intention of the donor (if specified).
- The Committee will oversee and review the strategic and operational management of the Solent NHS Charity (or non-exchequer funds as they are sometimes known).
- The Committee will ensure that all requirements of the Charity Commission are met and all legislation relating to charitable funds is adhered to in the administration and application of funds.
- The Committee will ensure co-operation with the external auditors in the regulation of the funds.

### 3. Duties

- 3.1 The Committee:
- makes decisions involving the use of charitable funds for investments with regard to existing and subsequent legislation, policy and guidance
  - will receive the Annual Accounts and Annual Report of the Trust's Charitable Funds for consideration and recommendation for final approval, or otherwise, to the Trust Board (the Corporate Trustee).
  - will receive and review the quarterly charitable funds income and expenditure accounts and other supporting financial information as requested by the Committee
  - will receive the Annual Independent Examiners report
  - is responsible for establishing delegated authorisation limits to be implemented within the Trust regarding the expenditure of Charitable Funds
- 3.2 Policies & Procedures regarding Charitable Funds  
The Committee will
- establish policies and procedures required for the effective day to day

management of the Charitable Funds.

- ensure that the Trust's policies and procedures for charitable funds and investments are followed.
- review and approve the Trust's policies and procedures for the use and investment of charitable funds.
- approve the Charity accounts on behalf of the Board, as Corporate Trustee

### 3.3 Investment Portfolio

The Committee will

- ensure that all Trust Fund monies are properly managed and invested in accordance with current charity legislation and in accordance with the investment and reserves policy approved by the Charitable Trust Funds Committee.
- monitor the performance of the charitable funds investment portfolio.

### 3.4 Brand Development and Fundraising

The Committee will

- support brand development in relation to the charity taking into consideration the views of stakeholders
- develop and recommend new strategies to the board as Corporate Trustee and implement when approved.
- regulate fund raising and donations and determine the appropriateness of these activities, ensuring all activities are legal, liabilities are covered and trading activities are accounted for accordingly
- ensure that the generosity of the Trust's benefactors and the purposes to which funds are put, are appropriately publicised and recognised.

## **4 Membership**

4.1 The Committee is appointed by the Corporate Trustee and comprises;

- Two Non-Executive Directors
- Chief Operating Officer
- Financial Controller

4.2 The Chairman of the Committee shall be a Non-Executive Director (NED) appointed by the Trust Board.

## **5 Attendees**

5.1 Attendees invited to the Committee will be;

- Finance Lead for Charitable Funds
- Associate Director of Corporate Affairs and Company Secretary
- Estates representative
- Other persons as required and invited by the Chairman
- Representative from the Communications team
- 

## **6 Meeting administration**

6.1 The Executive Assistant to the CEO shall act as the secretary of the committee. Papers will be circulated in accordance with the Trusts Standing Orders. Minutes of the meeting will be circulated to members once agreed by the Chairman.

6.2 The Finance Lead will ensure that the delegated approvals for expenditure are recorded and reported to the next Charitable Funds Committee, when these are

above the limits noted in Financial Regulations, and approved by the Chief Executive.

**7 Quorum**

7.1 The Committee shall be quorate if two members are present of which one shall be a Non Executive Director and one shall be an Executive Director. A finance representative must also be in attendance.

**8 Frequency**

8.1 Meetings shall be held at least Quarterly. Additional meetings can be called by the Chairman of the Committee as deemed necessary.

**9 Authority**

9.1 The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of external expertise with relevant experience if it considers this necessary.

**10 Reporting**

10.1 The Chairman of the Committee will report to Trust Board after each meeting via an exception report. The Chairman of the Committee shall draw to the attention of the Trust Board any issues that require disclosure to the Board, issues of significance or require executive action.

Version  
Agreed at Charitable Funds Committee  
Agreed at Board  
Date of Next Review

11  
Date: 24<sup>th</sup> October 2019  
Date:  
Date: October 2020