

Agenda

Solent NHS Trust In Public Board

Meeting Thursday 2nd April 2020 – 08:45 – 10:45
** timings are tentative*

**** Due to the current Coronavirus (COVID-19) national situation, matters discussed will be focused accordingly with contemporary updates provided ****

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	08:45	5mins	Chairman's Welcome & Update <ul style="list-style-type: none"> • Apologies to receive 	Chair	To receive
			Confirmation that meeting is Quorate <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> • a minimum of two Executive Directors • at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair 	Chair	-
			Register of Interests & Declaration of Interests	Chair	To receive
2	08:50	10mins	*Previous minutes , matters arising and action tracker	Chair	To agree
Strategy & Vision					
3	09:00	45mins	Chief Executive's Report - including contemporary update on Coronavirus (COVID-19) and impact on service delivery	Chief Executive	To receive
4	09:45	25mins	Performance Report <i>Including:</i> <ul style="list-style-type: none"> • Operations • Quality – including 6 month update on performance against Quality Priorities • Financial • Workforce • Research • Self-Declaration 	Executive Leads	To receive
5	10:10	10mins	Annual Staff Survey Feedback	Chief People Officer	To receive
6	10:20	5mins	WRES and D&I Strategy	Chief Nurse	To receive



Reporting Committees and Governance matters					
7	10:25	10mins	Workforce and OD Committee Exception Report- Verbal update from meeting held 12th March 2020	Committee chair	To receive
8			Community Engagement Committee <i>No meeting held since last report. Next meeting 26th May 2020.</i>	Committee chair	To receive
9			Mental Health Act Scrutiny Committee Exception Report- update from meeting held 23rd March 2020	Committee chair	To receive
10			Audit & Risk Committee Exception Report – update from meeting held 6th February 2020	Committee chair	To receive
11			Charitable Funds Committee Exception Report – No meeting held since last report. Next meeting 22nd May 2020.	Committee chair	To receive
12			Quality Assurance Committee Exception Report – update from meeting held 23rd March 2020	Committee chair	To receive
13			Governance and Nominations Committee – update from meeting held 6th February 2020	Committee chair	To receive
14			Finance & Infrastructure Committee - non-confidential – verbal update from meeting held 23rd March 2020	Committee chair	To receive
Any other business					
15	10:35	5mins	Reflections <ul style="list-style-type: none"> • <i>lessons learnt and living our values</i> • <i>matters for cascade and/or escalation to other board committees</i> 	Chair	-
16	10:40	5mins	Any other business & future agenda items	Chair	-
17	10:45	---	Close and move to Confidential meeting 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	-

Date of next meeting:

- **Monday 1st June 2020, Portsmouth (venue tbc)**

Minutes

Solent NHS Trust In Public Board Meeting

Monday 3rd February 2020 09:30am-13:00pm

Lecture Room 1, C Block, St Mary’s Hospital, Milton Road, Portsmouth, PO3 6AD

Chair: Catherine Mason, Trust Chair (CM)	
<p>Members: Sue Harriman, Chief Executive (SH) Andrew Stevens, Chief Finance Officer and Deputy CEO (AS) Sarah Austin, Chief Operating Officer, Portsmouth and Commercial Director (SA) David Noyes, Chief Operating Officer Southampton and County Wide Services (DN) Jonathan Prosser, Interim Medical Director (JPr) Angela Anderson, Associate Director of Professional Standards and Regulations (AA) (on behalf of Jackie Ardley) Helen Ives, Chief People Officer (HI) Jon Pittam, Non-Executive Director (JPi) Mike Watts, Non-Executive Director (MW) Stephanie Elsy, Non-Executive Director (SE) Gaurav Kumar, Non-Executive Director (GK) Thoreya Swage, Non-Executive Director (TS)</p>	<p>Attendees: Rachel Cheal, Associate Director of Corporate Affairs and Company Secretary (RC) Sam Stirling, Corporate Affairs Administrator (SS)</p> <p>Apologies: Jackie Ardley, Chief Nurse (JA)</p>
1	Chairman’s Welcome & Update, Confirmation that meeting is Quorate, Register of Interests & Declarations of Interests
1.1	CM welcomed attendees to the In Public meeting and TS and JPr to their first Trust Board meeting. CM also welcomed Angela Anderson, who was attending on behalf of Jackie Ardley.
1.2	There were no further updates to the register and declaration of interests and the meeting was confirmed as quorate.
2	*Minutes of the meeting held 2nd December 2019, matters arising and action tracker
2.1	The minutes of the last meeting were agreed as an accurate record, subject to amendments.
2.2	The following actions were confirmed as complete: AC001434, AC001435, AC001436, AC001480, AC001481, AC001482
3	Chief Executives Report

3.1	<p><u>CQC</u> SH informed of announcement that the CQC would be returning to complete a formal service and well led inspection. SH provided an overview of the new format of inspections and confirmed that a targeted approach would be taken in the 'Requires Improvement' areas scored at the previous comprehensive inspection.</p> <p>SH confirmed Trust request for a desktop review of CAMHs to lose the 'Requires Improvement' score, following assurance of all actions taken.</p>
3.2	<p>SH suggested potential likelihood of a return visit to the Adults Mental Health Service and highlighted recent audit held to review learning. SH emphasised assurance of appropriate actions taken and preparedness for a further visit.</p> <p>SH explained request for the CQC to visit services not previously inspected and commented on improvements and innovations within these areas. Potential challenges of accommodating this request were highlighted.</p>
3.3	<p>The Board were briefed on the Provider Information Request (PIR) submission and confirmed planning for the inspection at any time; however arrival anticipated from mid-April.</p> <p>SH reported that the Trust was in the final section of forensic review and confirmed plans to submit the completed PIR on Thursday 6th February. SH noted support from PWC to ensure comprehensive and accurate completion.</p>
3.4	<p>An overview of learning was provided including the need to ensure supported technology was available to be able to effectively gather data.</p> <p>SH commented on the predominantly green dashboard and the importance of demonstrating not only good governance, culture and service but also strong partnership working and senior leadership.</p>
3.5	<p>TS queried potential input and preparation required from a Board perspective. SH suggested that full discussions were held in Confidential Board.</p> <p><i>(Chief Executives Report- continued in item 6)</i></p>
4	Staff story and reflection
4.1	<p>SA reflected on the journey taken within the Portsmouth system and the next steps regarding management of acuity and ensuring establishment of a strategy that was not reliant on a medical model, but incorporated an intermediate care layer.</p> <p>SA introduced Lynn Salmon (LS), Consultant Practitioner- Adults Portsmouth Services.</p>

4.2	<ul style="list-style-type: none"> • LS gave a background of previous roles and reflected on the vision for community care. • LS highlighted challenges however commented on the effectiveness of the vision in recognising different ways of working and managing acuity required. • The Board were briefed on appointments within the team and the focus on future improvements. • LS commented on the innovative work being considered, including the ‘step up step down’ model, GGA assessment (beginning with a review of templates) and the potential use of ‘Point of Care Testing’ equipment. • LS noted that this was an escalation model and SA explained cultural challenges in relation to working differently. • Considerations’ regarding support for clinicians was highlighted and LS reported sessions being held for advanced clinical practice.
4.3	<p><u>Reflections</u> CM emphasised the importance of this work in supporting the vision for keeping people at home.</p>
4.4	<p>JPi reflected on the usefulness of the ‘Point of Care Testing’ technology and queried how this would be used. LS provided an overview and SA confirmed that a number of digital care applications were being reviewed and on-going monitoring of technology investments taking place.</p>
4.5	<p>SE shared feedback and queried how improvements were being measured, similar to research projects.</p> <p>LS informed the Board of how this was being measured and shared work being taken with the ‘plan, do, study, act’ approach.</p>
4.6	<p>SH asked LS about her experience of Solent over the last 3 months, since joining the Trust. LS provided exceptional feedback and emphasised how the Trust lives by its HEART values and visions.</p> <p>LS also commented on the Trust leading and driving this work forward and supporting and encouraging different ways of thinking.</p>
4.7	<p>TS queried feedback received from patients and GPs. LS commented on the current level of GP engagement and the importance of correctly setting the foundation for escalations. LS also confirmed positive patient feedback received.</p>
4.8	<p>CM asked if there were any requirements of the Board to assist the progression of this work. LS explained challenges, including relationship with Portsmouth Hospitals Trust (PHT). SA confirmed that the Trust were in constant contact regarding system challenges and explained work being undertaken to break down the barriers at an appropriate pace.</p> <p>GK asked about work being taken regarding access to systems and infrastructure. SA provided an overview of issues and discussions being held.</p>
4.9	<p>CM thanked LS for attending and emphasised usefulness of future progress updates.</p> <p>The Board noted the Staff Story provided. LS left the meeting.</p>
5	<p>Safety and Quality First and Feedback from Board to Floor Visits</p>

5.1	<p><u>Learning Disability Service</u> SE provided an overview of the visit and commented on full integration and team working between the service and Social Care.</p> <p>SE commented on staff working above and beyond their job roles to provide a high level of care and better outcomes for patients.</p>
5.2	<p><u>Sexual Health</u> CM briefed the Board on the visit attended and highlighted learning outcomes.</p> <p>CM reported discussions held regarding parking and how staff were beginning to adjust to the changes. Concerns were raised regarding recent lock-down incident and CM highlighted the importance of clear communication.</p>
5.3	<p><u>Orchards</u> JPI confirmed visit following discussion at the Assurance Committee and shared the importance of showing support to staff. JPI provided an overview of key issues and noted that there were no further actions for the Board at this time.</p> <p>AA provided an update regarding medicines management issues and actions taken to mitigate the challenges. AA explained that information was being analysed to ensure assurance that appropriate changes had been made.</p> <p>SA commented on pressures within the service and highlighted an issue in relation to the Deanery. It was confirmed that full discussions would be held in the Confidential Meeting.</p>
Strategy & Vision	
6	Chief Executives Report – <i>continued</i>
6.1	<p>SH reported that PHT had published their CQC inspection report and had moved to a ‘good’ score, as had Southern.</p> <p>The Board were also informed that the CEO for Southern Health would be leaving the Trust in May for a new appointment at Oxford NHS Trust. SH explained STP considerations to think differently in relation to the new Southern Health appointment.</p>
6.2	<p>SH briefed the Board on presentation given by Michael West from the Portsmouth & South East Hampshire 2020 system leadership programme. HI commented on highly positive feedback given of the Trust.</p>
6.3	<p>SH shared the current position regarding Flu Vaccinations.</p>

6.4	<p>Regarding responses to the Coronavirus outbreak, DN informed of advice and guidance issued. DN explained information provided via communications and the Emergency Planning area on Solnet, with specific signposting and instructions given to direct care areas. It was confirmed that there had been no reported cases in the area; however the Trust was ensuring full preparedness.</p> <p>TS queried plans to inform the general public locally of national messaging. It was agreed that DN request information from the Hampshire Director of Public Health. Action- DN.</p> <p><i>Post meeting note</i> <i>DN confirmed that the issue had been acknowledged by the Hampshire Director of Public Health and that appropriate action would be taken.</i></p>
6.5	<p><u>Staff Survey update</u> The Board were informed of a minor typographical error within the report and confirmed that the average response rate across all Trusts was 48%.</p> <p>CM commented on improvements to the Trusts response rate compared to last year.</p>
6.6	<p>SH briefed the Board on significant pressures within the acute sector, including urgent care, waits and ambulance holds. SH shared impact of partnership working for managing the challenges.</p>
6.7	<p><u>Jubilee House</u> SH explained review to ensure that the services were not being impacted by the Trust temporarily letting a wing of Jubilee House to the Hampshire system. It was confirmed that feedback would be provided when available.</p>

6.8	<p><u>Armed Forces Update- Portsmouth Military Mental Health Alliance</u> SA briefed the Board on the aims and ambitions of the alliance, since joining the Forces for Change Charter in 2018.</p> <p>SA provided an overview of the phases of work planned:</p> <ul style="list-style-type: none"> • <u>Phase 1-</u> <ul style="list-style-type: none"> ○ SA explained joint partnership with Positive Minds to provide an immediate support walk-in service, staffed largely by veterans. SA noted a high level of access and referral since opening on the 23rd December 2019. MW queried ability to manage increasing high demands and SA commented on ‘soft launch’ held and potential options to provide additional support. ○ SA reported links to the Solent Recovery College and the further work required. ○ SA explained that veterans in crisis would be supported by the Quick Reaction Force and highlighted on-going work to consider how to effectively establish a volunteer network, with a potential model of training. CM emphasised the importance of monitoring from a governance perspective. • <u>Phase 2-</u> SA informed of further funding received from RNRMC to provide in reach support to current serving personnel and their families. • <u>Phase 3-</u> It was confirmed that further discussions would be held at Confidential Board. • <u>Phase 4-</u> An opportunity to develop a historic building to be run by veterans to provide employment to veterans was highlighted. CM queried responsibilities of Solent and it was confirmed that the Trust was acting as an enabler/facilitator as opposed to the owner. <p>SE commended this work and queried future sustainability. SA highlighted potential possibilities for consideration.</p>
6.9	The Board noted the Chief Executives Report.
7	Performance Report
7.1	<p><u>CPMO</u></p> <ul style="list-style-type: none"> • AS reported that the Trust had been rated ‘green’ for the end of the financial year. • The Board were informed of approved funding for electronic prescribing. • AS explained planning permission received to convert the Swan Centre in Eastleigh for Childrens Services usage. It was confirmed that the teams would be relocating to this venue during August 2020. • AS confirmed completion of the TPP change for the integrated community model.

7.2	<p><u>Operations</u></p> <ul style="list-style-type: none"> AS provided an overview of performance data for Southampton and Portsmouth. The Board discussed delivery of targets and SH emphasised the importance of not losing out on community investment because the Trust are deemed to be delivering these targets. Regarding high priority issues, JPi queried Board oversight of the consequences and implications of waiting times reported. SA provided assurance of actions plans in place and highlighted usefulness of a deep dive. It was confirmed that this would be included as an item within a future CQC update. CM asked if there was a possibility to measure improvements of KPI scores at Board to ensure meaningful considerations. AS confirmed that a deep dive could be included within the report. AS highlighted the key issues within the NHSI Single Oversight Framework. Regarding Mental Health FFT, JPi commented on the high target allocated and asked if this was a national standard. It was agreed to include further narrative within the commentary. Action-AS.
7.3	<p><u>Quality</u></p> <ul style="list-style-type: none"> The Board were informed of 2 confirmed cases of Clostridium Difficile at Jubilee House. It was confirmed that a route cause analysis and Serious Incident (SI) review had been completed. AA shared the key learning identified. AA noted successful bid for a £25,000 grant to reduce the impact of winter pressures by increasing and thinking differently about the way that the Trust uses volunteers. AA reported that both complaint cases being considered by the Parliamentary Health Service Ombudsman (PHSO) had not been upheld and were now closed. The Board were briefed on the Southampton City Council Ofsted inspection that had taken place in November 2019 of the Childrens Social Care services. AA highlighted effective partnership working and professional curiosity from a Solent perspective and commented on improvements made following actions requested. Improvements of the PLACE scores were highlighted. AA confirmed that these were currently being analysed and areas for improvement identified, however results were positive overall.
7.4	<p><u>Finance</u></p> <ul style="list-style-type: none"> AS commented that the Trust was steady in terms of financial performance and slightly ahead of plan. It was confirmed that there were elements to discuss in the Confidential Board regarding comparison to other organisations within the STP and issues regarding Cost Improvement Plan (CIP) schemes. AS confirmed meeting with NHS England to review the Western Community Hospital scheme and confirmed current writing of proposed business case which would be shared with the Board when available.

7.5	<p><u>Workforce</u></p> <ul style="list-style-type: none"> • HI highlighted continued concern regarding sickness levels and the type of sickness reported, particularly when benchmarked against similar Trusts. • HI explained a gradual increase in turnover and commented on the introduction of a new 'exit interview' process. HI shared details of the innovative process and work with SBS to develop. • The Board discussed the Stability Index and the importance in reviewing details of turnover in terms of staff experience. • HI shared improvements regarding the use of agency over the Christmas period and highlighted strong performance of the Trust Bank Services team. • Concerns regarding compliance of training due to limitations with the E-Learning system were shared. HI confirmed that procurement of a new system was well underway and that a new learning management system would be in place this year. • HI noted significant improvements regarding vacancy rates. • MW asked about consideration of sickness targets and HI highlighted potential need for further investment to achieve this.
7.6	<p><u>Research</u></p> <p>CM queried potential concerns of current performance against the target. SH provided assurance of improvements expected within Quarter 4.</p>
7.7	<p><u>Self-Certification</u></p> <p>The Board discussed on-going review of CQC compliance and confirmed that succession planning would be discussed in Confidential Board.</p> <p>The Board noted the Performance Report.</p>
8	Information Governance and GDPR Update and Annual Report
8.1	<p>DN noted a minor oversight within the report and confirmed that the report provides 'sufficient' assurance.</p>
8.2	<p>DN shared significant staffing disruptions within the Information Governance (IG) team and commented on process weakness identified. DN provided assurance regarding measures and improvements being made, including line management and multi-skilling of staff within the team.</p> <p>The Board were informed of GDPR compliance being affected by this issue however confirmed that the Trust was still in a strong position and that the recovery plan was working well.</p>
8.3	<p>CM queried if there was any financial or reputational risks of being behind with Subject Access Requests and Freedom of Information (FOI) Requests. DN explained that there could be a theoretical low risk.</p> <p>SH asked about potential consideration of risk in line with the CQC inspection and DN assured of clear narrative provided. CM queried the potential additional support required and DN emphasised full monitoring of challenges.</p>

8.4	<p>GK asked about the clear guidelines in place regarding employee data. It was confirmed that the audit completed had focused on the Data Protection Toolkit, however the Board acknowledged the importance of ensuring that employee information was up to date. HI confirmed that an audit on this was due to take place and it was agreed to discuss any further actions or mitigations at the Directors Meeting as required.</p> <p><i>Post meeting note:</i> <i>AS raised challenge at the February Audit and Risk Committee and it was confirmed that all data had been considered within the audit review.</i></p> <p>The Committee noted the Information Governance and GDPR Update and Annual Report.</p>
9	Risk Management Framework – risk appetite
9.1	<p>CM asked for the report to be amended to state ‘Board Committees’ consistently throughout. It was confirmed that this would be amended and incorporated within the final version of the document.</p>
9.2	<p>MW queried potential review of mitigation of risk consequences, as opposed to solely reviewing mitigation of the likelihood. The Board discussed and agreed to consider at all Committees.</p>
9.3	<p>AA informed the Board that Ben Heaton (Head of Risk and Litigation) would contact the Committee Chair’s in order to consider potential changes to the Terms of Reference (TOR).</p> <p>The Board approved the Risk Management Framework.</p>
10	Workforce and OD Committee Exception Report
10.1	<ul style="list-style-type: none"> • Assurance regarding work on Talent and Succession Planning was provided and continuous monitoring through the Committee confirmed. • MW commented on the full review of Diversity and Inclusion held (including WRES, WDES and organisational objectives) and the importance of ensuring targeted work to ensure people practices and workforce were reflective of the ethnicity of local populations. • Regarding the Board Assurance Framework (BAF), MW highlighted discussions held in relation to the on-going workforce sustainability risk and mitigations in place. • MW briefed the Board on presentation by Michael West from the Portsmouth & South East Hampshire 2020 system leadership programme. • It was noted that the objectives had been reviewed and changes suggested, which would be discussed further at the next meeting. • MW explained progress against the plan for the Workforce Optimisation Programme and temporary pause due to loss of the Programme Director. It was confirmed that actions were being taken to recruit to this post. • MW shared review of an action plan for Tackling Bullying to effectively review of the process. • The Committee review the first Workforce Performance & Sustainability Report provided. • The Committee recommend that a discussion take place on underfunding and the impact on the workforce sustainability risk at Board. It was agreed to discuss further at the Confidential Board.

10.2	SE emphasised the importance of acknowledging hard work of staff throughout the Trust. SH highlighted consistent communications and suggested incorporating further messages within the CQC communications. The Board noted the Workforce and OD Committee Exception Report.
11	Community Engagement Committee
11.1	<ul style="list-style-type: none"> SE briefed the Board on the meeting held and the various projects reported. SE shared statistics from the Nicholstown GP project and emphasised the importance of the work being completed. The Board were informed of debates held regarding approach to the projects within communities. SE reported that a presentation had been provided from 'Fighting with Pride'.
11.2	CM commented on links to other areas of work and SH highlighted the importance of the Trust leading and championing, whilst creating a stronger narrative around data. The Board discussed the importance of preventative work and SH commented on investing and growing links.
11.3	SH provided an overview of Community Engagement event attended and how this fits with the Trusts work. The Board noted the Community Engagement Committee update.
12	Mental Health Act Scrutiny Committee Exception Report
12.1	No meeting held to report.
13	Audit & Risk Committee Exception Report
13.1	No meeting held to report.
14	Charitable Funds Committee Report
14.1	GK provided feedback from his first meeting, that he jointly Chaired with Mick Tutt. <ul style="list-style-type: none"> It was confirmed that the Committee had received the quarterly financial report and reviewed considerations of bringing funds together. GK reported briefing presented regarding estate-focussed schemes. The Committee also received the updated communications plan and highlighted continuation of the campaigns. The Board noted the Charitable Funds Exception Report.
15	Complaints Panel Exception Report

15.1	<p>SH commented on review of complaints process following the introduction of the Family Liaison Officer.</p> <p>It was confirmed that a further update would be provided by JA, following publication of the national Health Watch report to include consideration required of the changes and implications to the Trust. Action- JA to provide.</p> <p>The Complaints Panel update was noted.</p>
16	<p>Assurance Committee Exception Report</p>
16.1	<ul style="list-style-type: none"> • MW explained incident regarding egress from St Marys’ Hospital during an alert. • MW also shared incident regarding action taken by landlords to severely restrict access on the St James’ Hospital site. AS provided a further update and confirmed that a formal letter had been sent to NHS Property Services from both the Trust and the Fire Brigade highlighted the risks created. • It was confirmed that the Safe Staffing Report had been approved subject to minor amendment. The Board approved the report. • The Board were also informed of challenges regarding current procurement activity surrounding wheelchair provision. It was confirmed that the issue had been added to the CQC PIR document. • MW briefed the Board on a risk escalated regarding the shortage of ‘Emerade’ and confirmed that monitoring would continue. SH queried if the shortage was specific to ‘Emerade’ or all auto adrenaline injectors. Action- AA to check and update. • It was reported that the End of Life Strategy had been approved and commended by the Committee. <p>The Assurance Committee Exception Report was noted by the Board.</p>
17	<p>Governance and Nominations Committee – update from 13th December 2019 meeting</p>
17.1	<p>Minor amendments to the TOR were confirmed and the following additional updates requested:</p> <ul style="list-style-type: none"> • Workforce and OD Committee – amend to bi-monthly • Amend AS job title to Chief Finance Officer and Deputy CEO
17.2	<p>The Board noted the Standing Orders presented.</p> <p>The Governance and Nominations Committee Exception Report was noted.</p>
18	<p>Finance Committee – non-confidential update if required</p>
18.1	<p>SE commented on oversight regarding lack of inclusion of the Standing Financial Instructions (SFI). It was confirmed that this would be shared on the public website following the meeting.</p>
18.2	<p>SE commended the work of the Estates team in delivering work on the St Marys’ Hospital site, within budget and to time.</p> <p>The Board noted the Finance Committee update.</p>
<p>Any other business</p>	

19	Any other business & future agenda items
19.1	The Board were reminded to encourage staff to take up Flu Vaccines and TS emphasised staff duty of care.
20	Reflections
20.1	RC asked if there were any amendments to include on the new report front cover templates. The Board discussed the usefulness of the report in guiding expectations and ensuring document quality.
20.2	AS reflected on technology changes and potential need for consideration of collective capital and decision making in terms of the STP. It was suggested that the Board would need to consider opportunities for oversight and leadership review at system level. It was agreed to discuss further at the Confidential Board meeting.
20.3	No other business was discussed and the meeting was closed.
21	Close and move to Confidential meeting

Action Tracker

Item 2.2

Overall Status	Source Of Action	Date Action Generated	Minute Reference	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
On Target	Board meeting - In Public	03/02/2020	7.2	AC001641	BOD1- Performance Report	Regarding Mental Health FFT, JPi commented on the high target allocated and asked if this was a national standard. It was agreed to include further narrative within the commentary. Action- AS.	Andrew Strevens	Complete- will be updated within the April Board papers.
On Target	Board meeting - In Public	03/02/2020	15.1	AC001642	BOD1 - Complaints Panel Exception Report	It was confirmed that a further update would be provided by JA, following publication of the national Health Watch report to include consideration required of the changes and implications to the Trust. Action- JA to provide.	Jackie Ardley	Complete- a Complaints briefing (following Healthwatch England publication) was circulated to the Board via email on 21/02/2020
On Target	Board meeting - In Public	03/02/2020	16.1	AC001643	BOD1- Assurance Committee Exception Report	MW briefed the Board on a risk escalated regarding the shortage of 'Emerade' and confirmed that monitoring would continue. SH queried if the shortage was specific to 'Emerade' or all auto adrenaline injectors. Action- AA to check and update.	Angela Anderson	AA confirmed that there is a shortage on all three adrenaline auto-injectors Emerade, Jext and Epipen. However this is only due to there being an official out of supply on Emerades, subsequent prescribing of the other two auto-injectors on the UK market to compensate for Emerade shortages has meant the other two brands have run out. Early indicators are that Emerades should be coming back into supply sometime in April.

CEO Report – In Public Board

Date: 25th March 2020

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.

****Our focus at this Board meeting is obviously on our response to the Coronavirus (COVID-19) major incident - therefore contemporary updates, wherever possible, will be provided at the meeting.****

Section 1 – Things to celebrate

Non Clinical-Conference

On Wednesday 4 March, we held an event to celebrate our fantastic team of non-clinical employees. This was the first time that Solent has ever formally come together to say thank you to all our non-clinical members of staff, and it was an exceptional display of how everyone on the Trust fully lives by our inclusive values. Through speeches, presentations, Schwartz Rounds and team building activities, the day was a true reflection of the compassion, civility and kindness we see every day within our non-clinical teams.

Working to successfully reduce teenage pregnancies in Southampton

We have been working to help successfully combat the level of teenage pregnancies in Southampton, which has fallen by a third in the past year. Thanks to our partnership work with Southampton City Council, youth charity, No Limits and local schools, we have increased early intervention in the community by providing additional education to help young people make informed decisions about their relationship, we've also improved contraception access and distribution. According to the Office of National Statistics, the number of teen pregnancies fell by 34 percent for 15 to 17-years-old between 2017 and 2018. The data found 57 pregnancies took place in 2018 - down from 87 in 2017. A similar decrease was also discovered for under 16s, where from 2015-17 there were 48 conceptions and from 2016-18 this rate dropped to 33.

Section 2 – Internal matters (not reported elsewhere)

Covid-19 Coronavirus [Link to BAF#61 – Major Incident](#)

A contemporary update will be provided on the latest situational status at the meeting.

Financial implications of response to COVID 19 [Link to BAF#53 – Financial Sustainability](#)

The letter of 17 March 2020 set some clear financial expectations and has helped provide clarity in uncertain times. Key issues within the letter are:

- Operational planning for 20/21 is suspended until further notice
- All providers will be on a block contract for NHS commissioned services with values calculated by NHS England
- Top up payments for where costs are in excess of contract values will be made, again based on calculations by NHS England
- Additional revenue and capital funding to respond to COVID 19 is available; action should be taken to respond to the crisis.
- Issues on LA contracts are unclear within the guidance and clarification has been sought from the national team.

CQC inspection [Link to BAF#57 – Quality Governance](#)

We successfully submitted the information and documents in support of the Provider Information Request (PIR) on 7th February 2020 and were joined by Senior members of the inspection team at our Workforce and Organisational Development Committee on 12th March 2020.

We were anticipating that our inspection would take place over the forthcoming weeks, however on 16th March, and in response to the national situation concerning COVID 19, the CQC confirmed that they will suspend all routine inspections and will instead be focusing on responsive and targeted ways of supporting providers to keep people safe (see [CQC website](#)). We anticipate that our inspection will be unlikely to commence before Quarter 2 2020/21 as the Commission have ceased inspection activity in the Hospital Directorate until approximately 31 August 2020.

It should be noted however that Mental Health Act inspections will continue.

Executive Team

I hope to be able to announce the name of our new CMO appointment soon. We are really excited that this individual will be joining the Trust in the summer.

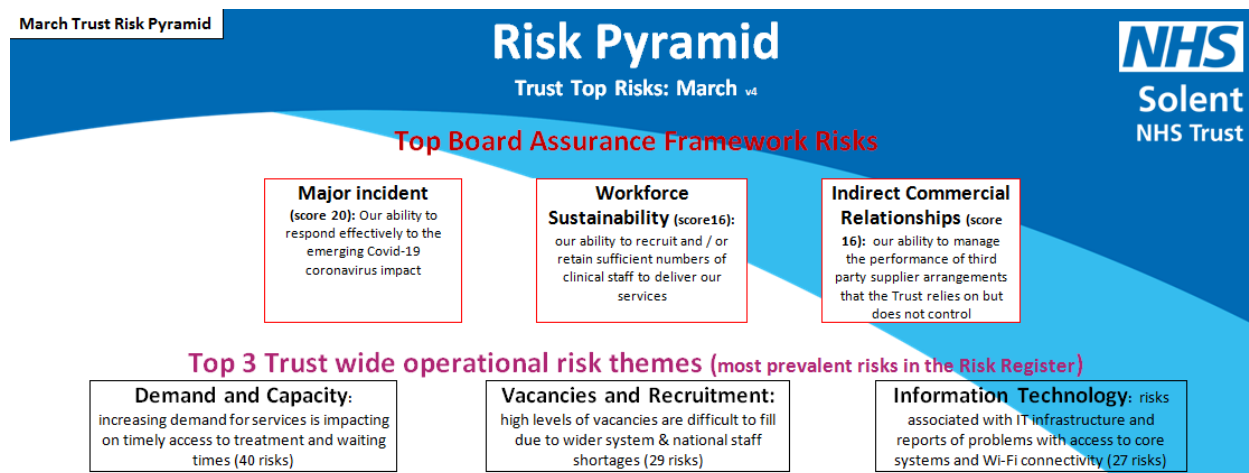
I would like to formally thank Dr Jonathan Prosser who joined us back on 1st December as Interim Medical Director - Jonathan brings a wealth of experience to the role and we are grateful for his insight and input. Jonathan will continue to work with the Trust over the early summer to ensure a seamless handover to our new CMO.

Additionally, I would like to also say a huge thanks to Sarah Austin, our Chief Operating Officer Portsmouth and Commercial Director. Sarah will be leaving us this month for a brilliant new role as Director of Integrated Care at Guy's and St Thomas' NHS Foundation Trust. We will greatly miss Sarah's passion and commitment and wish her all the very best in her new position. In line with our succession planning process Suzannah Rosenberg, Deputy Chief Operating Officer, will be stepping into the role of Interim Chief Operating Officer Portsmouth following Sarah's departure. Suzannah will lead the Portsmouth Care Group through the next phase.

As a result of Sarah leaving and following a review of portfolios, Helen Ives, our Chief People Officer, will be broadening her responsibilities to include the commercial portfolio, in addition to People and Organisational Development, her new title being; Chief Organisational Effectiveness and People Officer. There is huge benefit in bringing these corporate functions together; it allows for the joining up of processes and systems to make our Trust even more effective.

Operational 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. A Coronavirus (COVID-19) risk is on the register, and is being regularly reviewed and updated by the Trust Emergency Planning and Business Continuity Lead.

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)	Target score
61	Major incident and external environmental impact on the organisation (COVID-19)	David Noyes	20	20	16
63	Indirect Commercial Relationships	Sarah Austin	20	16 External 6 Internal 16 overall	12
55	Workforce Sustainability	Helen Ives	20	16 External 9 Internal 16 overall	9
58	Future organisational function	Sue Harriman	20	12	6
59	Business as Usual - Demand and Capacity	David Noyes & Sarah Austin	16	12	6

We have also updated our BAF to reflect the risk associated with Coronavirus (COVID-19) within BAF #61. A copy of the full Board Assurance Framework is presented to the Confidential Board meeting.

Update from Trust Management Team (TMT) meeting

The Trust Management Team scheduled for 25th March was postponed.

Podiatry East

Following a successful public engagement in the Portsmouth area regarding potential changes to the delivery of podiatry services we have adjusted our plans in response to the feedback, and we will

proceed to deliver services from all our current locations, in a slightly adjusted manner.

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

Portsmouth Military Mental Health Alliance

A verbal update will be provided at the meeting.

Southampton Systems update [Link to BAF#59 – BAU Demand and Capacity](#)

A contemporary system update will be provided at the meeting

Portsmouth and South-East Hampshire (PSEH) Systems update [Link to BAF#59 – BAU Demand and Capacity](#)

A contemporary system update will be provided at the meeting

County Wide Services [Link to BAF#59 – BAU Demand and Capacity](#)

A contemporary system update will be provided at the meeting

Board and Committee Cover Sheet

Item No.	4		
Presentation to	<i>In Public Board Meeting</i>		
Title of Paper	Trust Board Performance Report – February 2020		
Purpose of the Paper	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.		
Author(s)	Alasdair Snell	Executive Sponsor	Andrew Strevens
Date of Paper	30/03/2020	Committees/Groups previously presented	TMT
Action Required	For decision?	N	For assurance? Y
Recommendation	<i>The Board is asked to:</i> <ul style="list-style-type: none"> Receive the report 		

For presentation to Board and its Committees: - To be completed by Exec Sponsor


Level of Assurance (<i>tick one</i>)	Significant		Sufficient	X	Limited		None	
Assurance Level	<p>Concerning the overall level of assurance the Board is asked to consider whether this paper provides:</p> <p style="text-align: center;">Sufficient assurance</p> <p>And, whether any additional reporting/ oversight is required by a Board Committee(s)</p>							
Executive Sponsor Signature								

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1.1 Operational Performance Dashboard Month: Feb-20

Indicator Description		2018/19 Performance		Current Performance	Capability	Variance
Community / Mental Health	Accepted Referrals (in month)		15,882	15,636		
	Attended Contacts (in month)		72,566	70,637		
	Discharged Referrals (in month)		14,433	14,003		
		Internal / External	Threshold			
Community / Mental Health	DNA'd Appointments (in month)	I	8%	3.9%		
	Rapid Response 2 hour compliance - Portsmouth	E	90%	89%		
	Rapid Response 2 hour compliance - Southampton	E	90%	100%		
In patients	Occupancy Rate (in month) - Community Wards	I	92%	95%		
	DTOC Rate (in month) - Community Wards	E	4.5%	6.2%		
	Occupancy Rate (in month) - Mental Health Wards	I	85%	94%		
	DTOC Rate (in month) - Mental Health Wards	I	4.5%	9.2%		
Performance	KPIs Achieved (YTD)	I	90%	84%		
	Waiting List Size - RTT (month end)	I	1,071	1,090		
	Referral to First Appt < 18 weeks	I	95%	97%		
	Referral to First Appt < 52 weeks	I	100%	100%		

Performance Hotspots

High Priority

COVID-19 Impact

CAMHS Neurodiversity Waiting Lists (Portsmouth)

CAMHS Secondary Waits (Southampton)

Pulmonary Rehab Demand and Capacity

Speech and Language Therapy Demand and Capacity

Community Paediatrics Medical Service (CPMS) Waiting Times

Looked After Children (Portsmouth) Capacity

Medium Priority

Increasing Sickness Rates within Childrens and Adults Southampton Service Lines

Mental Health Service Line

Financial Pressures for 2020/21

KPI Achievement

Improving / Positive

Waiting Times - CAMHS Single Point of Access (Portsmouth)

Primary Care Workforce Performance

IOW Mobilisation - Sexual Health / Mental Health Partnership

IOW Mobilisation - 0-19 / School Aged Imms



1.2 Performance Subcommittee Exceptions

The emergence of COVID-19 is putting significant pressure on the Trust and will undoubtedly have an impact on performance in the coming weeks and months. Further detail around the Trust's response to COVID-19 can be found in the Chief Nurse Commentary (section 2.2).

All comments below were as at 28 February and reflect the Business as Usual performance pressures. Clearly, the operating environment is now entirely different in light of COVID-19.

Portsmouth Care Group

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

- Performance for both Pulmonary Rehab and Adult Speech and Language Therapy (SLT) services within the Care Group have been a growing concern for a number of months. Action plans are being implemented within both services and trajectories being worked up to bring performance back in line. An urgent meeting has been arranged with North Hampshire CCG to discuss the 78% increase in referrals to the Pulmonary Rehab service over the last 12 months, which isn't reflective of growth in other areas. For both services, the teams are mapping out current processes and reviewing adherence to the contracted referral criteria, with a view to identifying areas for improvement.
- The waiting lists for Adults Speech and Language Therapy (SLT) has remained fairly consistent for the past four months. There are known issues with recruitment and retention of Speech and Language Therapists within Solent, which are hoped to be addressed as part of the quality review being undertaken by the Chief Nurse into SLT provision across the organisation.
- Community Paediatric Medical Service (CPMS) performance continues to be a concern, with waiting lists remaining high and Looked after Children Health Assessments completed within the statutory timescales performing significantly below target. The Looked after Children service had a peak in the number of breaches attributable to service capacity during January, indicating real pressure on the service; however this has since reduced during February. The CPMS waiting list has maintained its position since December, although the number of patients waiting and those waiting over 18 weeks is still a concern. The joint review with Portsmouth CCG has slowed and as a result, the CCG have been asked to support a different strategy to transform the service.
- The overall waiting list for the CAMHS Neurodiversity service has continued to rise, as well as the number of children and young people waiting over 18 weeks. The previous suspension of the waiting list initiative has been reinstated following the redirection of resource to manage the CAMHS Single Point of Access. Recent recruitment has been successful and all new staff will be in post by the end of the financial year at which point the situation will be reassessed.

Financial pressures on the Mental Health service line are causing concern in planning for 2020/21. The service are producing a paper on Medical Staffing to outline what is required to deliver the Long Term Plan, and consider how this fits within their financial envelope for the forthcoming year.



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Southampton and County Wide Care Groups

Following concern over the demand and capacity mismatch within Speech and Language Therapy, the service has been unable to recruit to vacancies. The Chief Operating Officer is currently reviewing an options paper prepared by the service and considering the recommendations made in order to implement positive change within the service. Immediate action continues to be taken to mitigate the risks for vulnerable patients.

There are a number of concerns across the Southampton Care Group around workforce metrics, with sickness rates increasing across both Childrens and Adults service lines, as reflected in the recent Staff Survey results. Both Childrens and Primary Care have significant vacancies, causing excessive pressure on the workforce. Services are being asked to consider during the 2020/21 business planning cycle and ensure decisions are not made which will exacerbate this pressure.

Considering these vacancies, Primary Care were commended for having a very good all-round workforce performance, with sickness, turnover and temporary staffing all achieving, or being very close to achieving target.

Pressure is increasing within the Southampton CAMHS service, with KPI performance starting to decline across the waiting times indicators. Discussions are underway regarding secondary waits, and a paper is being prepared for the Chief Operating Officer to outline the issues.

The mobilisations of services on the Isle of Wight (IOW) are now fully underway with both Sexual Health and the Mental Health partnership, with the 0-19 and School Aged Immunisations services due to start in August 2020. Whilst both service mobilisations are not without some risk, the mobilisation plans are progressing well and risks are being appropriately mitigated.

Local Performance (Operational Performance Dashboard, section 1.1)

Narrative is provided for items of significant negative exception and for any items which have newly been identified as a significant positive exception. 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.

The previously reported inpatient metrics (Occupancy Rate and Delayed Days) have been revised this month to provide further detail. Occupancy Rate and Delayed Transfers of Care (DTOC) Rate are both now reporting information for the Trust's Community and Mental Health wards separately, making it easier to pinpoint any areas of concern.

Significant negative exceptions on this month's Operational Performance Dashboard:

Discharged Referrals (in month)

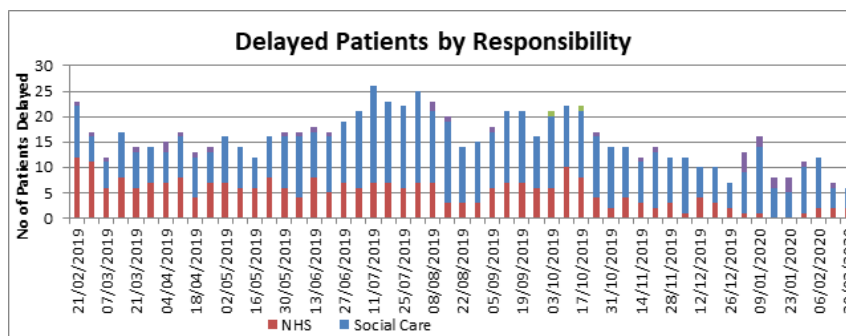
The number of discharged referrals in month has been flagged as a 'Fail' against the capability rating this month as the number of discharges per month has been consecutively lower than the previous year for six months. This is not necessarily an indication of negative performance, but does highlight the Trust have been discharging patients approximately 2% lower year to date, than the previous year, potentially reflecting the reported increase in acuity of our patients.



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DTOC Rate (in month) - Community Wards

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. However, it is worth noting that performance in month is well below the mean (10.7%) and well within the control limits. The chart below shows there has been no shift in the responsibility group for delays, with the majority remaining as a result of delays within Social Care.



KPIs Achieved (YTD)

The KPIs achieved indicator shows that without significant intervention, this target will not be achieved. Following a review last month, it was identified that some of the failing KPIs are for metrics which are not true measures of performance and are monitored elsewhere. The Trust believe having KPIs such as these do not improve outcomes for patients and cause unnecessary work for the Trust in responding to queries around under performance on a monthly basis. Indicators such as these will be picked up through the Information Sub-Group held with our Commissioning Support Unit (CSU) colleagues with a view to remove or replace with more meaningful measures of performance.

New significant positive exceptions on this month's Operational Performance Dashboard:

Referral to First Appointment within < 18 weeks

This metric has achieved a 'Pass' within the capability ratings this month as a result of the target being achieved continuously for 6 months. Whilst there are concerns about waiting lists for some Referral to Treatment (RTT) applicable services, the overall performance of the Trust against this metric is not of concern.

1.3 NHS Improvement Single Oversight Framework

Month: Feb-20

Indicator Description		Internal / External Threshold	Threshold	Current Performance	Capability	Variance
Quality of Care Indicators						
Organisational Health	Staff sickness (rolling 12 months)	I	4%	5.1%	F	
	Staff turnover (rolling 12 months)	I	14%	14.1%	F	
	Staff Friends & Family Test - % Recommended Employer	I	80%	71.3%*	F	
	Proportion of Temporary Staff (in month)	I	6%	4.6%	P	
Caring	Written Complaints	I	15	15	?	
	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%	95.8%	P	
	Mental Health Friends & Family Test - % positive	E	95%	88.5%	F	
Effective	Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	E	95%	100.0%	P	
	% clients in settled accommodation	I	59%	82.2%	P	
	% clients in employment	E	5%	4.7%	?	
Safe	Occurrence of any Never Event	E	0	0	P	
	NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	0	P	
	VTE Risk Assessment	E	95%	96.0%	?	
	Clostridium Difficile - variance from plan	E	0	0	?	
	Clostridium Difficile - infection rate	E	0	0	?	
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	E	0	0	P	
	Escherichia coli (E.coli) bacteraemia bloodstream infection	E	0	0	P	
	MRSA bacteraemias	E	0	0	P	
	Admissions to adult facilities of patients who are under 16 yrs old	E	0	0	P	

Operational Performance					
Maximum 18 weeks from referral to treatment (RTT) – incomplete pathways	E	92%	97.8%		
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%	80.0%		
Data Quality Maturity Index (DQMI) - MHSDS dataset score	E	95%	86.5%*		
Improving Access to Psychological Therapies (IAPT)					
- Proportion of people completing treatment moving to recovery	E	50%	53.3%		
- Waiting time to begin treatment - within 6 weeks	E	75%	99.0%		
- Waiting time to begin treatment - within 18 weeks	E	95%	100.0%		

Use of Resources Score					
Use of Resources Score	E	2	2		

* Data collected 3 times per year in June, September and March. Most recent data reported

** 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



1.4 Regulatory Exceptions

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 (section 1.3):

Staff Sickness

The staff sickness indicator shows that without significant intervention, the target will not be achieved. Staff sickness has reached the highest level since January 2018 at 5.1% during February. Further narrative on Workforce metrics can be found in the Workforce Dashboard Commentary (section 4.1).

Staff Turnover

The staff turnover indicator shows that without significant intervention, the target will not be achieved. Performance against this metric has continued to reduce for 4 consecutive months now and is now back within the control limits. Performance is almost in line with the Trust target of 14% with 14.1% turnover reported in February. Further narrative on Workforce metrics can be found in the Workforce Commentary (section 4.2).

Staff Friends and Family Test - % recommend employer

This indicator shows that without significant intervention, the 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 show achievement as this would not be in the best interest of our staff. The Friends and Family Test performance 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. The next set of data for this metric is due in March 2020.

Mental Health Friends & Family Test - % positive

This indicator has been newly highlighted as achieving a 'Fail' on the capability rating as the target has been missed for the past 6 months. Performance for Mental Health FFT has been challenging for some time. The Trust average (April to November 2019) was 89.4% which is in line with the England average (89.4%) and slightly below the Hampshire average (89.9%), however it is acknowledged that this is still below the recommended 95%.

New significant positive exceptions on this month's Single Oversight Framework:

Proportion of Temporary Staff (in month)

The proportion of Temporary Staff has reduced significantly, with the past 6 months of data being reported below the mean value (5.9%) and below target (6%). Performance in January and February has reduced to 4.2% and 4.6% respectively, which is extremely positive for the Trust. Further narrative on Workforce metrics can be found in the Workforce Dashboard Commentary (section 4.1).

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

The proportion of discharges followed up within 7 days has been highlighted as an item of positive significance, with the capability rating for this metric returning to 'Pass' in month. This is reflective of 6 months continuous performance above the 95% target. This metric is usually achieved

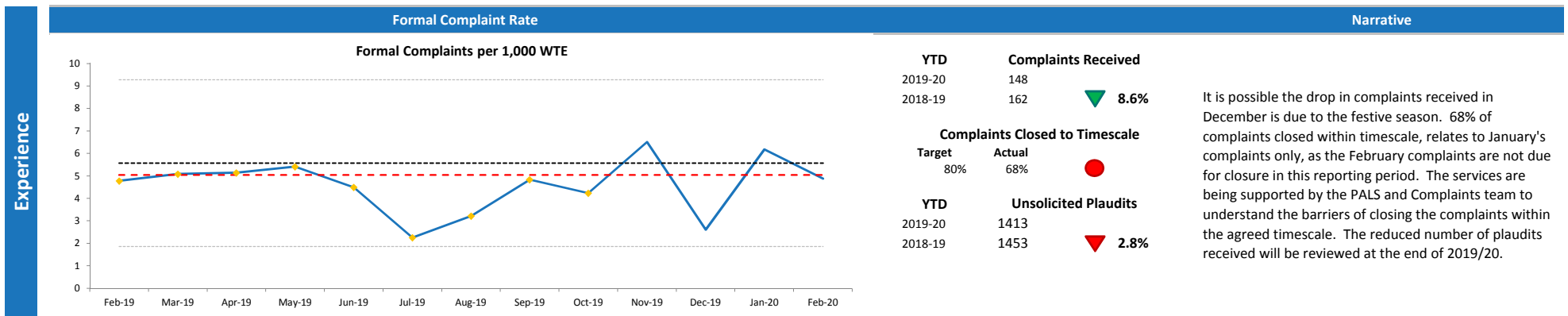
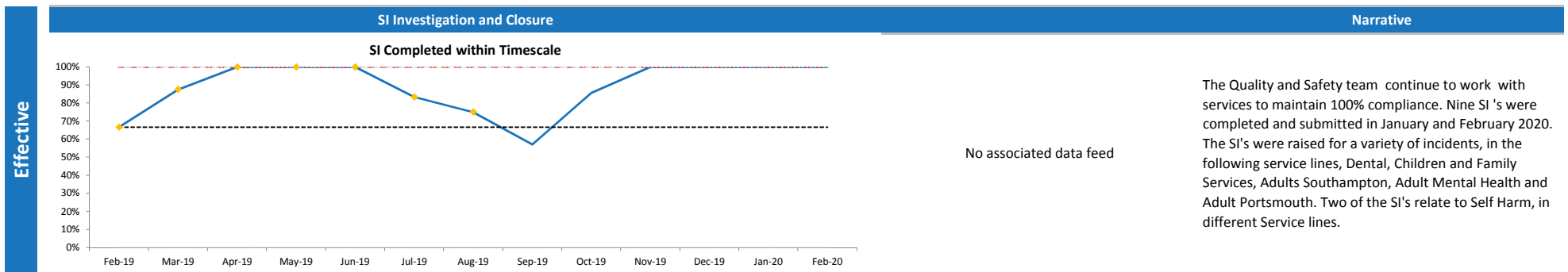
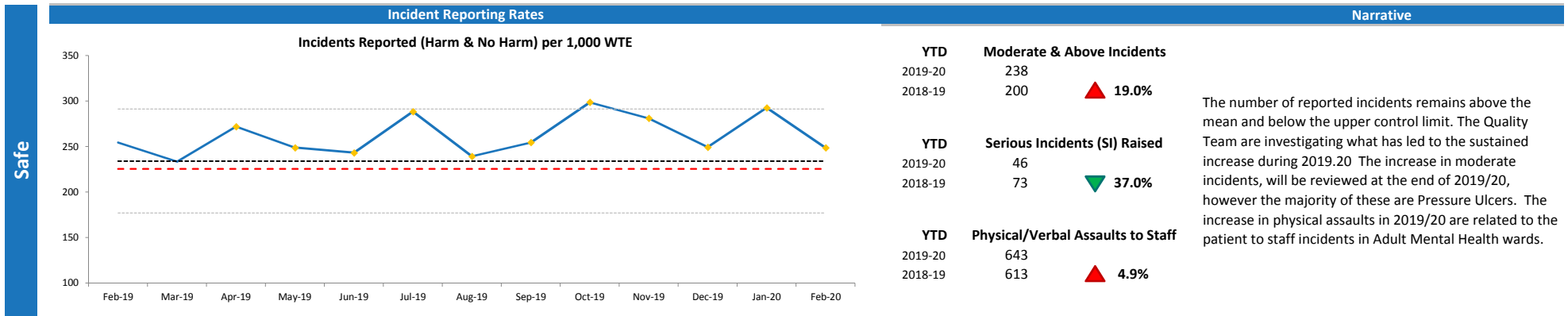


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consistently; however a one-off incident in July 2019 led to the target being missed by 0.6%, which caused the capability rating for this metric to revert to 'Common Cause'. It is fair to say that there are no concerns about performance against this metric, and that achievement of the target is likely to continue.

2.1 Quality Performance Dashboard

Month: Feb-20



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



2.2 Chief Nurse Commentary

Current Events to Note

The Directors and senior managers are responding to the changing and challenging position relating to COVID-19. Daily operational and strategic meetings are in place to ensure timely response to government advice and to provide advice and support to clinical teams in order to safely care for patients and colleagues across the Trust.

The Trust, under the leadership of the Infection Prevention & Control team (IPC), have delivered training to some staff who are delivering community testing as part of a system response. We continue to review and follow the national guidance, providing daily messages to staff to support them during these uncertain times.

We are considering and implementing a range of actions to ensure we can continue to support our staff to deliver safe care, with the appropriate equipment and are reviewing all business continuity plans. Colleagues who are registered with NMC or HCPC but working in non-clinical roles and those who may have worked previously as healthcare assistants are being asked to identify themselves and will be provided with training to update their skills in order to maximise resources as the situation intensifies.

A number of Trust events have been postponed and people are being encouraged to reduce face to face meetings and to use technology where meetings need to go ahead. In addition, clinical staff are increasing the use of remote consultation, particularly for their high risk patients. We will continue to adjust our plans and responses in line with latest guidance.

In March, there was an outbreak of diarrhoea and vomiting on Brooker ward. The majority of people affected were ward staff and a smaller number of patients. The ward was closed to admissions for 11 days and no organism has been isolated at this point. The team were fully supported by the Infection Control team and appropriate measures put in place, an incident review meeting has been held and a serious incident investigation will be carried out to identify learning for improvements.

The Portsmouth CAMHS team tri-annual Royal Collage of Psychiatrists inspection, which was due to take place on 11 February, has been postponed until 13 May, however in light of recent developments we expect this to be rescheduled for later in the year.

Hampshire County Council received notification from CQC that a SEND inspection would be carried out the week of 2 March. This involves a small number of our children's services and we expect the report to be available early in the next financial year.

Kite ward was visited by the CQC on 11 February for their routine Mental Health Act review and we received the report on 24 February. The report overall was very positive and reflected compassionate care. There were two areas for action identified within the report, one of which related to ensuring patients are involved in planning their care and that this is evident in the care plans. The second related to assurance that a specific patient was lawfully deprived of their liberty whilst an inpatient on Kite. The service have addressed these actions and responded to the CQC as required.



Complaints Update

In January and February 2020, the Trust received a total of 33 formal complaints, an increase of 5 compared to the previous two months, and the highest number received since January 2019. The Quality Performance dashboard provides further statistical information on Complaints. The complaints by service line are provided in the table below:

Service Line	January 2020	February 2020
Adults Portsmouth	2	0
Adults Southampton	1	4
Children's Services	3	2
Primary Care	5	2
Sexual Health	2	1
Adult Mental Health	5	4
SPA	0	0
Special Care Dentistry	1	0
Corporate	0	1
Infrastructure	0	0
Total	19	14

The main complaint themes relate to clinical care and communication, showing a slight reduction in staff attitude complaints compared to the previous two months. This report notes a 50% reduction in the number of complaints received by Children's Services when compared to the previous reporting with Special Care Dentistry also seeing a slight decrease. All other service lines have shown an increase, most notably in Adults Southampton and Primary Care.

One service concern was escalated to a formal complaint during this period, at the request of the complainant. In contrast, the team de-escalated three complaints to service concerns following resolution with the services directly, and with agreement from the complainants. The team closed a total of 28 complaints during this period.

The two active PHSO cases from last period were both closed during January 2020. The final report was received for one case stating the PHSO did not uphold the complaint; the second case was closed following an initial assessment by the PHSO. As of the end of February 2020, the trust has one case open with the Local Government and Social Care Ombudsman and Healthcare Ombudsman. This case is currently in the preliminary assessment stage.

Incident Updates

There is no statistical variation between the incident data for January and February 2020 compared with November and December 2019. No trends in the data have been identified and we will continue to monitor the position during March and April. The majority of incidents continue to be categorised as no harm or near miss incidents.

Seclusions in Solent Adult Mental Health wards in January were at their highest recorded amount in 3 years. All incidents of seclusion are investigated by the service and the review identified that 50% of these relate to one patient's episodes of seclusion.

The VTE assessments position dropped to 85% in January but increased back above the 95% target in February and the year to date position is 98%. The drop in January is attributed to medical staffing challenges on the Mental Health wards.



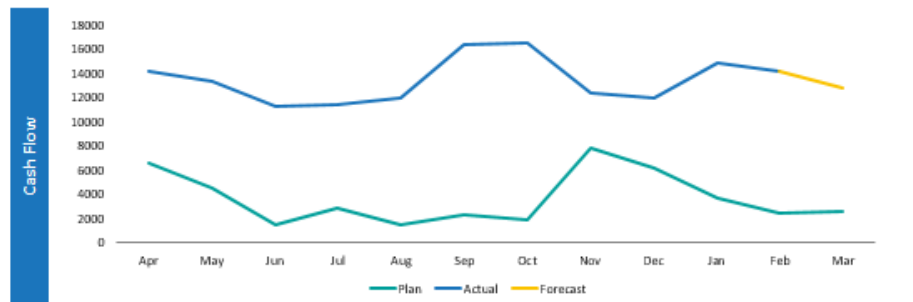
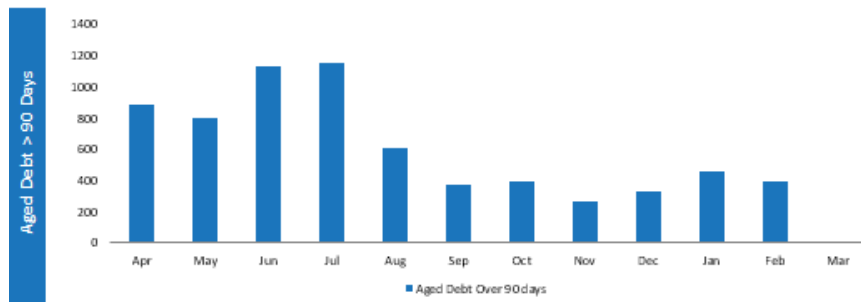
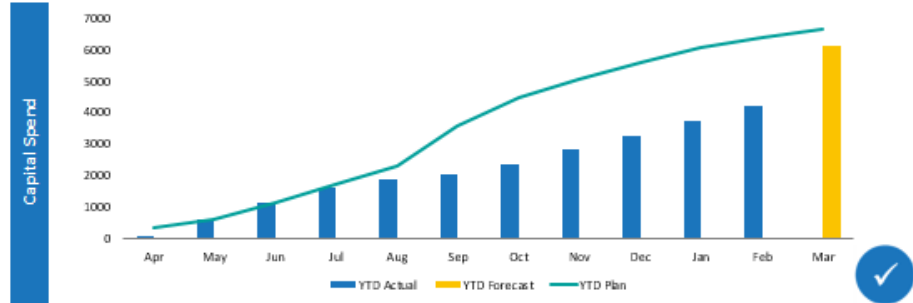
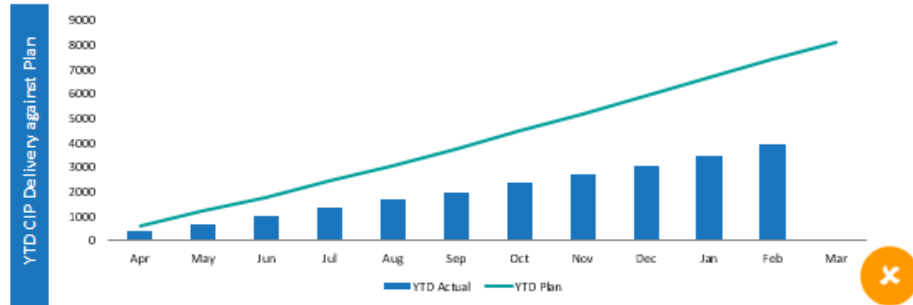
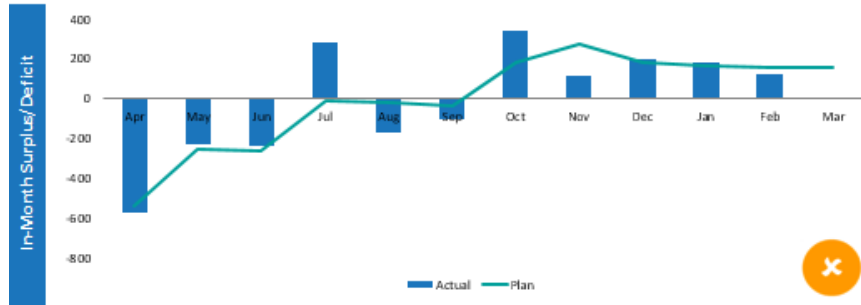
Serious Incident (SI) Update

During January and February, three unexpected death Serious Incident investigations were registered, two of the incidents relate to Adult Mental Health patients and the other to a patient being cared for within child and family services.

The outcomes and learning from these investigations will be shared and discussed at the Serious Incidents and Learning from Deaths panels in March and April. The themes and learning identified will be reported in the quarter 4 Learning from Deaths Quarterly Report including SI's, Incidents and Patient Safety. All serious incidents due for completion in January and February were submitted within the agreed timeframes.

3.1 Financial Performance Dashboard

Month: Feb-20



Key Plan achieved in month/YTD/FOT Plan missed in month/YTD



3.2 Chief Finance Officer Commentary

Month 11 Results

The Trust is reporting an in month adjusted surplus of £119k for month 11, £38k adverse to plan and a year to date adjusted deficit of £90k, £65k favourable to plan. The Trust has recognised a total of £2,166k reflecting the full Provider Support Funding (PSF) and Financial Recovery Funding (FRF) income in the year to date result. The Trust has received an additional £207k PSF for 2018-19 which is not included in the adjusted deficit.

Whilst the Trust has reported a deficit of £90k in the year to date results, it expects to achieve the full year breakeven control total.

Discussions are on-going with specific services regarding their ability to deliver against plan by the end of this financial year. Particular pressures lie with Estates; information has now been provided by NHS Property Services which indicates significant cost increases in some buildings.

Cost Improvement Plans (CIP)

CIP delivery in month 11 was £463k (£274k adverse to plan) and year to date £3,946k (£3,440k adverse to plan). CIP schemes continue to be under delivered across all service lines, although Childrens East and Childrens West are achieving their plans with non-recurrent underspends. It is recognised that CIP delivery is challenging in the current climate; therefore additional efforts are being made to ensure all CIP schemes are put through the Quality Impact Assessment (QIA) process.

Capital and Cash

Year to date capital expenditure at month 11 is £4,187k. Projects totalling £5,965k of internal Capital Resource Limit (CRL) have been approved and are either in progress or expected to commence early in the next financial year.

There are a number of large estates projects that commenced late February and are forecast to spend £1,287k in March. This, along with continued spend on ICT projects and backlog maintenance, will utilise the full CRL for this financial year. The original budgeted CRL (£6,600k) reduced by £300k during the year due to a reduction in depreciation which explains the gap between the budgeted and forecast spend in the respective graph in section 3.1.

The Phase 2 project was completed in December with various teams moving into the newly refurbished premises. The current year's actual spend matches the plan total of £4,768k.

The cash balance at 29 February 2020 was £14,069k, up from £11,888k at 31 December 2019. The increase is predominantly due to higher inflows which include receipt of quarterly research and development income, additional NCB Dental income in respect of 18-19 agreed breakeven position, Winter Pressures income from Southampton City Council and overdue debt from Southern Health and NHS England being paid. In addition, the capital expenditure dipped in the last two months following completion of Phase 2 project in December.

It has been agreed with NHSI that the loans will be converted into PDC which will be reflected in the 20/21 cash flow forecast.

Aged Debt

The Trust's total debt remained at £5.7m during February.

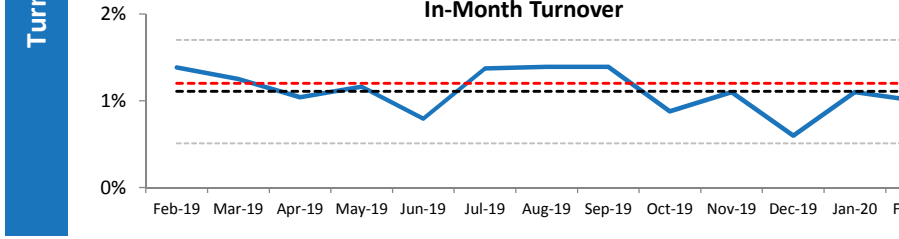
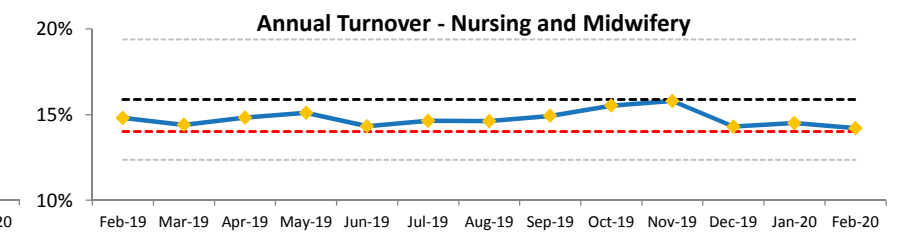
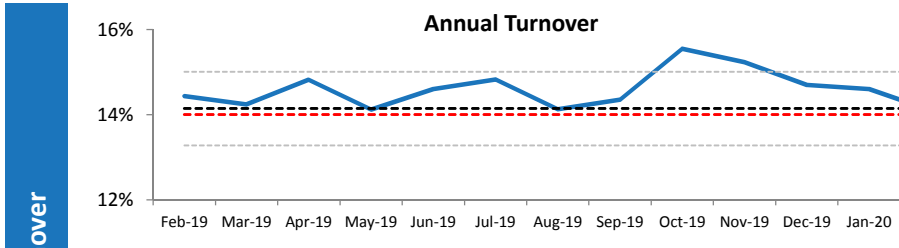
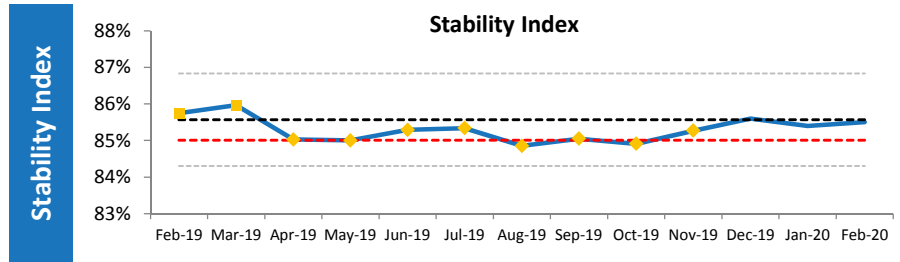
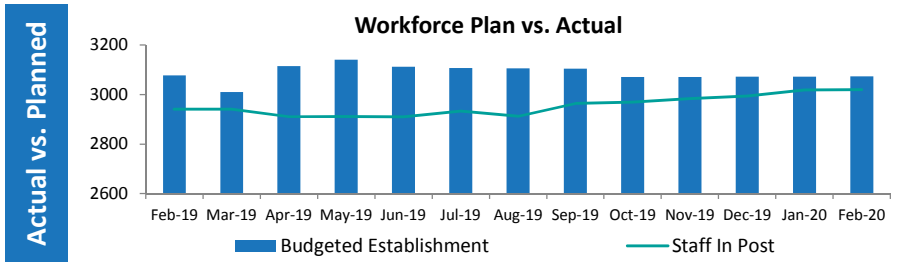
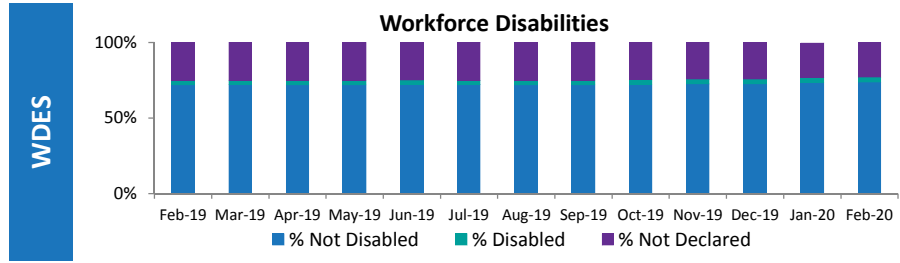
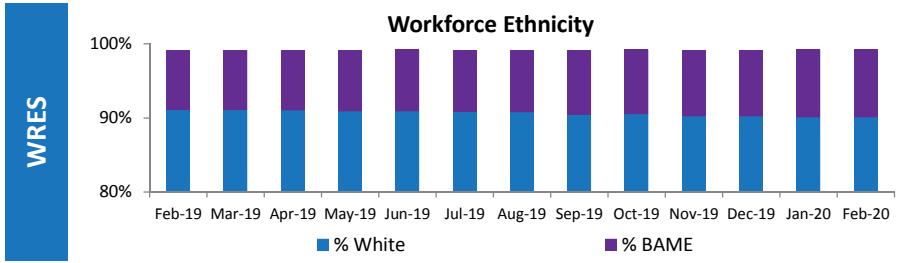
91+ day overdue debt at the end of month was £388k, a decrease of £71k on the previous month. This was mainly due to Southampton CCG paying for additional beds on Snowdon Ward which was five months overdue.

4.1 Workforce Integrated Performance Report

Month: Feb-20

Planning

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

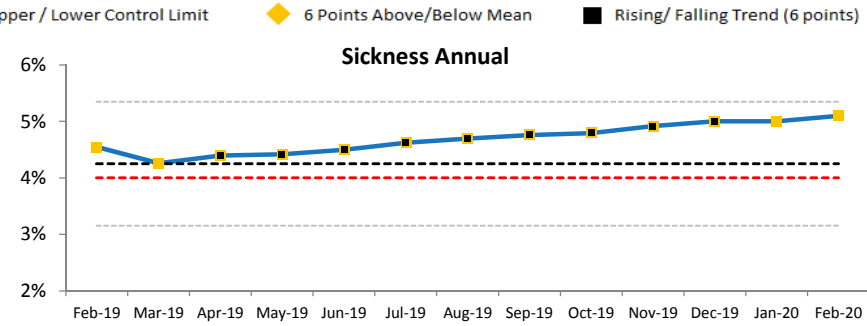
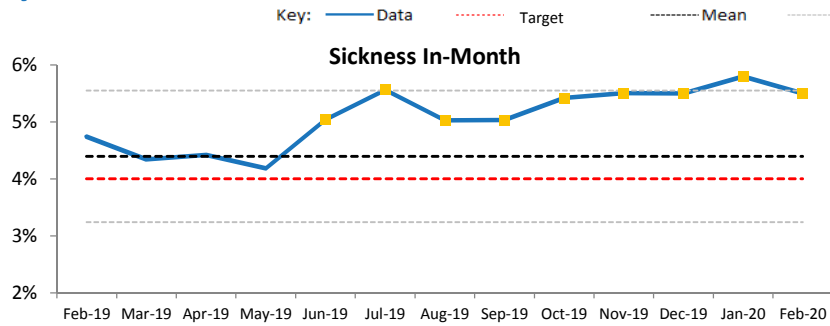


Overall, we are operating close to the workforce plan with Full Time Equivalent (FTE) in post for February (M11) at 3018.8 which is an increase of 108.7 FTE over the year so far. Stability has been below the mean for most of the year, which indicates that retention of experienced workforce has fallen; within this we have seen 68 retirements YTD. Adults Southampton has been particularly impacted by this, with 15 retirements YTD. This issue has been added to the risk register and actions agreed at WOD Committee. Although annual staff turnover had been rising, it is now returning toward the mean. Nursing turnover has also decreased to 14.2%. Work-life balance is the largest reason given for leaving. WRES and WDES action plans shared will be shared at Board along with the new diversity & inclusion objectives.

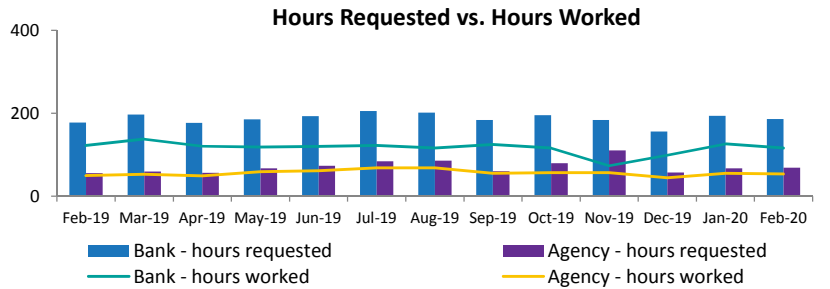
Deployment

Month: Feb-20

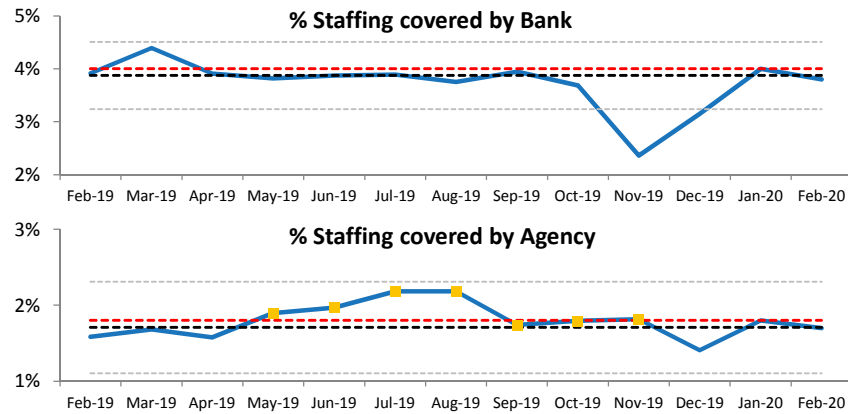
Sickness



Bank & Agency



In Month Cost: Bank - £189074 Agency - £126854



Rostering

Current Position: 0 / 4

Sickness absence has been a rising across the year. Detailed analysis showed a number of hotspots, which are being provided with additional support to combat this. Mental health related absence is a specific area that we concentrating on with our Wellbeing Practitioner team.

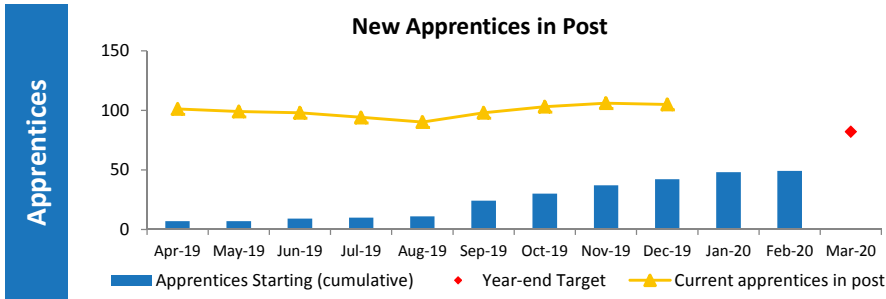
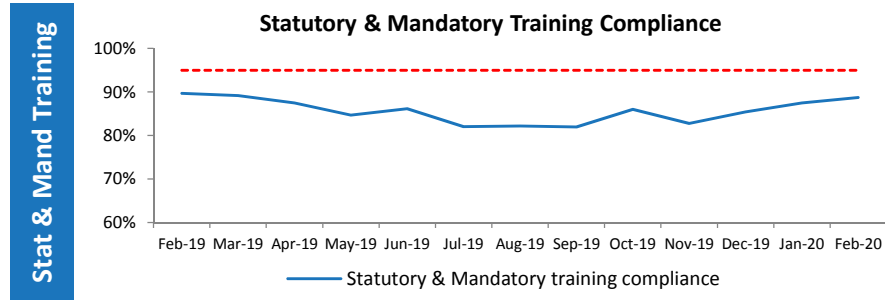
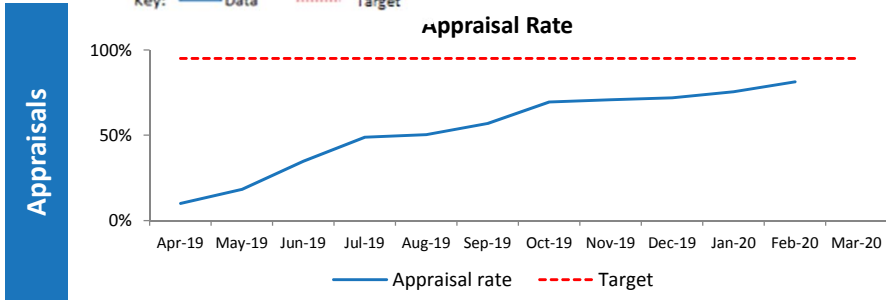
The total additional staffing is 6.8%. Agency usage has recently been impacted by sickness levels and, in month, is 2.1% of the workforce, despite there having been significant improvements over the Christmas period. Solent Bank continues to perform well. The collaborative bank project has been delayed in the wake of COVID-19; implementation will impact business continuity plans.

The Roster Improvement Programme continues but performance still requires improvement, with only 29.8% of rosters fully approved in February 2020. We have a current position of 1 out of 4 against the national attainments. We have received an internal audit report regarding our overall rostering capability and effectiveness, with actions agreed to be delivered by June 2020. There will also need to be longer term leadership, investment and performance management to sustainably improve rostering across the trust. Work is now progressing on implementation of e-job planning. This will help us achieve a level 2 in rostering. The Workforce Optimisation programme has a new Programme lead starting who will bring the senior programme management necessary to drive change through the service lines.

Flu vaccinations are 76% at campaign end, against an 80% target, which is good performance and another improvement year on year.

Development

Month: Feb-20

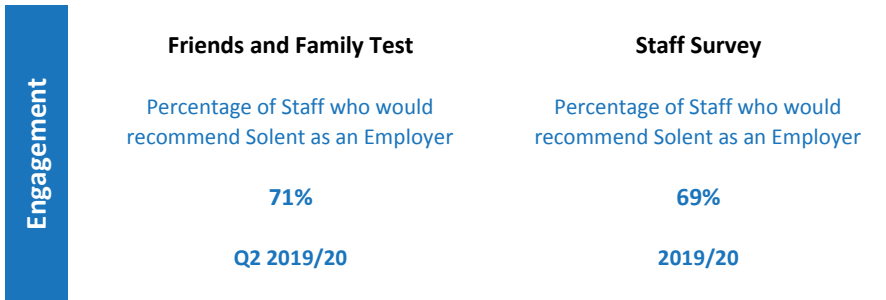


The statutory and mandatory training rate in February 20 was 88.7% against a target of 90%. A turnaround plan to achieve the 90% target is in place but there continues to be technical issues with the e-learning system. Additional support to increase compliance for IG training has been put in place and is having an impact, with IG compliance now at 84.1%. Appraisal has been uploaded to ESR via a bulk upload, which has improved the compliance rate to 81.3%

From April 2020, all staff working within the Agenda for Change NHS pay framework will be required to provide evidence of completion of their appraisal objectives to ensure they move to their next pay step point. Work to implement Manager Self Service in April 2020 will support this, ensuring staff can record appraisals effectively.

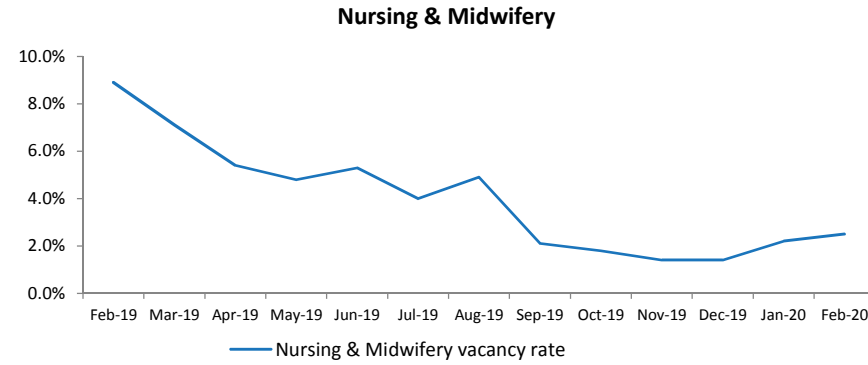
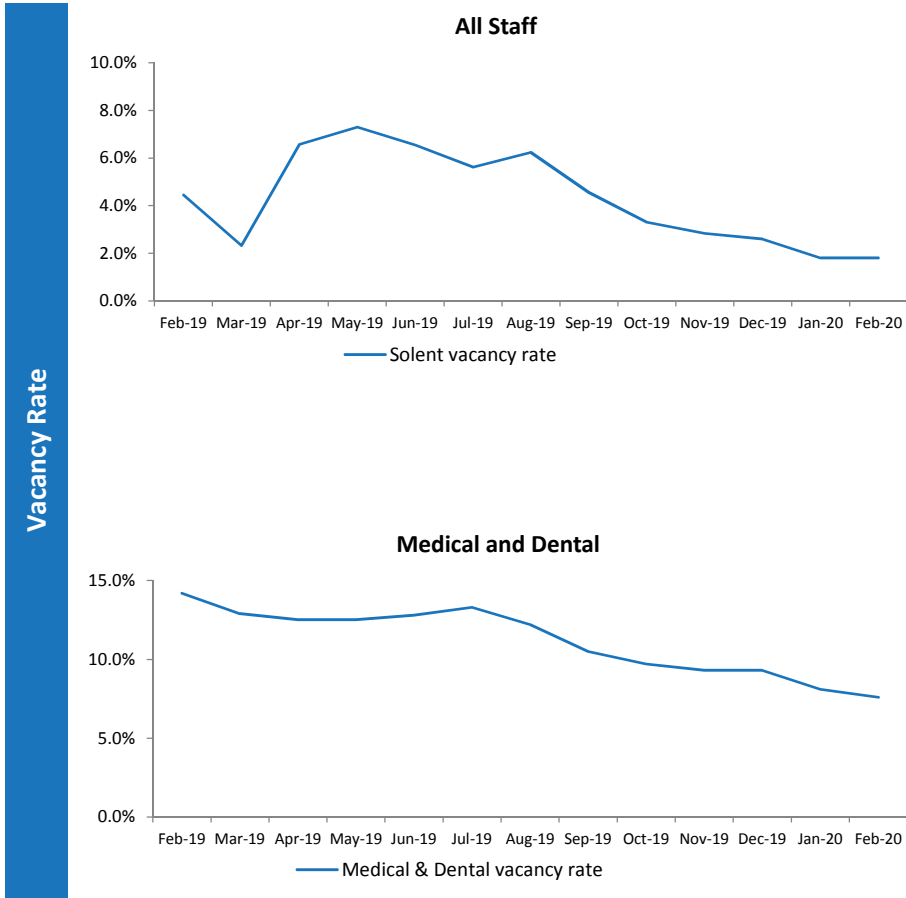
A new Learning Management System (LMS) procurement exercise has started and implementation will commence in early 2020. This will be a significant boost for staff morale, and will significantly strengthen our learning and development infrastructure. An Apprenticeship Academy model is due to launch in 2020 and we aim to increase the number of apprentices to 5% above target; we will be seeking to utilise apprenticeships for both new starts and as a path for career development.

Staff survey results, with national benchmarking, has been made available and work is currently underway to analyse these and share the resulting analysis more widely across the Trust, Services will be encouraged to create local action plans from their results.



Acquisition

Month: Feb-20



The vacancy rate for February was 1.8%, showing continued improvement since the Summer. This is due to a combination of effective recruitment campaigns and the planned reduction in workforce through the year. Our nursing vacancy rate is currently 2.5%, a significant reduction over the course of the year (down from 8.9% in February 2019).

There are pockets across the Trust with higher vacancy rates, such as our Mental Health services with 10.8% vacancy rate. Mitigations are in place (including block booked Agency staff) and detailed in the risk appraisal presented to WOD Committee. Work continues on hard to fill posts and critical roles in these areas across the Trust.

Leadership and Culture

Month: Feb-20

Learning

The Leadership and Development Strategy was agreed in December 2019. Resources within the team have been refocused to deliver on Leadership and development, working on the core leadership offer, embedding a culture of growth and development and ensuring this dovetails with the Just Culture we are embracing for people practices. The inaugural Learning Innovation 'Unconference' was due to take place on 16 March, followed by the Annual Apprenticeship Awards. However, this has been postponed in the wake of COVID-19 and the need to refocus staff into emergency planning and preparedness. These events will be rescheduled to later in 2020.

Work is underway on the procurement of a new LMS with two systems being demonstrated by providers from our procurement framework. To ensure a collaborative process, these sessions will be attended by staff from across the Trust to ensure that whichever system is selected is fit for purpose and user friendly.

Work on Improving People Practices continues with the POD team, utilising Manager Forums to ensure that all areas or gaps are picked up and will be addressed in the delivery of this programme.

Engagement

The staff survey results have been made available to us with benchmarking information. Early analysis shows that Solent NHS Trust has been named joint best performer in the Health Service Journal (HSJ) top 5 Mental Health and LD Trusts in relation to whether people said they would be happy with the standard of care at their organisation should a family or friend need treatment. Our response rate was the highest we have ever achieved at 63%, 2149 people completed the survey which is a 4% increase from 2018. Compared to other combined Community, Mental Health and Learning Disability Trusts, we scored better than average in 10 out of the 11 themes, and amongst the top scoring overall in 5 out of the 11 themes. Work is now underway to provide service level analysis so that each area can create local action plans for improvements.

Leadership

The research we commissioned on the 'State of the Nation' review which is an independent look at our values, leadership and culture was reported at the last Workforce & OD (WOD) Committee. Our Leading with Heart programme was recently recognised by the British Psychological Society when the two psychologists responsible for designing it were given the Award for Excellence in Professional Practice by the Division of Occupational Psychology. We are now taking our next step to offer our middle management community a Leading with Heart intervention, with session beginning in Spring 2020 for these cohorts.

Inclusion

We continue to work towards our Inclusion Objectives for both 2019/20 and looking forward to 2020/21. Work continues across the D&I and POD teams to turn the data we have into intelligence and create meaningful interventions in the coming year to bring about positive change. In the next 6 months we will create a deep dive of the reporting of our diversity data, the impact of this in our understanding of the data and what our approach to people practice are, with this having been highlighted in previous WRES returns.

We will continue to bring focus to special events and months, with March 2020 marking International Women's day, having celebrated LGBTQi+ History month* in February 2020. * *correction to previous report which reference Black History month.*

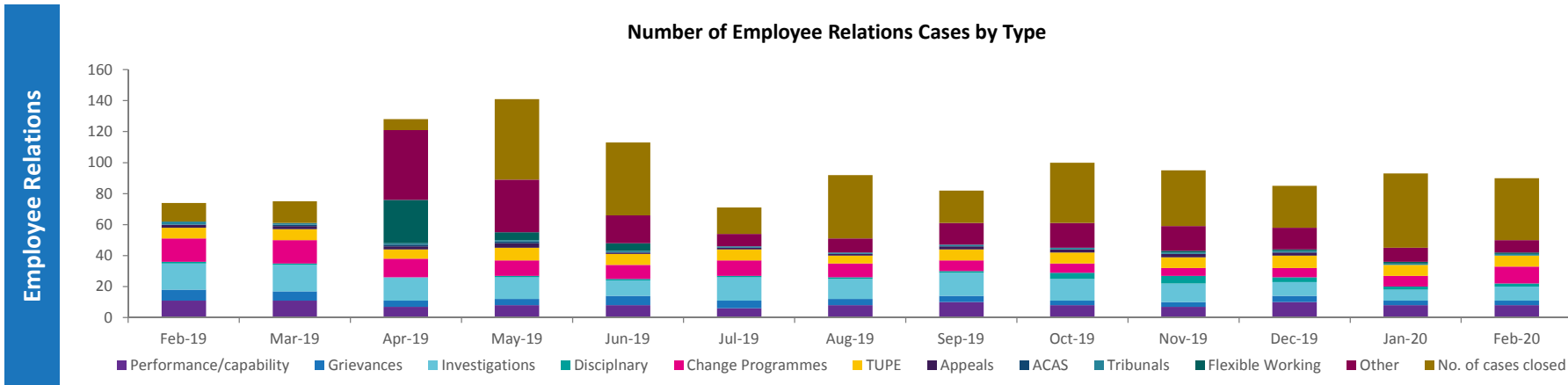
Wellbeing

Our team of new Wellbeing Practitioners continue to develop and deliver a suite of interventions targeted at mental and physical health for our people. Our OWLES group focused on optimising wellbeing and lived experience will be bringing a range of recommendations forward in the next few months to further develop our health and wellbeing offer.

Although resource heavy, our teams have been piloting schemes in some teams to provide intensive support and have followed up 3 months later, with a plan to follow up again at 6 months post intervention, to see if they are still being utilised and are as effective. Results from the 3 month stage are promising and show sustained improvement.

Change and Employee Relations

Month: Feb-20



Across the year we have seen a decrease in the overall cases of Employee Relations (ER) from April 2019 to February 2020 (123 to 50). Whilst the numbers are decreasing, we are still managing a number of complex cases and have 18 cases organisational change / TUPE projects.

Since December, a People Management Action Forum has been operating, providing an opportunity for plurality in decision making and exploration of a wide range of options for managing employment relations issue whilst maintaining a person centred approach. This forum has been successful and has seen discussions held on a range of suspension and dismissal processes.

In the context of policy reviews, we are looking to 'declutter' the policy landscape in order to be more progressive. 5 policies have now been reviewed by the steering group and expect to be approved soon. We have now completed procurement of suppliers for external investigation and mediation. We have also seen the length of time for investigations reduced from 80+ days to 45. This is aligned to the work we are undertaking to establish a Just Culture, through our leadership development and manager skills programme. This programme will ensure that those involved in ER cases are appropriately equipped with the right skills to undertake the task.

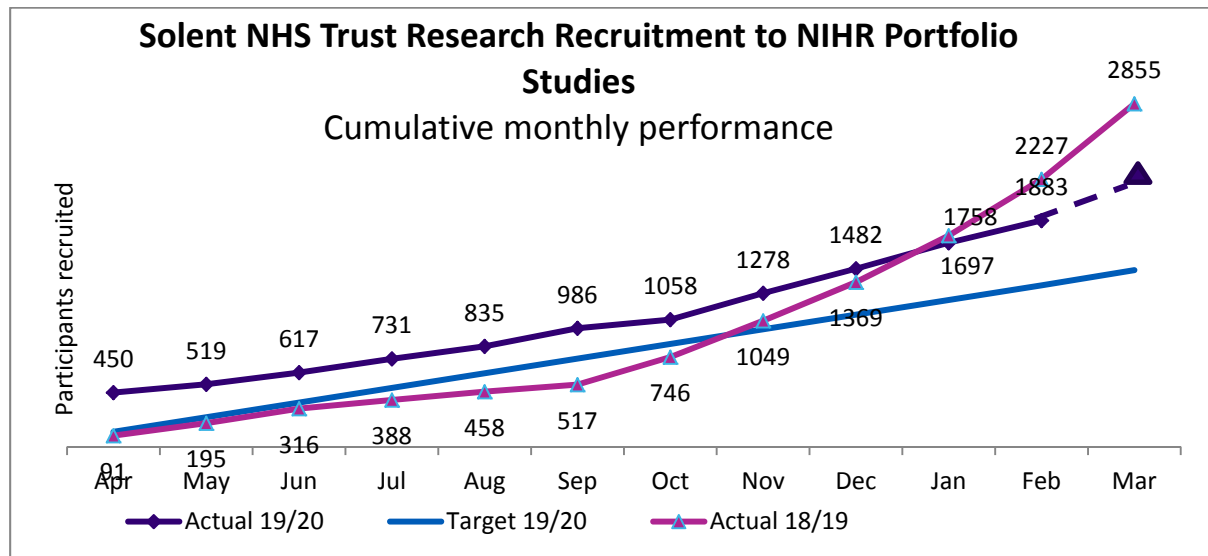
The complex cases we manage are overseen by case managers assigned independently and where necessary as is often the case, involve legal support. Lessons learnt from these cases are compiled and we will take action to reflect them in practice moving forward, where appropriate.



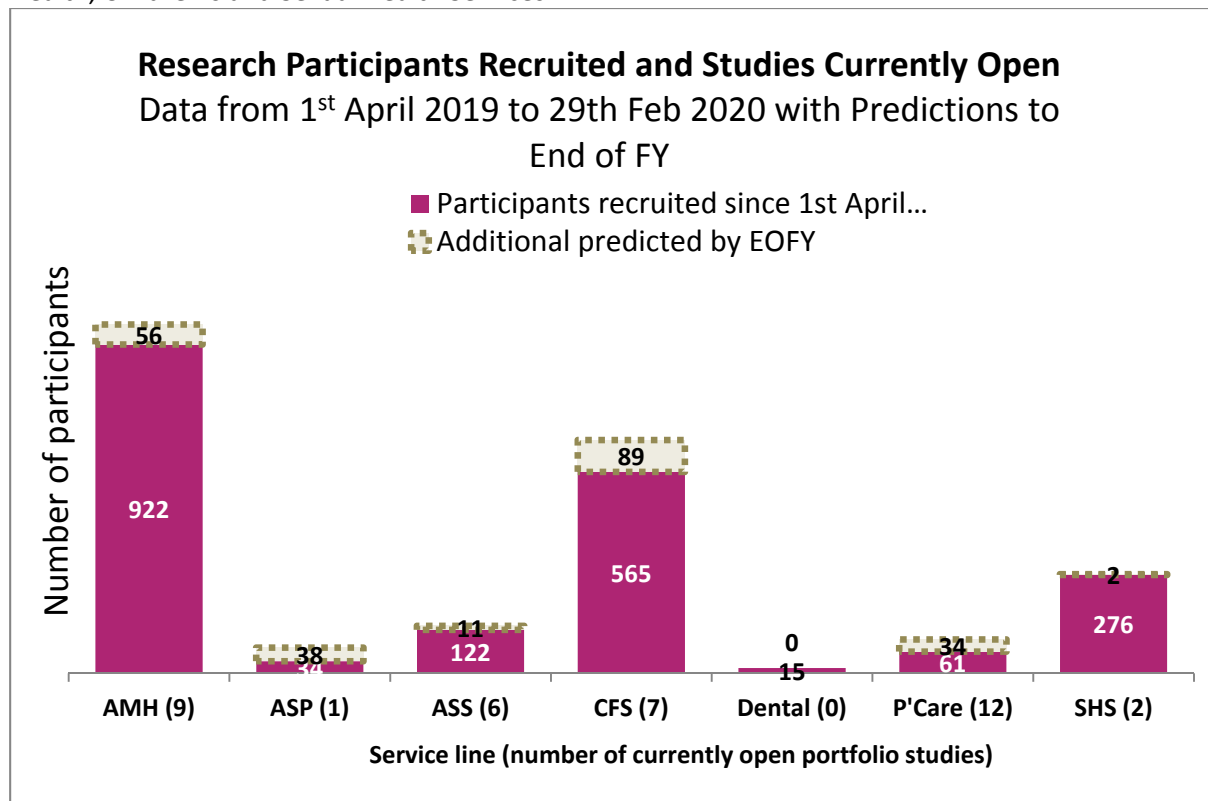
5.1 Research and Improvement Commentary

Research

As an NHS organisation, Solent’s research performance is measured by the number of participants recruited into studies. Between April 1 and February 29 this year, we have recruited 2,227 participants into research studies which means we have exceeded our annual target.



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.



Clinical Audit and Evaluation – Completion against Plan

April 1 – February 29 2019/20

Completion rates against service line audit plans are rising, with half of all reports received. This is typical of this time of year, as most projects are received in April and May. We are aware that as clinical services focus on treatment and the response to the coronavirus, there will be an expected delay to the completion of audits and evaluations.

	Local Projects 2019/20		
	Number on Plan	Reports received	Completion rate
Adults Portsmouth	15	12	80%
Adults Southampton	40	19	48%
Child & Family	30	14	47%
Mental Health	21	7	33%
Primary Care – GP	4	3	75%
Primary Care - MPP	27	14	52%
Sexual Health	25	13	52%
Specialist Dental	20	5	25%
Totals	182	87	48%

Response to the coronavirus

The following measures have been taken within the Research & Improvement Team:

1. All workshops and face to face training have been suspended until further notice. Online materials for support are available
2. Each research contract and study has been risk assessed on an individual basis, and contingencies put in place. Where there is patient safety need, trials continue as normal (where medication is supplied). There is only one trial of this nature within sexual health. Others have amendments to enable some continuation. This is all being done in line with clinical need and in liaison with research funders and sponsors.



Solent
NHS Trust

6.1 NHS Provider Licence – Self Certification 2019/20

Condition G6 – Systems for compliance with licence conditions:

Requirement

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.



Response

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

Condition FT4 – Governance Arrangements:

Requirement

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.



Response

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.

Requirement

2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.



Response

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.


 Requirement

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

 Response

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.

All NED positions are substantively filled. We currently have an interim Medical Director in post and have recently completed a substantive appointment process for the role of Chief Medical Officer – announcement awaited.

The Trust's wider governance structure is also regularly considered and refreshed to ensure efficiency and clear lines of reporting. We are regularly considering and monitoring our governance processes in the light of the National COVID-19 situation.



Solent
NHS Trust

Requirement

4

The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:



- (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
- (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
- (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;
- (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);
- (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
- (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
- (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
- (h) To ensure compliance with all applicable legal requirements.

Response

For 2019/20: We have a breakeven Control Target. The Trust has achieved the quarter 3 control total and therefore has earned £1,595k Provider Support Funding (PSF) and Financial Recovery Funding (FRF) income in the year to date result.

Internal control processes have 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.

The Board is not aware of any other departures from the requirements of this condition.

We are regularly considering and monitoring our governance processes in light of the National Covid-19 situation.



Risk and Mitigation actions: Concerning CQC compliance - We continue to address actions and monitor compliance with requirements made following our CQC report (Feb 2019).


 Requirement
 

5 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:

- (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
- (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
- (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
- (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
- (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
- (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.

Response

The Board is not aware of any departures from the requirements of this condition.

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.

Concerning Board level capability – All NED positions are substantively filled. We currently have an interim Medical Director in post and have recently completed a substantive appointment process for the role of Chief Medical Officer – announcement awaited.

Qualifications, skills and experience are taken into consideration, along with behavioural competencies as part of any recruitment exercise for Board vacancies.

Established escalation processes allow staff to raise concerns as appropriate.

Requirement

6

The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.



Response

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.

Board and Committee Cover Sheet

Item No.	5.1		
Presentation to	Trust Board		
Title of Paper	2019 Staff Survey		
Purpose of the Paper	To provide the results of the annual NHS Staff Survey 2019 and next steps		
Author(s)	Ceri Connor – Programme Director Leadership & Engagement	Executive Sponsor	Helen Ives – Chief Organisational Effectiveness and People Officer
Date of Paper	17 March 2020	Committees/Groups previously presented	Workforce and OD Committee
Summary of key issues/messages	<p>The paper provides a summary of the 2019 staff survey results and a comparator to the 2018 survey identifying improvements and areas for continued focus in 2020.</p> <p>Overall the results are positive and we have achieved the highest participation rate ever at 63%. Compared to other combined Community, Mental Health and Learning Disability Trusts we scored better than or equal to average in 11 out of the 11 themes, and amongst the top scoring overall in 5 out of the 11 themes.</p> <p>There are areas where we need to focus efforts in 2020 and these are detailed in the Next Steps section of this paper.</p>		
Action Required	For decision?	N	For assurance? Y
Recommendation	<p><i>The Board is asked to:</i></p> <ul style="list-style-type: none"> Receive the report for noting 		

For presentation to Board and its Committees: - To be completed by Exec Sponsor

Level of Assurance (tick one)	Significant		Sufficient	X	Limited		None	
Assurance Level	<p>Concerning the overall level of assurance the In Public Board is asked to consider whether this paper provides:</p> <p style="text-align: center;">Sufficient</p> <p>Continues oversight will be provided by Workforce and OD Committee</p>							
Executive Sponsor Signature								

Annual Staff Survey Results 2019

1. EXECUTIVE SUMMARY

We are proud that a total of 2149 people took part in the survey, which is a response rate of 63%. This is an increase of 4% from 2018 and the highest completion rate Solent has ever achieved. The average for combined mental health / learning disability and community trusts in England is 45%. The 2019 survey was conducted by Quality Health, who supported the survey last year.

Solent's overall engagement score is 7.3 out of 10, which is above the average of other comparable Trusts at 7.1.

NHSE have categorised 52 of the survey questions into 11 Key Themes, a new theme for 2019 is 'team working'. Historical data has been re-calculated to enable valid comparisons.

Data related to the Workforce Equality Standards have been included in the 2019 survey; this enables early sight of the data for analysis and inclusion in the WRES and WDES annual report submission in August and September.

Compared to other combined Community, Mental Health and Learning Disability Trusts we scored better than or equal to average in 11 out of the 11 themes, and amongst the top scoring overall in 5 out of the 11 themes.

Compared to 2018, we saw an improvement (3 or more % points difference) on 3 individual questions scores and a worsening of scores on 2 individual questions across the themes.

Our results show that we have improved or maintained the positive levels of engagement achieved in 2018. The Great Place to Work objective remains as a pillar of our Trust strategy, aligned to the NHS Interim People Plan which makes the critical link between staff engagement, productivity, and quality of patient care.

We will need to continue to focus on our organisational culture, its leaders and our people in order to continue the positive improvements throughout 2020.

2. SUMMARY RESULTS

Solent NHS Trust has been named joint best performer in the Health Service Journal (HSJ) top 5 Mental Health and LD Trusts in relation to whether people said they would be happy with the standard of care at their organisation should a family or friend need treatment.

Listening into Action has published their 2019 NHS Staff Survey results scatter map (appendix 1). This year's map analysis refers to the quality and safety of patient care at each trust, and how staff feel about working there. The map gives a set of "workforce at risk" numbers that point to the likelihood (or not) of workforce stability and continuity challenges adversely affecting the care a trust's key assets are able to deliver in the year ahead.

Solent NHS Trust sits in the top right hand quadrant of the map, as amongst the top performing Trusts in the country, second in class when compared with other community, mental health and learning disability trusts across the country:

Annual Staff Survey Results 2019

- For the way in which people say they feel about the environment they have to work in, we are top performing organisation in our class (axis x)
- For the way in which people feel about the quality and safety of care they can provide we are joint second top performing organisation in our class (axis y).

Amongst 229 Trusts nationally, Solent ranks 8th on the scatter map for our overall NHS Staff Survey results.

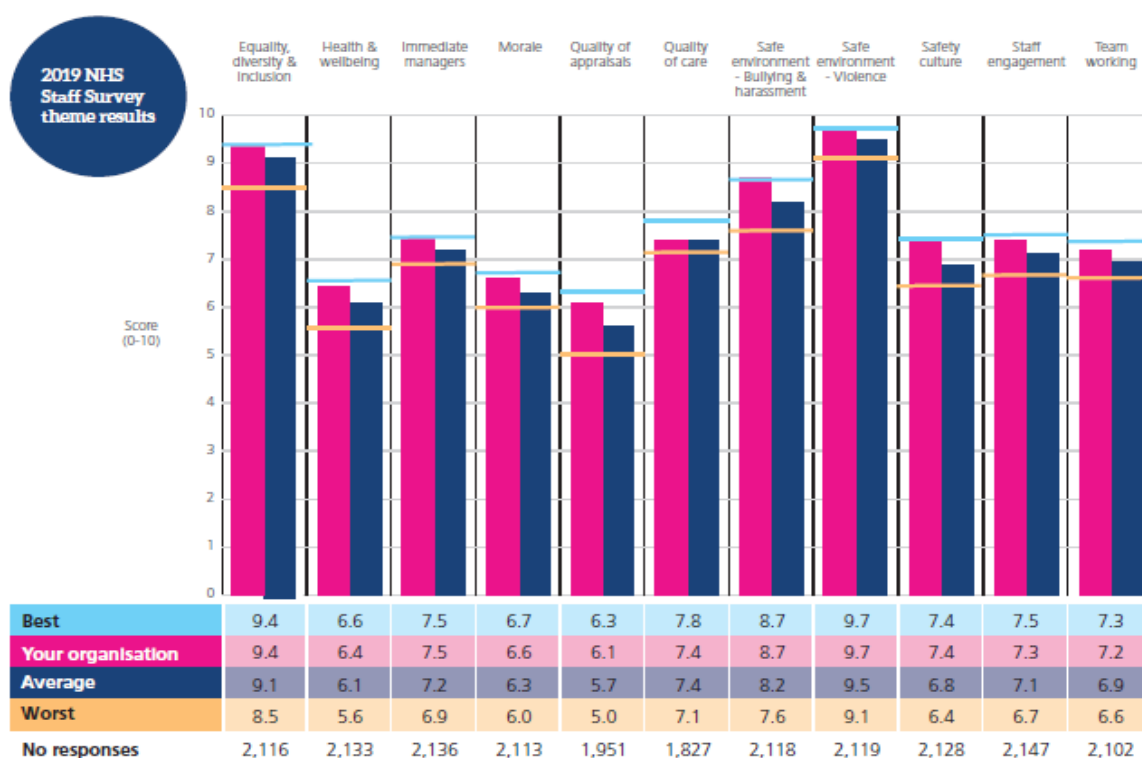
Verbatim comments within the survey are currently being analysed and a high level summary will be shared at WOD Committee.

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

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

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

Comparison with other MHC Trusts across all 11 key themes (data produced by NHSE)



The Trust has either matched or bettered the average score for all other MH/LDC Trusts across all eleven Key Themes (NHSE data).

Annual Staff Survey Results 2019

Highest and lowest ranking scores by theme

The top ranking scores by theme have remained unchanged over the past two years:

Key Theme	Solent 2018	Solent 2019	Average M/H/Comm Trusts
Safe working environment - violence	9.7	9.7	9.5
Equality, diversity and inclusion	9.4	9.4	9.1
Safe working environment - bullying and harassment	8.6	8.7	8.2

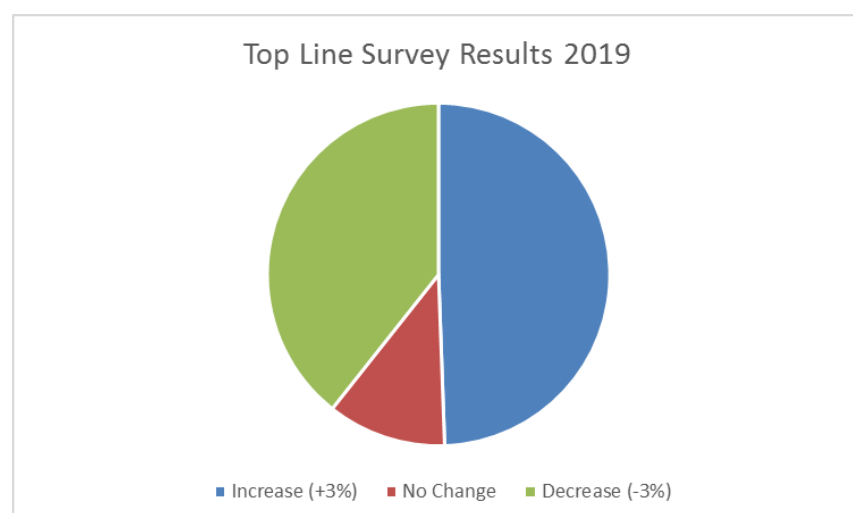
Lowest scoring results remain unchanged from 2018, it is important to note that they are still above the average for similar Trusts.

Key Theme	Solent 2018	Solent 2019	Average M/H/Comm Trusts
Quality of Appraisals	6.0	6.1	5.7
Health and Wellbeing	6.5	6.4	6.1
Morale	6.5	6.6	6.3

The results of the Morale theme are mixed indicating that whilst people are less likely to think about leaving the organisation, and the support from immediate managers has improved, people have increased time pressures and relationships at work are strained.

Highest and lowest ranking score by question

44 questions have increased by 3% or more, 35 questions have decreased by 3% or more, and there has been no change to 10 questions.



Annual Staff Survey Results 2019

The areas where scores (by question) improved by 3% of more are:

- Where people experienced bullying and harassment at work, there was a 5% rise in people being able to report it, rising from 57% to 62% (question 13d). This was an area identified from last year's results for targeted improvement.
- People feeling that immediate managers can be counted on to help with a difficult task at work has risen from 78% to 81% (question 8b)
- Where people had received an appraisal, there was a rise of 3% reporting it left them feeling their work was valued, rising from 79% to 82% (question 19d)

The areas where scores (by question) have worsened by 3%:

- Reported experienced MSK problems as a result of work activities in the last 12 months dropped 3%, from 77% last year, to 74% (question 11b)
- People having adequate materials, supplies and equipment to do work has dropped 3%, 59% to 56% (question 11b)

Violence at work (Q12d) - 78% of staff said if they or a colleague had experienced violence at work, they had reported it. Although this has seen an 8% improvement from 2018, it remains worst scoring amongst the comparator group (average 88%).

2.2 Overall staff engagement score

Trust engagement has remained the same at 7.3 out of a possible score of 10, as detailed below. This remains higher than the national average for community trusts (7.1%).

Overall staff engagement



The overall engagement measure comprises of 9 individual questions spread over 3 specific elements; motivation, ability to contribute to improvements and the recommendation of Solent as a place to work, 2018 and 2019 results have been compared as follows:

Annual Staff Survey Results 2019

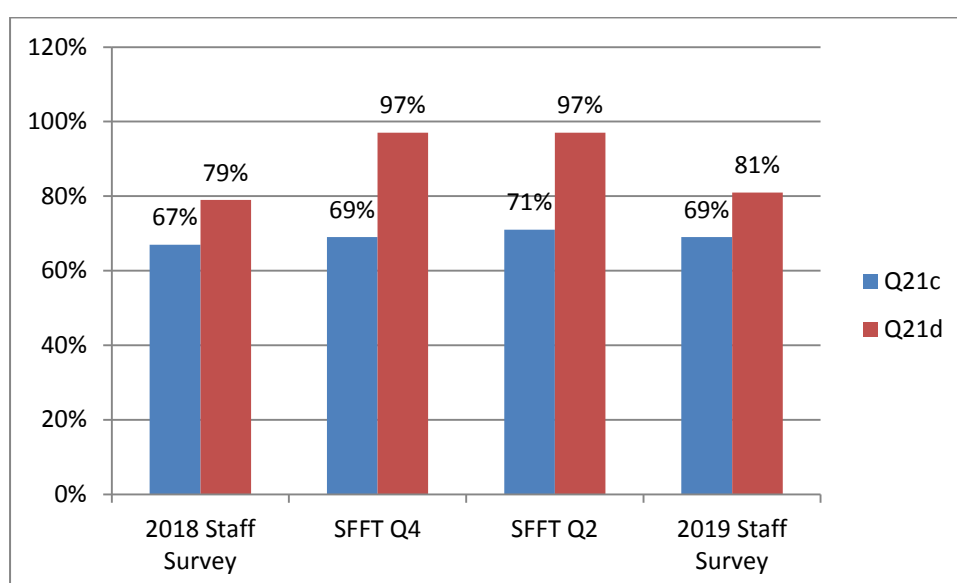
Q	Overall Engagement Measure	2018	2019	Change
2a	I look forward to going to work.	65%	62%	↓ 3%
2b	I am enthusiastic about my job.	78%	77%	↓ 1%
2c	Time passes quickly when I am working.	81%	81%	↔
4a	There are frequent opportunities for me to show initiative in my role.	77%	79%	↑ 2%
4b	I am able to make suggestions to improve the work of my team / department.	81%	81%	↔
4d	I am able to make improvements happen in my area of work.	64%	63%	↓ 1%
21a	Care of patients / service users is my organisation's top priority.	84%	84%	↔
21c	I would recommend my organisation as a place to work.	67%	69%	↑ 2%
21d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	79%	81%	↑ 2%

Scores for questions 2a, 2b and 4d indicate that there is further work to be done to improve the working experience and impact on motivation and wellbeing.

2019 results show an increase of 2% in two key questions relating to staff recommending Solent as a place to work and be treated:

- staff recommending Solent as a place to work (Q21c)
- staff being happy with the standard of care provided if a friend of family required treatment (Q21d)

The graph below correlates the trend in positive scores for these two questions in both the Staff Survey and the quarterly Staff Friends and Family Test. It shows that question 21c remains broadly the same across both the staff survey and Staff FFT, whereas Q21d is consistently higher in the SFFT than in staff survey. Numbers participating in SFFT are considerably lower than Staff Survey, which may be a contributing factor; further analysis would be required to determine a robust comparator.



Annual Staff Survey Results 2019

3. SERVICE LINE RESULTS

3.1 Comparison of participation (% completion)

Response rates across services varied from 40% (FM and Estates) to 81% (Corporate). In comparison to 2018, Mental Health delivered the highest improvement in participation (13% increase), followed by Specialist Dental Services (11% increase). FM and Estates and Corporate saw decrease in participation (12% and 5% respectively).

3.2 Comparison of engagement scores by service line

3 out of the 10 service lines showed an increase on their engagement score from 2018. Primary Care has reversed the slight decrease from 2017 to 2018 and seen an increase in engagement in 2019. 4 service lines have sustained the same score, and five have seen a decrease.

Service Lines	Engagement Score			
	2018	2019	Change	
Trust	7.4	7.3	-0.1	↓
Adults Portsmouth	7.6	7.6	0.0	↔
Adults Southampton	7.6	7.6	0.0	↔
Children's Locality East	7.1	7.3	0.2	↑
Children's Locality West	7.1	7	-0.1	↓
Corporate	7.7	7.5	-0.2	↓
Facilities Management/Estates	6.7	6.8	0.1	↑
Mental Health Services	7.3	7.2	-0.1	↓
Primary Care	7.1	7.4	0.3	↑
Sexual Health Services	7.4	7.4	0.0	↔
Specialist Dental Services	7.6	7.3	-0.3	↓

3.3 2019 theme scores by service line compared to Trust average

The table below details the theme scores across each service line, and where they compare to the Trust average; where the score is higher than Trust average (green), lower than Trust average (pink), or is the same as Trust average (white). National Average is also shown for information.

Annual Staff Survey Results 2019

2019 Staff Survey Theme scores for each Service Line (Red/Green denotes Below/Above Trust)											
	Equality, Diversity & Inclusion	Health & Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment (bullying & harassment)	Safe Environment (violence)	Safety Culture	Staff Engagement	Team Working
NATIONAL	9.1	6.1	7.2	6.3	5.7	7.4	8.2	9.5	6.8	7.1	6.9
TRUST	9.4	6.4	7.5	6.6	6.1	7.4	8.7	9.7	7.4	7.3	7.2
Adults Portsmouth	9.5	6.1	7.6	6.7	6.4	7.9	8.7	9.7	7.5	7.6	7.2
Adults Southampton	9.4	6.5	7.6	6.7	6.3	7.9	8.5	9.7	7.5	7.6	7.5
Child & Family East	9.7	6.1	7.3	6.6	5.9	6.9	8.8	9.9	7.3	7.3	7.5
Child & Family West	9.5	6.1	7.4	6.3	5.8	6.3	8.9	9.9	7.2	7.0	7.2
Corporate	9.6	7.0	7.7	6.5	6.4	7.3	9.3	10.0	7.4	7.5	7.0
FM & Estates	9.2	6.5	6.7	6.5	5.3	7.6	8.5	9.6	6.4	6.8	6.0
Mental Health	9.0	6.1	7.6	6.5	6.2	7.2	8.2	9.0	7.3	7.2	7.2
Primary Care	9.4	6.2	7.5	6.6	6.0	7.5	8.7	9.9	7.5	7.4	7.1
Sexual Health	9.4	6.8	7.6	6.9	5.7	7.6	8.5	9.9	7.5	7.4	7.3
Specialist Dental	9.4	6.0	7.3	6.7	5.9	8.0	8.5	9.4	7.9	7.3	7.4

Results ranked in order of higher/lower scoring compared to Trust average:

- Adults Southampton
- Sexual Health
- Adults Portsmouth
- Corporate
- Primary Care
- C&F East
- Dental
- C&F West
- Mental Health
- FM and Estates

To note, in 2018 FM and Estates service line had a comprehensive plan in place supported by a dedicated Comms/Engagement plan. Results are a mixed picture; overall the service line has improved or stayed the same on over half of the questions. Participation rates have gone down, and comparison to the Trust average they remain lower scoring. However to note there has been significant organisational change in this service line, including catering and FM transformation.

The engagement and theme score comparisons show a mixed picture, they don't always demonstrate the improvements that have been made through some of the individual questions. Further analysis of the directorate level results (by question) will be undertaken and reported through service line governance.

4. Actions taken during 2019

In March 2019 the People & OD Committee supported a recommendation from the Employee Engagement Sub-Committee for the 'Top 3' themes to focus on. Local plans have been led by service leads and have fed into governance meetings. Innovative local improvements and actions have been grouped under the Top 3 themes as follows:

1. A workplace that supports self-care

- Introduction of additional health and wellbeing initiatives.

Annual Staff Survey Results 2019

- Schwartz Rounds continue to be well attended and evaluated as an effective way of sharing personal stories.
- Continued focus on mental health and wellbeing in the workplace.
- Teams have held more away days with focus on wellbeing and building on strengths.
- Launched Britain's Healthiest Workplace – giving people a personal health report, and informs the organisation on how to support people's health and wellbeing even further.
- Included a wellbeing section for new starters on Trust Induction including Mindfulness and "chair aerobics".
- Introduced MenoPause events led by our CEO.

2. Learning at work

- Continued growth of management and leadership development opportunities.
- Sustained investment in Quality Improvement and Research.
- Increased number of apprenticeship opportunities and roles available.
- Launch new Learning and Development Strategy with a focus on careers, learning and implementation of 70/20/10 model of learning.
- Procurement of new digital learning platform and management system.
- Provided celebration conferences for our Nurses and Allied Health Professionals (which included Nurse & AHP of the Year awards) as well as our well evaluated Research & Innovation conference.

3. Compassionate & inclusive leadership

- Design and implementation of an equality, diversity and inclusion strategy.
- Staff Networks: we now have 4 networks: LGBT+ Allies, BAME, DisAbility and Multi-Faith.
- In May 2019 we created a video for the NHS national diversity, inclusion and human rights week which included a number of our staff talking about what inclusion means to them in Solent. This video is now shown at each induction day for all new members of staff.
- Commenced review of People Practices Transformation Programme to implement "Just Culture" principles.
- Continued to improved induction processes for new starters.
- Continued investment in professional development, leadership and team building/ away days.
- Continued to create new opportunities for senior leaders and board members to meet with and listen to people.
- Service line welcome initiatives for new starters.
- Localised reward and recognition initiatives.
- Our AGM in September 2019 focused on being an engaging and interactive celebration of what is on offer within our services.

4.1 What have we learned, what will we do differently in 2020?

- The review of appraisals that took place in 2018 didn't bring about the changes we were hoping for in terms of focussing on a more personable, meaningful conversation enabling people to feel valued and to make a different to personal/career development. During 2020 a programme of engagement will take place to make changes to the 2021 appraisal in line with strengthen our talent management and succession planning.

Annual Staff Survey Results 2019

- Whilst 94% of people think we take positive action on health and wellbeing the indicators around self-care have not improved. Engagement with staff needs to take place during 2020 to identify what we can do to support staff further in this area that will make a difference.
- Training and Development is a static picture, the procurement of a new learning system is well underway and it is anticipated this will make a difference in 2020.
- Our wellbeing initiatives must respond to the challenges our workforce face which will only increase over time. Increase in MSK issues due to more mobile working, increase stress due to increased demand and reduced capacity. The ageing workforce and the impact of multi-generational caring responsibilities.
- We must increase the profile of the Trust's engagement priorities and link them more robustly to business plans and strategies. "People Plans" will be developed as part of the Business Plans for 2020/21.
- Increased empowerment is key to engagement – too much centralised governance does not engage and empower people. We will continue to review our processes to ensure localised decision making wherever possible.
- Further consideration of the impact of improvements in our "speaking up culture" and amplification of complex issues that have previously been less visible.

As we move more into system working we need to reflect on the importance of organisational results in the context of a whole integrated care system and learning from the best to create system wide improvements (the system is only as good as the lowest scoring Trust).

5. Next steps

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

We will continue to build on our existing infrastructure and develop new and innovative ways of engaging with people by:

- Development of our new People & OD strategy in line with the NHS People Plan
- Development of service line People Plans to include local actions in response to the 2019 Staff Survey results.
- Liberating People – Crowdsourcing ideas, reducing bureaucracy, freeing up time
- Workforce optimisation -
- Widening Impact analysis to include all aspect of change to include wellbeing and engagement.
- Develop concept of "Place" scores approach to working conditions.

Ensure effective processes are in place through:

- Localised analysis supported by POD
- Local plans approved and monitored by service line governance
- Central collation of themes (central investment and improvement)
- 6 monthly reporting to WOD
- Deep dives on concerning trends (either at service line or question level)

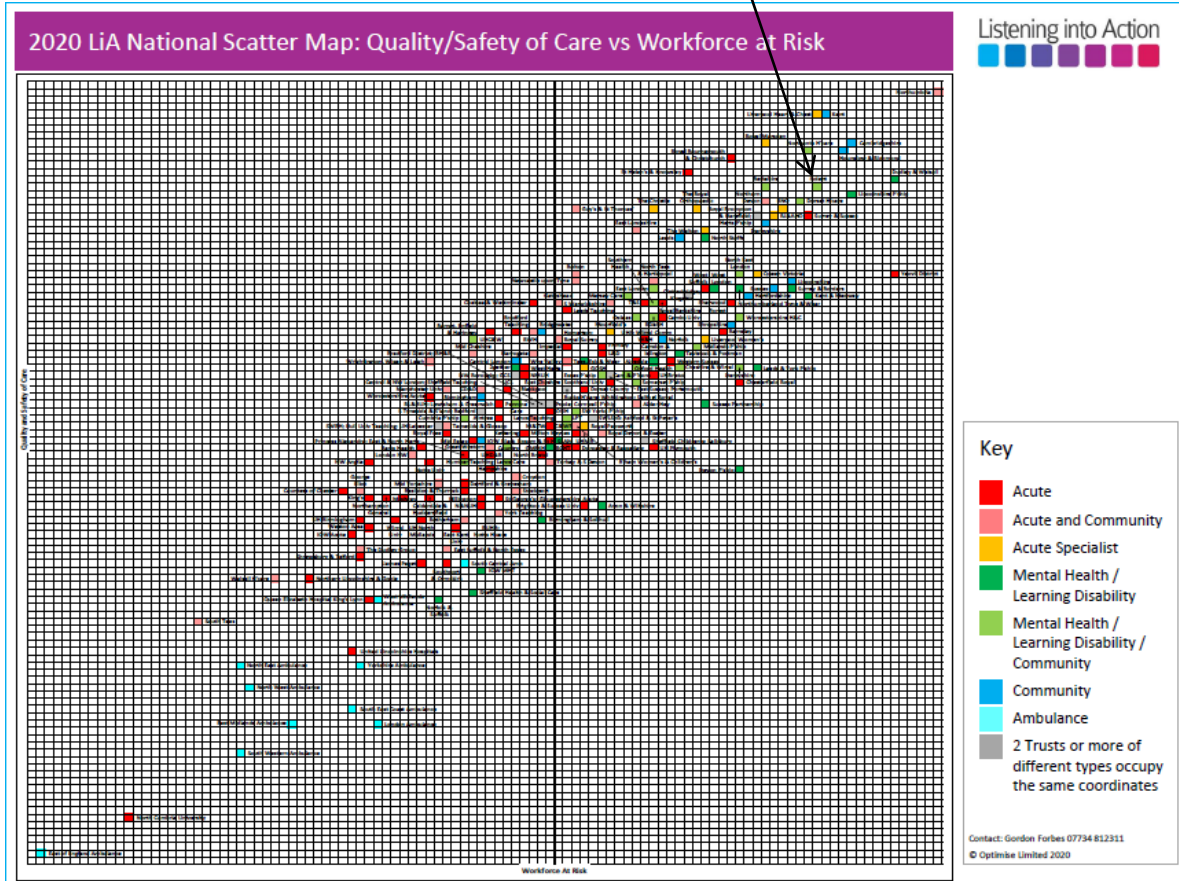
Annual Staff Survey Results 2019

Appendix 1

Listening in Action Scatter Map

Top performing in furthest top right hand quadrant

Solent NHS Trust



Web link enabling zoom view: <https://www.hsj.co.uk/download?ac=3044746>

Annual Staff Survey Results 2019

Attachments provided with this paper:

- Staff Survey 2019 Infographic

Attachments circulated separately to Board members for information:

- Staff Survey 2019 – Summary Benchmark Report

2019 NHS Staff Survey results

63%
of people took part



7.3/10
Engagement score

Above the average of other comparable Trusts:
7.1



Survey results are reported through 11 key themes. Out of the 11 themes we scored better than average when compared with other combined community and mental health/ learning disability trusts in 10 themes, and amongst the top scoring trusts in 5 of the 11.

Headlines

Strengths

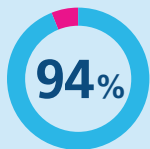
90% of people who responded or more



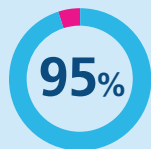
I feel my role makes a difference to patients



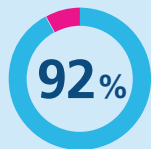
Solent takes positive action on employee health and well-being



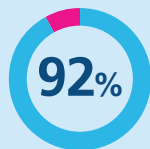
I've had an appraisal/annual review, in the last 12 months



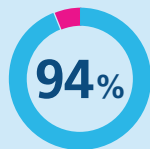
I had the opportunity to talk about the HEART values during my appraisal



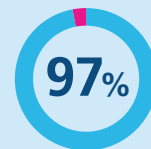
I am trusted to do my job



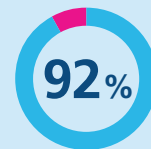
Solent encourages me to report errors, near misses or incidents



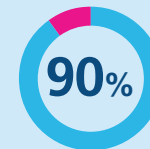
I know how to report unsafe clinical practice



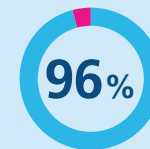
Solent acts fairly with regards to career progression/ promotion



I know who the senior managers in Solent are



Patient experience feedback is collected within my department

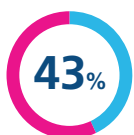


Needs attention

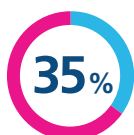
50% of people who responded or less



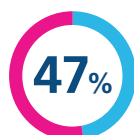
I am able to meet all the conflicting demands on my time at work



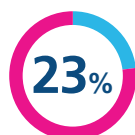
There are enough people working in Solent for me to do my job properly



In the last three months I have come to work, despite not feeling well enough



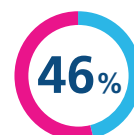
I have realistic time pressures



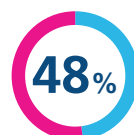
I don't work additional unpaid hours



Senior managers here involve people in important decisions



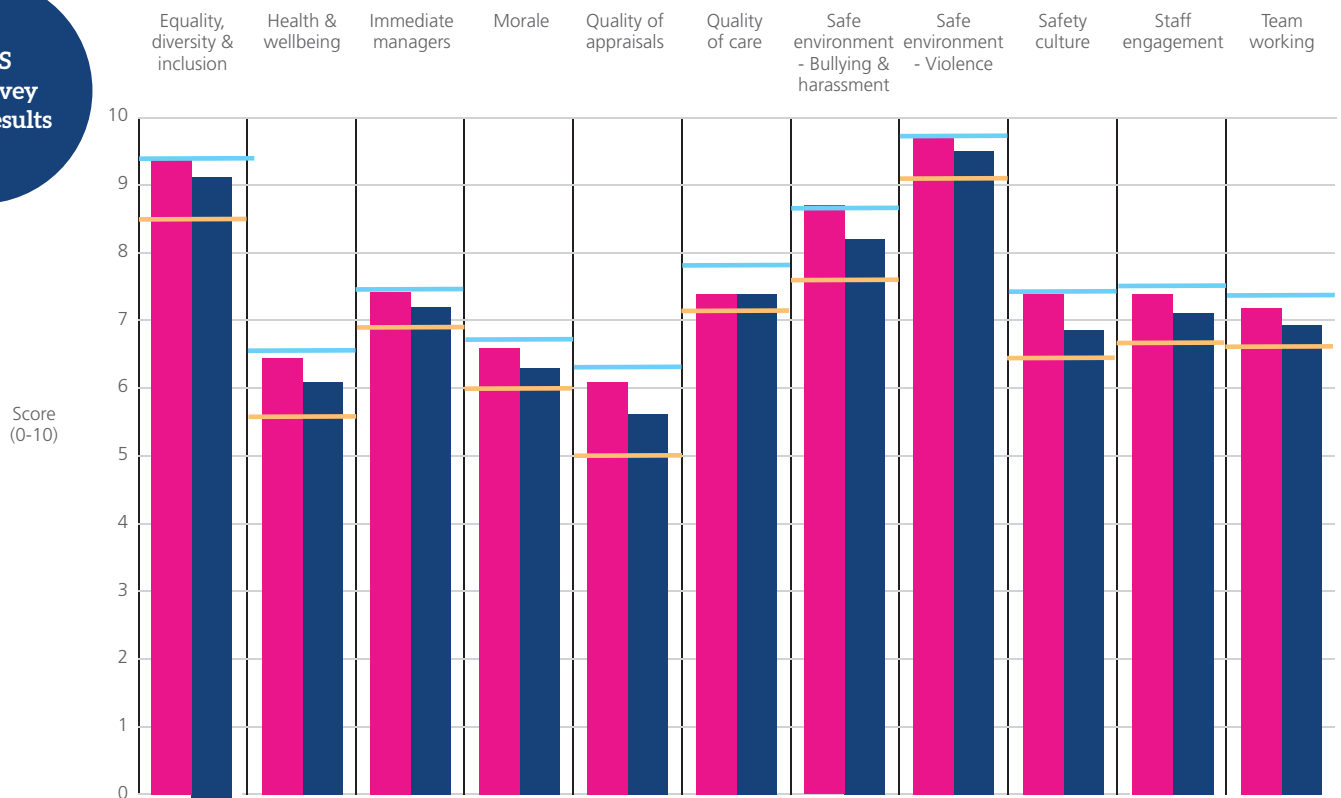
Senior managers working in Solent act on feedback



2019 comparison by theme results

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

2019 NHS Staff Survey theme results



Best	9.4	6.6	7.5	6.7	6.3	7.8	8.7	9.7	7.4	7.5	7.3
Your organisation	9.4	6.4	7.5	6.6	6.1	7.4	8.7	9.7	7.4	7.3	7.2
Average	9.1	6.1	7.2	6.3	5.7	7.4	8.2	9.5	6.8	7.1	6.9
Worst	8.5	5.6	6.9	6.0	5.0	7.1	7.6	9.1	6.4	6.7	6.6
No responses	2,116	2,133	2,136	2,113	1,951	1,827	2,118	2,119	2,128	2,147	2,102

Next steps

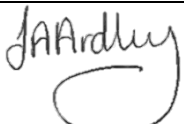
Look out for your team reports. Your manager will talk with you about next steps and action planning.

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

Board and Committee Cover Sheet

Item No.	6.1		
Presentation to	Trust In Public Board		
Title of Paper	Diversity & Inclusion update		
Purpose of the Paper	To review and agree the Diversity & Inclusion Solent Strategy, 10 year WRES roadmap and Diversity & Inclusion Solent Organisational Objectives		
Author(s)	Pamela Permalloo-Bass, Freedom to Speak Up Lead	Executive Sponsor	Jackie Ardley, Chief Nurse
Date of Paper	2 nd April 2020	Committees/Groups previously presented	Workforce and Organisational Committee (Jan 2020)
Summary of key issues/messages	<ul style="list-style-type: none"> D&I Strategy - Diversity & Inclusion Matters Solent NHS Trust has set out our long standing commitment to ensuring our services and employment practices are fair, accessible and support the diverse communities we serve and employ. Diversity and Inclusion is embedded within our HEART values; Honesty, Everyone Counts, Accountable, Respectful and Teamwork. The document sets out the Trust's Diversity & Inclusion vision and strategy for the period up until 2024. D&I Organisational Objectives: As part of our Public Sector Equality Duties under the Equality Act 2010 we will be publishing Solent D&I Objectives. These will ensure that the organisation maintains its ambitious plan to improve on diversity within our workforce and local community engagement. WRES 10 Year Solent Road Map: The NHS Long Term Plan sets the challenge of ensuring the leadership of NHS organisations is representative of the overall BAME workforce by 2028. The WRES Model Employers Strategy has outlined the approach to help accelerate this work. The WRES 10 year Solent Road Map describes our journey to ensure that race equality is maintained as a long term organisational priority. 		
Action Required	For decision?	Y	For assurance?
			Y
Recommendation	The Trust Board are required to: <ul style="list-style-type: none"> Review and agree the D&I Solent Strategy Review and agree Solent D&I Objectives. To discuss and agree the roadmap for the organisational WRES 10 year plan 		

For presentation to Board and it's Committees: - To be completed by Exec Sponsor

Level of Assurance (<i>tick one</i>)	Significant		Sufficient	X	Limited		None	
Assurance Level	Sufficient							
Executive Sponsor Signature								

Diversity and Inclusion April 2020

Item 6.2

Where we were

- Diversity and Inclusion policy
- Diversity and Inclusion Strategic group
- WRES and WDES reports submitted
- Emergence of staff resource groups
- Strategic Lead for Diversity and Inclusion
- EDS2 completed

Where we are now

- Refreshed Diversity and Inclusion Strategic Group
- Permanent Head of Diversity and Inclusion
- Internal and external websites updated
- Organisational diversity and inclusion objectives written and out for internal and external review
- Action plans written for WDES and WRES and available on external website
- Established LGBT, BAME, Multi-faith and disability staff resource groups who have been invited to review some of the HR policies
- ESD2 ratings sent out for stakeholder review
- Piloting of Equality Impact Assessment template and commissioning training package to accompany template
- Provision of multi-faith rooms across Solent sites

Future plans

- Increase BAME staff in senior positions
- Staff recruitment event for members of local BAME community
- Decrease amount of discrimination experienced by BAME staff
- Increase self-reporting by disabled staff on ESR
- Implement internal quarterly monitoring of WRES and WDES data
- Develop closer links with quality improvement team
- Work with LGBT staff resource group to develop SOM
- Develop a diversity and inclusion communications strategy

WRES 10 Year Roadmap

To develop methods to increase and support a diverse, representative workforce to reduce health inequalities, improve care and empower under-represented staff. To increase BAME representation at leadership levels therefore reinforcing the WRES programme of work by 2028

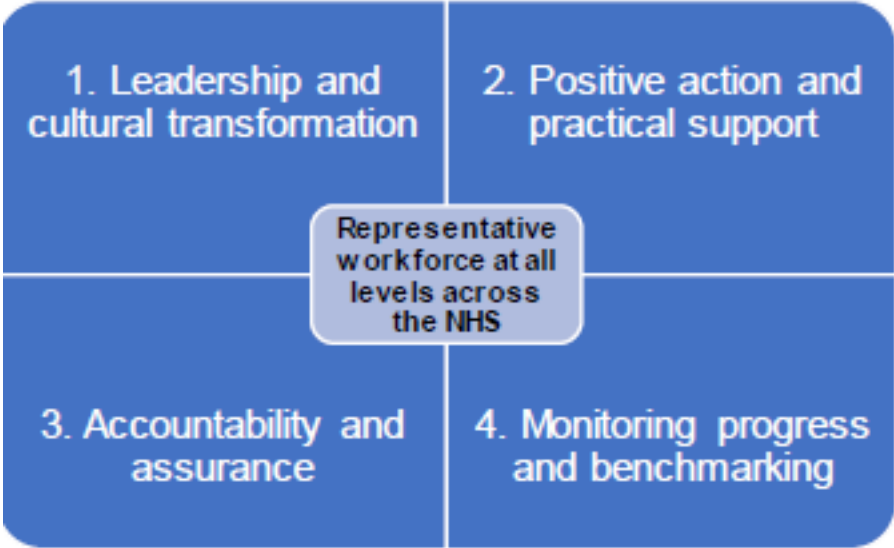
2020	2021	2025	2028
<ul style="list-style-type: none"> • Work with communications and community engagement team to advertise jobs more widely • Hold recruitment workshop with BAME communities • Promote role of FTSU Guardians and BAME resource group • Build relationships with FTSUG to triangulate cases of discrimination • Review of incidences of discrimination across directorates and target specific training or support where required. • Share and learn good practice from other organisations 	<ul style="list-style-type: none"> • Start pilot of VSMS/board members to mentor/reverse mentor at least one BAME staff member of band 8 or below • Recruitment drive to increase BAME NED(s) • Develop diverse shortlisting and interviewing panels • WRES expert programme completed by Solent staff member. Pawan Lall will become part of a network of professionals across the NHS that advocate, oversee and champion the implementation of the WRES at regional and local level • Continue to raise visibility of BAME resource group, to provide a meaningful and sustained engagement with the WRES programme • Working with local Trusts to co-commission the Stepping Up Programme, or similar • Regular programme of engagement with the local communities 	<ul style="list-style-type: none"> • Integrate WRES performance objectives for all senior leaders appraisals • Continue to focus on NHSI's Culture and Leadership programme, involved in the planning of content to ensure relevance and cement Solent's role as a centre of excellence for Diversity and Inclusion • Develop an internal programme of talent management for BAME staff at Solent • Using WRES data to identify areas of failure to recruit BAME staff within the organisation to spotlight divisions, support with Quality Improvement methodology' • Setting aspirational targets using the 'Model Employer' NHSI programme • Regular reporting in these areas to the Trust Board • Providing opportunities to 'act up' or secondment opportunities for aspiring BAME leaders 	<ul style="list-style-type: none"> • Build diversity and inclusion objectives into all staff appraisals and performance reviews • To have diversity and inclusion truly embedded within Trust culture and practice. • BAME staff reflected of the local community in varying levels within the organisation

Continuous benchmarking and updating

Goal setting trajectory for bands 8a to VSM BAME recruitment for Solent NHS Trust – issued by the WRES NHSi team 2019

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	9	9	9	10	10	10	10	11	11	11	11
Band 8b	1	1	2	2	2	3	3	3	4	4	5
Band 8c	2	2	2	2	2	2	2	2	2	2	2
Band 8d	1	1	1	1	1	1	1	1	1	1	1
Band 9	1	1	1	1	1	1	1	0	0	0	0
VSM	1	1	1	1	1	1	1	1	1	1	0

WRES model of support for improving BAME representation across the NHS workforce



Item 6.3



Solent
NHS Trust

Solent NHS Diversity & Inclusion Organisational Objectives

2020 - 2024

Pamela Permalloo- Bass

Diversity & Inclusion Strategic Lead

26 March 2020



Solent NHS Diversity & Inclusion Objectives 2020-2024

Solent NHS will make advances on all protected characteristics, in particular disability, sexual orientation and race equality. Research shows that if we make improvements on race equality, we will make advances on all of the nine protected characteristics.

Therefore, we will use the Workforce Race Equality Standard (WRES) methodology at Solent with the aim to improve on the following as part of its commitment to the 10 year WRES plan:

- Increase our talent pool of BAME staff
- Ensure there is an equitable processes for BAME staff in relation to Disciplinary and Grievance.
- Improve our understanding on blind-spots in the recruitment process end to end


We aim to ensure that our community partners reflect our diverse communities in areas we work in.

We intend to improve our data collection by offering support through our learning and development team with self-identification and refreshing data for our workforce and patients.

Board and Committee Cover Sheet

Item No.	9		
Presentation to	In Public Board		
Title of Paper	Mental Health Act Scrutiny Committee Exception Report		
Purpose of the Paper	To summarise the business transacted at the Mental Health Act Scrutiny Committee held on 23 rd March 2020.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Executive Sponsor	Thoreya Swage, Non-Executive Director (Committee Chair) Jackie Ardley, Chief Nurse
Date of Paper	25/03/2020	Committees/Groups previously presented	-.-
Action Required	For decision?	N	For assurance? Y
Recommendation	The Board is asked: <ul style="list-style-type: none"> To note the report from the Committee 		

For presentation to Board and its Committees: - To be completed by Exec Sponsor

Level of Assurance (tick one)	Significant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the In Public Board is asked to consider whether this paper provides: <p style="text-align: center;">Significant, sufficient, limited or no assurance</p> And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature								


Summary of business transacted:

- The Chief Nurse and new Non-Executive Committee Chair jointly chaired the meeting and the Committee were briefed on arrangements for the virtual meeting, in light of Covid-19.
- The Mental Health Act and Mental Capacity Act Lead took comments on the **Mental Health Act Report** and Committee member scrutiny was noted.
 - Updates to the report were requested going forward to ensure clarity and accuracy of details.
 - The Committee were assured of actions taken in relation to the direction order for late reporting from October 2019.
 - The importance of Board endorsement for blanket sanctions was emphasised.
 - On-going monitoring of increase in the number of s2 cases was confirmed.
- The Committee were advised that a **Mental Health Act Briefing Update** would be circulated outside of the meeting.
- A verbal discussion was held in relation to updates being considered for the new Committee **Terms of Reference (TOR)**. The Committee were informed of review against other Trust's TOR and intention to consider membership and the role of Associate Hospital Managers.
- Standard scrutiny of the **Restraint and Seclusion Assurance Report** took place. The Committee noted the report and that episodes of seclusion and restraint had been reviewed and considered, to ensure that cases were appropriate and lawful.
 - Assurance was provided in relation to Prone Restraints used on the Brooker Ward.
 - Discussions were held in relation to the management process for seclusions.
- The Committee noted that there were no new risks to report in relation to the **Board Assurance Framework (BAF)**. Discussions were held regarding additional risks, in light of the **impact of Covid-19**.
 - Staffing challenges and the importance of a continued focus on high level of patient care was highlighted.
 - The Committee were informed that the Trust was awaiting National Mental Health Guidance.
 - The importance of high regard for the Human Rights Act was emphasised. The Committee were informed of considerations being held to establish an Ethics Panel, in line with this Committee, to ensure governance and scrutiny of issues.
- The Committee noted **formal thanks** to all staff for their hard work during this challenging time.

Board and Committee Cover Sheet

Item No.	10		
Presentation to	In Public Board		
Title of Paper	Audit and Risk Committee Exception Report		
Purpose of the Paper	To summarise the business transacted at the Audit and Risk Committee held on 6 th February 2020.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Executive Sponsor	Andrew Strevens, Chief Finance Officer Jon Pittam, Non-Executive Director (Committee Chair)
Date of Paper	17/02/2020	Committees/Groups previously presented	----
Action Required	For decision?	N	For assurance? Y
Recommendation	The Board is asked: <ul style="list-style-type: none"> To note the report from the Committee 		

For presentation to Board and its Committees: - To be completed by Exec Sponsor

Level of Assurance <i>(tick one)</i>	Significant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the Board is asked to consider whether this paper provides: <p style="text-align: center;">Significant, sufficient, limited or no assurance</p> And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature								

Summary of business transacted:

- The Committee were briefed on the **Freedom to Speak Up Self Review** which had been completed. An overview of strategic requirements and the categories considered were provided.
- The Chief Finance Officer presented reports outlining **Single Tender Waivers** processed and change to **Accounting Standards** since the last meeting. The rationales for these were provided- which were noted by the Committee.
- The Chief Finance Officer also presented a review of the **financial timetable and planning**.
- The Trusts' internal auditors, PwC presented the **Internal Audit 2019/20 Progress Report**- a summary of further progress against the 2019/20 audit plan was provided:

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	Completed	Completed	In progress
IT Asset management	Chief Operating Officer – Southampton and County Services	May 2020	Completed	Completed	Completed	Completed	Completed	Completed	Completed
GDPR Follow Up	Chief Operating Officer – Southampton and County Services	May 2020	Completed	Completed	Completed	Completed	Completed	Completed	Completed
Risk Management - Adults (Southampton/Portsmouth)	Chief Nurse	May 2020	Completed	Completed	In progress	In progress			
Data Security Protection Toolkit	Chief Operating Officer – Southampton and County Services	January 2020	Completed	Completed	Completed	Completed	Completed	Completed	Completed
Medicine and pharmacy management	Chief Medical Officer and Chief Operating Officer – Portsmouth and Commercial	October 2019	Completed	Completed	Completed	Completed	Completed	In progress	
E-Rostering	Chief People Officer and Chief Nurse	October 2019	Completed	Completed	Completed	Completed	Completed	Completed	In progress
Follow Up of internal audit actions	Director of Finance and Performance	May 2020	Completed	Completed	In progress				

The Committee noted progress and received the report.

It was confirmed that employee data, as well as patient data, was included in the GDPR report.

The Committee were informed of potential considerations needed in relation to alignment of Cyber Essential requirements, before the 2021 deadline.

PwC agreed to provide early oversight of final audit review outcomes in relation to Medicines Management. It was confirmed that the full report would be provided at the next meeting.

An update of the current status of Office 365 implementation was provided.

- Ernst & Young presented the **Review of External Audit Reports and Recommendations** and highlighted changes to the Outline Audit Planning Report issued in October 2019, following discussions with Solent's finance team to review the 2019/20 timetable. The Committee were informed of the early stage testing taking place and year end visit planned in April 2020 to review further progress.
- The Local Counter Fraud and Security Specialist presented the **Counter Fraud Progress Report** and noted that the Trust was on target against the plan for this financial year. Feedback from the Cyber Crime Event held on 22nd October 2019 was provided. The Committee noted a Solent fraud prosecution case being aired on the BBC 'Fraud Squad NHS' television programme- which was expected to be positive for the Trust. Proactive work to strengthen Conflicts of Interests processes was explained. The Committee were briefed on work undertaken to support Local Proactive Exercises. A reduction in the number of investigations since December 2019 and an overview of current on-going investigations was provided.

Discussions were held regarding approach to providing references. It was confirmed that this would be raised with the Chief People Officer and the Workforce and OD Committee.

- A **Review of Governance Effectiveness** was received by the Committee. Discussions were held regarding enhancement of the Board Assurance Framework (BAF) to include internal audit recommendations and assurance of full Board oversight was provided. The Committee reviewed the Operational Risk Register/Risk Management Framework and noted extensive considerations across all Board Committees. An update regarding on-going monitoring of Committee Governance was provided.
- An **Update on external reviews / (un)announced visits** was noted.

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.

Board and Committee Cover Sheet

Item No.	12		
Presentation to	Trust In Public Board		
Title of Paper	Quality Assurance Committee Exception Report		
Purpose of the Paper	To summarise the business transacted at the Quality Assurance Committee held on 23 rd March 2020.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Executive Sponsor	Thoreya Swage, Non-Executive Director (Committee Chair) Jackie Ardley, Chief Nurse
Date of Paper	25/03/2020	Committees/Groups previously presented	-.-
Action Required	For decision?	N	For assurance? Y
Recommendation	The Board is asked: <ul style="list-style-type: none"> To note the report from the Committee 		

For presentation to Board and its Committees: - To be completed by Exec Sponsor

Level of Assurance <i>(tick one)</i>	Significant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the Trust In Public Board is asked to consider whether this paper provides: <p style="text-align: center;">Significant, sufficient, limited or no assurance</p> And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature								

Summary of business transacted:

- The Committee were briefed on the format of this and future Committee meetings, in light of Covid-19.
- An update regarding **Adrenaline Auto-Injectors** was provided and the Committee were informed of mitigations in place.
- There was no **Freedom to Speak Up Concerns** or **Urgent Matters of Safety** to report.
- The Committee were informed of considerations being held to establish an '**Ethics Panel**', aligned to the QIA process, in order to discuss issues and potential conflicts across the Trust arising from Covid-19.
- An update regarding the **LD Strategy Implementation** was provided.

- The following **Quarterly Reports** were noted by the Committee:
 - Learning from Deaths Quarter 3 Report.
 - Experience of Care (*Patient Experience & Community Engagement*) Quarter 3 Report
 - Safeguarding Quarter 3 Report
 - Quality Account Quarter 3 Progress Report


- The Committee also reviewed and noted the following **periodic/standalone** reports:
 - Quality Account- First Draft- It was confirmed that wider comments had been requested.
 - Wheelchair Services Action Summary including end of year update- The Committee emphasised importance of this item and agreed usefulness of the timeline provided.
 - Regulatory Compliance Update (including CQC matters, recent visits and any NHSE/I items) – the Committee noted postponed CQC Well Led inspections however emphasised monitoring of well-led and governance processes during Covid-19.
 - Risk Report (between QIR & Assurance and the Operational Risk Register - consideration of quality and patient safety related risks)- Assurance was provided regarding the monitoring of risks and it was agreed to ensure clarity regarding the tolerance of risks, in light of Covid-19.
 - NHS Property Services- assurance of actions from escalations- noted updates provided following presentation at the QIR.
 - Annual Governance Statement (first draft) - it was agreed that any further comments would be provided by 9th April.
 - Board Assurance Framework (BAF) consideration and oversight of risks- The Committee were informed of pragmatic approach being taken to update risks.

- The Committee also received and noted the **Exception Report from the Quality Improvement and Risk (QIR) Group and Chief Operating Officers**.
- The Committee reviewed the updated **Terms of Reference** and it was agreed to provide further comments to the Chief Nurse outside of the meeting.
- A **Verbal Update** from discussions held at the **Mental Health Act Scrutiny Committee** was provided.
- The Committee noted **formal thanks** to all staff for their hard work during this challenging time.

Board and Committee Cover Sheet

Item No.	13		
Presentation to	Board		
Title of Paper	Governance and Nominations Committee exception report		
Purpose of the Paper	To summarise the business transacted at the last Governance and Nominations Committee at their meeting 6 th February 2020		
Author(s)	Rachel Cheal, AD Corporate Affairs and Co. Sec	Sponsor	Catherine Mason, Chair
Date of Paper	6 th February 2020	Committees/Groups previously presented	-----
Action Required	For decision?	Y	For assurance? N
Recommendation	The Board is asked to: <ul style="list-style-type: none"> Note the report from the Committee 		

For presentation to Board and it's Committees: - To be completed by Exec Sponsor

Level of Assurance <i>(tick one)</i>	Significant		Sufficient	x	Limited		None	
Assurance Level	Concerning the overall level of assurance the Board is asked to consider whether this paper provides: <p style="text-align: center;">Significant, sufficient, limited or no assurance</p> And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Sponsor Signature								

Summary of business transacted:

The committee:

- approved **Mike Watts** as member of the **Governance and Nominations Committee**
- considered the **NED lead roles** as summarised below

Role	Designated NED
Deputy Chair and Senior Independent Director	Jon Pittam
Patient Safety - Learning from Deaths	Thoreya Swage
FTSU / Whistleblowing	Jon Pittam
Emergency Planning	Stephanie Elsy
Assisting in Medical Fitness to Practice cases	Mike Watts

- agreed to changing the remit of the **Complaints Panel to become an executive group**, with no requirement for NED chairmanship. However, the committee acknowledged the importance and significance of ensuring visibility of learning from complaints at the Board
- considered the scheduling of the **Mental Health Act Scrutiny Committee meetings** and agreed to align these to the scheduled dates of the Assurance Committee, meaning the Committee will now meet three times a year. It was acknowledged that a review of the Term of Reference will be undertaken in conjunction with the new incoming Chair and that the Mental Health Act and Mental Capacity Act Lead will review **Associate Hospital Manager training provision**.
- ratified the decision to establish a **Strategic Partnership Committee**
- **approved the NED membership** as summarised below:

Director	Board	Audit and Risk Committee	Remuneration Committee	Governance and Nominations Committee	Charitable Funds Committee	Mental Health Act Scrutiny Committee	Assurance Committee	Finance & Infrastructure Committee	Workforce and OD Committee	Community Engagement Committee	Strategic Partnership Committee
Catherine Mason	Chair	-	Member	Chair	*transitional attendance	Member	-	-	-	-	-
Thoreya Swage	Member	Member	Member	-	-	Chair	Chair	Member	-	-	-
Jon Pittam	Member	Chair	Member	Member	-	Member	As appropriate/available	-	-	-	Chair
Mike Watts	Member	Member	Chair	Member	-	-	Member	-	Chair	-	-
Stephanie Elsy	Member	-	Member	-	-	-	Member	Chair	Member	Chair	-
Gaurav Kumar	Member	-	Member	-	Chair	-	-	Member	Member	-	-
Quorum	At least 2 NEDs inc. Chair or nominated Deputy	NED Chair + 1 other NED	NED Chair + 2 other NEDs	NED Chair + 1 other NED	1 NED	NED chair +1 other NED	NED Chair + 1 other NED	NED Chair + 1 other NED	NED Chair + 1 other NED	1 NED	1 NED
Exec Sponsor	CEO	Chief Finance Officer	Chief People Officer	CEO / CoSec	COO S'ton	Chief Medical Officer	Chief Nurse	Chief Finance Officer	Chief People Officer	Chief Nurse	CEO / Deputy CEO
Exec Members	All	On invitation: CFO, CEO, CN, CoSec	On invitation: CEO, CPO	CEO, CoSec	COO S'ton, CoSec	COOs, CN, CMO	CEO/CFO, CN, CMO, COOs, CoSec	CEO, CFO, DOF, Regular attendees: COOs	CPO, CMO, CN, COOs, CEO	CN	All
Frequency of meeting	Every 2 months	Quarterly + private meeting	At least 1 per year + as req	At least twice per year	Quarterly	3 times per year	Every 2 months	Every 2 months	Every 2 months	Every 2 months	Every 2 months

- received a report concerning **Associate Hospital Manager appraisal processes** from the Mental Health Act and Mental Capacity Act Lead and agreed that a further report be presented at the next meeting regarding consideration of equality, diversity and inclusion information concerning AHMs, and;
- received a briefing and assurances from the Chief People Officer regarding **succession planning for the executive and senior management teams**.