Agenda

Solent NHS Trust In Public Board Meeting

Monday 1st June 2020 – 9:30 – 12:25
Zoom Meeting

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	09:30	5mins	**Chairman's Welcome & Update** • **Apologies to receive**	Chair	To receive
			Confirmation that meeting is Quorate *No business shall be transacted at meetings of the Board unless the following are present;* • *a minimum of two Executive Directors* • *at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair*	Chair	-
			Register of Interests & Declaration of Interests	Chair	To receive
2	09:35	10mins	***Previous minutes , matters arising and action tracker**	Chair	To agree
3	09:45	10mins	**Safety and Quality First and Feedback from Board to Floor Visits**	Chief Executive / Chief Nurse	To receive
4	09:55	20mins	**Learning and Recovery - Reflection on patient and staff narratives**	Sarah Williams, Associate Director Research & Improvement	To receive
5	10:15	5mins	**Research Development Annual Report**	Interim Medical Director	To receive
6	10:20	10mins	**Break**		
Strategy & Vision					
7	10:30	30mins	**Chief Executive's Report**	Chief Executive	To receive
8	11:00	20mins	**Performance Report** *Including:* • *Operations* • *Quality – including 6 month update on performance against Quality Priorities* • *Financial* • *Workforce* • *Research* • *Self-Declaration*	Executive Leads	To receive

9	11:20	10mins	**Professional Leadership & Engagement Report**	Chief Nurse and Interim Medical Director	To receive
10	11:30	5mins	**Information Governance Briefing Paper**	Chief Operating Officer- Southampton	To receive
11	11:35	10mins	**Workforce Risk Factors Linked to COVID-19**	Chief People Officer	To receive
Reporting Committees and Governance matters					
12	11:45	5mins	**Workforce and OD Committee Exception Report-** *Update from meeting held 21st May 2020*	Committee chair	To receive
13	11:50	5mins	**Community Engagement Committee** *Verbal update from meeting held 26th May 2020*	Committee chair	To receive
14	----	----	**Mental Health Act Scrutiny Committee Exception Report** *No meeting held since last report. Next meeting- 20th July 2020*	Committee chair	To receive
15	----	----	**Audit & Risk Committee Exception Report –** *No meeting held since last report. Next meeting 19th June 2020*	Committee chair	To receive
16	11:55	5mins	**Charitable Funds Committee Exception Report** *Exception report from meeting held 22nd May 2020*	Committee chair	To receive
17	12:00	5mins	**Quality Assurance Committee Exception Report –** *Verbal update from meeting held 21st May 2020*	Committee chair	To receive
18	----	----	**Governance and Nominations Committee –** *No meeting held since last report. Next meeting- 5th June 2020*	Committee chair	To receive
19	12:05	5mins	**Finance & Infrastructure Committee - non-confidential update –** *Verbal update from meeting held 22nd May 2020*	Committee chair	To receive
20	12:10	5mins	**Governance Update – including:** • **Declarations of Interest** • **Board Self – Certification NHSI Provider Licence Compliance – annual declaration**	Associate Director Corporate Affairs & Company Secretary	To receive

Any other business					
20	12:15	5mins	**Reflections** • *lessons learnt and living our values* • *matters for cascade and/or escalation to other board committees*	Chair	-
21	12:20	5mins	**Any other business & future agenda items**	Chair	-
22	12:25	---	**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	-

---------- break ----------

Date of next meeting:

- ***Monday 3rd August 2020***

Item 2.1

Minutes

Solent NHS Trust In Public Board Meeting

Thursday 2nd April 2020, 08:45-10:50
Virtual Zoom Meeting

Chair: Catherine Mason, Trust Chair (CM)	
Members: **Sue Harriman,** Chief Executive (SH) **Andrew Strevens,** 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) **Helen Ives**, Chief People Officer (HI) **Jackie Ardley**, Chief Nurse (JA) **Suzannah Rosenberg**, Deputy COO Portsmouth (SR) **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)	**Attendees:** **Rachel Cheal,** Associate Director of Corporate Affairs and Company Secretary (RC) **Sam Stirling**, Corporate Affairs Administrator (SS) **Jayne Jenney,** Corporate Support Manager & Assistant Company Secretary (JJ)

*****Judgements and decisions have been made in the context of a Level 4 National Emergency*****

1	**Chairman's Welcome & Update, Confirmation that meeting is Quorate, Register of Interests & Declarations of Interests**
1.1	CM welcomed attendees and explained etiquette for the virtual meeting. RC emphasised the need for mindfulness that the meeting was held in public, despite no members of the public joining. CM noted that Executive Directors may need to leave for parts of the meeting for urgent Covid-19 calls/discussions.
1.2	The Board acknowledged SAs last Board meeting and wished her well in her new role. SA confirmed that her final day with Solent would be the 25th April 2020. CM welcomed SR, who would be joining the Board as Interim Chief Operating Officer- Portsmouth.
1.3	The Board were asked to declare any new interests. There were no further updates to note. The meeting was confirmed as quorate.
2	***Minutes of the meeting held 3rd February 2020, matters arising and action tracker**
2.1	The minutes of the last meeting were agreed as an accurate record.
2.2	The following actions were confirmed as complete: AC001641, AC001642, AC001643

3	Chief Executives Report
3.1	SH commented on challenges of providing a contemporary report due to the current fast paced working environment. SH provided an overview of successful conferences held prior to Covid-19.
3.2	CQC inspection The Board were informed of CQC attendance at the recent Workforce Subcommittee and discussed the full and engaged meeting held. It was confirmed that the CQC would still be completing the Mental Health service unannounced inspections. SH noted that all other CQC inspections had been suspended.
3.3	Executive Team changes SH reported that this was SA's final Board meeting and reiterated that SR would be joining as Interim Chief Operating Officer for Portsmouth at the end of April. It was confirmed that finalisation of terms and conditions for the new Chief Medical Officer were on-going and that JPr had agreed to remain until the new Chief Medical Officer was in post.

3.4	Covid-19 Update • SH confirmed that a level 4 national emergency had been called and highlighted changes in legislation and guidance, including Personal Protective Equipment (PPE) and staff testing. • Interpretation of the guidance was discussed in relation to how rationalised for services and SH confirmed changes for creation of long term plans, contract negotiations and performance metrics. • An overview of the direct impact on workforce was provided and SH assured of daily monitoring of absences across the Trust. SH commented on innovative work taking place, supported nationally, to ensure availability of more staff. • The Board were informed of initial support provided in enabling staff to work from home where possible. • SH shared large amount of up-skilling and competency training taking place to ensure more front line staff were available. • SH emphasised adherence to national modelling and commented on constant adaptations/changes. • The Board noted considerations of a peak during the Easter week and confirmed review into increasing capacity for this period. SH informed of new modelling suggesting potential effectiveness of social distancing measures, which may have flattened the peak. SH highlighted the need to consider long-term solutions due to further spikes expected over a prolonged period. • SH also informed of preparation and planning for supporting increased capacity in acute care and confirmed that teams had been promptly responding to discharge requirements. • The Board discussed respiratory failure affecting acutely unwell patients and SH commented on the significant work to support provision of ventilators and hospital preparation to receive patients. • SH briefed the Board on activity across the STP, particularly considering increasing capacity, logistical supplies and mobilisation. It was confirmed that full discussion would be held in Confidential Board. • SH emphasised formal thanks to staff across the organisation. SH also commented on the exemplary work of the IT team. • The Board were informed of 'Zoom' session held, which was open to all staff across the organisation. SH highlighted commitment of staff and high morale.
3.5	Southampton System update • DN provided an overview of Trust mobilisation and commented on Business Continuity Plans which had assisted with the effective set up of the Gold Command Structure. • The Board were briefed on work across Southampton to generate more beds in community wards. DN informed of actions taken to allow more patients to be seen in the community setting, using community nursing support for admission avoidance. • DN noted partnership working with University Hospitals Southampton (UHS) and Southern Health to ensure a single control point. • It was confirmed that treatments within the Sexual Health and Dental service had been triaged out where appropriate, with emergencies still continuing where necessary. • Positive roll out of ICT was highlighted.

3.6	Portsmouth Military Mental Health Alliance • SA explained that bidding for high intensity service development had continued and should expect a response regarding next steps on 14th April. • The Board were informed that procurement for partner design and refurbishment of the trauma centre had commenced however suspended temporarily due to Covid-19. • SA assured of virtual support being offered to veterans during this time. • SA highlighted request to consider sufficient out of hospital capacity for Portsmouth and South East Hampshire. It was agreed to discuss further in Confidential Board.
3.7	Portsmouth System update • SR informed of review into community capacity for those leaving acute care. It was confirmed that full details would be provided in Confidential Board. • The Board were informed of a lack of demand on the mental health services and SR provided assurance regarding on going work with Occupation Health to ensure increased offers of support to staff. • SR reported that a joint mental health assessment unit had been established within 2 weeks, with all partners across the system. • SR also shared work to utilise vacant space at St James' Hospital, to relieve pressure on Queen Alexandra (QA) Hospital and ensure correct pathways were used. • The Board were briefed on considerations being held regarding population needs and service requirements/design following Covid-19.
3.8	CM provided feedback on the updates including positive IT Business Continuity Planning and achievement of the Mental Health Hub. CM also noted formal thanks to JPr for staying on as Interim Medical Director and requested that formal thanks were cascaded to all staff within the Trust for their hard work and dedication during this challenging time.
3.9	**The Board noted the Chief Executives Report.**
4	**Performance Report**
4.1	Operations • AS commented on changes and fast paced activity throughout the Trust due to Covid-19 and confirmed that items deferred would be thoroughly reviewed after the crisis. • The Board were confirmed of continued mobilisation of the Sexual Health Services on the Isle of Wight, with staff becoming Solent employees from 1st April. AS highlighted virtual training sessions being held and the importance of ensuring that full support was provided. • AS provided an update regarding actions taken in relation to the 0-19 service and confirmed that a full update would be provided in Confidential Board. • The Single Oversight Framework was noted.

4.2	Quality • JA confirmed regular weekly contact with the CQC regarding reporting of Serious Incidents (SIs) and updates. • The Board were informed that registration had now been received for the Sexual Health Service. • Regarding additional capacity, JA commented that creating capacity on current sites was a simple process, which would require changes to the statements of purpose only, however becomes more complex if using additional sites. It was confirmed that on-going considerations were taking place. • JA provided an overview of legal guidance for mental health during Covid-19 and emphasised the importance of continuing to safeguard against restrictive practices. JA shared emergency processes for safety of patients deemed at considerable risk and clear guidance in relation to extended detentions. It was confirmed that the mental health teams were reviewing and working clearly on guidance provided. • JA explained that a large number of QIAs were taking place and commented on emphasis of quality and safety in clearly identifying changes to care required. • It was noted that all NHSE/I collaboratives had been put on hold. • JA informed the Board that Beth Carter had been appointed to the post of Head of Infection Prevention on a permanent basis and highlighted strong leadership provided. • The Board were briefed on changes to the complaints process, in line with national Covid-19 guidance. JA assured of appropriate review through the QIA process. • JA informed of extensive discussions/debates regarding management of risk appetite. **The Board ratified changes that had been circulated outside of the meeting.** • JPr provided an overview of the purpose of the newly established Ethics Panel and the importance of this forum in reviewing contentious issues/themes and duties of staff. JPr formally thanked TS for providing Non-Executive Director support to the panel. • TS queried whether a QIA had been held, similar to the complaints process, regarding changes to the management of SIs. JA confirmed review of national guidance and QIA being undertaken on either Friday 3rd April or Monday 6th April. • Regarding BAF number 51, SE queried review of other risks in light of Covid-19. It was agreed to discuss in Confidential Board.
4.3	Financial • The Board were informed that the Trust was ahead of plan for month 11. • It was confirmed that clarification had been sought in regards to NHSE Provider Support Funding. • AS explained fortunate financial position and commented on lack of challenges presented by the Covid-19 crisis thus far. • AS reported a 3 day extension for the Annual Accounts and confirmed 5th June 2020 submission date. • Pressures within the Estates service were highlighted and it was confirmed that further detail would be provided in Confidential Board. AS noted positive partnership working with contractors. • AS informed the Board that the lease signing for Rodney Road (adjacent to St Marys' Hospital) had been expedited. • AS explained that IT had previously been an outlier within the benchmarking reports for expenditure, however commented on effective implementation of Business Continuity Plans for Covid-19, with little effect to the organisation.

4.4	Workforce • HI noted formal thanks to the Communications Team for all of their hard work in responding to national Covid-19 guidance and providing effective communication to both patients and staff. • The Board were informed of reduction in timescales for the recruitment process and HI provided an overview of recruitment to the internal Bank Staffing Service. • HI briefed the Board on the redeployment of staff and large number of responses received for the voluntary redeployment database. • It was confirmed that challenges regarding national supply routes would be discussed further in Confidential Board. • HI shared on-going work to support services with completing the rosters and confirmed that members of the HR team had been redeployed to assist. • It was confirmed that the Occupational Health team were monitoring members of staff absent due to Covid-19 and HI commented on the current high demand of the team. • HI reported on-going work between the Training & Educator in Practice and the Quality team in relation to up skilling and redeployment. • CM acknowledged positive Flu Vaccination results detailed within the report.
4.5	Research **The Board noted the Research update provided within the report.**
4.6	Provider license Self-Declaration **The Board noted the Provider License Self-Declaration.**
4.7	**The Performance Report was noted.**
5	**Annual Staff Survey Feedback**
5.1	• HI briefed the Board on Annual Staff Survey feedback and commented on highly engaged workforce. HI informed of positive results when compared to Trusts across the country and commented on evidence of staff dedication and commitment in response to the Covid-19 crisis. • Risks in relation to staff 'burn out' were highlighted and HI provided an overview of on-going work with Occupational Health and Mental Health teams, as well as innovative solutions being implemented to ensure full consideration of mental and physical health/wellbeing during Covid-19. • HI shared work on leadership and confirmed that a new coaching offer was available to all staff. • The Board were informed of improvements that had been rapidly implemented, with an expected positive outcome for staff in the next Staff Survey results. • HI highlighted monitoring of the Estates team, due to consistent low survey scores. HI shared challenges for the team and review into hot spots to ensure implementation of targeted planning. **The Annual Staff Survey Feedback was noted.**
6	**WRES and D&I Strategy**

6.1	• MW queried inclusion of amendments requested at the Workforce and OD Committee. **Action- JA to review outside of the meeting.** • It was confirmed that oversight and monitoring of the strategy would be held by the Workforce and OD Committee and the Community Engagement Committee. • CM commented on the need for further work regarding the strategy objectives. SH agreed and highlighted the need for more in depth narrative. MW also queried full information from the Workforce and OD Committee included within the Roadmap. **It was agreed that JA review and resubmit to a future Board meeting for approval. Action- JA.** • It was agreed to submit a review of the strategy to the Workforce and OD Committee and In Public Board on a bi-annual basis. **The Board noted the WRES and D&I Strategy.**
Committee Exception Reports	
7	**Workforce and OD Committee Exception Report**
7.1	• MW provided a verbal update and explained that a full and comprehensive meeting had been held. • It was confirmed that challenges regarding the Adult Mental Health workforce were discussed and confirmed that these had been shared with the Quality Assurance Committee. It was also confirmed that discussions had been held in relation to the future sustainability of the service. • MW highlighted review of the Gender Pay Gap Report and confirmed that this would be noted by the Board and Remuneration Committee in due course. • The Committee acknowledged the rising demands on staff and the importance of monitoring both during and after the Covid-19 crisis, due to potential knock on consequences.
7.2	CM emphasised the need to review Committee agendas/frequency of meetings with meeting Chairs, as required, during this crisis. CM also commented on the need to be mindful of noting specific items for governance purposes.
7.3	SH reiterated useful, risk based discussions regarding future sustainability of Mental Health Services and commented on further discussions that could be held in Confidential Board. **The Board noted the Workforce and OD Committee verbal update.**
8	**Community Engagement Committee**
8.1	*There was no meeting held to report.*
9	**Mental Health Act Scrutiny Committee Exception Report**

9.1	• TS thanked JA for her help jointly chairing her first Committee. • The Board were informed that a Mental Health Act update had been received. • The Committee were briefed on the Ethics Panel being established. • TS confirmed that the Mental Health Act report was noted and points of clarity/amendment were requested. • TS reported that an increase in the number of Section 2 cases had been highlighted and confirmed that monitoring was taking place. • It was shared that updates to Terms of Reference were the being considered outside of the meeting against other Trusts, particularly in relation to utilisation of Associate Hospital Managers. • TS explained issue regarding the use of prone restraint and emphasised assurance provided regarding appropriate use. **The Board noted the Mental Health Act Scrutiny Committee Exception Report.**
10	**Audit & Risk Committee Exception Report**
10.1	• JPi reiterated changes to the approval timeline for Annual Accounts. • RC informed that availability had been requested for alternative Audit and Risk Committee and Extra Ordinary Board meeting dates, for signing off Annual Accounts based on the new timeline. **The Board noted the Audit and Risk Committee Exception Report.**
11	**Charitable Funds Committee Report**
11.1	*There was no meeting held to report.*
12	**Quality Assurance Committee Exception Report**
12.1	• It was confirmed that there was a large amount of discussion in relation to Covid-19. • TS informed of periodic, stand-alone and quarterly reports that were noted by the Committee. • Assurance regarding Adrenaline Auto Injectors was provided. • TS briefed the Board on usefulness of the Wheelchair Services report for providing oversight and the timeline of actions taken. • JA commented on the usefulness of TS attending the Quality Improvement and Risk (QIR) Group to provide a background prior to her first Committee. • JA confirmed that the Quality Account was ready for submission when required following Covid-19. **The Board noted the Quality Assurance Committee Exception Report.**
13	**Governance and Nominations Committee Exception Report**
13.1	**The Board noted the Governance and Nominations Committee Exception Report.**
14	**Finance Committee – non-confidential update if required**

14.1	• SE commented on fast paced meeting held and thanked attendees for their understanding. • Exemplary work of the Estates and IT teams were highlighted. • SE also emphasised the hard work of the Procurement Team and acknowledged high demand on the team in providing necessary equipment. **The verbal non-confidential Finance Committee update was noted.**
Any other business	
15	**Reflections**
15.1	CM commented on effective use of the 'Zoom' system for holding this virtual meeting.
15.2	The Board reflected on SA's time with the Trust and CM wished her the best in her new role with Guys and Thomas Trust. SH reiterated formal thanks to SA and commented on the impact she has had on the organisation.
15.3	The Board noted thanks to CM for effective chairing of the first virtual Board meeting.
16	**Any other business & future agenda items**
16.1	SH informed of lateness in joining the Confidential Board due to Covid-19 CEO System call.
16.2	No other business was discussed and the meeting was closed.
17	**Close and move to Confidential meeting**

Action Tracker

Overall Status	Source Of Action	Date Action Generated	Minute Reference/ Additional URN	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
On Target	Board meeting - In Public	02/04/2020	6.1	AC001850	BOD1- WRES and D&I Strategy	MW queried inclusion of amendments to the strategy that were requested at the Workforce and OD Committee. **Action- JA to review outside of the meeting.**	Jackie Ardley	June update - included in the next iteration.
On Target	Board meeting - In Public	02/04/2020	6.1	AC001851	BOD1- WRES and D&I Strategy	CM commented on the need for further work regarding the strategy objectives. SH agreed and highlighted the need for more in depth narrative. MW also queried full information from the Workforce and OD Committee included within the Roadmap. **It was agreed that JA review and resubmit to a future Board meeting for approval. Action- JA.**	Jackie Ardley	June update - Jackie yet to complete

Item 4.1

NHS Solent NHS Trust

Board and Committee Cover Sheet

Item No.	4.1

Presentation to	Trust Board – In Public			
Title of Paper	Solent learning – patient and staff voices			
Purpose of the Paper	To give an overview of the Solent COVID-19 response evaluation, and to present some feedback and experiences of staff and patients			
Author(s)	Sarah Williams, Talia Meyer-Wentzel	Executive Sponsor	Jonathan Prosser	
Date of Paper	17th May 2020	Committees/Groups previously presented	N/A	
Summary of key issues/messages	Solent has a broad and comprehensive evaluation of it's COVID response. A core element of this is capturing experience and learning from patients, service users and staff.			
Action Required	For decision?	N	For assurance?	Y
Recommendation	The Board is asked: • To note the approach and make suggestions to amendments to approach			

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the In Public Board is asked to consider whether this paper provides: Significant, sufficient, limited or no assurance And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature	 **Jonathan Prosser**							

Item 4.2

Learning through COVID-19

Solent's Rapid Eval – what are we doing; what are we hearing?

Dr Sarah Williams

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The Evaluation Approach

Rapid, iterative, inclusive

Emerging high level topics

- Working differently
- Redeployment
- Remote consultation
- Integration and connectivity
- Looking forward

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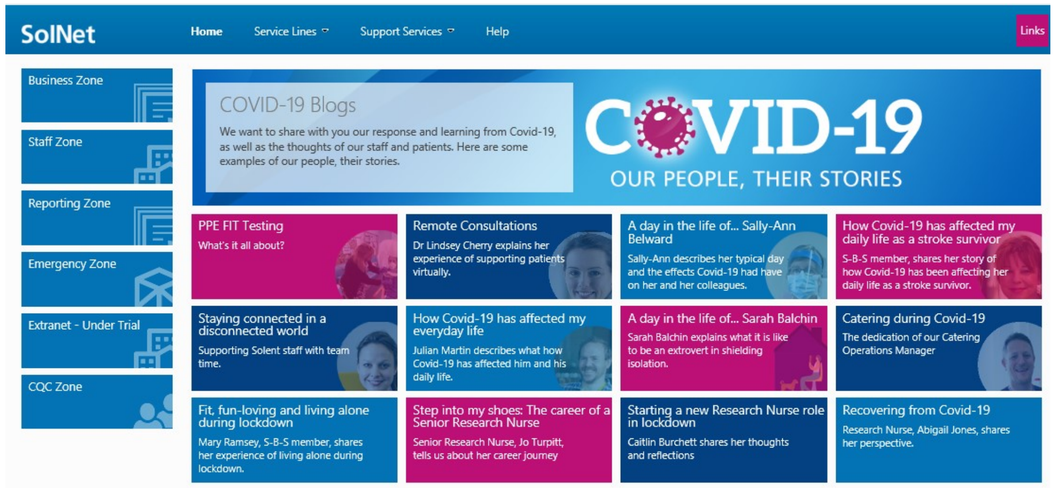
Story telling

Our People, Their Stories

- Regular blogs
- Those we work with and those we care for
- Include audio and video diaries/ reflections
- Both for publication and thematic analysis

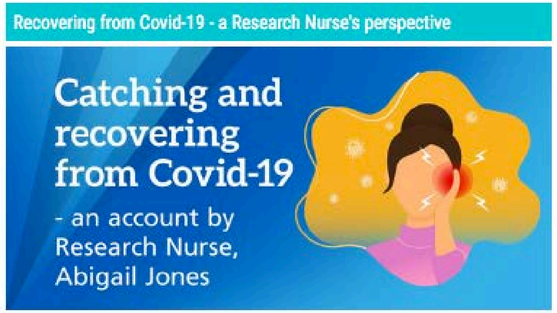


Caitlin Burchett joined the team as a new Research Nurse back in February - just as Covid-19 was starting to appear in the UK. In her first blog, Caitlin shares what it's been like to start a new role whilst the country is in lockdown.

12 May 2020

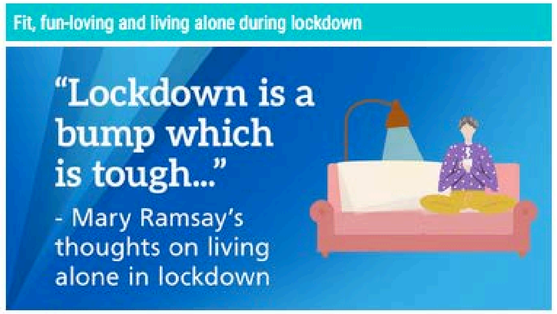
Senior Research Nurse, Jo Turpitt, shares with us her career journey from ground-breaking clinical trials in the 90's to life changing PrEP IMPACT Trial.

Posted by Jo Turpitt on 12 May 2020 Research



Solent Research Nurse, Abigail Jones, shares her account of catching and recovering from Coronavirus.

14 May 2020



Side-by-Side network member, Mary Ramsay, is a busy, fit, fun-loving and capable person who has been categorised as "vulnerable" and is living alone during lockdown.

Posted by Mary Ramsay on 13 May 2020 Covid-19, Our People/Their Stories, Learning and Evaluation

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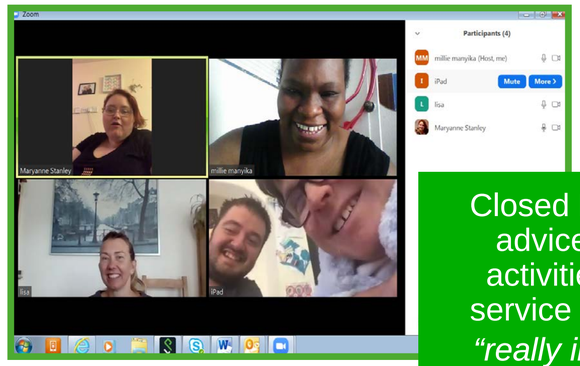
Case studies

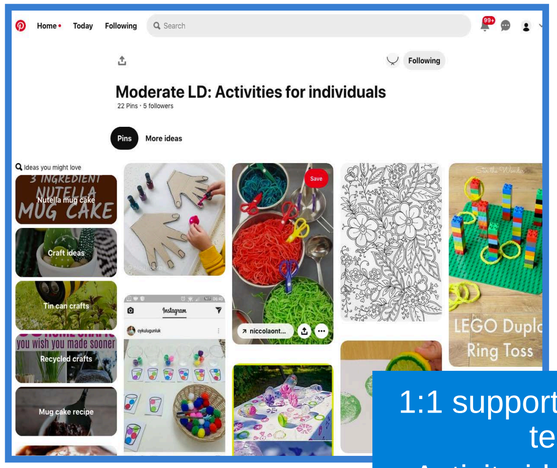
Shared learning: Learning Disability Service

Examples of their response



Closed Facebook page; advice, updates, fun activities, often led by service user/ volunteers

"really important way of maintaining contact, seeing familiar faces. Service users appear to really value this forum"

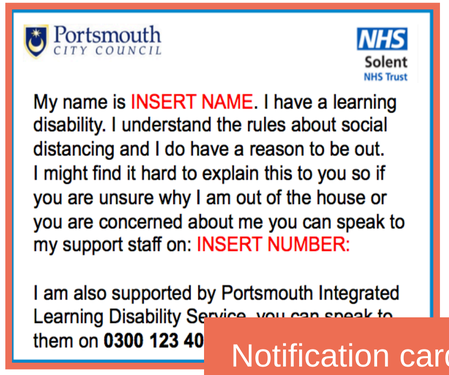


1:1 support to set up and use technology

Activity ideas via dedicated Pinterest page;

WhatsApp calls for birthdays

Approached companies for support – eg M&S have donated seedling packs; card making packs

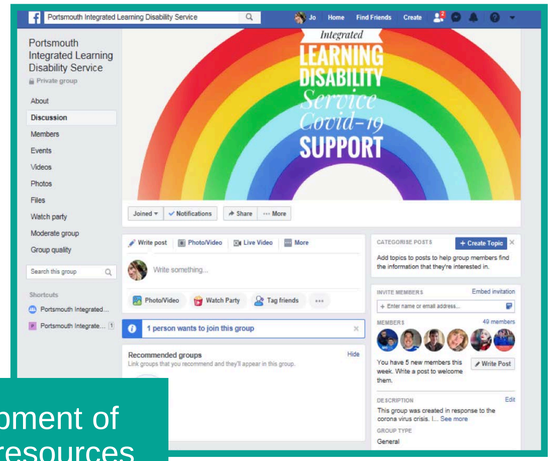

Portsmouth CITY COUNCIL

NHS Solent NHS Trust

My name is INSERT NAME. I have a learning disability. I understand the rules about social distancing and I do have a reason to be out. I might find it hard to explain this to you so if you are unsure why I am out of the house or you are concerned about me you can speak to my support staff on: INSERT NUMBER:

I am also supported by Portsmouth Integrated Learning Disability Service, you can speak to them on **0300 123 40**

Notification cards to carry if they are out and about to show police – plus letters for carers



Development of support resources to transition out of lockdown

Weekly COVID update to all staff (inc partner orgs)

"helps with a sense of connectedness and shared direction"

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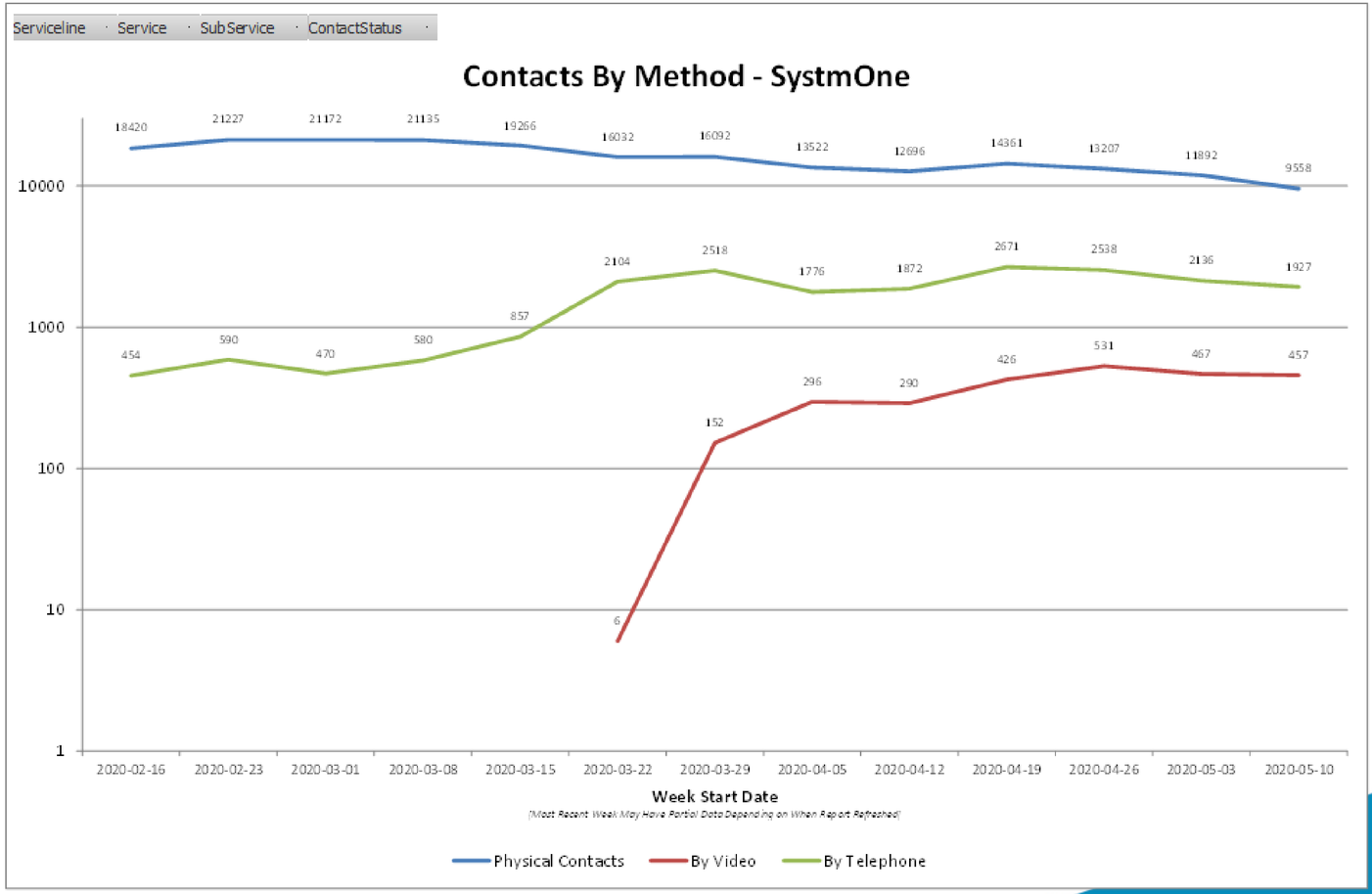
Remote Consultations

So far:

- We estimate around 80% of clinical teams now using some form of remote consultations based on QIA reporting.
- Approx 500 video consults and 2000 telephone consults each week (Systm1 users only)
- Significant drop in DNA rate (<100 per week)
- Teams are using Visionable, Attend Anywhere Zoom, Skype and WhatsApp Video to make contact with their patients.
- Rapid deployment of IT equipment and launch of multiple IT systems.
- Rapid training of teams and staff.



Data Sources:

- Data on usage from clinical records
- Interviews with users
- Survey – staff & patient

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	Empowerment - Lower risk areas	Responsibility/uncertainty - Higher risk areas
Staff Experience	▪ Having a range of options provided an accessible services ▪ Feels more personal and in a natural environment. ▪ *"It's enabled me to get 'inside the home', see the child in a much more natural environment"* ▪ Live feedback quick responses. ▪ Concern over increasing disadvantage and the 'unseen'	'When it is higher risk you don't have all the information to make a decision, you can't see if you are paler/thinner/frailer than when I saw you last, and I can't see you when you try to explain where and how much something hurts. But, the silences are more poignant. I can hear you clearly explain to me your assessment of your health and risk. It's often clear, that with the dices loaded not in favour of a good outcome, that you are really taking stock of that decision' "You can't just go and check, it's only you"
Service user/patient experience	▪ High levels of satisfaction ▪ 'Very successful' ▪ Respond quickly to advice given there and then. ▪ 'Relaxed and my problem was able to be addressed easily' ▪ Grateful to be seen ▪ "It was nice just getting a call and knowing that my problem still mattered"	Home setting challenging at times (invited into homes, non traditional setting for clinic/ therapy)

- Newly delegated power for some teams/individuals is empowering but for others increases responsibility/ uncertainty.
- They require formal support for this (management and clinical supervision) and have set up informal (eg drop in virtual kitchens for an over the kettle chat/ offload/ question)
- It appears that risk is one factor that may influence this perception. As risk increases so does the responsibility and uncertainty.

Working differently

Working at home, in new teams, in new roles

Working at home

- Guilt
- Isolation
- Multiple roles (employee, parent, wife, carer, teacher)
- “Inviting patients into my home”
- Rapid adaption

Redeployment

- Initial anxiety (ability to cope, to be physically strong enough, competent)
- Pride, strong team spirit, well supported
- Then guilt – not doing enough, what about my own patients?
- How will we go back?

Business as Usual

- “We’ve never stopped, we’ve just adapted”
- Appreciated the empowerment to make decisions
- PPE – largest cause of anxiety. Settled now (but don’t forget community teams)
- Increased connection and understanding of other’s roles within and beyond Solent.
- Significantly improved relationships

Item 5.1

Board and Committee Cover Sheet

Item No.	5.1

Presentation to	Trust In Public Board		
Title of Paper	Research & Improvement Annual Report 2019-20		
Purpose of the Paper	To give an overview of the research, quality improvement and clinical effectiveness activity across Solent NHS Trust in 2019-20		
Author(s)	Sarah Williams, Associate Director Research & Improvement	Executive Sponsor	Jonathan Prosser, Interim Medical Director
Date of Paper	15th May 2020	Committees/Groups previously presented	N/A
Summary of key issues/messages	Overview of projects supported by Academy of Research & Improvement		
Action Required	For decision? N	For assurance?	Y
Recommendation	The In Public Board is asked: • To note the report		

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the In Public Board is asked to consider whether this paper provides: Significant, sufficient, limited or no assurance And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature	 **Jonathan Prosser**							

The Academy of Research and Improvement

Item 10.2

NHS Solent NHS Trust

Research and Improvement

Annual Report: 2019/2020

Overview

The end of this year (March 2020) has required massive change in our Academy activity - like all NHS services, we've had to pause most of our normal tasks and adapt to new ways of working and supporting the Trust.

Approximately a third of the team has been re-deployed, most are working at home and we've suspended our training programme. We were required to cease all non Covid-19 research studies (keeping only one study active for safety reasons), and most 'usual' audit and evaluation activity. But, as with other services, we've adapted our focus.

In addition to the Public Health England Covid Studies, we are also co-ordinating and leading on a Trust-wide programme of learning and evaluation of Solent's response to the pandemic. For this we are using a rapid evaluation approach, which allows for 'live learning' and adaptation (rather than waiting for a range of findings at the end of an event). We are listening to staff and patients about their experiences, gathering quantitative data from feedback and differential service use, and gathering case studies of innovative practice to support shared learning.

Details will be available on SolNet and our website: www.academy.solent.nhs.uk

Covid-19 notwithstanding, we have supported a broad range of research and improvement activity over the course of 2019/20, and there's been some big moments for the team.

In November 2019, we moved into our new facility; a space designed for community engagement and learning; an office and

meeting environment aligned to our learning and development space in Portsmouth. On the same site, we now have a Clinical Trials Pharmacy and fully equipped clinical space to support research. This opens up opportunities for a greater range of trials, and more commercial activity.

In July we held our annual conference, "Learning Together - a Journey to Excellent Care," our third accredited 'Patients Included' event. This means the event is co-designed and delivered by our patient ambassadors, the Side-by-Side Network, including patient speakers and workshop leads. We had almost 200 delegates on the day.

Other highlights have included being named the most research active care organisation in the National Institute for Health Research's Annual League table, and launching our Quality Improvement Leadership programme. Our continued focus on co-design and partnership working includes an expansion of our Side-by-Side Network, the launch of a 'Join In' toolkit and the development of a patient-led QI training package.

This report showcases some examples of the Research and Improvement work across the organisation over the past year. For more up to date information, particularly on our learning during the Covid-19 pandemic, please see our website or intranet pages.

Activity in numbers

Research	Quality Improvement	Dragons' Den	Audits and Evaluations		Patient Partnership
42 studies 2,192 participants	75 staff trained 5 foundation days 2 practitioner cohorts involving12 teams 23 workshop training sessions attended by 250 staff	13 projects in progress	12 national audits 4 national confidential enquiries	97 local audits and evaluations	22 members in the SbS network 19 services supported to involve pts in improvement

Working Side-by-Side

The vision of the Academy is to enable our staff and those that use our services to learn, and to use that learning to adapt and improve. Central to our ethos is that this has to be done in partnership - the people that know best about the effectiveness of our care are those that receive it.

It means that as much of our activity as possible includes the patient voice; we have patients on all of our Quality Improvement teams - or at least ways of working with them remotely. Our audit and evaluation activity increasingly includes the views of those that use our services, with the number tripling this year. We are also offering more and more training and tools to support services, and help them to engage and involve patients and communities (for example through our 'Join In' Toolkit, Patient led training in QI and patients on our QI Leader programme).

Within the Academy

Within the Academy we have a patient representative steering group and network, Side-by-Side. This group meets regularly with us to plan events, support on projects, promote participation and consider more diverse and innovative ways of working.

In lockdown, we've kept in touch with fortnightly newsletters, Zoom calls and regular phone conversations. Members of the group are sharing stories of their lockdown experience, supporting peer interviews, editing the newsletter and starting to support the recovery - the patient voice has to be an integral part of this.

The Academy of Research and Improvement

sidebyside

NHS Solent NHS Trust

Staying connected

- updates, latest blogs, opportunities and support from the Academy team

Edition 2, 29th April

Updates from the team

What we're learning during Covid-19

COVID-19 LEARNING AND EVALUATION

The scale of the Covid-19 outbreak and its impact is unprecedented and has changed the way in which we are able to look after those in our care, as well as how we work here at the Academy. With all of this change, we know it's essential for us to keep track of what is changing, why it's changing and what our staff and patients think about these changes.

We also understand that it's vital we share with you this learning and the experiences of our colleagues and community members, which is why we've put together the Solent Covid-19 evaluation and learning webpage. This webpage helps to explain the methods we're using to evaluate and learn from what we're doing, and why we think this is important.

We hope you find the new webpage useful, and if you have a story or experience you'd like to share, please drop us an email: involvement@solent.nhs.uk

"Hello" from Sarah Williams, Associate Director for Research and Improvement

"Hello! I'm Sarah and I lead our Research and Improvement Team. Since the pandemic started I've been involved in all manner of different things, such as helping with the fit testing of masks and looking after our teams on the Isle of Wight (where I live), as well as sourcing and arranging transport for Personal Protective Equipment (PPE) across Solent.

I'm also part of the Trust ethics panel which works with our clinical teams to look in detail at some of the more difficult decisions that have to be made. As part of this, I've just started working on the 'Recovery and Refresh' programme, which focuses on trying to re-open our services in Solent. My key role here is making sure this is done in partnership with our patients and others in our communities.

A few of you may have seen me on the Side-by-Side network Zoom calls, which I've really enjoyed! Something that really struck me on the last call was the extent that we are all isolated at the moment, and how important it is that we make time to connect and remind people that we are thinking of them, even if it's just a quick "hello" text message.

In December 2019, members of our side by side network won two national awards at the NHS Improvement/ NHS Elect Patient Experience Event - Paula Tyler collected the Communications Award on behalf of the group that co-designed a patient QI training module; and Mary Ramsay won the Team Working award for for service improvement in our older person's mental health ward.

Words by Julian - from research participant to volunteer

"I have been coming to the Academy of Research as a volunteer for about a year now. I came by this work having taken part in a clinical study which supported my giving up smoking (I'm still abstinent which is great). As part of the study I was asked to feature in a brief film about my experience and this can be seen on the Academy website. It is being used in conferences and events in the UK promoting the importance of helping people not to smoke and the huge benefits to health and wellbeing. Making the film was interesting and great fun.

I work alternate Thursdays and Friday mornings for 2-3 hours each week. The kinds of things I do for the team include:

giving my opinion as a service user when staff need it for whatever they are involved with, making up study packs (which are all different), laminating signs, posters, labels, proof reading and annotating, organising/ tidying cupboards and drawers, supporting bookings for events, and, making up gift packs and badge making for the Academy's annual conference.

It was also great celebrating Christmas with the team at our meal out and meeting two new staff members for the first time in such a relaxed atmosphere.

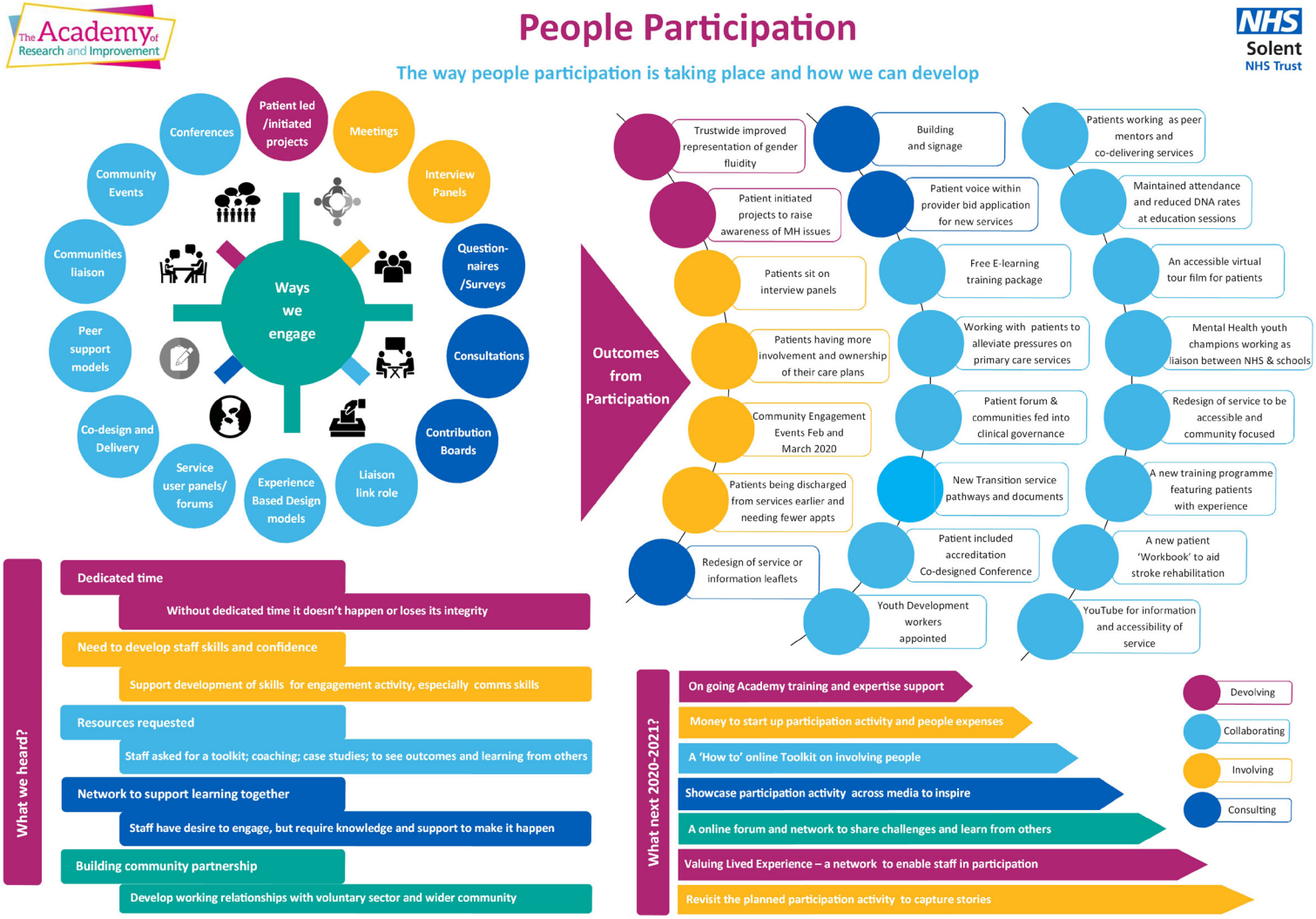
The thing I have enjoyed most and found most fulfilling was being part of an interview panel for a team vacancy. It was great to be able to represent the patient voice and to be part of the team in this important process. It made me feel I was contributing to the Academy's planning and future in getting the right person for the job. It was a chance to join minds and views and discuss the pros and cons of the interview questions and responses.

The benefits to me personally of my work with the team is that it (along with other activities) adds structure and purpose to my week. I enjoy the cycle ride that gets me there and home again and this is good for my wellbeing. To be back in a work environment and part of a team after not working for a number of years has been a welcome experience. It adds to my confidence, I give service which makes me feel useful and there is always a sense of fun and laughter. Additionally it is a great excuse to sample the delights of the St Mary's Campus restaurant breakfasts. They are superb and great value for money!"

Across the organisation

To capture the extent and ways in which patients and service users are involved in improvement across the Trust, we've conducted a mapping exercise - the aim was to look at types of activity, and what changes these have resulted in. We also asked what teams needed and these have informed our plans for this current year.

The results are shown in this infographic:



Research

In the past year, we've participated in and led research across a range of specialty areas including infection, neurology and stroke, musculoskeletal, mental health and ageing. We host grants and lead trials as well as contributing to research studies being led by other NHS Trusts and universities. We also run training events through the year, and have a clinical academic career pathway.

Between the 1st April 2019 and the 31st March 2020, we recruited 2192 participants into 42 NIHR portfolio studies.

There has been research activity across all of Solent's service lines with Adults Mental Health, Child and Family Services and Sexual Health being our most research active services.

We have a formal Community Research Partnership model in which we run research and training events with local Universities, care homes, community organisations, schools, colleges, and the Dental Academy in Portsmouth.

Feedback from and to research participants

This year we sought feedback to help us to understand our patients' experiences of taking part in research. The feedback was very positive with the vast majority saying it was a good experience, happy with the information they were given, feeling they were able to ask questions, happy with their appointment arrangements and indicating they would recommend taking part in research to others. However, only 50% felt they learnt more about their condition and there is further work to do around dissemination of research findings. We continue to work with study teams make improvements and to be able to share updates and outcomes from research on our website.

Equality and diversity in research

A further focus this year has been on monitoring equity and diversity in our participant populations. An initial audit has led to significant improvements in the recording of demographic data, however, often this is not part of the study protocol.

Monitoring and improving equality and diversity in research participation is a key priority - and we have started to collate demographic data regardless of the protocol as part of our own monitoring. We are hopeful this will give us evidence to support national approval organisations to challenge inclusion strategies in research.

Clinical academics

To support the link between academia and clinical practice, we work in partnership with a number of Universities to create joint posts along a clinical academic career pathway. This includes internships, doctoral training fellowships and post-doctoral posts. We have a range of joint funded posts across the organisation - particularly within podiatry, children's services, mental health and pain/ MSK team.

This allows us to prioritise the research that our clinical teams are interested in - for example, Dr Cathy Price, Consultant in Pain Management and Clinical Director for Primary Care Services, has established a national patient registry for those attending pain clinics, and lead national audits around the work. Dr Thomas Richardson (pictured), a senior Clinical Psychologist has a large programme of work on the effectiveness of various mental health therapies, with a specialism in bi-polar disorder and the links with debt (Tom sits as part of a parliamentary advisory group for this research).

In September 2019, Dr Raj Patel, Consultant in Genito-Urinary Medicine within the Solent Sexual Health Services was awarded the European Medal Of Merit by the IUSTI (International Union against Sexually Transmitted Infection). This highly prestigious award was in recognition of outstanding achievement in research, and was presented at the International Meeting in Estonia.

Two medical students also won awards at the conference - Rafia Miah won first prize for the Best Oral Presentation for her work 'Are clinicians accurately taking and handling samples for STI diagnosis?' She recommended that a standard operating procedure should be introduced which could be utilised nationally for training and reviewing clinicians.

Anya Mann was awarded first prize for the Best Clinical Case Presentation. She presented the three recent congenitial syphilis cases from low risk mothers we have had in the past year in the Solent region. She illustrated her presentation with images of bone x-rays and teeth abnormalities in these children reminding the audience to consider syphilis as a differential diagnosis in sick newborns. This has recently been added to the usual 'TORCH' screen of sick neonates in the Solent region.

Adults Services

PALS Genie

This study looks at the impact of supporting 'networking' via an online tool can reduce social isolation. Volunteers across the community work with participants to identify activities and other agencies that they could link with within their local community. To date, Solent has helped recruit 98 participants to the study.

Predict - Dementia and Incontinence

This study aims to help people with dementia who live at home, and their carers, to choose the best products for them - to inform clinician and patient understanding around the range of products, challenges and strategies to maximise effectiveness. We have supported 30 individuals on this study.

Primary Care and MSK

Fluenz

This is a public health surveillance study monitoring the Fluenz infuenza vaccine. The surveillance is designed to rapidly detect any increase in the frequency or severity of local and systemic adverse events and to identify unexpected suspected adverse drug reactions following vaccination. 214 parents from Solent's have taken part.

SarcNet

Solent research physiotherapists and nurses have recruited 22 participants to a registry of older people with reduced physical function, measuring their muscle size, strength and asking a series of questionnaires about function and how muscle weakness affects their quality of life.

SYMPACT

This study seeks to explore the interaction between symptom burden and burden of treatment in patients with chronic heart failure. We have recruited 32 patients from our heart failure clinic in Portsmouth to take part in the first stage of the study; a questionnaire to help to understand patients' experiences.

Sense Cog Study

This study investigates the impact of sensory impairment on cognition in older people with dementia. Through our Care Home Research Partnership, Solent was able to be involved in The SENSE-Cog Residential aged care facility study. This study is part of a European research project which focuses on the combined impact of dementia, age related hearing and vision impairment. Solent was the most successful recruiting site for this study for which we recruited 521 of the total 967 participants.

Adult Mental Health

Exploring unusual feelings

A study into non-affective psychosis. The specific aim of the study is to better understand what factors cause dissociation (where thoughts, feelings and experiences seem detached, unreal, unfamiliar or strange). It is hoped that this study can contribute to the development of specific therapies for this patient group; 11 service users have taken part so far.

The LIGHTMind Study

This randomised controlled trial compares the benefits of cognitive behavioural therapy (CBT) to mindfulness therapy amongst patients seeking treatment for depression. Patients were recruited from Solent NHS Trust's Improved Access to Psychological Treatment centre in Portsmouth. Solent recruited 49 participants into the study, many of whom are currently in the follow-up stage of the study.

Sexual Health

HIV Prevention Study

PrEP Impact is a high profile national trial looking at people who are at high risk of acquiring HIV and involves them taking medication to reduce their risk. Interest in the trial has been high and, to date, we have recruited 202 participants. Our role includes regular follow up visits and collection of samples to determine successful avoidance of infection.

Research with children

Your Tube

This research seeks to understand the role of different diets in children who are gastrostomy fed, that is through a tube directly into their stomach. It considers a range of health and quality of life outcomes amongst children who are fed formula-based diets and those give home-blended foods. Our community paediatric team has recruited 24 participants, across 12 families, to the study.

Infant feeding, non-nutritive sucking and speech development

This Solent led study looks at whether there is a relationship between how babies are fed, whether they suck a dummy/hand and how they develop speech. The chief investigator is one of our clinical academic NIHR doctoral fellows and a paediatric speech and language therapist. With the support of her clinical colleagues she has recruited 52 families to the study to date. Findings will be used to improve speech and language outcomes for children in our community.

PREVENAR

The Paediatric post pneumococcal conjugate vaccine study is one of our highest recruiting studies. Solent has been involved in recruitment for several years and recruited 471 participants in 2019/20. Collecting samples via nasal and oesophageal swabs of babies and young children in the community, the study seeks to understand whether bacteria, in particular Streptococcus pneumoniae (S. pneumoniae) and other disease-causing types of bacteria that are carried in the upper airways of children and adults have varied since the introduction of the Prevenar vaccines.

Our team of research nurses and allied health professionals recruit infants and toddlers from our child and family hubs. The research findings have been used to understand the way diseases have adapted to medical measures to prevent them such as vaccines and antibiotics and to improve those medical measures.

Quality Improvement PROGRAMME

Quality Improvement (QI)

The Academy's Quality Improvement (QI) Programme, launched in July 2016, is designed to support individuals and teams to develop the skills and capability to successfully identify and implement QI projects within their workplace.

The programme has extended into a stepped progressive model comprising five key elements:

The Academy's QI Programme continues to grow and expand. In 2019/20, five Foundation QI days have been delivered to approximately 75 staff, two cohorts of QI Practitioner have been delivered to a total of 12 teams (45 staff and patients), the workshop programme has provided 23 training sessions which have been attended by approximately 250 staff. Staff continue to give positive feedback about each element of the programme.

QI Practitioner cohorts continue to report increased skills, knowledge and confidence. Examples of feedback from QI Practitioner include:

"Great course, really valuable both personal and team wise."

"I found the QI project very good and has built my confidence - thank you."

"This experience has been very rewarding: for me to be able to share my knowledge and experiences, as well as to bring these up to date with new ideas."

"Great to have protected time to think out of the box, strategise and learn ways to promote change."

In 2019, our first cohort of QI leaders graduated – interspersed across the organisation, these eight individuals provide local support for QI activity and shared learning. The second cohort is underway and this time, we have patient representatives being trained as leaders.

Every project is required to include a patient voice – this year, we won a grant from the Health Foundation to co-design a training module to support more people and patients to get involved in our improvement projects. This training is now available to all members of the public on the Academy website and when we are able, we will also include a face-to-face training module.

The first cohort of eight staff also completed the year long QI Leaders programme; the second cohort is underway with eight staff and four patient representatives joining.

Those on the QI leader programme have noted that they would like access to mentoring or peer support networking opportunities. A successful funding application to Health Education Wessex is supporting development of an online platform to facilitate development of a live interactive digital network, which includes space for learning, peer support and sharing projects.

Examples of some of the QI projects which are underway or have been completed in 2019/20 are:

Improving pain management in neurological inpatient care

Snowdon Ward in Southampton has been working to improve pain management for patients. Their project team included a patient representative. Activities to date include developing a comprehensive pain assessment tool kit for staff which includes a range of assessment tools.

These have included accessible information tools which the team have developed in conjunction with their Speech and Language Therapy colleagues. The toolkit is currently being tested and they are exploring the potential for upgrading the pain management/monitoring template on the electronic record. It is expected that this work will lead to improved more accurate and consistent assessment and management of pain resulting in improved patient experience.

Improving documentation for the use of syringe drivers

A team from Portsmouth Community Nursing, Inpatient care and Community Specialist Palliative care have been working to improve the documentation standards for the use of syringe drivers. They are currently trialling new documentation which requires staff to clearly record and demonstrate their rationale for decisions taken, with

accompanying guidance for staff. They also worked with carers/patients to design a patient/carer Anticipatory Medicines information leaflet. All of this work is reflected in an updated operating procedure for the use of syringe drivers. It is expected that this will lead to more clearly justified and consistent use of syringe drivers.

Reducing rates of aggression and violence on Maples Ward

A team from Maples ward (psychiatric intensive care unit) have been working to reduce the rates of aggression and violence on the ward. The team asked staff and patients to share their ideas on factors/triggers which increased aggression and violence on the ward and also on potential solutions. From this they identified the themes of:
- Physical Environment,
- Smoking Ban,
- Boredom/Activities and
- Communication.

Changes being tested include introducing the use of the Dynamic Appraisal of Situational Aggression tool at handover to support improved risk assessment, planning and communication by staff and an enhanced daily activity programme which is supported by all staff. The team have also participated in the national Royal College of Psychiatrists Safety Improvement collaborative programme on Reducing Restrictive Practices.

Right patient, right results, right time

A sexual health team have been working to improve their systems for managing test results in order to reduce errors and improve performance against key performance indicators. Changes made so far include making processes paper free, increased use of text messaging and changes to how results are recorded on the electronic patient record.

A trial of a new process for how doctors manage complex positive test results is underway. It is expected that this work with reduce the likelihood of errors in recording and providing test results to sexual health patients.

Improving the CAMHS pathway for children with depression

The team have process mapped their current service pathway against NICE guidance. From this, they have developed criteria guidance for clinicians to use when assessing new patients. Taking this into account, they are now looking to improve parts of current pathway and are currently focusing on improving group therapy. It is expected that this work will lead to a more consistently provided and understood service for children and young people with depression.

Creating a dementia friendly service

A team from the Specialist Dental Service have been participating in a project seeking to improve the experience of dementia patients attending Bramblys Grange and Gosport Special Care Dental services. The team includes a patient

representative with experience of caring for someone with dementia. The patient representative,
together with a member of the team and a representative from Estates, have carried out 'Dementia Walkthroughs' at the two clinics. They used the "Is your health centre Dementia friendly?" assessment tool from The King's Fund to assess the environment and also collected feedback from patients, carers and staff.

The main areas identified requiring improvement included:
- signage,
- clocks,
- music,
- artwork, and
- colour contrast of doors/walls.

Improvements to the environment are currently being planned.

A number of quality improvement projects have specifically focused on patient engagement.

Rehabilitation and Reablement team patient care plans

The Portsmouth Rehabilitation and Reablement Team have worked in collaboration with patients to improve care plan writing. This is based on the idea that having clearer care plans with patient led aims should encourage patients to be more active participants in their care and rehabilitation. During home visits, the service used a questionnaire to gather patients' views on their own care plans.

This highlighted that the document layout and language used by staff was not accessible to patients and carers and was unclear to some team members. This could lead to an inconsistency in the delivery of care offered.

Following changes to the layout and the language used, the care plans are now easier for staff to use and for patients to understand. Staff report that this has supported patients becoming actively involved in their own care.

Raising service awareness by YouTube

The Child and Families Service wanted to increase accessibility and awareness of the service. Their aim was to create YouTube videos about the service, which would be viewed through different media and communication channels.

Clinical Effectiveness

Our clinical effectiveness activities include clinical audits, service evaluations, the development of clinical outcome measures and the dissemination and review of NICE guidance.

In these activities we are looking to identify areas of concern and evidence of effectiveness, from which services make plans for improvement. Our meetings and communications are set up to share learning across the trust.

Patient involvement in Clinical Effectiveness

We are keen to involve patients in order that improvements made and services evaluated are most meaningful to them. Patients were involved in 23 projects this year which is a significant increase on 8 projects in 2018/19.

Planning for Improvement

For the third year running we organised a trust wide improvement planning event.

This was attended by 70 people with teams from each service line, patient representatives and representatives from corporate teams who shared key themes and learning from complaints, incidents and patient experience.

The image shows a representative from Adults Portsmouth sharing their plans with the chief nurse, a patient and representatives from other service lines.

Clinical Audit Awareness Week

We participate in the HQIP national clinical audit awareness week each year and this year were recognised with a clinical audit hero award for our manager.

Clinical Outcome Measures

During the year we have continued to provide training on the use of clinical outcome measures. As well as measures established for on-going data collection, 13 of our service evaluations have made use of a patient or clinician reported outcome measure.

Summaries

Early in 2019 we introduced single page summaries for Academy projects. These are available on our intranet and on display in service areas. This year we will have produced 38 summaries of audit and evaluation projects.

National Audits

During 2019/21 we participated in 16 national audits and confidential enquiries.

In one example, the National Clinical Audit of Anxiety and Depression (NCAAD), members of the clinical effectiveness and mental health team attended a Royal College of Psychiatrists' Quality Improvement workshop to learn more about the context of the audit, results and interpretation from other trusts.

The reports were then reviewed at a specific mental health audit meeting to identify actions for the improvement of assessment, shared decision making and physical health screening.

NCAAD
NATIONAL CLINICAL AUDIT OF ANXIETY AND DEPRESSION

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Local Clinical Audits and Service Evaluations

During 2019/20 we conducted 97 local audits and evaluations.

The examples below are brief summaries of a range of projects from each service line. Our reporting is designed to identify concerns, evidence of effectiveness, improvements, patient and staff involvement and learning all feeding into actions for further improvement.

Re-audit of physiotherapy electronic records management for falls

A new screening questionnaire was added after the initial audit in 2018. This allowed for more details of falls to be documented and led to an overall improvement in documentation of 43%. Areas of improvement included; asking about footwear from 71% to 86%, alcohol documentation from 0 to 58%, medication from 0% to 86%, medical reviews from 0% to 43% and osteoporosis diagnosis from 0% to 71%.

Use of acupuncture within the specialist palliative care team

Acupuncture use was introduced into SPCT in 2017. This evaluation showed that 100% (10/10) of patients had clinically significant improvement in at least one symptom rated on the MYMOP2 scale following their acupuncture treatment. 26 of the 37 items measured show a clinically significant improvement following acupuncture; in particular for pain, activity and wellbeing. All six patients completing an experience questionnaire reported that acupuncture was effective in helping their symptoms.

Re-audit of falls assessments (East and West)

61 records were checked and it was found that the use of standardised assessment tools to measure gait, mobility, balance and strength had improved from 37% to 84%. The quality of the detail of exercise prescription also improved from 59% to 84%.

Accessible information (AI) assessment, Southampton

Out of 150 patient records audited, 77% had a completed AI template; 51 of those showed that the patient had AI needs, of which 88% indicated how the needs should be met. In 76%, the assessment was reflected in the electronic record. This is a significant improvement on the previous result of 40% having a completed AI template.

Stoma care product supply costs

52 patients with a stoma, from three Southampton City GP practices, were reviewed. Potential savings of £13,500 were identified by recommending changes to repeat prescriptions. Patients in a focus group and 1:1 described their experience of ordering

supplies with the majority finding the process difficult initially then using a system of contacting their delivery contractor to re-order via the GP.

ECHO health visiting programme service evaluation

This evaluation found that this targeted approach (ECHO) in conjunction with individualised plans is impacting positively on outcomes. There was a high level of need in families receiving ECHO. Since the previous evaluation, improvements in service delivery include earlier identification of families meeting ECHO criteria, more families receiving the correct dosage of ECHO, correct eligibility criteria and a significant increase in use of an Early Help Plan.

Documentation of clinical discussions regarding domestic abuse in child and family

Since the initial audit in 2016, a significant improvement has been seen in the recording of the question about domestic abuse or reasons for not asking; 89% (178) of records indicated that a conversation relating to domestic abuse had taken place (previously 47%) and the remaining 11% recorded a legitimate reason for not doing so.

Quality of safe sleeping advice to reduce SIDS

32 client records were checked and questionnaires given to families. Safe Sleep messages were documented in 100% of records; 28 out of 32 parents reported receiving information on safe sleep which was easy to understand. There was variation in which messages were retained by parents. Some parents reported visual demonstration was more easily retained.

Reasons for discontinuation of psychotherapy in AMH

The majority of patient feedback was positive. Patients were mostly satisfied with the therapy and their therapist. They were able to implement what they learnt from therapy and apply it day to day. Dissatisfaction and inconvenient appointments were the main reasons for discontinuation.

The study found that people, who left their treatment early appear to overcome their mental health difficulties by practicing their learnt strategies and techniques during their treatment.

Evaluation of Psychometric Outcome Measures in the Portsmouth Persistent Pain Team pain management programme (PMP)

Significant improvements were demonstrated for patients who completed the PMP for Pain Interference, Depression, Self-Efficacy, Anxiety and Pain Catastrophising. The mean score for anxiety changed from the moderate to mild range after treatment. The measure of Pain Acceptance showed a change in the hoped-for direction. The gains from attending were maintained at the three month follow up.

Lower limb rehabilitation class outcomes

Of the 19 patients who completed pre and post forms on pain, function, expectations and self-management, 13/19 reported a significant improvement; four of the remaining six reported an improvement in pain and function.

Patients reported an overall average improvement in their pain of 58% and function of 55%. 95% felt their expectations of the class had been met whilst 84% reported being better able to manage their condition.

GP retrospective review of deaths

This cycle of audits assessed care planning for patients at the end of their life. An initial audit showed 40% compliance overall with seven standards; after implementation of actions, the re-audit showed 70% compliance overall.

Infection prevention society standards in specialist dentistry

Overall compliance with guidelines was 97% to 100%. Hand hygiene compliance was maintained from the previous audit. Areas of good practice were; prevention of blood borne virus exposure (18/20 clinics 100% compliant); use of personal protective equipment (18/20 100% compliant); management of Dental Medical Devices (18 out of 20 clinics 100% compliant).

Recording parental consent in specialist dentistry

Out of 175 records, compliance with recording a parental consent name was 94%, which maintains the continued improvement shown since the previous audit (87%). No clinic or individual dentist had failed to record parental consent on at least one occasion which confirms all staff were aware of the standard; 138 (79%) of records had recorded the school name, which was a high level of compliance for a new requirement.

Evaluation of Antiretroviral Treatment Switches for HIV from patented to generic drugs

Two drug switches were analysed and overall found to be acceptable, virologically effective and cost effective; with an approximate saving of £70,000.

In one switch group, £4,300 saving was lost due to additional monitoring and drug wastage and 18% of patients switched away from this regime at one year. For both switches, there was a patient discussion in 70% of cases, with cost saving mentioned in 23%, and efficacy reassurance given in 9%.

seXual health
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Patients diagnosed with chlamydia before and after the introduction of online testing in Sexual Health

This evaluation compared patients identified with chlamydia before i.e. in clinic (2014/15) and after (2017/18) online testing was introduced. Females, non-heterosexuals and white ethnicity patients were more commonly diagnosed online than in clinic. More

asymptomatic patients diagnosed with chlamydia infection online were seen within 48 hours from the result being available, than those diagnosed in clinic.

Appropriately trained assistants at IUC fittings

221 patients were audited. There were improvements in use of trained assistant during coil fitting (96% compared to 79% in 2017) and not using inappropriate assistants which had dropped from 4% in 2017 down to <0.5%. The number of patients who were offered a chaperone and declined has fallen from 16% to 0.5%, which suggests a positive culture change towards having a trained assistant in the consultation.

Supportive Peer-Led Pain Group

The pain team provide a management programme for patients with long-term pain. To complement the pain programme, the team have created a support group where service users with lived experience of pain could support patients new to the service. This has provided an additional dimension to the pain programme which in turn has had a positive impact on attendance levels at self-management groups.

Supportive transition process for young people

Young People transitioning from the Child and Adolescent Mental Health Service (CAMHS) were being transferred to GPs or other adult community services raising challenges and concerns about their ability to provide the right level of support. In reviewing this process, the discharge paperwork was identified as needing improvement.

The Dynamite group consisting of ex CAMHS service users were approached to consider the accessibility and appropriateness of the transition paperwork and personal progression plans. From this work, a new progression plan has been implemented across the service. This is still being trialled. Formal evaluation is planned with the expectation that further improvements will be required.

Dragons' Den

12 new Dragons' Den projects have been funded in 2019/20. These include:

Solent Connect - digital noticeboards

Digital noticeboards are being deployed across Southampton and then the rest of the organisation – this means messages and offers, and news can be displayed easily, in real time and across key sites for our staff.

INR testing

Our inpatient rehabilitation wards in Southampton (Lower Brambles and Fanshawe) who are Warfarin, need to have regular blood tests. This has traditionally been done by sending samples to the laboratory in Southampton General Hospital - a quicker and more convenient method is using a rapid finger prick test with an INR (International Normalized Ratio) device. This was tested on the ward and how now been fully deployed.

Dental anxiety management

The Special Care Dental team have had to use pharmacological techniques to manage dental anxiety using conscious sedation and general anaesthetic. Both are effective but can be expensive and time consuming. Adding CBT sessions has been shown to lessen the number of sedation sessions needed - and it allows for a more holistic offering to manage dental anxiety services. Dragons' Den funded the training for Band 4 Dental Nurses to test this intervention.

CAMHS transition

The Child and Adolescent Mental Health Service in Portsmouth have been working with their young adults who will be transitioning into Adult Services to design a care package and a 'passport' - this will enabler a smoother transition between services and support communication.

Diabetic foot imaging

The podiatry diabetes service has introduced the use of MolecuLight i:X. This is a hand held camera that is simpleto use and uses fluorescence to quickly, safety and easily visualise potentially harmful bacteria in wounds that could otherwise lack signs and symptoms of infection bacterial. This allows clinicians to quickly, safely and easily visualize bacteria and measure wounds at the point of care so they have maximum insights for accurate treatment selection and accelerated healing.

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Item 7.1

NHS Solent NHS Trust

CEO Report – In Public Board

Date: 21st May 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.

****In light of the Level 4 National Emergency, contemporary updates will be provided where appropriate in relation to our continued response****

Section 1 – Things to celebrate

International Nurses Day

On Tuesday 12 May we celebrated International Nurses Day, which coincided with what would have been the 200th birthday of nursing pioneer, Florence Nightingale. Throughout the day we helped shine a light on all those at Solent who provide care and compassion through the inspiring profession.

To start the celebrations, Chief Nurse, Jackie Ardley and Trust Chaplain, Emma D'aeth visited the grave of Florence to pay their respects, Emma also delivered a heart-warming sermon which was shared throughout the Trust via social media. This was followed by our International Nurses Day conference which was held over Zoom to help everyone celebrate and stay connected with each other. Various speakers took the (digital) floor as part of an engaging programme, to reflect and share their stories, along with discussing how recent challenges have shaped the way we work. The Trust also offered teams the opportunity to nominate colleagues to be gifted with a posie of flowers to pay tribute to their dedication. The posies were delivered to the winners throughout the day. The trust was also the recipient of a generous donation of 200 meals, from MasterChef winner and owner of Lakaz Maman restaurant in Southampton. The meals served as a sign of gratitude to all employees across Solent for their unwavering dedication.

We posted a social media video whereby members of the Solent nursing community offered their reflections as to why they love being a nurse, passing a rainbow to each other as a symbol of these challenging times. An additional video was also shared on our digital channels which featured nurses from Solent thanking everyone for everything that they are doing to support the NHS during COVID-19.

Nurses: 'I don't know what we would do without them'

The coronavirus pandemic has hit all types of nursing across the UK, with nurses having to adapt how they give care during the crisis.

On International Nurses Day, patients and their families pay tribute to the efforts being made.

Meet community nurse Yvonne Pullin and ward manager Nikki Whyte in Portsmouth, as they explain how things have changed.

BBC News

Our nurses, Yvonne and Nikki, featured on BBC national television news and online on 12th May. Through their powerful stories,

Yvonne and Nikki demonstrated the value of community team and how they have adapted to make sure they can continue providing compassionate care during the Covid-19 pandemic. Their stories were also shared through the eyes of patients and families.

Mental Health Awareness Week

We participated and hosted in a variety of events in support of Mental Health Awareness Week 18 – 24 May. In line with the national theme 'kindness,' we created a campaign to help raise awareness on the importance of creating balance between being kind to ourselves and being kind to others, this included a number of social medial and digital platform promotions, for example, we;

- Held two employee zooms linked to the topic of 'Be kind'
- Held a men's virtual coffee morning over Zoom supported by our clinical staff, together with representatives from All Call Signs, DadzClub and ManGang who created a safe space to talk about mental health pressures and how to seek support in the current climate. Our partners in Solent Mind and Positive Minds also supported this event.
- Conducted daily mini kindness challenges to encourage people to share love and compassion during this difficult time.
- Produced an illustrated 'be kind to yourself to do list' and visual overview of things people can do to look after themselves
- Created a blog a day from mental health practitioners on the Trust website
- We also promoted positive stories with local press, radio and media.

Section 2 – Internal matters (not reported elsewhere)

Covid-19 Coronavirus Link to BAF#61 – Major Incident

We have continued to respond in a pro-active and dynamic manner to the Covid -19 crises. Thankfully, at the time of writing, the national response to the crises has succeeded in flattening the pandemic curve, and while vary sadly the disease has claimed many lives, the impact to date has not been as significant as was first feared. We have adjusted our profile of service provision in accordance with the national guidance and in close dialogue with our system partners with all changes being brokered through a thorough Quality Impact Assessment process.

Staff wellbeing and welfare has been and continues to be a key priority for us during this unprecidented time, and ensuring that staff are supported and take due rest and recovery is paramount, especially as the crisis will be protracted – we again, continue to follow all of the national guidance as it is issued.

In several areas we have created additional capability, greatly assisted by the positive reaction of our people who stepped up and volunteered to be re-skilled and re-deployed to new areas so that they could assist if and when the demand came; this wonderful effort has been supported by volunteers from across our communities.

Naturally, throughout all of this activity we have been careful to maintain our essential services and react to clinical needs. We have also taken the opportunity to rapidly expand and exploit new technology and new ways of working building on our existing platforms, having invested in our ICT infrastructure over the past few years. Our estates team have also reacted very rapidly helping us to re-purpose some of our infrastructure to create new capacity.

To date we have been able to manage and control our stocks of PPE and have frequently assisted system partners across health and social care and have supplemented their stocks when it looked like

they would run short.

The impact of Covid has highlighted the critical importance of joined up social, community and primary care, which is at the heart of Solent's strategy and having started our recovery planning in the second week of the crises, we are well placed to contribute to the growing discussions across the system. We are considering our longer term recovery in what will be a 'new normal', acknowledging that some services may be provided via alternative and more beneficial models, whilst also be cognisent of the potential for further spikes in cases as the national situation and guidance changes.

We have been extremely grateful to receive a number of very kind charitable donations from local businesses.

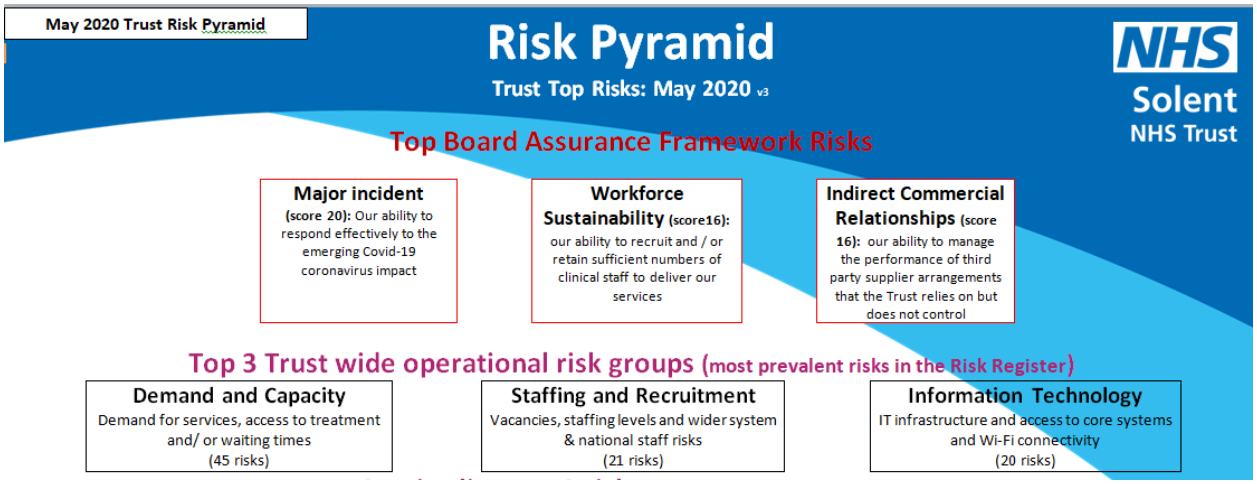
Our organisational strategy

We presented to the Board, back at our February meeting (pre the Covid-19 pandemic), progress on our refreshed organisational strategy -this is presented for noting as Appendix 1.

We will be taking the opportunity over the forthcoming weeks, in consultation with the Board and wider leadership team, to review our strategy in light of the Level 4 National Emergency ensuring we reflect on learning taken and implications for how we might operate differently, as a Trust and with our partners, into the future.

Operational Risk Register / Board Assurance Framework

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



Services are raising and reviewing risks with regards to the on-going Covid response, and the planned move to recovery/ reset. The Equality Impact Assessment and Ethics Panel process ensures that service and process change risks are reviewed, scrutinised and captured.

There is no change to the Trust's overall risk profile. Capacity and demand, staffing and recruitment and IT remain the most prevalent risk groups on the Risk Register. The Coronavirus (Covid-19) risk on the register continues to be 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
57	Quality Governance, Safety and Professional Standards	Jackie Ardley	16	12	6

All risks have been updated in consideration of impact for Covid-19.

Update from Trust Management Team (TMT) meeting

An update on the Trust Management Team meeting held on 27th May will be provided at the meeting.

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

Southampton Systems update

Link to BAF#59 – BAU Demand and Capacity

Across the Care Group, services have been adjusted to respond to the Covid-19 crises as described previously. The following system activities have also been undertaken;

- participation in daily system wide bronze level calls (these have since been reduced to three times a week)
- working collaboratively with provider partners to take decisions in relation to the coordination of bed capacity
- upon the outset of the crisis, we took the decision with partners to create additional system bed capacity at the Adelaide Health Centre – we have since admitted a few patients
- as the community wards at the Royal South Hants Hospital are equipped with piped oxygen, the system also supported the cessation of rehabilitation admissions (with patients being supported with community care packages), to again support any potential surge requirements. We have recently started to readmit patients for rehabilitation to our community wards and have also taken the opportunity to conduct refurbishment work on Lower Brambles.

As part of our recovery, the Care Group met on 7 May to discuss and share ideas around re-set, and in particular how to reinforce the successes and positive changes to service delivery encountered.

County services update Link to BAF#59 – BAU Demand and Capacity

Our specialist dental services ceased a large proportion of their service offer, in line with national guidance, as most work is deemed as aerosol generating procedures – this will inevitably impact on our waiting lists, but we have established systems for monitoring deteriorating conditions and continue to provide clinics for emergency dental treatment across the county.

Our sexual health services have responded to the Covid crisis by delivering a number of service via remote methods including advancing our treatment by post as well as offering telephone consultations to avoid unnecessary patient attendance at our clinic settings. We have also ceased elective services in accordance with national guidance. It should be noted, that during the pandemic we have successfully mobilised and taken on the leadership of Sexual Health services with our partners on the Isle of Wight.

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

The PSEH Integrated Care Partnership (ICP) has continued to be active throughout the Covid-19 Crisis including;

- holding daily system silver calls
- instigating a bed capacity cell in late March supported by local modelling with a high level of cooperation and commitment across all partners, and
- early agreement to the principle of any PSEH patient in any community bed.

Notable service changes are implementation of the nationally mandated same day discharge arrangements; total triage in primary care; redirection of ED minors to the 3 locality urgent treatment centres; COAST helpline via NHS 111 and mental health redirection from the ED.
Over the last few weeks attention has turned to the reset of the PSEH ICP plan, with the identification of the high impact changes which will form the work programme for the next phase.

Solent is also providing workforce coordination services across PSEH to support care home providers with additional staffing. This work has been shared nationally.

Influenza season 2020/21

In mid-May we received a letter from Department of Health & Social Care, Public Health England and NHS England and Improvement acknowledging the delivery of the flu immunisation programme is likely to be more challenging due to the impact of Covid-19 – further guidance will be shared in September 2020. In the meantime however, we will plan accordingly against the current eligibility criteria.

Item 7.2

NHS
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NHS Trust

Our vision and strategy

March 2020

March 2020

Contents

Our strategy is rooted in the core purpose of the NHS, which is set out in the NHS Constitution:

"The NHS exists to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we can not fully recover, to stay as well as we can to the end of our lives".

Solent NHS Trust is responsible for providing community, mental health specialist services for people living in in Portsmouth, Southampton, the Isle of Wight and wider Hampshire.

Our vision, developed with our communities, people and partners, is to provide great care, be a great place to work and deliver great value for money.

Our values describe what is important to us, the culture we are aspire to create and how we will behave.

Our strategy describes how we will achieve our vision: what we mean by *great care* and how we will work to make this a reality; how we will make Solent a *great place to work*; and how we will deliver *great value for every pound of taxpayer's money* invested in our services.

Our strategy describes our role in improving health and wellbeing, and improving the health services we provide, for the populations we serve.

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The system in which we operate

Increasingly we operate as part of a system rather than as individual organisations (**system by default**) - with more joined up and coordinated care delivery, working across primary and community care, health and social care, and physical and mental healthcare. We operate in neighbourhoods, in integrated care partnerships as defined by populations surrounding the acute trusts, in an Integrated Care System across Hampshire and Isle of Wight and beyond into regions.

We have the **Long Term Plan (LTP)** to guide the way in which we work over the next 10 years

- to deliver a new service model in which people have more options and better support, and
- joined-up care at the right time in the optimal care setting with a stronger emphasis on prevention and health inequalities.

The LTP sets priorities for quality and outcomes improvement for the decade ahead and sets out how current workforce pressures will be tackled, and staff supported. It identifies a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS.

We await the publication of a **Social Care Green Paper.** It might be expected that a Green Paper will include:

- new, and perhaps radical, solutions to the issue of social care funding as well as an assessment of existing approaches.
- detailed information about proposals and their likely effect across the population
  a roadmap to implementation with a detailed timetable, including setting out any legislation required
- a number of scenarios influenced by variables such as demographics and technology.
- the impact on social care markets, as most social care is currently provided by the private sector.

[ref Adult social care: the Government's on-going policy review and anticipated Green Paper (England) Published Monday, September 30, 2019]

The **Interim People Plan** has some key ambitions:

- The NHS will rapidly increase the number of NHS staff, deliberately starting with the nursing workforce where the current vacancy pressure is greatest
- Make the NHS “the best place to work”, addressing current concerns from frontline staff on the pressures they face, and improving retention rates
- Equip people and NHS frontline organisations to provide 21st century healthcare including the need to join up health and care and take advantage of digital technology, genomics and other innovations
- Make the NHS an employer to be proud of; we want to eradicate blame culture, deliver massively improved mental health provision and provide greater protection from violence and harassment

“The success of the health service is rooted in the incredible people who dedicate themselves around the clock and we must show our staff the NHS values them as much as they value their patients.”

Our **Integrated Care System** across Hampshire and the IOW has stated that

“Together we will deliver care which is amongst the best in the world, enabling people to lead healthy and independent lives”

The ICS recognises that people want:

- More choice and control over their own health and wellbeing and more personalised care
- Clear accessible information that allows them to live well for longer and better manage their health and care
- Greater access to urgent and emergency care
- Better safe care for major health conditions

The ICS will

- Support people to prevent ill health and stay well
- Develop a resilient and responsive community focused health and care system
- Keep people safer and healthier at home reducing time spent in hospital
- Ensure resilient general practice for the next generation
- Have a thriving hospital sector collaborating through networks to develop expertise and infrastructure
- Ensure that people with mental health needs, learning disability and autism are supported in all of their care needs

The ICS will realise the ambition by:

- Making Hampshire and the Isle of Wight a place in which people want to work
- Investing in improving our use of information and giving people digital tools and apps that allows them to be in control of their care
- Changing the way we spend our money- making a shift to strengthen prevention, and deliver personalised and primary and community care improving health and wellbeing
- Investing in the buildings in which we deliver care
- Simplifying the current competition based approach to care, instead working as one for the benefit of local people
- Sharing learning and working together to both innovate and implement research and best practice

Our Vision and Strategy - The Solent Story

At Solent NHS Trust we all share an ambitious vision to make a difference by keeping more people healthy, safe and independent in, or close to, their own homes.

People, values and culture drive us; the best people, doing their best work, in pursuit of our vision. People dedicated to giving great care to our service users and patients, and great value to our partners.

We aspire to be the partner of choice. With them we will reach even more people, and care for them through even more stages of their lives. Ultimately it is the people we care for who will tell us if we are successful and who will help shape our future care.

We know our vision is ambitious, but we have excellent foundations; our organisational priorities and quality goals are how we:

- Provide great care
- Be a great place to work
- Deliver great value for money

Providing Great Care

People who use our services will say that their care is personalised, based on their needs and priorities, designed by them and delivered with respect and kindness.

They will experience quality care that is safe, evidence based and responsive.

We are open and honest and we listen and learn with our service users, family members and carers to ensure continual improvement.

We work with our local communities to deeply understand, respect and respond to their diverse needs and tackle barriers to inclusion.

Our learning and improvement is supported by our Solent Research & Improvement Academy with strong service user leadership and participation.

And as a result we will see…

Evidence of even stronger engagement with the people and communities who use our services

Service users will report even better outcomes

Increased reporting of incidents and reducing harm

Improved performance against quality metrics

Evidence of improvement driven by research, learning and feedback

More people enabled to stay at home and with their family

An example of how we provide great care – Helping people to remain at home

Our teams work in close partnership with local organisations to deliver outstanding care and we share their stories on how they make a difference to peoples' lives.

The average district nursing case load has a percentage of patients who are in and out of hospital, calling on ambulances regularly and using a lot of health care resources. Our case management team is on hand to try and reduce that load, working with other health and social service teams to support people with long term and complex health conditions, keeping them safe and well in their own homes. If patients do happen to go into hospital, we work hard to help them to return home.

Ruby Nandra, is a community sister working as part of the service. She recalls the time she visited a patient who's story may have been different if he hadn't been cared for by our Solent case management team.

"I visited a 69 year old man who lives on his own. He had been referred by the GP because of his memory loss. He had also not left his house for years. Within about an hour, I realised that he was extremely vulnerable. I asked to take his blood pressure but to do this, I had to remove a few layers of his clothing. It was at this point that I could see how small he was in stature, so nutrition was also an obvious issue. There was a lot that needed to be done to help him.

"He'd not been assessed or formally diagnosed, so I referred the patient to the older person's mental health team, who assessed him with an unspecified dementia. We then referred him onto social services who arranged for Meals on Wheels to be delivered to his house every day, which has completely transformed his life. They also arranged a court of protection over his finances which really helped reduce his anxiety.

"This particular patient was discussed at our virtual ward meetings every week until he was stable. Without our help and the work of all of the teams involved, I'm certain he would have spent the rest of his time in hospital. It's a pleasure to be able to keep him where he wants to be, which is in his favourite chair, in the front window of his own home."

#TheSolentDifference

An example of how we make a difference – Safeguarding for change

Our teams work in close partnership with local organisations to deliver outstanding care and we share their stories on how they make a difference to peoples' lives.

Lorraine Bishop is one of our Senior Children's Community Nurses (CNN), covering Portsmouth and the South East Hampshire area. Solent Children's Community Nurses provide care to children and young people with chronic or complex health conditions. They also help our Safeguarding Children Team advise, train and supervise employees in practice with the aim of keeping children and young people safe and well.

In 2019, Lorraine was involved in a complex safeguarding case where the patient she was treating had a long term degenerative disease. Lorraine identified that the patient's needs were not being met by the carer. Due to their condition, it became clear that for their own safety, urgent hospital care was required. Lorraine used her leadership skills and took the initiative to have them admitted as soon as possible.

"After many attempts to gain the patient's consent to do so, I had them admitted to the Queen Alexandra Hospital in Portsmouth on a Friday afternoon, where they were cared for by both the children's department and adult services team. The following day the patient had a respiratory arrest and had to be resuscitated. The consultant involved in their care advised me that if they had not been in hospital, he was sure this child wouldn't have pulled through."

Due to the complexity of this case, a Learning Review by the Portsmouth Safeguarding Children's Board took place. The Review highlighted many aspects of good practice, in particular Lorraine's tenacity, professionalism and leadership, which in turn saved the patient's life. It also stated that it is vital that these examples of good practice are used as a platform to build on and strengthen the multi-agency safeguarding arrangements across the Portsmouth area.

#TheSolentDifference

Being a great place to work

Team working is at our heart; delivering great care is only possible if people feel connected, involved and supported to do their very best work together.

We have a values-based culture where every interaction matters; if we continue to build a great place to work, outcomes and safety for patients will further improve.

Improved people practices and compassionate and inclusive leadership are key to the development of a just and supportive environment, in which people feel safe to speak up and challenge practices

We will continue to ensure our people are liberated through communities of action to simplify, participate and innovate. Innovation and technology will be at the core of our plans to achieve a sustainable workforce.

We nurture a culture of growth and will ensure that all our colleagues benefit from learning, and career development.

And as a result we will see…

Increased advocacy (people recommending the Trust)

Increased employee engagement

Freedom to speak up

Reduced employee turnover and absenteeism

Retention of our talented people

Reduced requirement for expenditure on agency staff

An example of how we are a great place to work – Looking to the future

We have a values based culture and we nurture growth, ensuring that everyone at the heart of Solent benefits from learning, and career development.

To positively support learners across the organisation, our Educators in Practice (EiP) team work to help develop and deliver training activities for students and new registrants. They provide and offer support to mentors, supervisors and practice educators. The EiP team has also developed a new preceptorship programme (for newly qualified practitioners) as well as a coaching support programme for the preceptees.

Rachel Miller is a Trainee Practice Nurse in Southampton. Solent GP Surgery practice nurses are based in three Solent GP Surgery sites and provide nursing and healthcare support to their local community. Rachel joined the Trust after qualifying in 2019 and is looking to the future. As part of her new role she is studying towards a ‘Foundation in General Practice Nursing’.

“I always knew I wanted to help and support others. Whilst I was working as Health Care Assistant I got the nursing bug so I started my training with the Open University. During my training, a placement opportunity at Solent became available, so I went for it, and I’m so glad that I did. I love the values that the Trust lives through and its purpose. Giving compassionate care to people in the community, helping them to stay out of hospital, really chimes with me. The Trust is also extremely supportive with studies and it urges employees to develop their skills to be the best they can be.

“As part of my course, I have multiple days at university where I am taught vital aspects of general nursing. During this study time I am supported by two experienced practice nurses from Solent who provide me with mentorship, helping me to build on my portfolio and practical experience. Everyone at Solent is always so happy to help and give me guidance whenever I need it, and they genuinely care about my success.”

Delivering Great Value for Money

We want to make the best use of every pound invested in the NHS.

We will deliver value by providing our staff with the resources they need, optimising the use of buildings and technology, reducing waste by removing duplication, openly sharing and constructively challenging cost information, and working in partnerships to deliver cost effective care across systems.

And as a result we will see…

- Our teams being more mobile and able to provide great care more quickly
- Improved service productivity
- Investment in key estate and technology
- More care being provided within the community alongside partners as pathways are redesigned

An example of how we are providing great value for money – paving the way for innovation

We will deliver value by providing our staff with the resources they need, optimising the use of technology and working in partnerships to deliver cost effective care across all our systems.

Lynn Salmon is a Consultant Practitioner in the Portsmouth Rehabilitation and Reablement Team (PRRT) at Solent. PRRT is an integrated health and social care service which provides responsive support for people whose needs have intensified, often as the result of an acute illness.

“I am part of a group of highly skilled individuals who are helping to deliver a new innovative way of working in the community. The Practitioner Model will enable our PRRT teams to provide methods of advanced clinical practice and expertise to help improve and future proof our services.

“It has been introduced as a cost effective solution to manage patients with medium acuity health needs, keeping them safe and well at or as close to home as possible. Made up of a team with varied skill sets, which includes emergency nurses and cardiac specialists, the model ensures senior clinical advice and support is readily available for everyone under our care. This will help to avoid costly hospital admissions and allow people to remain at home or be cared for in a community inpatient setting.

“The practitioner team will also be able to offer new, forward-thinking initiatives. For example, we are currently preparing to trial ‘point of care’ testing. This enables the practitioners to take a blood test at the patient’s home and have the results in real time.

‘I recently treated a patient alongside a PRRT paramedic, who had spent more than 12 hours on the floor. By utilising the practitioner model in this situation, the patient was able to remain at home. The same blood tests that an A&E department would do were completed and then monitored. When he was safe and comfortable, I explained that there was no need for him to go to hospital. I’ll never forget the relief on his face.”

“In the challenges of the current health systems we need to work differently. We need to grow clinical community experts and challenge the traditional medical models. I believe advanced clinical practice offers a real opportunity to help us move forward and shine as advocates for innovative care.”

We can make an important contribution to the success of the care systems in which we work

Increasingly the success of the whole system relies on all parts of the system operating at the highest standards of performance, and being able to work together as an effective whole.

We are able to offer an important and unique contribution to the health and care systems in which we work. We have…

Our Contribution

A track record in delivery through partnership, and in successfully moving care from a hospital setting into the community with a focus on place-based, coordinated and integrated services.

Proven expertise and understanding of place-based care.

Experience in services that require greater scale for delivery.

The freedom, appetite and capability to drive transformational change with experience of delivering this across organisations.

A legal vehicle to support the delivery of place-based services.

A willingness to think beyond the success of the organisation alone, and to look to the success of the system and the outcomes for our communities.

Rigour and discipline through strong governance processes, the bandwidth to manage risks in complex environments and the systems to enable staff to innovate and transform.

Principles to guide us

We have developed these principles to guide us as we work to improve health and wellbeing, and improve the health services we provide, for the populations we serve.

The three components of our vision – providing great care, being a great place to work, and delivering great value for money – provide an overall structure to guide the decisions we make.

Our Principles

1 Equality, Diversity, Inclusion & Human Rights.

We will protect human rights by adherence to the underlying core values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA). At every level of the organisation we will establish a supportive structure to focus on diversity & inclusion (including WRES and WDES) and to enable people to do the right thing for patients and each other.

2

Honest partner.

We will be open book so that others can see and challenge how we operate and spend our money.

3

Proactive.

We will be a responsive and positive force for change to enable the introduction of new care models because we believe they are the best solution for our communities.

4

Rigour at each step.

Each time we make a change, we will ensure the change is safe, improves care quality, offers value for money, is delivered in partnership and that people are supported through the process.

Our Principles

5

Populations and patients before services; services before organisations.

Our first consideration will be for the whole system and what is best for our community.

6

Ensuring we are well led.

It is not yet clear what organisational forms will be needed in future but we will ensure that Solent is well-led and acts as a good partner, adapting to the changing context; responsive and receptive to the system, and with strong governance.

7

Greater together: engaging people and communities.

We will focus on involving people to shape person-centred care, advance human rights and provide equally good access, experiences of care and outcomes.

Delivering our vision and strategy: continual development and refresh of core Trust strategies

Key

Great care

Great place to work

Great value for money

Solent NHS Trust Strategy

- People and OD Strategy
- Community Engagement Strategy
- Freedom to Speak Up Strategy
- Diversity and Inclusion Strategy
- Quality Framework
- Medicines Optimisation Strategy
- Learning Disabilities Strategy
- Clinical Strategy
- Research and Improvement Strategy
- Communcations and PR Strategy
- Risk Management Framework
- Information Governance Strategy
- Commercial Strategy
- Estates Strategy
- Financial Strategy
- ICT and Digital Strategy

Integrated Care Partnership Strategies

Hampshire and Isle of Wight STP Strategy

NHS Long Term Plan

May 2020 update:

We will be taking the opportunity over the forthcoming weeks, in consultation with the Board and wider leadership team, to review our strategy in light of the Level 4 National Emergency ensuring we reflect on learning taken and implications for how we might operate differently, as a Trust and with our partners, into the future.

Board and Committee Cover Sheet

Item No.	4

Presentation to	*In Public Board Meeting*			
Title of Paper	Trust Board Performance Report – April 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	22/05/2020	Committees/Groups previously presented	TMT	
Action Required	For decision?	N	For assurance?	Y
Recommendation	*The Board is asked to:* • *Receive the report*			

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the Board is asked to consider whether this paper provides: Sufficient assurance And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature								

Table of Contents

1.1 Introduction

In light of the current COVID-19 pandemic, this iteration of the Trust Board Performance Report follows a different structure to the usual format. The Trust has taken a streamlined but focussed approach to performance governance during the COVID-19 response, emphasising attention on quality and workforce performance across the Trust.

During March 2020, the Performance and Business Intelligence teams launched a new Integrated Performance dashboard to review key metrics on a daily basis, making it specific to the current ever-changing environment. This is a significant positive shift for the Trust, and the first step in moving away from historical month-end reporting. The daily dashboard gives assurance and oversight to Senior Managers across all service lines, including regular updates on bed occupancy through each day. The data presented in the COVID-19 Integrated Dashboard is correct as of 19 May 2020, compared to the historic review of the previous month's information.

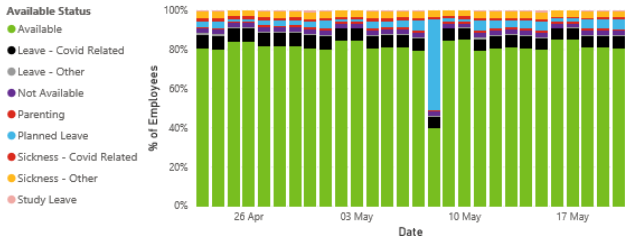
The COVID-19 Integrated Dashboard replaces the usual operations, quality and finance dashboards in this month's report. All key matters of note from the Integrated Dashboard are referenced within the respective commentary sections.

1.1 COVID-19 Integrated Dashboard

Data as at 19 May 2020

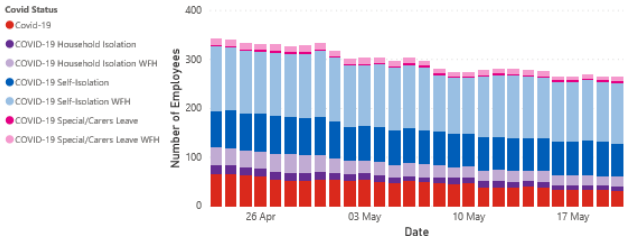
Workforce: Employee Availability (Roster)

STAFF AVAILABILITY BY REASON



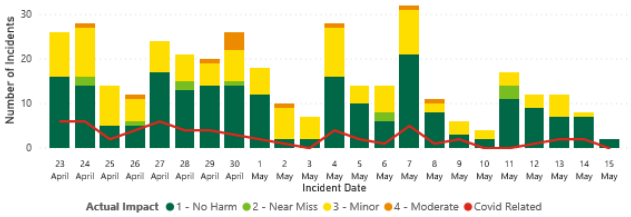
Workforce: COVID-19 Related Absence (Roster)

STAFF UNAVAILABILITY DUE TO COVID-19 BY REASON



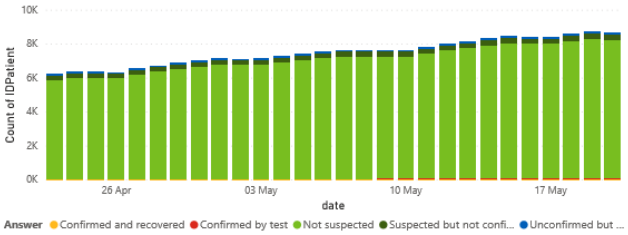
Quality: Incidents (Ulysses)

NUMBER OF INCIDENTS BY SEVERITY AND COVID-19 RELATED



Operations: Patient Reported COVID-19 Status (SystmOne)

COVID-19 STATUS AS RECORDED ON SYSTMONE



Quality: Inpatient Deaths

COVID-19 DEATHS (ULYSSES)

1

Quality: Community Deaths

COVID-19 DEATHS (ULYSSES)

34

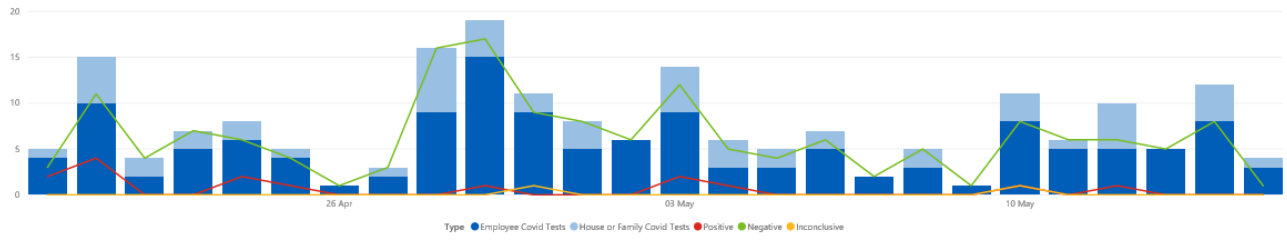
Operations: Inpatient Occupancy/ Capacity (SystmOne)

MOST RECENT POSITION

Cost Centre	Total Capacity	Total Occupied	Total DToC	Available Beds	Occupancy %	Date Recorded
402550 Orchards PICU - Maples	11	3		8	27%	20/05/2020 11:36:03
402555 Orchards Acute-Hawthorn	23	20		3	87%	20/05/2020 11:34:36
403074 Lower Brambles Ward	24	0		24	0%	20/05/2020 11:42:07
403076 Fanshawe Ward	19	15		4	79%	20/05/2020 11:41:39
403080 Snowdon Ward	14	14		0	100%	20/05/2020 11:39:47
403088 The Kite Unit	10	6		4	60%	20/05/2020 11:37:37
403130 Spinnaker Ward	16	13	2	3	81%	20/05/2020 11:39:14
403156 Brooker	22	21	3	1	95%	20/05/2020 11:36:42
403160 Jubilee Hse Contnu Care	23	13		10	57%	20/05/2020 11:38:06
405634 COVID19 Adelaide	17	11		6	65%	20/05/2020 11:40:50
Total	**179**	**116**	**5**		**65%**	

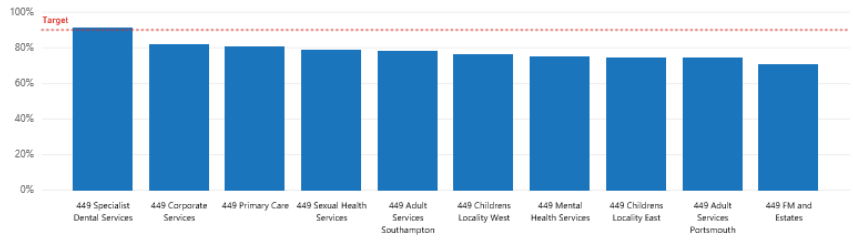
Workforce: COVID-19 Testing - Employee and Household / Family Tests

NUMBER OF TESTS AND SUBSEQUENT RESULTS



Workforce: Training Compliance (ESR)

STATUTORY AND MANDATORY TRAINING COMPLIANCE BY SERVICE LINE



Workforce: Training Compliance (ESR)

OVERALL STATUTORY AND MANDATORY TRAINING COMPLIANCE

77.40%

Workforce: Clinical Supervision Compliance

55%

2.1 Performance Subcommittee Exceptions

Performance Subcommittees in April specifically focussed on Quality and Workforce in response to impacts of the COVID-19 pandemic. The refined scope ensures appropriate focus, resource and attention is given to the more pertinent issues during the pandemic period, with discussions around Key Performance Indicator (KPI) achievement, for example, now limited in light of altered service provision during the national crisis.

A combined Portsmouth and Southampton & County Wide Care Group Performance Subcommittee was held in April to ensure consistency and encourage shared learning across the organisation. The following points of note are applicable across all Care groups unless otherwise stipulated:

- It was noted that the commitment of Solent staff during the COVID-19 crisis has been excellent and the pace at which they have adapted to significant change has been of huge benefit in enabling the Trust to respond positively and quickly to the pandemic.
- Clinical staff have embraced new technology, delivering video and telephone consultations across many services, which has been positively received and enabled services to maintain delivery safely.
- On 1 April 2020, Solent took responsibility for provision of the IOW Sexual Health Service, following transfer from the IOW Trust. This was a hugely successful mobilisation, given that it took place part-way through the COVID-19 response.
- Concern was raised about recording of clinical supervision across the majority of service lines. All service lines reported that clinical supervision is being undertaken within the required timescales for all clinical staff; however the recording of this information is currently poor. Following the meeting, a drive to improve recording has seen the reported rates increase from 40% to 55% of staff having received clinical supervision within an appropriate timescale. Directors continue to encourage staff to improve their documentation of this and performance will continue to be monitored closely.
- Training compliance was also discussed as the Trust's compliance rate is currently below the 95% target (78% as at 19 May 2020). This is not unexpected at the start of a new financial year, as both Information Governance training and Appraisal compliance are reset to zero on 1 April. Managers have been encouraging staff to make time to complete their training, even during the COVID-19 response, as it is acknowledged how important training compliance is in delivering high quality patient care, in particular safeguarding and infection, prevention and control modules. Training compliance continues to be monitored closely through our Performance Review Meetings.
- Concern has been highlighted about the general anaesthetic (GA) activity within the Specialised Dental Services as the Trust's top service line risk, with a score of 20. The Dental service line have been managing long waiting lists for some time due to lack of available theatre space within the local system to meet the demand, however as a result of COVID-19, and the cessation of all non-urgent surgical activity, the waiting lists have currently been frozen. There is a backlog of patients awaiting triage, some of whom will require a GA, as well as a likely increase in referrals once routine activity begins again within General Dental Practices. Without an increase in theatre capacity, the service will be unable to bring the waiting list down to a manageable level. The service is working with local partner organisations to try and secure additional space in readiness for routine activity restarting.

Over the past few weeks, services have started to consider their recovery plans for when services begin to resume some elements of business as usual. The Trust is encouraging services to consider what learning they can take from their COVID-19 response, and how this can be applied to normal service provision (the use of video consultations, for example) into the future. A series of focussed conversations have been planned for late May/ early June where each Care Group and Corporate Teams have the opportunity to present their plans, ensuring that priorities for the coming weeks/months are aligned.

Performance monitoring during this time will be extremely important, and a further range of metrics are being developed to ensure services have a clear oversight of their delivery and plan their recovery in the most appropriate and effective way. Further information on recovery will be shared in the next publication of the Trust Board Performance Report (June 2020) as the plans are finalised and begin to be implemented.

2.2 NHS Improvement Single Oversight Framework

Month: Apr-20

	Indicator Description	Internal / External Threshold	Threshold	Current Performance	Capability	Variance
Quality of Care Indicators						
Organisational Health	Staff sickness (rolling 12 months)	I	4%	5.2%	F	
	Staff turnover (rolling 12 months)	I	14%	13.8%	?	
	Staff Friends & Family Test - % Recommended Employer	I	80%	72%*	F	
	Proportion of Temporary Staff (in month)	I	6%	6.7%	?	
Caring	Written Complaints	I	15	1	?	
	Staff Friends & Family Test - % Recommended Care	I	80%	86.0%	P	
	Mixed Sex Accommodation Breaches	E	0	0	P	
	Community Friends & Family Test - % positive (February 2020 data)	E	95%	97.0%	P	
	Mental Health Friends & Family Test - % positive (February 2020 data)	E	95%	93.1%	?	
Caring	Written Complaints	I	15	1	?	
	Staff Friends & Family Test - % Recommended Care	I	80%	86.0%	P	
	Mixed Sex Accommodation Breaches	E	0	0	P	
	Community Friends & Family Test - % positive (February 2020 data)	E	95%	97.0%	P	
	Mental Health Friends & Family Test - % positive (February 2020 data)	E	95%	93.1%	?	
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%	78.0%	P	
	% clients in employment	E	5%	5.0%	?	
Safe	Occurrence of any Never Event	E	0	0	P	
	NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	0	?	
	VTE Risk Assessment	E	95%	96%	P	
	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%	92.4%	P	
Maximum 6-week wait for diagnostic procedures	E	99%	100.0%	?	
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	E	0	0	P	
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50%	83.0%	?	
Data Quality Maturity Index (DQMI) - MHSDS dataset score	E	95%	91.1%*	?	H
Improving Access to Psychological Therapies (IAPT)					
- Proportion of people completing treatment moving to recovery	E	50%	52.3%	P	
- Waiting time to begin treatment - within 6 weeks	E	75%	90.0%	P	
- Waiting time to begin treatment - within 18 weeks	E	95%	100.0%	P	
Use of Resources Score					
Use of Resources Score (March 2020 data)	E	2	2	P	

* 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	P	Consistantly acheiving target	Target acheived for 6 consecutive data points
	?	Achieved and missed target intermittently	Periodic changes in the data that are random
	F	Consistantly missing target	Target missed for 6 consecutive data points
Variance	H	Special cause note - High	High special cause concern is where the variance is upwards (for 6 data points) for an above target metric
	L	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
	L	Special cause concern - Low	Low special cause concern is where the variance is downwards (for 6 data points) for an above target metric
	H	Special cause concern - High	High special cause concern is where the variance is upwards (for 6 data points) for a below target metric

2.3 Regulatory Exceptions

The Trust continues to be rated as 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.

As a result of the COVID-19 pandemic, it was expected that performance against the Single Oversight Framework (SOF) metrics would deteriorate during March and April 2020. The statistical process control (SPC) method used within the SOF allows for short term variation, and subsequently this has meant that no new negative or positive exceptions have been identified within this month's SOF. The Trust will continue to monitor these metrics, and will investigate appropriately should performance significantly decline as the COVID-19 response continues.

There was a national hold put on the collection of Friends and Family (FFT) test data during March as a direct result of the COVID-19 outbreak. From 1 April 2020, Solent also moved to a new FFT data collection provider. Due to other priorities within the Trust at the current time, it has not been possible to get the full breakdown of the results collected during April split by Community and Mental Health services. The Community and Mental Health FFT figures reported below are therefore taken from the last known position (February 2020) as a placeholder.

On a similar theme, VTE risk assessments data has not been calculated during March and April 2020. This is managed by the Infection Prevention & Control team, and their resources have been solely focussed on supporting the organisations COVID-19 response over the past two months.

The Use of Resources score reported is the Trust's position as at March 2020. The Trust has not calculated the score for April 2020 as it is not appropriate or relevant for the first month of the financial year. More information on financial performance can be found in section 4.1.

Significant negative exceptions on this month's Single Oversight Framework (section 2.2):

Staff Sickness

The staff sickness indicator shows that without significant intervention, the target will not be achieved. Staff sickness has continued to rise, with the sickness rate reaching 5.2% during both March and April. This has understandably been contributed to by COVID-19, with a reasonable amount of staff impacted by the virus. Further narrative on Workforce metrics can be found in the Workforce Dashboard Commentary (section 5.1).

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 7 periods (FFT data is collected three times per year), however performance is deemed significant as the target has never been achieved. However, Solent's performance against this metric has steadily improved year on year for the past 3 years, with the annual averages going from 65.8% in 2017/18 to 69.7% in 2018/19 and 72.1% during 2019/20. This is a really positive year end position for the Trust.

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

Nothing to note

3.1 Chief Nurse Commentary

Current Events to Note

In light of the national emergency relating to COVID-19, the CQC inspection which was planned and reported previously has been delayed until further notice. We continue to engage with the CQC on all relevant matters.

A national emergency relating to the COVID-19 pandemic was declared in March 2020 and as a result we were required to undertake several immediate actions in line with government and NHS England/NHS Improvement (NHSE/I) guidance. All actions, which impact patients and their care, are reviewed using the Quality Impact Assessment (QIA) Framework and only implemented upon approval. A summary of our response is as follows:

- The advice to staff has consistently followed national guidance, with review and interpretation made by the relevant subject experts within the Trust
- In line with NHSE/I guidance all service delivery and supporting activities identified were discontinued
- Services completed a QIA for any changes to service delivery being proposed
- A review of bed capacity was undertaken and areas for potential expansion of bed capacity were identified
- Additional bed capacity was established at pace in both Southampton and Portsmouth with appropriate Infection Prevention & Control and Health & Safety advice informing the developments
- Staff who were registered with the NMC, but not currently working in clinical roles, were invited to access a range of up-skilling training in order that they could be deployed to support care delivery as demand increased and additional beds were opened
- The Learning and Development team, particularly the Educators in Practice (EiP), developed a comprehensive training programme for staff who were identified as above and for staff identified for redeployment
- Safe Staffing modelling was undertaken for the new wards as well as a comprehensive review of current inpatient wards. All ward area safe staffing was agreed and signed off thorough the QIA process by the Chief Nurse
- We have been active partners in the local system providing mutual aid in respect of sharing PPE and support with COVID-19 testing in prisons and care homes
- Solent, in partnership with Southern Health Foundation Trust and University Hospitals Southampton, have delivered the community testing programme across Hampshire during this period

The Infection Prevention & Control, (IPC), team have been central to managing our response to the crisis. They have been critical in supporting staff who are anxious and who were new to some areas of practice. Some of the activities undertaken by the team have been:

- Head of IPC had provided expert advice and support to the Board and senior leaders across the organisation through the internal Gold Command structure
- Carried out swab tests on patients on our inpatient units and have trained staff across the Trust to be able to take swabs
- Completed risk assessments with colleagues in clinical services to identify the staff who required Fit Testing of FFP3 masks and completed several Fit tests. They also trained the EiPs

to be able to continue Fit testing across services on an on-going basis

- A member of the team led the training of the community swabbing team and shadowed the individuals to ensure competency prior to them taking on the role independently
- The Head of IPC worked with the Chief Nurse team, the Procurement team and the emergency planning leads to review all government and Public Health England (PHE) advice and guidance particularly in relation to PPE
- The team delivered training sessions as part of the up-skilling courses referenced previously
- The team have continued to provide bespoke training as required or where concerns have been identified in relation to IPC practice
- Continued to visit clinical areas to provide advice and support in relation to both COVID and non-COVID related issues
- Head of IPC and team provided expert advice and training to CCG and care home colleagues
- Head of IPC provided expert advice and support to staff through regular zoom and face to face discussions (maintaining social distancing) which staff reported they have found very helpful and reassuring

All inpatient units have had COVID-19 positive patients which have been cared for in line with national guidance.

In this reporting period there was one case of a C.Difficile infection in one of our inpatient units. There was no outbreak but on reviewing the case some learning was identified which was shared with the team to help inform improved practice for the future.

In the previous reporting period concerns were identified in relation to an outbreak of C.Difficile on our older persons mental health ward. Due to the nature of the patients in this area there were concerns about how they would be able to prevent an outbreak of COVID-19. However, to date the ward has done an exceptional job in supporting their patients and ensuring both staff and patients are kept safe. The IPC team have visited regularly and have commended the team on their achievements to date.

In response to the COVID-19 pandemic and due to the changes required at pace, some areas of positive change have been identified, which staff have requested continue as we return to a more business as usual state. For example, it has been noted that the Fundamentals of Care training delivered by the education team has equipped some of our therapy colleagues with skills which mean they are able to undertake interventions which would previously have required a separate nurse visit. This reduces the need for double up care and releases clinical time to be used more effectively. Another example relates to changes to the Pressure Ulcer panel which staff feel is less time consuming, that there is more local ownership and engagement, and learning is shared in a more timely way.

2020 was designated the International Year of the Nurse with 12 May being the 200th anniversary of the birth of Florence Nightingale. Our original plan was to have a conference but due to the national emergency this had to be cancelled. However, we were delighted to host several events with the first one on Monday 11th, a talk from Linda Rosenberg from Columbia University, New York. The following day began with a visit by the Chief Nurse and the Trust Chaplin to the grave of Florence Nightingale.

We held a Zoom conference starting with an ‘Audience with Sue Harriman, Chief Executive and

Jackie Ardley, Chief Nurse'. This was followed by a presentation from the inspirational Pamela Campbell, Nurse Consultant Homelessness & Health Inequalities. We were very pleased to have Dr Habib Naqvi, Policy Lead, Deputy Director, NHS Workforce Race Equality Standard, join us for a session. Duncan Burton, Chief Nurse SE Region also joined us and provided insights into leadership in a crisis and his reflections from the current situation.

A special Schwartz Round team facilitated a very powerful and emotional Zoom Schwartz Round which had in excess of 80 participants. The overwhelming feedback was that people would like more opportunities to have these rounds virtually in future.

Our day concluded with sessions and reflections from one of our newly qualified nurses Rachel, and Jess a final year student now working in our Mental Health service. Throughout the week we also delivered over 100 posy's to nurses who were nominated by colleagues, 200 meals donated by Shelina Permalloo, 2012 Masterchef winner, to a number of teams across the Trust and 1500 cupcakes to all services to say thank you for all they do to care for and keep patients safe.

Diversity and Inclusion – Adjusting and Responding to COVID-19

During March and April, in response to the COVID-19 crisis, we have adapted and introduced new ways of working to ensure we could continue to support colleagues across the organisation. A series of Parenting Zoom calls have been established on a weekly basis for staff, some of whom are adjusting to homeworking, bringing parents together to share resources, tips and to provide support during this difficult time. A member of the workforce HR team is also available on the calls to provide advice and support in order to deliver timely resolution to any issues identified.

The team has been working with our Chaplain and Multi-faith group to send out messages over Easter and in preparation for Ramadan. We have been able to adapt the messages so that they could be delivered to an online audience, thereby complying with social distancing. We have also been able to support managers by sharing information about how they can support staff who may be fasting through Ramadan whilst there is a pandemic happening.

The national data shows that COVID-19 is affecting the BAME population disproportionately in terms of the numbers who have died. We have responded by contacting the national WRES leaders to seek support and advice on what actions we can take immediately to support our staff and wider community. On a local level, a programme of work has been set for the organisation that is being led and reviewed by Pamela Permalloo-Bass. The focus is on 5 work streams which are reviewed weekly and stakeholder engagement is included in this work plan. In addition, the BAME staff working in Solent NHS Trust have had the opportunity to meet with the Chief Executive, Chief Nurse, and Chief People Officer via a zoom meeting to discuss their concerns and to confirm the support available to them.

The BAME Staff Network continues to engage and meet virtually to provide support to staff as well as to provide feedback and advice. The following actions have been taken to date and will continue to be developed as more information becomes available:

- Letter (hard and soft copy) has been sent from Sue Harriman, CEO to all BAME staff detailing risk assessments approach, PPE, testing, recording sickness, and health.
- Risk assessment (RA) approach has been implemented, with HR service contacting individuals identified as being from a BAME background and therefore at high risk/vulnerable. Staff have been encouraged to complete a RA and send to Occupational Health. The risk assessment process supports conversations for high risk/vulnerable groups

of staff and managers to ensure the concerns/needs of BAME staff are understood (in line with NHS Employers risk assessment guidance published).

- BAME staff are encouraged to share their health status with Occupational Health and their line-managers so that underlying conditions can be reviewed, and risk assessments conducted, in order to decide whether actions such as adjustments/redeployment/working from home/shielding are advised.
- The same standards for the use of PPE are applied to all staff and at time of writing we have enough stock of PPE available.
- Testing is available to all staff (and members of their households) – there are no restrictions on the number requiring testing.
- Zoom call for managers on how to implement the RA have been held.
- All staff who receives positive results are counselled by occupational health, RIDDOR is considered and staff receive further welfare calls.
- Welfare calls are booked with any staff that are vulnerable, concerned or anxious.
- Guidance has been published on supporting BAME staff that may be fasting during Ramadan
- Microsite has been added to D&I SolNet pages to support BAME staff with information on impact of COVID-19 and protected characteristics (includes resources, BSL and video)
- Health and wellbeing support are being promoted including BAME networks and Freedom to Speak Up Guardians and occupational health.
- Information is available on the public facing website which includes other languages, BSL, and Easy-read versions

Complaints Update

In response to the COVID-19 pandemic and in line with national guidance the team have made temporary changes to the complaints process. New and existing complaints which have no immediate patient or staff safety issues identified have been placed on hold and will be investigated and a response provided when normal service is resumed at a time yet to be determined. Each complaint received is reviewed on a case by case basis and where appropriate the complaints are progressed where this supports the patient and respondent concerned.

Alongside this, all local resolution meetings have been cancelled but service concerns continue to be managed in the usual way, where services have capacity, to enable issues to be resolved in a timely manner.

In March and April 2020, we received a total of 11 formal complaints which is a significant decrease from the previous two months, and the lowest number received over a two-month period since January 2017. This reduction is consistent with a reduction in clinical activity across the Trust during the initial response to the national emergency. Of the complaints received, the themes relate to clinical care (6) staff attitude (4) and a further complaint relating to equipment and aids. These complaints are across multiple service lines with no specific themes evident to date. Overall, all service lines have shown a decrease in the number of complaints received. The complaints by service line are detailed in the table below:

Service Line	March 2020	April 2020
Adults Portsmouth	0	1
Adults Southampton	3	0
Children's Services	2	0
Primary Care	1	0

Sexual Health	2	0
Adult Mental Health	2	0
SPA	0	0
Special Care Dentistry	0	0
Corporate	0	0
Infrastructure	0	0
Total	**10**	**1**

Two service concerns were escalated to formal complaints during this period, at the request of the complainants. In contrast, the team de-escalated 3 complaints to service concerns (with agreement from the complainants) following resolution with the services directly.

In this reporting period we have received 1 Professional Feedback in March which related to children's therapies from a school. The matter has been investigated and in line with the current process, and as there were no immediate patient or staff safety concerns the response has been placed on hold.

A total of 26 complaints have been closed during this period with an additional complaint being withdrawn temporarily (in agreement with the complainant) pending receipt of a coroner's report. As at the end of April 2020, the team have 5 complaints which are on-going from previous months to which responses are under investigation and a response being drafted. To date, a total of 6 complaints have been placed on hold with plans now in place to commence investigations for these cases from mid-May as we transition towards business as usual.

The one active PHSO case from last period was closed in March 2020, after the preliminary assessment, due to the length of time that had passed. One new case was sent to the PHSO in March 2020 which was closed after the preliminary assessment. As of the end of April 2020 there are no cases open with the PHSO, who are no longer taking new cases at the current time.

Incident Updates

It remains imperative during the COVID-19 national emergency that we remain vigilant and report all incidents in line with Trust policy, the usual method of reporting incidents on the Ulysses system therefore has remained in place. However, in recognition of the anticipated increase in demand during the COVID-19 pandemic and to support staff, the team made available two additional methods of reporting, a reporting hotline and a paper form. Action was also taken to streamline the reporting form so that it focussed on essential information only. These measures have been put in place to release as much resource as possible to support the delivery of clinical care in tackling COVID-19. A staff communication and FAQ has been developed to advise staff on how to access this additional support. The team reviewed the current process on reporting and managing pressure damage and has made additional guidance on this available to staff.

Incident reporting in the second half of March declined significantly, with March 2020 being the third lowest month for incidents reported in a 36-month period. In March and April, most incidents were categorised as no harm or near miss incidents which is in line with usual trends. In the second half of April, we observed a comparable reduction in the number of moderate incidents being reported.

An analysis of the number of incidents reported against the total patient contacts for April 2020 in underway and this will be compared with the same period in 2019. The analysis will help to

determine if the drop in reported incidents during April 2020 is due to a reduction in clinical activity or an alternative rationale. Any themes or trends which are of concern will be escalated and an update provided in a future report to Board.

In this reporting period 175 COVID-19 related incidents were reported. 44 of these concerned the death of patients who were receiving care from one of Solent's services but who, with the exception of one patient who died on Spinnaker ward, died in the acute hospital or other care facility. All COVID-19 incidents relating to patient deaths were either confirmed COVID-19 positive or suspected to have COVID-19. Of the 44 deaths reported, 28 deaths were expected and 16 unexpected.

An additional 9 incidents were reported concerning poor discharges into Solent care. The incidents occurred in the early stages of the COVID-19 planning and were addressed directly with the CCG. No further incidents have been raised following this during the period concerned.

We have experienced one significant outbreak of COVID-19 amongst staff, on our inpatient wards at the RSH. A review of the outbreak has been undertaken which indicates a 2-day training session in early April may have contributed to the outbreak. Social distancing guidelines do not appear to have been followed at that time. The case has been discussed at an Infection Prevention & Control Group, chaired by the Chief Nurse, and the importance of social distancing has been reinforced via several staff communication routes and briefings. The Quality & Safety Team produced a rapid learning poster to accompany this.

There have been 8 incidents related to PPE during the same period, each incident is isolated and there are no patterns/trends evident at this time.

Serious Incident (SI) Update

During March and April, four Serious Incident investigations were declared. Two of the incidents relate to Adult Mental Health patients, one an Adult Services Southampton patient and one a Child and Family Services patient. Of the four SI's, one concerned the death of a patient receiving palliative care.

The outcomes and learning from these investigations will be shared and discussed at the Serious Incident and Learning from Deaths panels in May and June. The themes and learning identified will be reported in the Learning from Deaths Quarterly Report including SI's, Incidents and Patient Safety. Extensions were requested and granted by the CCG's on three Serious Incidents in March and April, due to difficulties in completing the reports as a result of COVID-19. All Serious Incident Reports were submitted within the agreed timeframes following these extensions.

Patient Led Assessments of the Care Environment (PLACE)

The 2019 PLACE Report was published in February 2020. The assessment consists of 8 domains and Solent NHS Trust results are detailed below with a comparison to the national average:

PLACE Results 2019	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity & Wellbeing	Condition Appearance& Maintenance	Dementia	Disability
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%
Solent Average	96.36%	94.98%	99.22%	92.02%	89.50%	92.74%	88.04%	87.13%
Solent compared to national average	↓	↑	↑	=	↑	↓	↑	↑

The outcome of our local assessment reported that when compared nationally our care environments are above the average in 5 domains, about the same in 1 and below average in 2 (cleanliness and condition; appearance and maintenance).

The action plan to deliver the improvements in the required domains, and to share and learn from our areas of great practice, will be monitored and reported though the Experience of Care Forums.

Community Engagement and Experience during COVID 19 – Making Strides

Inclusive Volunteering – the Solent ambition

We are so proud to have a vibrant volunteer community, people who offer the gift of their time, knowledge, experience and skills to improve the experience of people who use our services. We recognise that currently we don't get many applications from the diverse range of people that we serve and have sought advice from them about what we could do differently. Our first exciting steps have now been taken with the launch of our new recruitment campaign which emphasises our ambition to recruit people with a range of abilities and disabilities. We are delighted to say that we are interviewing our first applicants in the coming weeks.

Partnership, strategy and relationships development

Working with the newly appointed Director of Partnerships, we are extending our reach into the local community to include businesses and large charitable organisations. Initial meetings with Southampton Football Club, St. James' Place and Portsmouth Football Club were positive, with great support for the Solent commitment to engagement and a real interest in our inclusive approach to volunteering. There is now even greater potential for exciting partnership working across our local community.

Understanding what matters most to people who use our services

We have recently established a user led experience of care measures group. Prior to COVID–19 we were planning a user led workshop to understand how we can better collect and understand experience of care feedback. The team have now agreed to facilitate a Zoom based workshop so that despite our constraints we can progress our aim to better understand what really matters most to people who use our services.

Friends and Family Test (FFT)

The implementation of the new FFT guidance has been deferred until September 2020 in line with NHSE/I guidance followed by the reporting requirement having now also been suspended. However, during April we have continued to collect information using the new system provider, summary of which is below:

Month	No. of responses	Recommend	Not Recommend	Comment re: "not recommend"
April 2020	127	124	1*	"Because you have been very helpful and polite"*
Notes	*Query whether "not recommend selected in error due to positive comment submitted.			

With reference to the recent COVID-19 pandemic, Solent has seen a significant reduction in routine service provision as fewer people are currently seen in a planned way. The impact of this has been to reduce the pool of people from which feedback of services can be sought. We believe that this, coupled with the national announcement to defer FFT reporting requirements, has resulted in a reduced emphasis around collection of feedback and a notable reduction in responses received during April 2020. Recognising that Solent transitioned to a new Feedback Tool and Provider from April 2020, we will be working with the Business Intelligence team to analyse our current position in more detail to then determine our next steps – ensuring these remain in line with the national guidance.

4.1 Chief Finance Officer Commentary

2019-20 Year end position

The Trust ended the year with a full year adjusted surplus of £79k, £24k favourable to budget. The full years PSF and FRR of £2,453k was recognised in the position.

CIPs of £4,247k were delivered in the year. Although this was below the plan of £8,123k, it was a saving of 2.1%.

Actual capital expenditure for the year was £11.6m, £0.2m below the limit; this will be rolled forward into 2020-21. Capital spend was invested in estates with £5.4m spent on St Marys hospital developing Block B, £2.1m on backlog maintenance and £1.1m on two new hubs. Capital was also invested in ICT, £0.8m and replacement equipment £0.2m.

2020-21 Month 01

Due to COVID-19, the payment mechanism for NHS England and Clinical Commissioning Groups has changed. Block payments from NHS E and CCGs, supplemented by a further NHS E top up payment have replaced former invoicing regimes to reduce the administrative burden on NHS organisations.

The month 01 adjusted Trust position is break-even and includes known risks. The Trust will continue to adhere to strict maintenance of financial control and stewardship of public funds in line with its legal responsibility whilst dealing with the response to COVID-19.

COVID-19 Expenditure

The Trust has incurred additional revenue and capital expenditure as a result of Covid-19. In month 01 revenue expenditure linked to COVID-19 was £1.2m and included expenditure on additional ICT licences, software to enable working from home and improved communication and equipment such as monitors. Other costs incurred included costs to support additional capacity in wards, Grab and Go bags for frontline staff and additional PPE.

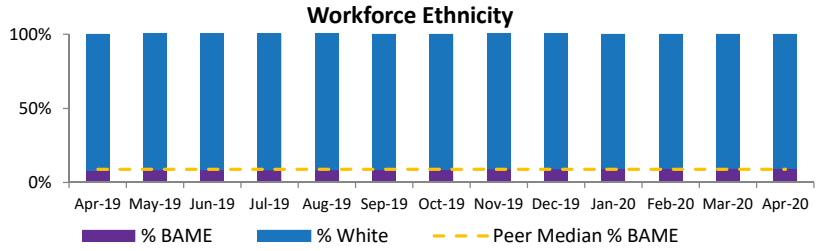
Capital projects to support COVID-19 have progressed throughout April and May with a total spend of £1.2m. £1.0m was spent on increasing bed capacity at Adelaide Health Centre in Southampton and Hamble House on St James Hospital site. This has resulted in an additional 88 beds to support the acute hospitals. £0.2m has been invested in ICT devices to allow staff to work from home.

To ensure our suppliers are paid promptly during this period of uncertainty we have reduced the payment terms for all suppliers from 30 days to 7 days. Whilst this has not greatly impacted our Better Payment Practice Code for April we expect it to have an impact in May.

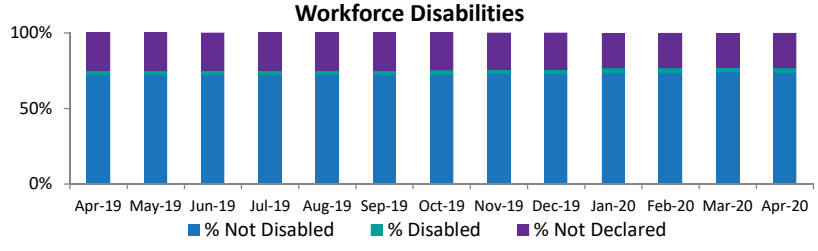
4.1 Workforce Integrated Performance Report Month: Apr-20

Planning

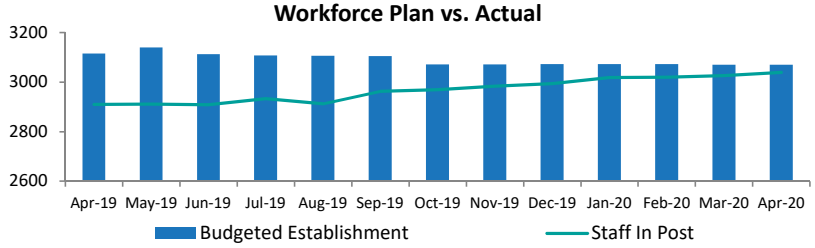
WRES



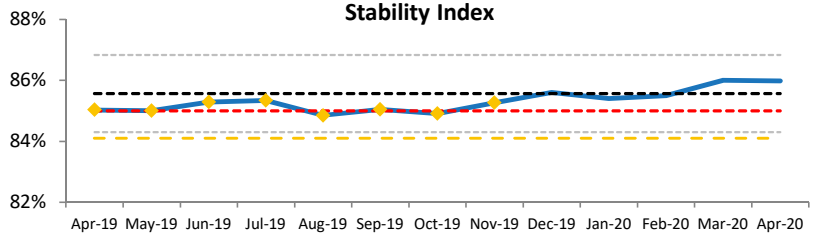
WDES



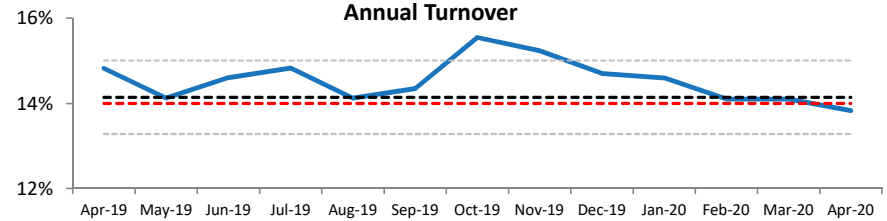
Actual vs. Planned

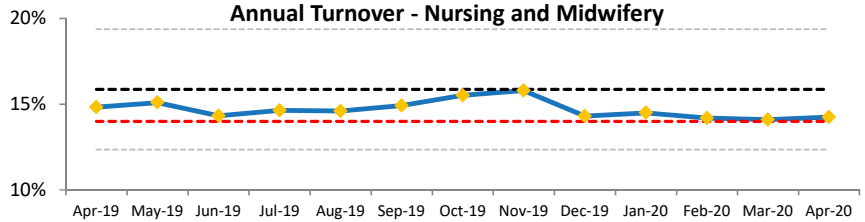


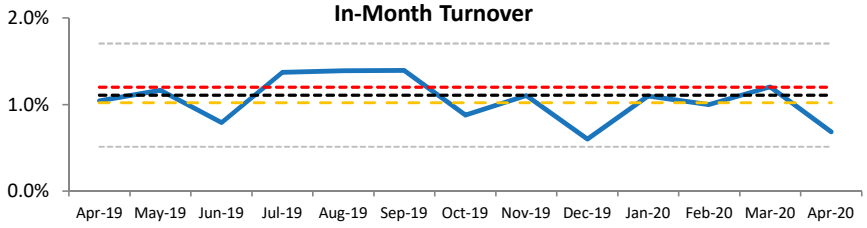
Stability Index



Turnover







Budgeted establishment figures reported for April are from 2019/20 year end, as the 2020/21 workforce planning process has been placed on hold nationally.

Since late February 2020 we have seen rising demands and changes to the way we are operating in response to COVID-19. This is also a contributing factor to the rapid drop off in in-month turnover and a rise in stability across the workforce.

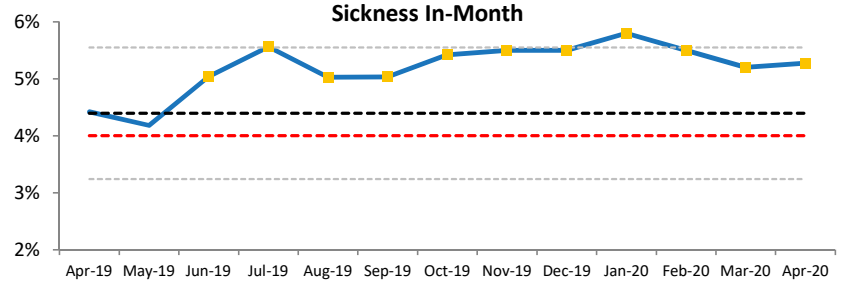
The People and OD team have undertaken a Fast Track recruitment process to bring additional staff into Solent on the Bank. This has seen our staffing bank rise by approximately 300 new staff. We have also seen new staff starting in Solent who were year 3 students, those through the BBS scheme (bringing Back to Service - national campaign) as well as a May cohort of students in their second year.

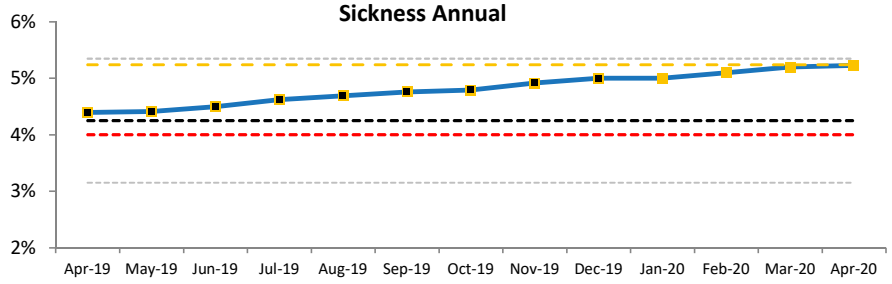
Deployment

Month: Apr-20

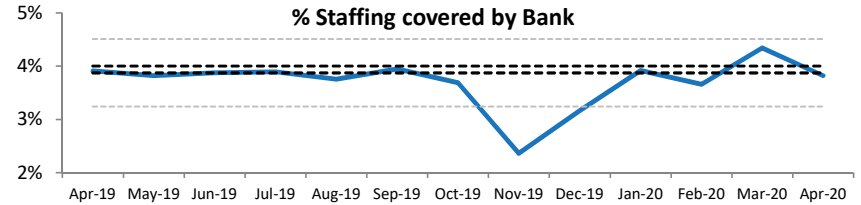
Key: Data | Target | Mean | Upper / Lower Control Limit | 6 Points Above/Below Mean | Rising/ Falling Trend (6 points) | Peer Median

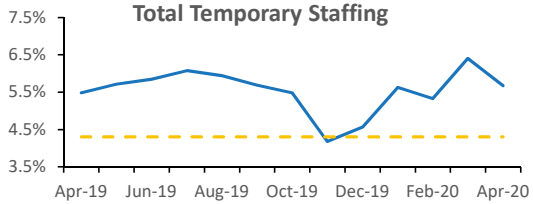
Sickness





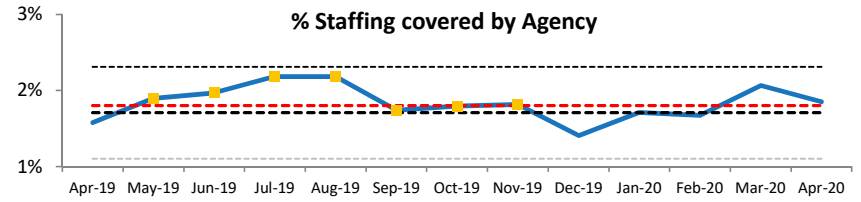
Bank & Agency

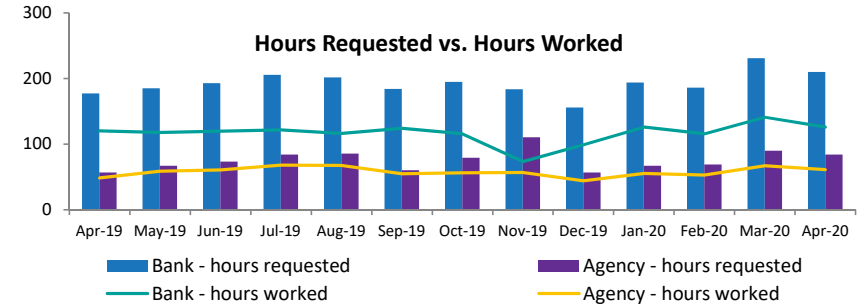




Rostering

Current Position: 1 / 4





In Month Cost: Bank - £282780 Agency - £206033

The absence data shown here does not include staff who are recorded in the roster as Self-Isolating, Household Isolating and Shielding, nor those who are working from home, as these staff members are not technically off sick. This reporting is included on the Integrated COVID-19 dashboard which is being monitored by the Trust's senior management team on a regular basis. The sickness data does contain those staff who are absent as a result of being unable to work due to being symptomatic or sick with COVID-19.

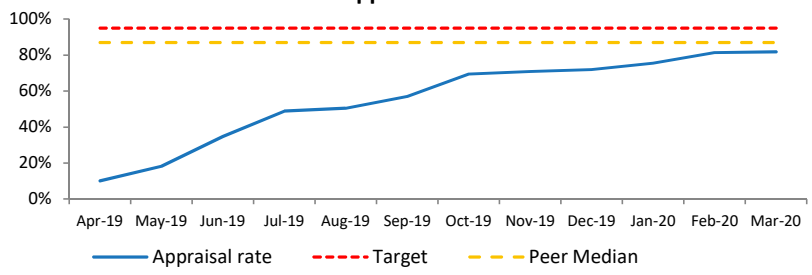
During the pandemic, teams members from the People and OD team have been realigned to services to support with e-rostering. This has made a big difference to roster effectiveness. We have not progressed work on audit recommendations for e-rostering during the pandemic, and will need to revaluate as part of the reset and recovery work.

The effects of the pandemic are also seen in the rise of temporary staffing.

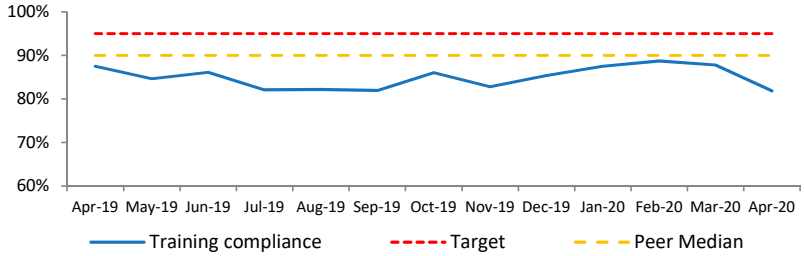
Development

Month: Apr-20

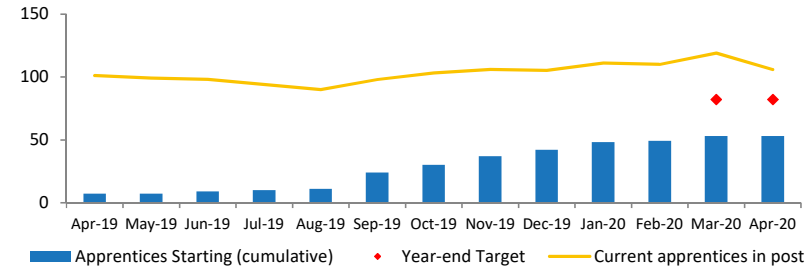
Appraisals



Stat & Mand Training



Apprentices



Engagement

Friends and Family Test

Percentage of Staff who would recommend Solent as an Employer

71%

Q2 2019/20

Staff Survey

Percentage of Staff who would recommend Solent as an Employer*

*see Staff Survey Benchmarks over

69%

2019/20

The statutory and mandatory training compliance rate was 88% in March 2020 and 82% in April 2020. This is in part due to IG training being reset to zero as at 1 April. Even during the pandemic, training is important and there has been targeted messaging throughout the Trust to encourage completion of outstanding modules. This is being supplemented with a rapid programme of sessions to upskill existing staff being redeployed and those in need of a refresh of specific practice. There has also been training for new staff being brought in through fast track recruitment. This has seen in excess of 270 staff attending to date.

From April 2020, all staff working within Agenda for Change were due to provide evidence of completion of their appraisal objectives to ensure they move to their next pay step point. This change has been suspended nationally as a result of COVID-19.

A new Learning Management System (LMS) procurement exercise has started and implementation was expected to commence in early 2020. This will be re-initiated as part of the Trust's recovery and reset programme as this is still required and would allow the Trust to build on the success of the upskilling programmes and their content (both face to face and online delivery).

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

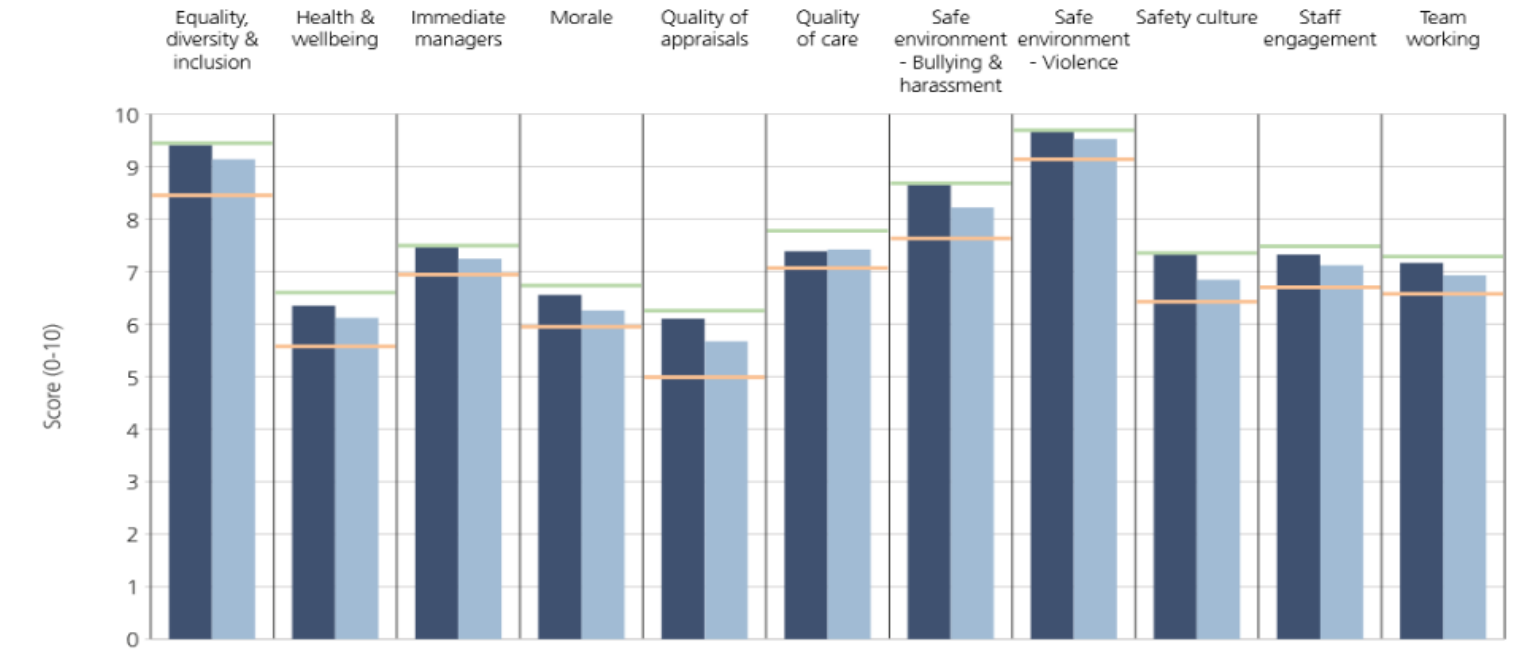
2019 Staff Survey Results

Month: Apr-20

Survey Coordination Centre

2019 NHS Staff Survey Results > Theme results > Overview

NHS England

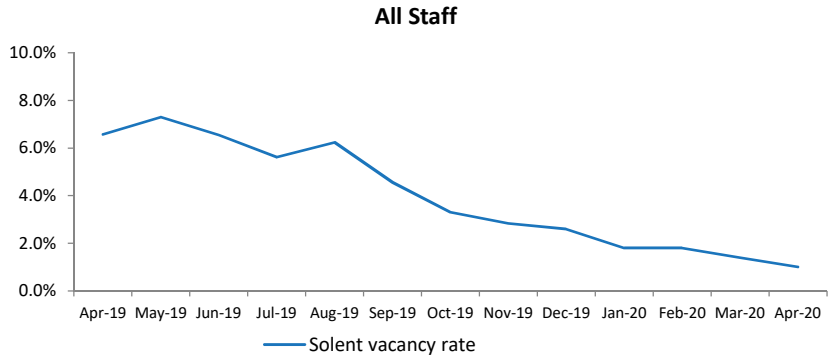


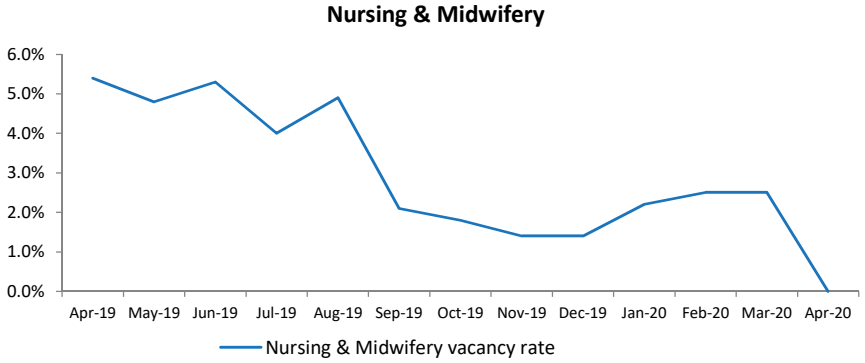
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.4	6.6	7.5	6.7	6.3	7.8	8.7	9.7	7.4	7.5	7.3
Your org	9.4	6.4	7.5	6.6	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
Responses	2,116	2,133	2,136	2,113	1,951	1,827	2,118	2,119	2,128	2,147	2,102

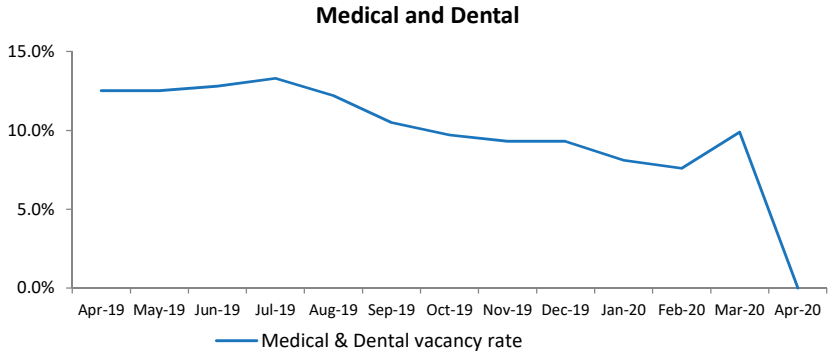
Acquisition

Month: Apr-20

Vacancy Rate







The vacancy rate for April 2020 was 1%, showing continued improvement since the Summer. The Trust's nursing vacancy rate is currently 2.5% (March 2020), a significant reduction over the course of the year (down from 8.9% in February 2019).

This data demonstrates some of the effects of the pandemic, with less staff movement during this time.

Leadership and Culture

Month: Apr-20

Learning

The Unconference that was due to take place in March 2020 was postponed as a result of the COVID-19 pandemic. We will be finding alternative dates to hold this post-pandemic. Whilst a number of interventions have been put on hold, we have created alternative offers to support leaders across the business at this time. This includes coaching interventions, provided by 2 psychologists and available via telephone, supportive guidance such as 'managing staff working from home'. We have had positive feedback form these sessions and the guidance provided by the People and OD team. The Q&A virtual sessions have also proved popular, with the Executive Team making themselves available for staff to access.

Engagement

An extensive programme has been put in place to support engagement levels during COVID-19, including: daily employee Zoom calls, additional meetings of staff resource groups, direct access coaching for everyone, free parking at Solent sites and free food deliveries. We are monitoring the impact of homeworking on engagement levels and there is a support package in place from Occupational Health.
A new idea crowdsourcing platform is being procured, which will enable us to push 'change challenges' out, seek ideas and get rapid involvement with people inside and outside of the organisation. This will be central to our employee and community engagement work.
Communications have been central to our COVID-19 response and a complete summary is provided on the next page.

Leadership

An independent Occupational Psychologist has been retained within Solent to provide targeted team building and leadership support throughout the COVID-19 response. There are two manager Zoom calls per week and a range of online resources have been made available (including how to manage virtual teams effectively). Our next step is to plan how we can recover our 'connecting managers' development programme and move to virtual delivery. Similarly, 2020 system leadership will transfer to virtual delivery and restart, and we will be implementing a new mental health first aid training programme for leaders.

Inclusion

Significant work has been done to include all colleagues during COVID-19 and a seperate paper is being presented to Board. BAME, age, gender and disability have been a particular focus along with carers/ parents.

WRES and WDES reporting will be forthcoming over the Summer.

Wellbeing

Wellbeing has taken primary focus in our efforts to create a person-centred approach during the pandemic. There has been an increase in the number and type of wellbeing interventions at Trust and service level. This includes a range of virtual sessions via Zoom as well as psycho-educational material and self help on line via SolNet. A full risk assessment process is in place for individuals and a new assessment process is now being implemented for workplace/environmental safety (based on national 5 steps to safer working). The guidance is still that people should work from home if possible. Enough staff testing is available and an incident review process is in place for COVID-19 positive staff, which enables us to identify any RIDDOR reportable incidents (none thus far).

Communications & PR

Month: Apr-20

Internal Communications

Internal communications have focussed on ensuring that people, across the Trust, have easy access to key information. Notably, the Solent Facebook group has seen a significant increase in members, around 1,200 members, an increase of 41%.

Other key channels for internal communications have included:
-CEO briefing videos and messages
-Daily COVID update emails (also added to Team Solent and SolNet page)
-Daily employee Zoom including question and answer sessions with executives, and interesting topics and wellbeing sessions
-Managers' Zoom calls (twice a week) covering coaching, HR issues, positive psychology, resilience and mentoring support
-Posters to support campaigns
-Social media channels – Facebook, Twitter and Instagram
-Managers' matters extra for guidance specific to managers.

External Communications

Throughout the pandemic we have made a concerted effort to protect and enhance the reputation of the Trust, whilst taking proactive steps to shine a light on the work of out of hospital to help keep people at, or close to, home, employees and the response to the pandemic.
Since the start of lockdown (23 March), the reach of print and online stories was 106 million people, with a value of £1 million (70% positive, 30% neutral). For broadcast, we had 23 pieces on air, with a reach of nearly 11 million people.

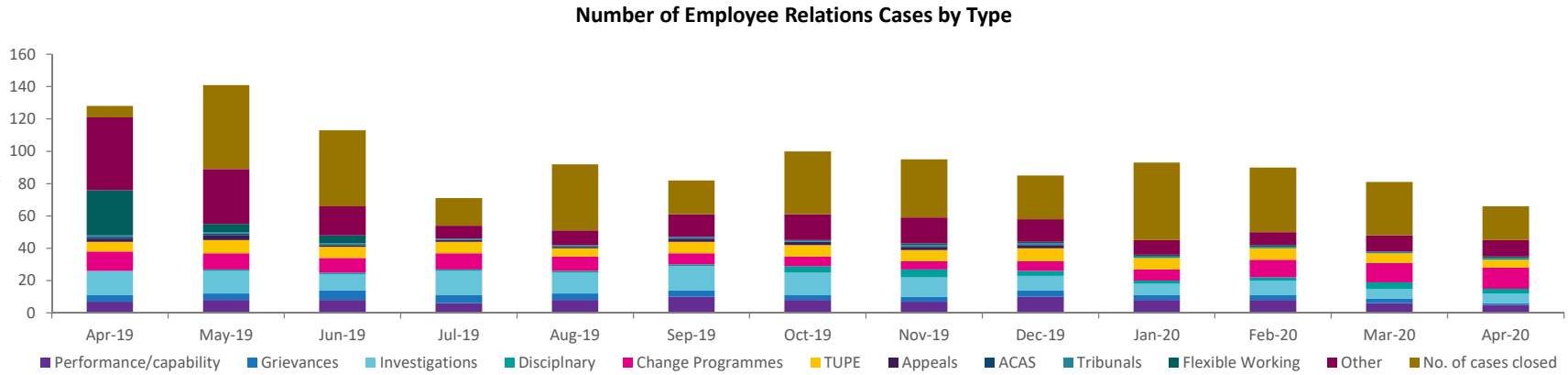
The Communications Team has secured news coverage on:
- Nursing in the community (BBC national news)
- Community services preparation for COVID-19 (Portsmouth News)
- CEO return to nursing and the link with the navy (BBC Radio Solent)
- Infection Prevention Control nurse interview (Channel 4 TV)
- Supporting mental health in the community (BBC Radio Solent x3, Meridian TV, Portsmouth News)
- The Urgent Response Services' role in helping people to return home (Meridian TV)
- Employee mental wellbeing during COVID-19 (Meridian TV and BBC Radio Solent)
- Asthma nursing and tips to manage symptoms during COVID-19 (Portsmouth News and BBC Radio Solent)
- Perinatal supporting during lockdown; Talking Change and health visiting stories (BBC Radio Solent and Portsmouth News x 2 articles)
- Homeless healthcare during COVID-19 (The Catholic Herald)
- Interview with Head of Infection Prevention and Control (BBC Radio Solent)
- Community donations and volunteering (Portsmouth News)

News stories have been shared on social and contributed to growth and engagement on the channels. Online channels have also been used to support campaigns and as a platform to share stories of the Trust's preparations and response to the pandemic.

Change and Employee Relations

Month: Apr-20

Employee Relations



A statement from the Social Partnership Forum at the beginning of April 2020 urged all organisations to suspend Employee Relations (ER) cases and only progress those which were urgent or very serious. As a result of a review of our ER cases in line with this statement, we have put on hold 60% of all ER cases and are work-in positively with our Union partners to find ways to ensure that virtual session are fair and effective.

Notes on Benchmarking

Month: Apr-20

	Metric	Benchmark
Benchmarking	Workforce Ethnicity (WRES) - % of staff who are BAME	Peer median based on the trusts within our STP at March 2018
	Stability Index – Staff retention rate	Peer Median based on the trusts within our STP at January 2020
	Turnover In Month	Peer Median based on the trusts within our STP at January 2020
	Sickness Absence Rate (Annual)	Peer Median based on benchmarking against trusts of the same type at November 2019
	Proportion of Temporary Staffing	Peer Median based on benchmarking against trusts of the same type at November 2019
	Appraisal Rates	Peer median based on the trusts within our STP at March 2019
	Statutory & Mandatory Training Compliance	Peer median based on the trusts within our STP at March 2019

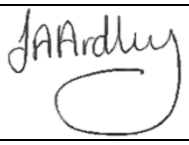
Item 9

Board and Committee Cover Sheet

Item No.	9

Presentation to	Trust Board			
Title of Paper	Professional Leadership & Engagement Report			
Purpose of the Paper	To provide an update on the current position with regards to professional leadership activity across the nursing and allied professions in Solent NHS Trust.			
Author(s)	Angela Anderson, Associate Nurse Director	Executive Sponsor	Jackie Ardley, Chief Nurse	
Date of Paper	May 2020	Committees/Groups previously presented	N/A	
Action Required	For decision?	N	For assurance?	Y
Recommendation	The Board is asked to: • Note the report			

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance, the Board is asked to consider whether this paper provides: Sufficient And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature								

Introduction

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

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

Current Position

Professional Leadership:

Allied Health Professional Lead:
In April 2020 the current lead Dr Clare Mander started a period on one year's maternity leave and so in order to ensure continuity and cover for this key role in the Trust a competitive process was completed at the end of February 2020. We had a strong field and are delighted to have appointed Erin Power, a physiotherapist by professional background, and currently one of our Educators in Practice. Due to the current National Emergency, Covid-19, Erin's start has been delayed but she will be joining the Chief Nurse team with effect from 1st June 2020. Erin will lead on several projects relating to the AHP workforce including the implementation of AHP job planning.

Clinical Strategy Development:
As reported previously work has commenced on the development of a Trust Clinical Strategy which will incorporate all clinical professions. This work will be coordinated through the Professional Advisory Group, led by the AHP professional lead with support from a small task and finish group and in collaboration with the Chief Nurse and the newly appointed Chief Medical Officer. Due to the current Covid-19 crisis this work has been delayed but it is planned will be recommenced in June with an aim for completion by the autumn.
The clinical strategy will focus on delivering high quality, safe and innovative care in the community, responding to patient and carer feedback and leading to improved patient experience. It will demonstrate interconnectivity and synergy with other Trust-wide strategies, frameworks and business planning e.g. Community Engagement Strategy, Career Framework and workforce planning.

AHP Forum:
The forum continues to provide an opportunity for uniprofessional, regional and national updates to support shared learning and collective leadership. It also provides the opportunity to escalate key professional issues. Key areas of work for the forum currently are the implementation of AHP job planning, which has been delayed due to the pandemic, and development of an induction programme for newly qualified professionals.

Matron Forum:
The matron's forum continues to meet with the last two meetings being conducted remotely. This group supported activities to raise awareness during Nutrition and Hydration week. The members have reviewed the national 'Matron's handbook' which was launched in February 2020 and was produced by the national matron's network, supported by the Chief Nurse of England and NHS

Improvement. The matrons are undertaking the self-assessment as part of this and from the feedback we will eb producing a tailored development programme for all our clinical matrons across the Trust as well as finalising a core job description for this key group of clinical leaders.

Revalidation & Reregistration:
During this reporting period two staff members failed to re-register with the NMC in March 2020 which has resulted in a lapse in registration. Actions were taken in line with Trust policy and one individual has successfully reregistered and the other has been granted an extension due to shielding as a result of the pandemic. There have been no lapses in registration of AHP's reporting in this period.

AHP job planning:
Significant work has been completed in preparation for the introduction of AHP job planning, however the national implementation programme has been halted due to the pandemic. We will from June 2020 be reviewing progress to date and will plan a timeline for work to be completed in line with national guidance.

Clinical Career Framework – task and finish group:
This remains a critical area of work and in March 2020 the group met to finalise a project plan for completion of the career framework. However, this has slowed due to the current pandemic and will be reviewed as part of the restart of work now that we are entering a settle phase of the pandemic response. This work will be connected to the development of the Trust Clinical Strategy referenced previously.

Clinical Apprenticeships

AHP Apprenticeships:
Hampshire and Isle of Wight (HIOW) Occupational Therapy (OT) consortium have successful procured the OT degree apprenticeship. The University of the West of England (UWE) has been selected to deliver this programme for HIOW and Dorset. We are delighted that four members of Solent staff have been selected following an assessment centre and have moved forward to the next stage, which is to apply to UWE, interviews with the university are booked for the beginning of July 2020.

The University of Plymouth has been selected by the national procurement team to deliver the Podiatry Apprenticeship. Recruitment for podiatry apprentices is now possible. Details of numbers of apprentices will be published in next report.

Trainee Nursing Associates (TNA) apprenticeships:
We continue to support services to consider and develop new opportunities for career progression across the Trust and can confirm that the Child and Family services have recruited four TNA apprentices to work within the health visitor teams. This is an exciting development which helps to develop new roles and provide a new pipeline and career pathway for future health visitors.

Registered nurse degree apprentices (RNDA):
The nursing apprenticeship programme has been expanded to include wider fields of nursing that can be studied which gives more options for students wanting to join the nursing profession. The University of Winchester will deliver the Learning Disability (LD) RNDA, and Solent has recruited 3 external applicants to become LD RNDA. We will welcome these students into the Trust in August

2020. Health Education England will contribute £7900 PA per apprentice for the 4-years of the programme.

Mental Health (MN) RNDA will be provided by the Open University and Solent University pending successful approval by the NMC for the programme. We aim to support between 2 and 4 of our current Healthcare Support Workers (HCSW) through the MH RNDA.

Children and families service are currently planning to support 2 HCSW to undertake the Child branch RNDA, starting in October with BPP university, which is a private sector university.

Applications for Adult branch RNDA continue to be processed as it is a more established programme and the new applications are currently being reviewed.

Upskilling Programme:
The Covid19 pandemic required that we respond at pace to the potential need to provide a significant amount of additional capacity to care for patients which would also require staff to be redeployed to areas of clinical practice that they were less familiar with. Led by the Educators in Practice team an extensive and agile training programme for staff that was developed and made available within a matter of days. The programme was aimed at registered nurses that were working in non-clinical roles and clinical and non-clinical staff that could be trained to become a HCSW, for example clinical therapy assistants and AHP colleagues.

A wide range of subjects have been covered from the fundamentals of care, administration of medication, diabetes, respiratory care, and others. Following attendance of the upskilling sessions, redeployed staff have been issued with a competency framework and are provided with support and supervision in the workplace during shadow shifts in order to increase confidence and assure competence.

Feedback on the programme has been very positive particularly in relation to the quality of training and as a result we will be developing an ongoing programme of clinical training across the organisation.

Doctors and Dentists:
The decision-making group, the forum at which issues relating to medical and dental professional standards and colleagues and difficulty are heard continues to meet monthly, virtually, and has been able to transact business as usual in that format. There have been no new instances reported of Doctors or Dentists in difficulty.

Whilst the General medical Council has suspended its revalidation activities for a period of 6 months, expected to extend to 12 months, and has in so doing remove the requirement for an appraisal this year, the organisation has decided to go ahead with the appraisal round, in an attenuated form, reflecting the importance of appraisal conversations as a vehicle for colleague development rather than being seen simply as a hurdle to cross in order to get re-validated.

A refresh of the medical and dental engagement strategy and professional leadership related matters has been proposed to await the commencement of the new medical director in August and the current state is not currently considered a risk until such time as the new medical director is able to consult on and implement a renewed professional leadership environment.

Celebrations and Successes:

This year 202 was designated International Year of the Nurse and Midwife with May 12th being International Nurses day, commerating Florence Nightingales birth which 202 was the 200th anniversary.

As part of our celebratons our Chief Nurse Jackie Ardley and our trust Chaplin Emma D'eath started th day with a visit to Florence Nightingales grave as a mark of respect and to remember those affected by the global pandemic, particularly those in the healthcare setting who have sadly lost their lives.

We had over 100 nominatins for nurses who have made a difference and are valued by their colleagues. Each person nominated received a posy of flowers to say than you and to acknowledge the contribution they make to their profession and the esteem in which they are held by their colleagues.

We held a virtual conference using Zoom and had a wonderful mix of colleagues from within Solent and also external speakers contibuting to the day. Colleagues from all professional groups were innvited and participated in the day to make it a real success. We also delivered 1500 cupcakes across all of our sites to say thak you to everyone who contributed to providing great care and supporting patients, carers and their families. A summary fo the speakers are below and a recording of the majority of the sessions available on SolNet.

- Monday 11th, a talk from Linda Rosenberg, Columbia University, New York.
- A visit by the Chief nurse and the Trust Chaplin to the grave of Florence Nightingale.
- An audience with Sue Harriman, Chief Executive and Jackie, Chief Nurse.
- Presentation from the inspirational Pamela Campbell, Nurse Consultant Homelessness & Health Inequalities.
- We were very pleased to have Dr Habib Naqvi, Policy lead, Deputy Director, NHS Workforce Race equality Standard, join us for a session.
- Duncan Burton, Chief Nurse SE Region also joined us and provided insights into leadership in a crisis and his reflections from the current situation.
- The first ever Zoom Schwartz round which had in excess of 80 participants who joined. The overwhelming feedback was that people would like more opportunities to have these rounds in this format.
- Our day concluded with sessions and reflections from one of our newly qualified nurses Rachel and Jess a final year student now working on our Mental Health services.

Recommendation

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

The Board is therefore asked to note the report.

Item 10

Solent NHS Trust

Board and Committee Cover Sheet

Item No.	10

Presentation to	In Public Board		
Title of Paper	Information Governance Briefing Paper		
Purpose of the Paper	It is a requirement of the Data Protection Regulations that the Board have oversight of and take accountability for Information Governance (IG).		
Author(s)	Sadie Bell, Data Protection Officer	Executive Sponsor	David Noyes - SIRO
Date of Paper	15th May 2020	Committees/Groups previously presented	N/A
Summary of key issues/messages	This report should be considered as "read" prior to the meeting and will not be discussed in detail at the meeting. The Trust's Data Protection Officer will attend to address queries and any challenges or concerns raised by the Board Members. • *Data Security and Protection Toolkit: The Trust is currently compliant with 35 of the 40 assertions. Deadline for the 2019/20 submission has been extended until the 30th September 2020* • *Information Request: SAR compliance is 86.5% and FOI Compliance is 75.3%. Reviews in processes, resources and training, are being undertaken.* • *Incidents: working on improving reporting categorise and including analysis information, which will allow for a more in-depth, high level review.* • *Information Governance working with services: The IG Team are working with services to streamline information governance practices and ensuring a greater level of compliance with Data Protection Requirements.*		

Action Required	For decision?	N	For assurance?	Y
Recommendation	*The In Public Board is asked to:* • *Consider the contents of the briefing*			

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the In Public Board is asked to consider whether this paper provides: Significant, sufficient, limited or no assurance And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature								

1. Purpose

1.1 The purpose of this report is to provide the Trust with a summary of the Trust's current Information Governance Compliance with Law, National Requirements and Mandatory NHS Requirements.

1.2 Solent NHS Trust believes that it is essential to the delivery of the highest quality of health care for all relevant information to be accurate, complete, timely and secure. As such, it is the responsibility of all staff and contractors working on our behalf to ensure and promote a high quality of reliable information to underpin decision making.

1.3 Information Governance promotes good practice requirements and guidance to ensure information is handled by organisations and staff legally, securely, efficiently and effectively to deliver the highest care standards. Information Governance also plays a key role as the foundation for all governance areas, supporting integrated governance within Solent NHS Trust.

1.4 This reports covers Solent NHS Trust's Information Governance's Activity;

- Data Protection and Security Toolkit
- Compliance with legal requests for information
- Information Governance Incidents

2. Data Protection and Security Toolkit 2019/20

2.1 The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool, mandated by the Department of Health and provided by NHS Digital, which enables Health and Social Care organisations to measure their performance against Data Security and Information Governance standards and legislation.

The ten Data Security Standards were a result of the NDG review and therefore the focus of the new Toolkit, which is then split into three categories:

- **Leadership Obligation 1 – People:** *Ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles.*
- **Leadership Obligation 2 – Process:** *Ensure the organisation proactively prevent data security breaches and responds appropriately to incidents or near misses*
- **Leadership Obligation 3 – Technology:** *Ensure technology is secure and up to date*

2.2 The deadline for the 2019/20 has been extended by NHS Digital until 30th September 2020; as a result of the impact covid-19 has had on the operations of the NHS. The Trust is currently compliant with 35 of the 40 assertions. The non-compliant assertions, along with evidence required, are outlined below. It is anticipated that the Trust will be compliant in these areas, prior to the 30th September 2020 submission date.

- **Personal confidential data, 1 assertion non-compliant. Evidence Required;**
  - Information Flows to be documented and approved by the Board
  - Compliance with National-Opt Out
- **Training, 2 assertions non-compliant. Evidence Required;**
  - 95% of staff compliant in Information Governance Training, April 2019 – September 2020

- Percentage of Board Members, who have completed appropriate data security and protection training

- **Responding to incidents. 1 assertion non-compliant. Evidence Required;**
  - For Emails: Implemented Domain-based Message Authentication Reporting and Conformance (DMARC), Domain Keys Identified Mail (DKIM) and Sender Policy Framework (SPF) records in place for their domains to make email spoofing difficult.
  - Implemented spam and malware filtering and enforce SMARC on inbound emails
- **IT Protection. 1 assertion non-compliant. Evidence Required;**
  - All web applications are protected and not susceptible to common security vulnerabilities, such as described in the top ten Open Web Application Security Project (OWASP) vulnerabilities.
  - The organisation is protecting data in transit (including email) using well-configured TLS V1.2 or better

A full breakdown of the Trust's current compliance can be found in Appendix A.

2.3 In addition to the self-assessment of the DSPT, the Trust undertook an internal audit of compliance, which identified some supporting actions, to ensure that the Trust obtains and retains compliance long term. An action plan is in place and is being monitored for compliance and completion, by the Data Protection Officer and SIRO.

3. Summary of Information Governance's Legal Requirements Compliance

3.1 An overarching review of the Trust's Information Governance Legal Requirements (Freedom of Information Requests (FOI) and Subject Access Requests (SARS)) shows that there has been a steady demand in the number of requests received. Compliance rates have however been impacted by resources within the Information Governance Team, including its Senior Leadership.

- Compliance rates for SARs at the end of 2019/20 stood at 86.5% compliance.

- Compliance rates for FOI's at the end of 2019/20 stood at 75.3% compliance.

Please note that during covid-19 days, timescales for responding to SAR and FOI Requests, were extended by 60 days. This is an approach that was supported by the ICO. However the Trust has, where possible, aimed to respond to request, within the normal time periods.

As a result of the above compliance rates the Data Protection Officer will be;

- Review Information Request processes
- Identify areas of the process that could be more streamlined
- Identify information that could be routinely published and readily available to the public, to reduce the number and impact of requests
- Review resources and expertise in this area, providing training where required

A full breakdown of the Trust's current Information Requests compliance can be found in Appendix B.

4. Information Governance Incidents/Security

4.1 *IG Incident Summary*

Due to reduced resources within the Information Governance Team it has not been possible to undertake a deep dive review into IG incidents. That said, the Data Protection Officer has been working closely with the Quality Information and Systems Team, to improve the way in which IG incidents are reported and analysed. A part of this work has been to improve reporting categorise and to include a section in the reporting system, for the Information Governance Team to complete, identifying a high level reason for why the incident occurred;

- Was the incident pure human error
- Was the incident a result of failure to follow processes and/or safeguards
- Was the incident a result on not being aware of processes and/or safeguards
- Was the incident a result of lack of training
- Was the incident a deliberate act

As part of this work the Data Protection Officer and the IG Manager, will be taking a retrospective review of 2019/20 IG incidents, to complete the relevant review and update of incident reporting. This will allow us to have a complete and updated set of data in which to analyse themes, identify training needs, identify preventative actions and benchmark future incidents against.

5. Information Governance Working with Services

The Information Governance Team have been working with services, to support them in implementing new processes and Business Continuity Plans during covid-19 and as a result have reviewed, supported and approved a number of initiatives / changes to practices. A log of activity approved during this time is being maintained, of which the Data Protection Officer and SIRO are reviewing weekly.

The Information Governance Team, over the next several months will be working with services to streamline Information Governance Practices and ensure a greater level of compliance with Data Protection requirements. This will include among other things,

- The sharing of information with key working partners – improving upon current arrangements
- The revision and implementation of technological advises / working practices
- The Data Protection Compliance of ICT Security
- Working with services to expand upon their Data Protection Compliance statements, and individual services Privacy Notices

6. Actions from Previous Board Report

The following actions were noted, following the last Board Report, in reference to Information Governance. Please see below noted updates;

- The team will move towards a multi-skilled workforce and offer development opportunities to learn new skills and ensure coverage is available when absences occur.
    - A revision of resources, roles and training is currently being undertaken.

- Consider moving IG training to online module (standard for most NHS Trust
    - This has been completed
    - A review of training needs, current training tool and impact (if any) on Information Governance incidents, understanding and compliance will take place in Q3, to assess

if the national training tool is effective in staff learning vs an in-house bespoke training tool

- Consider moving to online redaction (standard for most NHS Trusts)
    - This tool is currently being explored

7. Summary

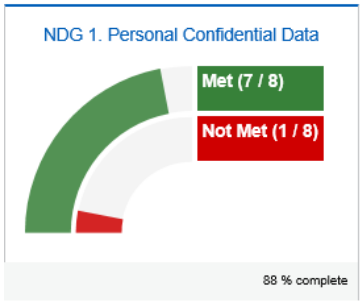
Solent NHS Trust continues to strive for excellent Information Governance compliance and awareness, providing and operating a culture of transparency and openness, as well as continual improvement and learning. This supports the Trust's values and strategies, as well as the foundations of the Data Protection Legislation.

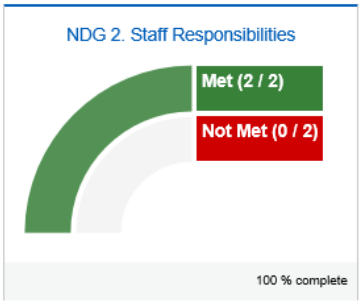
The service has worked well, during a difficult year and are now looking at regrouping, refocusing and over the next few months, will be working together to set its key objectives for 2020/2021, focusing on improve compliance, working with services to reduce the impact of Data Protection on them (while maintaining compliance) and improving the service offered to both the Trust's services and its patients.

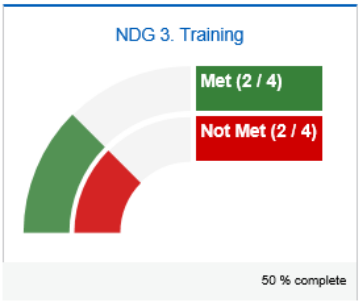
Appendix A: Data Protection and Security Toolkit Current Compliance

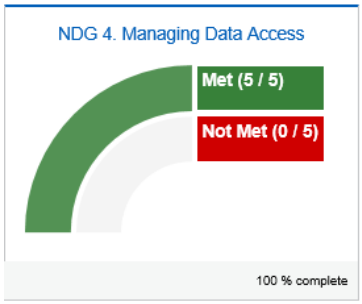
Below is a summary of Solent NHS Trust's expected compliancy with the Data Security and Protection Toolkit for the final 2019/20 Toolkit submission**.**

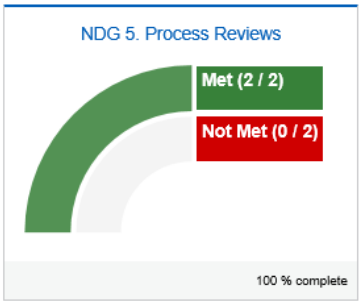
***compliance expected to be submitted on / or before the 31st September 2020**

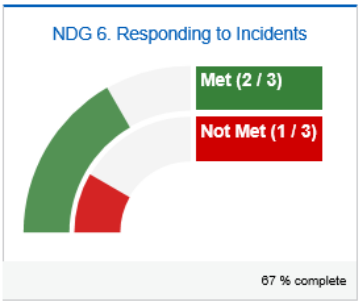


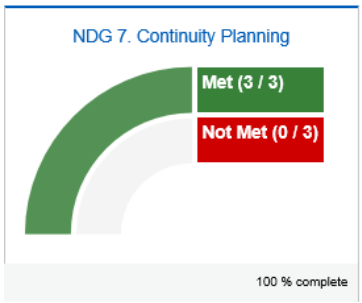


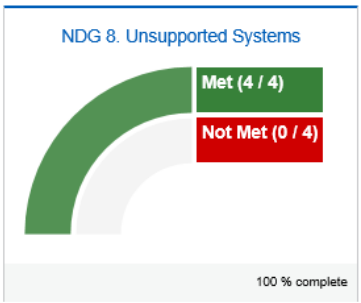


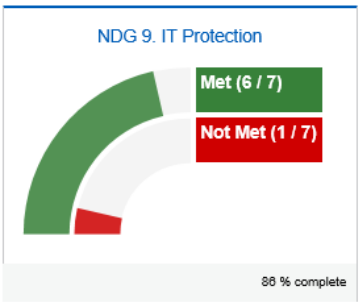












Appendix B: Information Request Compliance Breakdown

Subject Access Requests:

	Q1 2019/20	Q2 2019/20	Q3 2019/20 *TBC	Q4 2019/20 *TBC	Total 2019/20
Number of requests received	249	272	233	202	956
Number of requests responded to within 21 days (best practice)	188 (75.5%)	202 (74.3%)	147 (63.1%)	154 (76.2%)	691 (72.3%)
Number of requests responded to within mandated timescale (30 days)	34 (13.7%)	45 (16.5%)	28 (12.0%)	29 (14.4%)	136 (14.2%)
Number of breaches within (in excess of 30 days)	27 (10.8%)	25 (9.2%)	58 (24.9%)	19 (9.4%)	129 (13.5%)
Not Due	-	-	2	28	30

* Final figures are subject to change, as some requests are currently not due to date
* % compliance = requests minus those not due
* Please note that the due to the extended period, allocated to responding to requests, during covid-19, requests "not due", within Q4, are a direct result of this extended deadline. There are currently no breaches of the extended deadline.

part of the extended deadline (as we have now surpassed their original deadline)

Freedom of Information Requests:

Quarters	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20 *TBC
No. Requests	91	82	72	91
No. Breaches	12	17	22	29
No. Not Due	-	-	-	12
% Compliance	87%	79%	69%	63%

* Final figures are subject to change, as some requests are currently not due to date
* % compliance = requests minus those not due
* Please note that the due to the extended period, allocated to responding to requests, during covid-19, requests "not due", within Q4, are a direct result of this extended deadline. There are currently no breaches of the extended deadline.

Board and Committee Cover Sheet

Item No.	11

Presentation to	Board		
Title of Paper	Workforce risk factors linked to Covid-19		
Purpose of the Paper	To inform and assure the Board in regards steps taken to ensure the safety of specific groups of staff		
Author(s)	Hilary Todd Pamela Permalloo-Bass Sarah Balchin Helen Ives Jackie Ardley	Executive Sponsor	Helen Ives Jackie Ardley
Date of Paper	26.05.20	Committees/Groups previously presented	Community Engagement Committee Discussed at Workforce and Organisational Development Committee
Summary of key issues/messages	There have been two recent publications which has informed this paper they include a letter from Prerana Issar and Dido Harding sent on the 19th May on ensuring Diverse Representation in decision making and workforce equality. The letter urges the Board to:- – ensure appropriate diversity in gold command decision making. This can be seen through a number of our leaders – Clinical Director for Mental Health, Associate Director of Partnerships, Associate Director of Diversity and Inclusion. - ensure appropriate resourcing of staff networks: BAME, Disability, LGBT+ Multi-faith Resource Groups. During Covid-19 zoom sessions have been held with carers and employees with parental responsibilities and the challenges of home schooling. - ensure robust connections between the Board and staff networks. This can be seen in two ways, through our Staff Story which is in our public board and NED's attending staff networks. The second publication 'Guidance to support Risk Assessment for staff with potential work-related exposure to COVID-19 was produced by the COVID-19 BAME Mortality Disparity Advisory panel South East Region NHSE/I on the 19th May. Within the paper it provided a Board check-list. Recent research has shown that specific groups of people, notably BAME people, are more likely to have health conditions that make them vulnerable to Covid-19. We also know that BAME people may be vulnerable to adverse treatment within the workplace which may exacerbate other risks. The Information provided in the Board Checklist is intended to assure the Board of the work the organisation has already begun and to help ensure that risks to staff from COVID-19 are minimised. Community Engagement The paper does not cover the work being undertaken with our BAME communities to better understand and meet their needs, however, this work has been discussed at the Community Engagement Committee and a short summary is presented below Improving access to primary care services in the Nicholstown Surgery • Working with people who use our AMH services from the BAME community, their families		

	and the National Mental Health Safety Improvement Programme to develop a shared view of what safe means to them, and what we need to do to ensure people feel safe whilst in our care. • A focussed volunteer recruitment campaign to ensure our volunteer community better reflects the community we serve. • Expansion of our community partners programme with a focus on securing support from BAME individuals, groups and organisations.
Justification for inclusion in the Board Confidential Meeting	*Guidance note: The default position is that all papers should be included in the In Public Meeting, unless clear justification can be provided as to why the paper should be taken in the closed private paper, on the grounds of commercial sensitivity (for example). Also consider whether the Freedom of Information Act exemptions would apply – if none apply it may be difficult to justify that the paper should be included in the confidential meeting. For queries, please consult the Company Secretary and Information Governance Manager*

Action Required	For decision?	(N)	For assurance?	(Y)
Recommendation	*The Board is asked to:* • *Note the contents of this report and identify any further assurance it would require*			

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	x	Limited		None	
Assurance Level	Concerning the overall level of assurance the Board is asked to consider whether this paper provides: sufficient And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature	 Jackie Ardley Helen Ives							

Board Checklist

Risk	Update and any risk mitigation
1. Governance	
1.1 *Is the Board sighted on and has it put in place **appropriate accountability and resource into Covid-19 workforce assessment and support**?	Solent Current Position: Data is triangulated with Freedom to Speak Up Guardians, reporting to Assurance Committee and Risk and Audit Committee. This data is used to identify any hot spot areas. Details of the risk assessment process have been provided to Workforce & OD Committee.
1.2 *Does your organisation hold **data** (disaggregated by White/BAME) that will demonstrate the effectiveness of engagement on COVID-19 and BAME staff?	Ongoing review and learning helps us to understand and quantify the effectiveness of actions taken: a. The number of Occupational Health risk assessments as a proportion of the overall employed workforce, can now be quantified and will be triangulated against those identifying as BAME (or those with other higher risk characteristics).This data is now being captured within the Occupational Health (OH) database, a report is in development which will allow OH staff to contact BAME (or those with other higher risk characteristics) staff where no risk assessment has been received. b. Overall staff Covid-19 sickness absence (days) is reported via HR into the gold command dashboard; there is a downward trend that has now levelled out. We are not yet identifying: a. Proportion of staff (White/BAME) moved/redeployed following a risk assessment b. Proportion of these groups of staff who have had a risk assessment: **i.** returners, **ii.** agency staff, **iii.** newly qualified staff, **iv.** staff returning from sick and permanent night shift staff

	In addition, we are not yet recording: a. Whether all staff have had a risk assessment b. Which staff have long-term conditions or are pregnant (unless they have notified the Occupational Health team The mitigations in place are: • managerial supervision • regular corporate communications • service line communications led by Clinical Director and Head of Quality & Professions • increased frequency of Health & Safety Committee Discussion is underway on whether an Occupational Health & Safety database needs to be developed to enable online capture and reporting of all risk assessments (including workplace assessments). An analysis of cost benefit will be undertaken to determine next steps (also see below in 1.5*).
1.3 *Is the Board clear on the additional risks BAME staff face? 1.4 Has the board considered the medium-term implications of the impact of Covid-19? 1.5 Is Occupational Health centrally involved in oversight and support?	The Board is clear on the additional risks that BAME staff face; this has been documented at Workforce and OD Committee. The Executive Team have taken proactive actions to support and ensure the safety of BAME staff (full details have been provided to the Workforce & OD Committee). The medium-term implications include: - reduction in workforce capacity and potential impact on service delivery - disproportionate effect on some services with higher BAME staffing, e.g. mental health (where national staffing shortages are already an issue) - risk to occupational health and wellbeing of the workforce (physical and mental) The Occupational Health (OH) Team have provided advice to staff at all levels in the completion and impact of the OH Risk Assessment (RA). The RA has been revised and amended to reflect the

	impact of COVID-19 on different staff groups including BAME. OH are dependent on people declaring relevant characteristics including BAME, disability and underlying long term health conditions (LTCs) either at the point of employment or during their tenure with the Organisation. Information is recorded on the OH eOPAS system (on individual records) but it is not codified or reportable via the OH system. Age and gender are reportable via the HR system. OH have developed a separate database where all risk factors can be recorded (BAME, gender, pregnancy, age and LTCs) which can now be used to triangulate relevant date. This will be used to identify staff where risk assessments have not been received and those that have not yet engaged with OH.. *The database could be further developed to electronically complete risk assessments.
1.6 Is there **BAME representation** in senior decision making/oversight? 1.7 Is your BAME Network fully involved in decision making around the risks to BAME staff?	BAME representation included at NED and Band 9-8d. We have a dedicated Diversity & Inclusion team with supported BAME Resource Group (50 active members) weekly meetings with on-going updates on C-19 position. The group is led by the Associate Director of Diversity and Inclusion.
1.8 Is there an emphasis, wherever possible on strong **staff engagement** to both receive suggestions and hear concerns, before significant changes in working practices? Bear in mind research, for example, the Francis Freedom to Speak Up report 2015 and recent reports	There has been strong engagement from the Executive Team and the CEO for BAME staff. People can continue to access the Freedom to Speak Up Guardians, feedback to the BAME resource group and raise concerns via OH if they wish to. Comments and suggestions received at the BAME Zoom calls have been considered and acted upon by the OH team.

indicate some groups of BAME staff are less likely to raise concerns either because they don't believe they will be heard or because of possible adverse consequences for them.	Covid-19 daily communications Solent Current Position (Appendix A) include : • CEO letter to BAME staff • On-going communications • Zoom session with CEO and Chief Nurse for BAME concerns • FTSU daily support line • FTSU themes reporting through current governance arrangements
1.9 Does your organisation hold **data** on staff Covid-19 sickness and staff Covid-19 deaths by department, grade, and protected characteristic? 1.10 Are you being proactive in using such data to triangulate with soft intelligence from areas of concern – and with other workforce data e.g. WRES and WDES - especially data for reported bullying?	The Gold Command database contains data on absence. The Occupational Health Team have a daily report on staff absence with any COVID-19 related roster code such (i.e. sickness, self or household isolation), these reports include department and grades but do not include protected characteristics. We can update the report to include protected characteristics such as BAME. There have been no staff deaths in Solent due to Covid-19. Intelligence is being shared across: - Occupational Health team - People Services team - Diversity & Inclusion team This triangulation would typically take place at the People & OD Group and Health & Wellbeing forum; however, the last People & OD Group meeting was stood down in response to Covid-19. Key issues were discussed at the Health & Wellbeing forum.

2.0 Risk assessment and deployment	
2.1 Is there a focus to ensure some staff groups are specifically included in risk assessments e.g. **returners, agency staff, newly qualified staff, staff returning from sick or annual leave, and night shift staff**? It is important to ensure these groups are assessed as they may be especially vulnerable (e.g. RCN survey indicates temporary agency nurses are currently much less likely to be offered tests).	All staff have been encouraged to complete the Risk Assessment with managers and are supported by OH if required. Service lines have been supported to communicate with staff in a variety of different ways to ensure that all people are able to work safely and appropriately. Processes are in place to check that framework agencies are abiding to the standards required of them and only providing appropriate staff. In exceptional circumstances where off framework agencies are being used, contact is made each and every time to ensure that appropriately risk assessed staff are being deployed.
2.2 Is there effective management and governance to **follow up risk assessments** both for individuals and at employer wide basis?	Managers and staff are requested to send all risk assessments to the OH department where they are reviewed. Where additional information or support is required this is then offered. The comments in 1.2 and 1.5 should be noted.
2.3 Do **deployment decisions** correlate with risk assessments i.e. done fairly and proportionately? There is growing evidence that BAME staff may be disproportionately redeployed to Covid-19 wards.	Deployment decisions are supported by the Risk Assessment. If staff have contacted OH with concerns they have been supported in conversations with managers. No BAME staff are deployed inappropriately as the risk assessment is checked by OH.
2.4 Are specific steps being taken proactively to ensure **BAME staff are specifically being risk assessed** not just for health risks but for exacerbating workplace treatment factors?	The letter from the CEO , Staff News, Managers Matters and the daily COVID-19 updates have all encouraged staff at higher risk of the impact of COVID-19 (includingBAME) to complete the OH Risk Assessment. In addition staff who have identified as BAME have received an email from HR encouraging them to do the same. The risk assessment enables a honest conversation between staff member and manager and with a prompt to regularly review. BAME staff are encouraged to speak up through usual communication methods, FTSU and BAME Resource Group.
3.0 Protection	

3.1 Is the **PPE Fit** process effective without disproportionate impact on some staff groups, notably BAME and female staff? Note: HSJ reports that younger female workers are twice as likely to die as other staff NHS Confederation, has published guidance about the use of PPE for staff, which includes information about cultural considerations.	The PPE FIT testing process is effective for all members of staff across the Trust.
3.2 Are managers clear that **social distancing** must be observed in role/function including in spaces such as rest areas? How is that validated?	Communications have been clear about social distancing requirements. The 5 Steps to safer working risk assessment (Appendix 2) is being implemented across the organisation in the coming weeks and will provide additional reassurance and assurance to Board. A programme plan for the implementation of 5 Steps to Safer Working will be presented to Directors and monitored at the Health & Safety Committee (increased frequency) and through the IPC Board Assurance framework.
4. Removal from risk areas	
4.1 Is the default position for staff who could effectively **work from home** or who have vulnerable family members at home that they work from home?	Yes this is the default position, with all staff working from home if possible.
4. 2 In reaching decisions about working from home or site, is there an acknowledgement of risks from travelling on **public transport** which should avoided wherever possible?	Yes this is acknowledged and also forms part of the 5 Steps to safer working risk assessment.

4.3 Is **social contact with co-workers** minimised with audit of open plan offices, shared workstations or hub environments and maximum use of homeworking? Are all possible similar steps taken in Outpatient clinics and reception areas?	This is identified in the 5 Steps to safer working risk assessment. Services considering implications for Outpatient Clinics and reception areas. Yes. Regular reminders are issued, spot audits take place from the IPC team and there is a workplace risk assessment in pace for all shared workplaces. It is recognised that in clinical areas this is more difficult but appropriate PPE is implemented and risk assessed as needed.
5.0 Tests	
5.1 Is there a transparent policy of **prioritisation** to include all staff identified by risk assessment as being at greater risk and any staff with additional exposure e.g. travelling to work?	Tests are available for all staff, family or household members who are symptomatic and fit the current guidance. There are enough tests available but a prioritisation process is in place as needed.
5.2 Do all staff know about rapid access testing for symptomatic staff and household members? 5.3 Are testing arrangements in place for staff in isolation or working from home?	Communication about the availability of testing has been made clear in Staff News, Managers Matters and the daily COVID-19 updates as well as on SolNet. Testing arrangements (Community Car) are in place for those who are unable to get to the testing sites.
5.4 Are all staff aware of the voluntary screening programme for asymptomatic staff?	At this point in time we have no access for asymptomatic testing
6.0 Engagement, communications and support	
6.1 Are managers confident (and do they get support) in having **honest and difficult conversations with BAME staff** about their circumstances?	Guidance has been given to managers through C-19 regular communications, including signposting to OH, HR, the D&I team, WRES Expert and Chairs of BAME Resource Group for support.
6. 2 Are BAME staff prominent in decision making on COVID 19 both through staff networks with access at Board level but also via other means e.g. senior BAME	Current BAME senior leaders representative includes: NED, senior leaders band 9-8d

managers?	
6.3 Is there a clear **narrative** about this work, including EDI implications, owned by leaders and managers who are confident in sharing it?	BAME leaders are sharing their involvement in engagement and communication activities, which are shared in Extended Executive meetings, Community Engagement Committee, Workforce & OD Committee, OWLES network and through the Resource Groups. Further work required in this area which the D&I team will be leading.
6.4 Are arrangements in place through STPs and more widely to identify, understand and **share better practice?**	The Covid-19 South East BME Mortality Disparity Advisory Panel that has been established to explore and respond to the emerging evidence of the disproportionate impact of COVID-19 on our BAME workforce and communities in the South East. Significant best practice has been shared across the HR Director community as a result of the D & I networks.
7.0 Mental and other health support	
7.1 What steps have been taken to understand the staff needs during and after the COVID 19 pandemic with particular attention to **BAME staff**?	Significant MH and other support have been provided to all staff. This was detailed in the report provided to the Workforce and OD Board on the 21st May 2020. BAME Resource Group Chairs are informed of all current national guidance support for Solent BAME staff is shared through regular meetings, online circulations and SolNet pages.
7.2 What support is in place for staff in **self-isolation** or who are or have been ill with COVID 19?	The OH Team are able to identify those who are recorded as self-isolation on the sickness report or have been ill with COVID-19 symptoms (with or without a positive result) and are able to book and schedule welfare support calls for all those that need them. These include a coaching service, access to therapy, access to extensive online resources). Anyone who has reported any symptoms are routinely contacted to ensure that they are fit to return to work.
7.3 Are staff aware that **psychological suppor**t is available for any staff member concerned about their vulnerability to COVID 19?	Psychological support has been well publicised in all COVID-19 communications and is readily available on SolNet. The psychological support offer was shared at Workforce & OD Committee.

7.4 Staff who do not wish to be withdrawn from an area contrary to their risk assessment. Should there be any staff who have been advised to not work in their current role or location, but who then wish to continue working in a role or location deemed unsafe for them, then the employer's duty of care is likely to be that such an outcome of their risk assessment would result in an instruction to follow the outcome.	Advice has been developed to support staff and managers in this complex conversation. Legal advice has been taken on this, which can be shared with the Board if required. There are a small number of cases that have either been resolved with conversation and risk assessment or are in the process of on-going discussions between staff and managers, further advice has been published on SolNet with a flowchart for managers and staff to follow for on-going cases.

Board and Committee Cover Sheet

Item No.	16

Presentation to	Solent NHS Trust Board		
Title of Paper	Charitable Funds Committee Exception Report		
Purpose of the Paper	To summarise the key business transacted at the recent Charitable Funds Committee meeting, 22nd May 2020		
Author(s)	Rachel Cheal, Company Secretary	Sponsor	Gaurav Kumar, NED – Committee Chair
Date of Paper	22nd May 2020	Committees/Groups previously presented	----
Summary of key issues/messages	The Committee: • received the **Quarter 4 2019/20 Finance Report** - it was acknowledged that year to date donations of £2,469 have been received, and in the last quarter £1,496 was spent on the purchase of sensory toys for use within the pool in Children East and fidget toys for distraction of patients within Dental services. • considered the **bid request for 'Unseen Disability Conference Costs'** and it was agreed that the request be funded through normal routes and would not be appropriate for charitable fund spending • approved the **Charitable Funds Committee Annual Report** and it was agreed that consideration be given to the committee's annual objectives outside of the meeting for virtual agreement and at the next committee further consideration be given to the future road map for the charity • was briefed by the Head of Communications and informed that **promotion of recent charity spending is planned, as well as recent fundraising activities.** It was confirmed that a **charity page and fundraising information is now available via SolNET** (internal staff intranet) and that further printed media (including posters) would be developed for promotion. The Committee discussed the balance of internal and external promotion in light of current resources to support the administration of the charity. It was acknowledged that additional communication resourcing could be explored via Higher Education institutes. • was informed that the Charity has received **two Grants from NHS Charities Together, of £35k and £24,500 and that a recent exercise was conducted to source staff views on spending projects.** The **Committee supported the approach proposed to utilise the funds to support permanent outdoor memorial spaces at key sites** owned by Solent, allowing staff to take breaks and moments of reflection. This approach aligns clearly to the recommendations within the Governments 'Covid- secure' requirements associated with workplace environments and, importantly, to promote positive mental health recovery for our workforce. To ensure inclusivity, and **where an outdoor space is not feasible** (e.g. including sites that are leased by the Trust), the Committee supported the proposal that **consideration also be given to a suitable piece of equipment / internal environmental change that may promote a similar outcome.** The Committee acknowledged the prompt action taken by the Trust to engage with staff to seek views and subsequent actions taken. • also agreed to **delegate spending of the Grant to the COO Southampton and County, as executive sponsor.** It was acknowledged that the Charity will be required to formally report where the funds have been spent/ future plans		

	associated with spending in support of the COVID-19 response.			
Action Required	For decision?	N	For assurance?	Y
Recommendation	The Board is asked to receive the above summary of business transacted.			

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	x	Limited		None	
Assurance Level	Concerning the overall level of assurance the Board is asked to consider whether this paper provides: Significant, sufficient, limited or no assurance And, whether any additional reporting/ oversight is required by a Board Committee(s)							

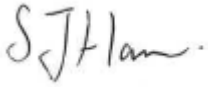
Item 20.1

Board and Committee Cover Sheet

Item No.	20.1

Presentation to	In Public Board meeting - June 2020			
Title of Paper	Governance Updates – including: - Declarations of Interest - NHSI Provider Licence Compliance Annual Declaration			
Purpose of the Paper	To summarise the declarations of interest that will feature in the Trust's Annual Report 2019/20 and to also present the NHS Provider Licence Compliance requiring (annual) Board approval			
Author(s)	Rachel Cheal, Associate Director Corporate Affairs & Company Secretary	Executive Sponsor	Sue Harriman, Chief Executive	
Date of Paper	14th May 2020	Committees/Groups previously presented	----	
Action Required	For decision?	N	For assurance?	Y
Recommendation	The Board is asked to: • Note the Declarations of Interest which will be included within the Annual Report (to be presented to the June 19th Meeting) and note that contemporary updates are published on our public website • Confirm its agreement with the responses outlined against each of the Provider Licence requirements; or provide alternative responses as agreed. Representatives of the Board (the Chairman and the CEO) are asked for formally sign in agreement.			

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the Board is asked to consider whether this paper provides: Significant, sufficient, limited or no assurance And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature								

The following governance documentation has been reviewed and updated;

1. **Declarations of Interest** - it is good governance to formally note on an annual basis the declarations declared by Board members. These declarations will be incorporated into the 2019/20 Annual Report (to be presented to Board for approval on 19th June). Board members regularly update these; the register is held by the Company Secretary's office and contemporary updates are available via our public website.

Name	Interest registered
Catherine Mason Chair	• Directorship: Independent Member Network Rail System Operator Advisory Board • Chair of CHP (Community Health Partnership)
Jon Pittam Non-executive director	No interests to declare
Stephanie Elsy Non-executive director	• Directorship and Ownership of business: Stephanie Elsy Associates and Forster Developments Ltd • Chair and Director of Emsworth Forum Ltd • Other: Chair of Bath and North East Somerset Swindon and Wiltshire STP/ICS
Mike Watts Non-executive director	• Directorship and ownership of business: Capability and Performance Improvement Ltd • Directorship - Trojans Sports Club
Thoreya Swage Non-executive director	• Outside paid employment: Non-Executive Director of Frimley Health NHS FT • Directorship and Ownership of business : Thoreya Swage (sole trader)
Gaurav Kumar Non-executive director	• Other employer: Assa Abloy Global Solution, Pacific House, Imperial Way, Reading, RG2 0TD (full time employee)
Sue Harriman Chief Executive Officer	• Directorship – Wessex Academic Health Science Network • Other – Social relationship with the owner of Grants People Solutions. Not involved in any decision making associated with commissioning decisions
Helen Ives Chief People Officer	• Husband a Bank Member of staff – not involved in any assignment placements
Andrew Strevens Deputy CEO and Chief Finance Officer	No interests to declare
Jonathan Prosser Interim Medical Director	No interests to declare
Jackie Ardley Chief Nurse	No interests to declare
David Noyes Chief Operating Officer Southampton and County	• Vice Chair of Southampton Connect • Daughter a Bank Member of staff – not involved in any assignment placements
Suzannah Rosenberg Chief Operating Officer Portsmouth*	• Daughter a Bank Member of staff – not involved in any assignment placements

*Not reported in 2019/20 Annual Report – appointed end of April 20

2. NHS Provider Licence Compliance Annual Declaration

The requirement

In April 2017, NHS Improvement introduced a new requirement on all NHS Trusts whereby each Trust is asked to **self-certify in accordance with the NHS Provider Licence** on an annual basis.

Although NHS Trusts are exempt from needing the provider licence, directions from the Secretary of State require NHSI to ensure that NHS Trusts comply with conditions equivalent to the licence as it deems appropriate. The Single Oversight Framework (SOF), bases its oversight on the NHS provider licence. NHS Trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Condition G6 and Condition FT4) and must self-certify under these licence provisions.

Solent NHS Trust, is therefore required to self-certify annually that we meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that we have complied with governance requirements.

Since our original declaration in May 2017, it was agreed that for good governance, on-going compliance be incorporated within the wider SOF requirements, captured within the In Public Board Performance Report, rather than solely considering the requirements on an annual basis.

In April 2018, Trusts were informed that there is no requirement to return the completed self-assessment to NHSI, as previously, but instead Trusts must however, **publish their self-certifications via their websites** and complete their self-certifications by the following dates[1] :

- Condition G6(3) by 31 May
- Condition G6(4) by 30 June
- Condition FT4(8) by 30 June

NHSI will conduct spot audits on a select number of NHS Trusts (and FTs).

A template has been provided by NHSI to capture Trust responses on a 'comply or explain' basis, which has been adapted for internal use to capture assurance.

There is no set process for assurance or how conditions are met, which is reflective of autonomy - each Trust is therefore required to determine how compliance is met (or otherwise). NHSI requires each **Board to formally 'sign'** in agreement of compliance against the conditions.

Providers are required to have effective systems and processes in place to ensure compliance; to identify risks to compliance and take reasonable mitigating actions to prevent those risks/or compliance failures.

A copy of Solent NHS Trust's compliance with these conditions are found in Item 20.2 (a copy of the full Licence Conditions for G6 and FT4 are also found in Appendix 1 of Item 20.2)

[1] there has been no additional guidance issued since 2018 – assumptions have therefore been made that the same publication dates apply. The Provider Licence Compliance for Solent is routinely incorporated within each Board Performance Report – with the last being published in April 2020.

NHS Provider Licence – Self Certification 2019/20 – May 2020

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 with the permanent Medical Director commencing in August 2020.

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 light of the National COVID-19 situation and have instigated more frequent, subject specific, briefings for NEDs.

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. Our unaudited annual accounts show that we have delivered our breakeven Control Total, of which £2.5m is a mixture of Provider Support Funding and Financial Recovery Funding.

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. Controls have been put in place to capture the additional revenue and capital costs related to our response to COVID-19.

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 with the permanent Chief Medical Officer commencing in August 2020.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.

Signed by :---------- Catherine Mason, Chair
Date: ----------

Signed by :---------- Sue Harriman, CEO
Date: ----------

Appendix 1 – details of full relevant Licence conditions:

Condition G6 – Systems for compliance with licence conditions and related obligations

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:
   (a) the Conditions of this Licence,
   (b) any requirements imposed on it under the NHS Acts, and
   (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:
   (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and
   (b) regular review of whether those processes and systems have been implemented and of their effectiveness.

3. Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to NHS Improvement (Monitor) a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.

4. The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to NHS Improvement (Monitor) in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.

Condition FT4 – NHS foundation trust governance arrangements

1. This condition shall apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall apply 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.

3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:
   (a) have regard to such guidance on good corporate governance as may be issued by NHS Improvement (Monitor) from time to time; and
   (b) comply with the following paragraphs of this Condition.

4. The Licensee shall establish and implement:
   (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.

5. The Licensee shall establish and effectively implement 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.

6. The systems and/or processes referred to in paragraph 5 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's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

8. The Licensee shall submit to NHS Improvement (Monitor) within three months of the end of each financial year:

(a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and
(b) if required in writing by NHS Improvement (Monitor), a statement from its auditors either:

(i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or

(ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.