NHS

Solent
NHS Trust

Solent NHS Trust

Annual Report and Accounts 2019/20

incorporating the Quality Account 2019/20

Solent NHS Trust

Annual Report and Accounts 2019/20

incorporating the Quality Account 2019/20

Contents

*We acknowledge that the Department of Health & Social Care amended their requirement to publish Quality Accounts by 30th June in light of the Level 4 National Emergency; however, our Quality Account is incorporated into the Annual Report within Appendix 1.

Acknowledgements

Our thanks are given to Joe Low for the use of photographs where indicated.

Statement from the Chief Executive Officer and Chair

We are delighted to share our 2019/20 Annual Report and Quality Account. The report is an important document which provides you with an overview of the work we do to help keep our communities safe and well at home, our performance, and some of the challenges we face. The document also provides a detailed analysis of our activities and accounts.

We would like to begin by saying a big 'thank you' to all of our teams. We are proud of our people at the heart of Solent who are inspirational in so many ways - proud of their dedication, skill and passion. The difference they make to the people who use our services is evident throughout this report, and our achievements would not be possible without remarkable people.

2019/20 has been an exciting, but challenging, year for Solent NHS Trust. We have continued to strive to provide the best possible care in order to keep people safe, healthy and independent at, or close to, home and have continued to work in partnership with other organisations to reach even more people and deliver ever better services.

Our strategy remains focused on three organisational priorities: providing great care, making Solent a great place to work and delivering great value for money. We work hard to ensure everything we do is focussed on achieving against these three 'greats'.

Providing great care, with positive patient outcomes, is paramount and we put a significant amount of focus on openness, transparency and learning and improving when things go wrong so that we provide the very best care possible. We were proud to be named a 'Good' performing trust which provides 'outstanding' care following our CQC inspection in 2018/19. We continue to strive to be an 'outstanding' trust and look forward to demonstrating the excellent care we provide at a future inspection.

Feedback from the people who use our services helps us to ensure we are delivering high quality care. In 2019/20, our patient Friends and Family Test results for our community services showed that 96.9% of people would recommend Solent as a place to receive treatment (average calculated between April 2019 and Feb 2020). This is a really strong indication that our services provide a positive experience and deliver positive outcomes, and that we value people as individuals' involving them in their care. Our Quality Improvement Programmes continue to ensure we are constantly striving to improve our care. You can read more about these programmes in the Quality Account later in this report.

Learning and improving is not undertaken in isolation, we regularly involve our patients, carers and families, as well as people from our local communities. We invite people to tell us, through diverse ways, when they feel that we aren't quite getting it right and we ask them to help us to develop our services so that they are deliver in a way that is flexible, provide choice and continuity of care. We have a continuous desire to authentically engage so we can understand and respond to the diverse needs of people from all communities. This year, we launched the Community Partners Programme, implemented the Reducing Health Inequalities Projects and initiated a Programme of Exploration to better understand how we can engage with our local community in the future. You can read more about our community engagement activities within this report.

There is a clear relationship between patient and employee satisfaction. The delivery of great care is only possible if people feel connected, involved and supported to do their very best work together. Our priority of making Solent a great place to work is underpinned by a strong values-based culture, supported by strong leadership throughout the organisation. We nurture growth, ensuring that everyone in Solent benefits from learning, and career development.

Every year we ask our employees to share what it feels like to work in Solent through the NHS Staff Survey. This gives us a good indication of whether we are achieving against our 'great place to work' priority. In 2019, 63% of people responded to the survey, our highest ever response rate – and compares favourably with other similar Trusts. The results showed that we are amongst the best when compared with other combined community and mental health/learning trusts and Listening in Action, who independently evaluate all Trust results, placed Solent 8th nationally. Our results also show that we are strong in some very important areas. They demonstrate that our workplace gives people the freedom and confidence to speak up, which has an impact on the quality of care we provide. During the year, we were recognised by NHS England's Chief Executive, Sir Simon Stevens, for our speaking up culture.

Inclusion and diversity remains a top priority for us as an organisation; developing a culture where everyone counts. Our survey results also showed that we are the best performing organisation of our type, nationally, within this area. We continue to act on what our employees tell us to ensure we are realising our strategic priority of making Solent a great place to work.

We are proud to recognise the achievements of our people and teams. During the year, there were many very notable achievements. Pamela Campbell, Consultant for Homelessness and Healthcare Inequalities was announced as the national winner of the Lifetime Achievement Award category at the NHS Parliamentary Awards; the second year in a row this accolade has been presented to a Solent employee. Meanwhile, four Solent nurses were awarded the prestigious title of Queen's Nurse, and the Prime Minister recognised two of our healthcare professionals. Beth Kelly, Diabetes Specialist Nurse and Sharon Steele, At Risk Foot Lead in the Podiatry Service, were invited to 10 Downing Street for going above and beyond in their daily role in diabetes care, treatment and prevention. It is hard to summarise all the great achievements of people in Solent, but throughout this report, there are numerous stories of people going above and beyond, making a difference. We hope you enjoy reading about the inspirational work of the people who make Solent what it is.

We deliver great value by providing our employees with the resources they need, optimising the use of buildings and technology and working in partnership.

Investment in our buildings further enhances the patient experience, leading to better patient outcomes and an improved environment for our teams to continue to provide great care. In 2019/20 we opened our refurbished and repurposed buildings at St Mary's Community Health Campus, bringing even more services to the heart of Portsmouth in state-of-the-art facilities. In addition, we continued with our plans to redevelop and extend the Western Community Hospital in Southampton to create a 50-bed rehabilitation wing for older inpatients; allowing us to care for even more people in purpose-built facilities. We look forward to realising our vision in the future.

As well as investment in our estates, during the year we made significant investment into our digital infrastructure, aimed at delivering a modern health and care experience. We invested in remote video consultations; helping us to care for more people in an accessible and convenient way. We also introduced online collaboration tools, enabling our employees to more easily connect with one another and work remotely and more efficiently. These investments will continue into next year as we accelerate our move towards becoming a digital first Trust.

Despite all the challenges the year brought, we are proud that we achieved a £0.1m surplus against our Breakeven Control Total Target; this is only possible by every single person working together and we recognise the year ahead will be even more challenging, requiring strong and compassionate leadership.

We strongly support an NHS where services are more joined up. We have continued to develop and deepen our relationships with our partners to better connect our services so people can receive improved care, and to make it easier for people to access healthcare. At the forefront of this work is our active engagement and involvement within the Hampshire and Isle of Wight STP, and soon to be Integrated Care Partnership. We have also been pivotal in the developing Integrated Care Partnerships in Portsmouth and South East Hampshire, Southampton and South West Hampshire, as well as our unique mental health partnership with the Isle of Wight NHS Trust. These structures are critical parts of the health and care service, with providers joining forces to deliver better care to the communities they serve.

We are delighted that we are taking a leadership role in these developments, working with our partners to bring new and innovative services to our communities. In 2019/20, we launched a collaborative service, Positive Minds, in Portsmouth City Centre. Positive Minds is a drop in centre for people struggling with anxiety and other mental health issues. The service is a collaboration between Solent NHS Trust, Portsmouth City Council, Solent Mind, University of Portsmouth and others.

We continue to lead the way in community health research, working together with Side by Side, our well-established patient and carer involvement group. For the second year running our Academy of Research and Improvement topped the National Institute of Research's (NIHR) league table for the number of participants recruited to studies, and was also named the top care trust in England for supporting the most studies. This is testament to the work of our Academy who equip our teams and patients with skills and confidence to identify areas that could be improved, and tools to manage projects and measure impact.

In year we have seen a number of key changes at a Board level, with two new Non-Executive Director colleagues joining us, and we appointed an Interim Medical Director whilst we recruited substantively into our vacant Chief Medical Officer role. The appointments, which you can read more about further in the report have been incredibly positive, with individuals bringing new insight and experiences; helping us on our continued journey of transformation.

The COVID-19 pandemic

The final months of the year, like all Trusts across the country, were dominated with our planning and management of the COVID-19 pandemic. We are extremely grateful to our teams who have shown overwhelming commitment and dedication in helping us to respond to the crisis. Everyone, right across the Trust, has pulled together to ensure we can continue to deliver care for patients in completely unprecedented times. We are also incredibly thankful for the support we have received from our partners and the people in our communities.

At the time of writing, we still have a long way to go in this pandemic; we don't know when the current measures will end and if, or when, there will be a further peaks. We continue to monitor the government modelling to make sure we are as prepared as possible, and work with our partners to ensure we can respond appropriately.

This is a really difficult time for our employees, at work and at home. The wellbeing of our people is always important, but no more so than now. We are dedicated to supporting the wellbeing of our teams and have developed a diverse range of health and wellbeing offers to help people stay physically and mentally well during COVID-19 and beyond.

We enter 2020/21 with an expectation for a new way of working. As a result of the COVID-19 pandemic, the way in which we provide services has changed fundamentally. We have already started to capture some of the learning, and the very positive differences which have been made to the way in which we deliver care. This will help us shape our new ways of working once the pandemic has passed. To help us 'build back better', we will continue to include our diverse communities, commissioners and partner organisation, and we will invest in, and develop, our workforce to enable us to keep learning and improving. Together, we truly aspire to provide great care, be a great place to work and provide great value for money.

Sue Harriman
Chief Executive Officer
Date: 19th June 2020

Catherine Mason
Chair
Date: 19th June 2020

Section 1.
Performance Report

Overview

The purpose of this section is to provide a summary of the Trust including our purpose and activities, and our principle risks and uncertainties facing us during the year head. Our Chief Executive, Sue Harriman, also reflects on how we performed over the past year.

Consideration of the going concern basis can be found within Section 3.

It should be noted that the end of Quarter 4, 2020/21 was dominated by preparations for, and responding to, the Level 4 National Emergency (concerning Coronavirus COVID-19) - as such only data up to end of Q3 in some cases, and where indicated, is available and much of the annual report is written in the context of pre-COVID-19 .

Statement from the Chief Executive

I am really pleased to welcome you to our Annual Report and Quality Account for 2019/20 financial year, a year where we have achieved so much but also faced unprecedented challenges in response to the COVID-19 pandemic.

I would firstly like to pay tribute to the brilliant people who work with Solent. Without them, we could not realise our ambitious vision of keeping more people safe and well in the community. Throughout this report, you will read about some of their incredible achievements and examples of outstanding care. It makes me incredibly proud to be a part of this team.

When I wrote this statement last year, we had just received the results for our Care Quality Commission (CQC) inspection. The Trust was rated as 'Good' overall and was 'Outstanding' in the area of caring. I was delighted that we were rated so highly and to receive the feedback we did from the CQC inspectors. We look forward to inviting our inspector colleagues back into the organisation in the future, so we can demonstrate our ongoing learning and continuous improvements.

It is vital that we continue listening, learning and improving as a Trust. Ultimately, it is the people we care for, their carers and families, that continue to tell us how successful we are in shaping the care they want and services needed for themselves and their loved ones. We gather this information in a variety of ways, working closely with our communities and also through the 'friends and family' test. During the year we continued our work to meaningfully engage with people from diverse communities. We developed firm friendships with voluntary sector groups, including Moriah Family Carers group and parents and carers from BAME backgrounds who look after children with additional needs, amongst others and we have developed and adapted the way we effectively communicate with people from diverse communities to ensure that they can easily receive information and share their thoughts. You can read more about our community engagement activities within this report.

As well as feedback from our patients and the services we provide, feedback from our people is of equal importance. We have a range of listening and engagement practices in place, including staff stories at Board from our staff networks, Schwartz rounds and the annual staff survey. I am delighted that the Trust again scored among the best nationally when compared with other combined community and mental health and learning trusts. Over 63% of Solent colleagues responded to the survey this year – which equates to 2,149 people, our highest ever response rate. The health and wellbeing of our people remains our top priority. We will continue to identify things we can do differently, so that we have more time to care for ourselves, each other and our patients. We also want to provide people with the tools to invest in and navigate their own futures. This is so we can continue to attract, develop and retain the very best people.

I am really proud that we are the best performing organisation of our type for diversity and inclusion in the annual staff survey and we have already met/ exceeded our target set in the Model Employer report. We have made great progress this year with our compassionate and inclusive leadership strategy. This includes setting up more staff network groups and hosting special events such as our Menopause conferences. We are committed to creating a culture where everyone counts and encouraging people to think about inclusivity.

We put a strong emphasis on employee retention, however, our average employee turnover rate over the 12-month period was 14.6% - this is slightly higher than the national average. Our retention programme is focused on engaging with our employees and ensuring Solent offers a positive working environment. One of the improvements we have made this year is to work with an outsourcing partner to develop and implement exit interviews so that we receive fully objective feedback that we can act on in real time.

To ensure we maintain safe staffing levels, we have needed to use agency staff within some of our services. Our benchmarking shows that we compare well with peers on our agency usage. However, we have not yet achieved our agency target. To help reduce the cost of agency, we have robust processes in place to authorise the most costly 'off-framework' requests and use in-house Bank employees wherever possible.

As a consequence of COVID-19 our agency spend and employee absence rates were adversely impacted and we continue to monitor this, and offer programmes of support and engagement for our staff affected by the pandemic. The safety and wellbeing of our people is critical.

It is crucial that our services perform well, and we know how this can affect the care for our service users and their families. We monitor waiting lists monthly and if there are any concerns, we work with commissioners to remedy this. We always escalate concerns for assurance through to the public Trust Board and Performance Report. We saw the largest area of growth in the past year around the Adults Southampton service line. This reflects the NHS Long Term Plan and the ambition to grow community services to move activity out of hospital.

I am immensely proud that despite 2019/20 being financially challenging for the whole NHS family, we were able to achieve a small surplus and performed better than our set Control Total Target (a target set by our regulator) of breakeven. We have now positively exceeded our Control Total for the fifth year in a row by transforming and improving our services with surpluses recorded for the last three years. This would not have been possible without the commitment of everyone across all areas of the organisation, and we remain committed to delivering further efficiencies and to continue to transform services with our partners.

I hope that the Annual Report will enable you to find out more about our successes and challenges. We pride ourselves on not just being a provider of healthcare, but also in being part of the wider community. The recent National Emergency has reminded us that we all have a role to play, and it is when a community truly comes together that the best can be done for everyone.

I hope through our work you see the enthusiasm and commitment at the heart of Solent NHS Trust. I look forward to 2020/21 and continuing to develop our services, our partnerships, our organisation, and our value to our communities. We aim to make a difference – to keep as many people as possible healthy, safe, and independent at, or close to, home.

Sue Harriman
Chief Executive Officer
Date: 19th June 2020

About us

Who we are

Solent NHS Trust was established under an Establishment Order by the Secretary of State in April 2011.

We are a specialist community and mental health provider with an annual income of over £200m for 2019/20.

At 31 March 2020 we employed 5288 clinical and non-clinical members of staff (including part time and bank staff) this equates to 3026.15 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities.

We delivered over 1.1 million service user contacts.

What we do

We specialise in providing high quality, best value, community and mental health services.

We are the main provider of community health services in Portsmouth and Southampton and the main provider of adult mental health services in Portsmouth. We also provide a number of pan-Hampshire specialist services and also provide these on the Isle of Wight, including sexual health and specialist dentistry. Our team of talented staff work from over 100 locations. In late October 2019 we were asked to work alongside the Isle of Wight NHS Trust to positively transform mental health services for the benefit of local people. This is an exciting new partnership for both organisations and is a great opportunity for us, in line with the NHS Long Term Plan, to make a difference by focusing on providing care out of hospital, keeping people safe, well and independent at, or close to, home. The Isle of Wight NHS Trust will continue to provide mental health services on the island. We also provide specialist dentistry on the island and will be providing sexual health services from 1 April 2020.

We support families to ensure children get the best start in life, provide services for people with complex care needs and help older people keep their independence. We also provide screening and health promotion services, which support people to lead a healthier lifestyle.

We actively promote strong out of hospital services and take an active role in integrating care. Working closely with other Trusts, primary care, social care providers and the voluntary sector we make sure care is joined-up and organised around the individual.

We always endeavour to maintain our focus on providing safe, effective and quality services and pride ourselves on being a learning organisation. We are creating a culture of continuous improvement, providing our staff with the tools, capability and capacity to continuously improve to ensure we provide people with the best, and most effective, service we can.

The following diagram illustrates our Care Group Structure:

County Care Group	Portsmouth Care Group	Southampton Care Group
Sexual Health Services	Adult Mental Health Services	Primary Care Services
Specialist Dental Services	Adult Services	Adult Services

Child and Family Services
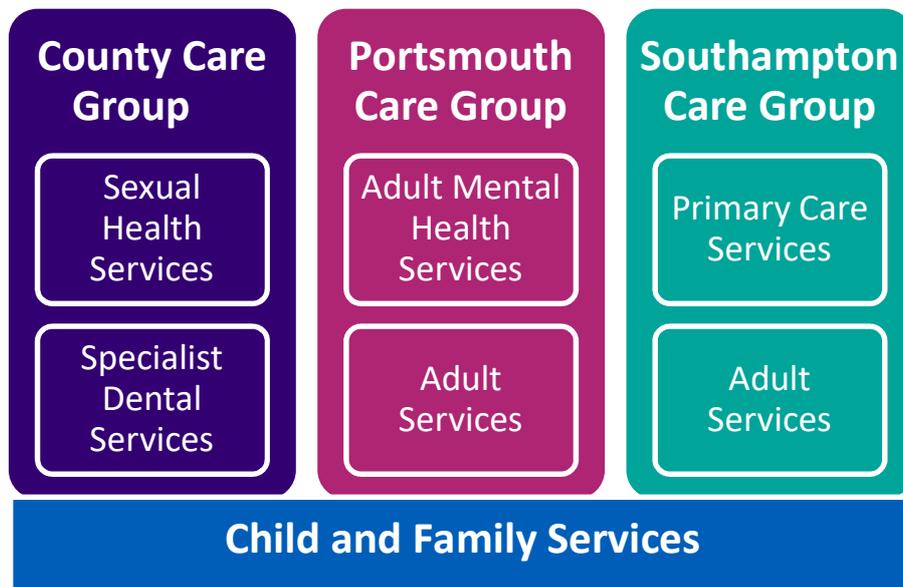
We are commissioned by NHS England, Clinical Commissioning Groups and Local Authorities in Southampton, Portsmouth and Hampshire. Southampton and Portsmouth together have more than 450,000 people resident within the cities each covering a relatively small urban geographic area with significant health inequalities, which are generally significantly worse than the England average for deprivation. Hampshire covers a wider geographical area, which is predominantly more rural and affluent, but also has urban areas of higher population density, significant deprivation and health need.

Our services in numbers

Solent NHS Trust 2019-20

NHS Solent NHS Trust

About us

Established on…
1st April 2011

We specialise in:
Community Services
Mental Health Services
Specialist Services
(Specialist Dental / Sexual Health)

Over 1.1 million service user contacts

Quality

Inspected and rated overall: **Good**

Caring 'Outstanding' Care Quality Commission

Recommended for care

Friends & Family Test
(Month 1 - Month 11)
96.9% Community
91.2% Mental Health

Staff Friends & Family Test
(at Month 11)
87%

Workforce

5,288 Members of staff
(total headcount)*
in 2019-20
(3,026.15 Full time equivalents FTE)

63% Staff survey responses

7.3/10 Engagement Score
(Comparable Trust average 7.1)

76.2% of staff received flu vaccinations

* This includes our substantive, bank, honorary and locum staff.

Finance

£10m Invested in our estates

£4.2m operational savings

Year-end position
31st March 2020
Small surplus of
£0.1m
(Control Total target: Breakeven)

NHS
Solent
NHS Trust

Solent's vision is to provide great care, be a great place to work and deliver great value for money

Our commitment to quality:

1 Involving communities

Patients, families and carers are partners in care, and we understand and respond to the diverse needs of people from all communities.

2 Ensuring safe care

All leaders and teams prioritise safety, are open and honest and uphold Duty of Candour. People are actively involved and feel able to speak up and to report risks and incidents.

3 Learning and improving

We recognise that we don't always get it right and we strive to learn and make positive changes. Sharing excellence, research and learning are at the heart of quality improvement.

4 Technology and innovation in care

We work with service users to understand how we can enhance their experience of care using digital solutions; ultimately improving patient outcomes.

5 Supporting vulnerable people

By involving service users and their families, we work with partners to make sure everyone has equal access to healthcare services.

6 Looking after each other

We will create a positive workplace with a strong sense of belonging, where bullying and harassment is not tolerated. Everyone is supported with opportunities for learning and development.

Our values are:

Honesty	Everyone counts	Accountable	Respectful	Teamwork
Open and honest	Inclusive and valuing everyone	Accountable for our actions	Showing respect, dignity and compassion	Working together

CSS1014 NHS Creative 2020

Our Story – why we exist

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

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 for other service providers. 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

Click on the photo to link to a video demonstrating '*The Difference*' we make.

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

Great care

Click on the photo to link to a video demonstrating 'Great Care' in action and *The Difference* we have made to Paul and his hydrotherapy story.

Everyone counts

Making a difference to people in the community

People from Black Asian and Minority Ethnic communities are more at risk of developing Type 2 Diabetes. We work as hard as possible to make sure people in these communities are able to easily access Diabetes awareness, learning and education. We visit people in their local community, at cultural festivals and events, and we share information in different languages.

Bethany, Community Diabetes Specialist Nursing Team

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 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.

NHS Solent NHS Trust

Great place to work

@SolentNHSTrust celebration of nursing #SolentNurses #NursesWeek #NursesDay2019

Click on the photo to link to a video demonstrating 'Great place to Work' in action and how we celebrated Nurses Day in 2019.

Apprenticeships

Click on the photo to link to a video about the apprenticeships we offer

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.

In 2017, we were awarded £10.3M to redevelop and refurbish our building's at St Mary's Community Health Campus, bringing even more services to the Portsmouth and South East Hampshire community. This significant investment will allow us to care for even more people in purpose-built, state of the art facilities.

At Solent we work closely with and involve our partners in our financial decisions. At St Mary's we asked our service users and our partners, Healthwatch, how they would like to see the site improved and have adjusted investments to mirror their feedback.

Through the use of these new facilities we are able to provide a one-stop, joined up care experience for patients, meaning fewer visits to different places with one team working together towards the same goal.

Image copyright Joe Low

All images - copyright Joe Low

Our values

Our shared HEART values reflect the deep belief that we are caring organisation at the centre of our community. They support the development of a strong working culture. They breathe life into our organisation – guiding and inspiring all of our actions and decisions. They enable us to be better at what we do and create a great place for our employees to work, whilst ensuring we provide the highest quality of care to the people who use our services.

How we work together as a values-based organisation

Our values create the foundation for everything we do – for our employees and people in our communities.

During the annual appraisal process, we asked people to reflect on what the values mean to them personally and how they bring them to work. We have also reshaped our recruitment and leadership practices to make HEART a part of our daily culture.

We will continue to develop ways of working that draws our values into all that we do, creating a great place to work and a great experience for our service users.

Honesty	Everyone counts	Accountable	Respectful	Teamwork
Courage	Voice	Ownership	Communication	Leadership
Openness	Inclusive	Learning	Self-awareness	Collaboration
Trust	Supportive	Empowerment	Person-centred	Team Spirit
Integrity	Recognition	Performance	Compassionate	Shared Purpose

Our finances

Our income

During 2019/20 we had an income of over £200m.

Our income is illustrated below:

£2m
£12m £7m
£28m
£23m
£129m

- CCGs 64%
- Local Authorities 11%
- NHS England 14%
- Other income 6%
- Education, training and research 4%
- PSF / FRF Funding 1%
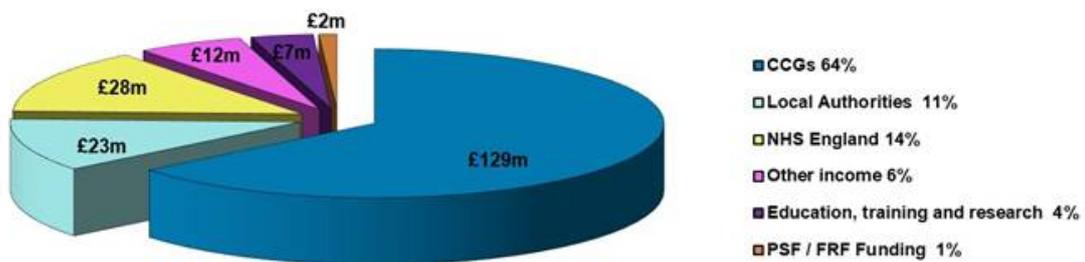
Our expenditure

Our expenditure is illustrated below:

£5m £12m £2m
£18m
£25m
£138m

- Staff costs 69%
- Estates and Facilities 12%
- Clinical Supplies and Services 9%
- Purchase of healthcare 3%
- Other 6%
- PDC Dividend & Financing 1%
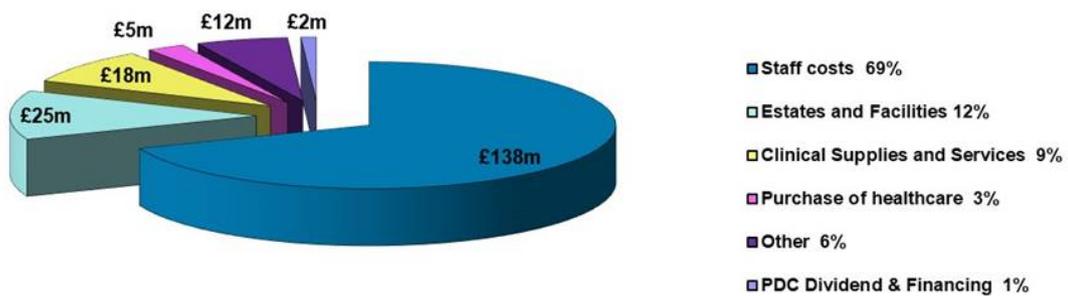
The year in review

Responding to the Level 4 National Emergency

During the latter part of Quarter 4, we, like all other NHS Organisations, were entrenched in the preparations for and response to, the Level 4 National Emergency concerning Coronavirus COVID-19. This unprecedented situation resulted in an organisational wide response, resulting in us mobilising our workforce into different roles as operationally needed. During this time we adapted and flexed as necessary to support a system wide response, and internally implemented stringent governance checks and balances including the establishment of enhanced Quality Impact Assessments concerning service and process changes. An Ethics Panel was also created to consider the complex balancing of duties and sometimes difficult decision making required during the pandemic. Decisions we have made have been fully documented in line with national guidance.

As well as responding to the national emergency, we continue to be cognisant on the need to 'recover' – both organisationally, to that of pre-COVID service provision, but also and more importantly, in respect of our workforce, and wider community – many of whom will have been deeply affected by the situation. We do however acknowledge that there are many positive changes and practices that are emerging as a result of working differently during the crisis – consequently we will endeavour to incorporate these, and all relevant learning opportunities, into our everyday business moving forward, rather than reverting to a purely 'business as usual' model.

As per the national guidance, the Operational Planning round for 2020/21 was halted in response to the crisis – we will of course resume this process upon resolution of the situation, and have factored this into our recovery plan.

Summary of financial performance

We performed better than our set Control Total for the fifth year in a row, with surpluses for the last three years. A summary of our financial performance can be found in Section 3.

Principle risks and uncertainties facing the organisation

Our focus during 2019/20, like previous years, has been on maintaining service quality and sustaining financial recovery. Despite the financial challenges, service performance generally held up well throughout the year.

During March 2020, the national emergency in relation to COVID-19 meant that we had to suspend normal operations to focus on our response on key services. As part of this, we consciously increased the level of financial control risk we are willing to tolerate to enable the swifter payment to our suppliers, including increasing the tolerance for 3 way matching between Purchase Orders (PO), goods received and invoices. In addition, we have had to make assessments on income earned for this period. We have based this on national guidance.

We achieved a £0.1m surplus against a breakeven Control Total target. During 2019/20, Solent received £2.5m of Provider Sustainability Funding and Financial Recovery Funding, as awarded from NHSI.

Our efficiency target (Cost Improvement Plan) was £8.1m, of which £4.2m was delivered; the balance was achieved by other measures. Achieving further efficiencies is proving more difficult as a stand-alone organisation; future efficiencies will need to be delivered on an ICP and ICS basis through system transformation.

Our Control Total for 2020/21 is again break-even, but with only £1.5m of Financial Recovery Funding. However, the national emergency has meant that the basis of revenue received for at least the first four months has radically altered and all planning and contractual discussions have ceased. It is likely that there will need to be a national reset on finances once the emergency has abated.

Our business risks

The great majority of our business is with Clinical Commissioning Groups (CCGs), NHS England, and local authorities, as commissioners for NHS patient care services and preventative services. As CCGs, NHS England and local authorities are funded by Government to buy NHS patient care and preventative services; the Trust is not exposed to the degree of financial risk faced by business entities, apart from the normal contract negotiation/renewal that is expected in any organisation. Deficits were incurred in 2014/15, 2015/16 and 2016/17 and as at 31st March 2020, the cumulative deficit stands at £6.5m, which have been funded by Department of Health loans with differing repayment dates. We have been notified that our outstanding loans of £9.1m will be transferred into Public Dividend Capital in 2020/21.

In 2019/20 we continued to respond to tender opportunities aligned to our core business and remain committed to exploring innovative models of integration and contract extension mechanisms to provide continuity for organisations and people who use our services.

With regards to our financial forecasts and modelling for the year ahead in order to achieve the Control Total, a number of risks exist as reflected below and in the following sections. These are obviously set against a backdrop of uncertainties concerning the COVID-19 situation, as we move into the 2020/21 financial year.

Funding pressures

The financial constraints within local government are such that significant savings will be required, which will require difficult choices to be made. We welcome the pledge within the NHS Long Term Plan (LTP) that investment in community and mental health services will grow faster than the overall NHS budget over the coming years, and are working with our commissioning partners to ensure the realisation of this commitment. Long-term investment plans remain immaturely developed at both a local and wider system level however commissioners acknowledge that some Trust services are underfunded. Risks exist in relation to securing growth funding across our geography for the year ahead and we are already seeing significant pressures in meeting rising demand, against a backdrop of commissioned capacity.

Solutions to mitigate the risks will need to be more radical in nature than in previous years, which, may mean that we will have to reduce, or even stop the provision of some services due to insufficient funds to deliver them safely and effectively, if we do not see additional investment made in the out of hospital system.

We will, of course, continue to work creatively with our partners to find solutions which may involve doing things differently, for example by merging resources and teams and looking differently at our joint estate and the premises we work from. However, ultimately, significant transformation in the way services are commissioned must take place – to ensure out of hospital transformation can be delivered at the pace and scale required to meet the NHS LTP and more locally, the Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW STP) Strategic Delivery Plan, and to ensure there is investment in mental health service delivery in line with parity of esteem aspirations.

Budget pressures and cost efficiency requirements remain a risk and any loss of key services will increase our financial pressures and also potentially destabilise other service contracts where there are significant interdependencies.

Changes to the commercial environment - Sustainability and Transformation Partnerships (STP)

We continue to see the commercial environment evolving and we remain committed to working in collaboration with our health and social care partners within the Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW STP) to deliver the STP's Strategic Delivery Plan (SDP), aligned to the NHS Long Term Plan, which will ensure the future sustainability of local health and care delivery systems to meet population need. To achieve the ambitions set out in this Strategic Delivery Plan, we are changing the way organisations work together in Hampshire and the Isle of Wight in order to enable greater collaboration and remove duplication. Establishing the Hampshire and Isle of Wight Integrated Care System (ICS) in September 2020 is intended to create shared leadership to deliver our vision and plan, and to enable organisations to work more effectively together to redesign care, improve health and tackle the challenges we face. The core components of the Hampshire and Isle of Wight ICS will be:

- **42 Primary Care Networks**
  Our primary care networks are the foundation of the Hampshire and the Isle of Wight Integrated Care System, where general practices work together in networks and with statutory and voluntary community health and care services to meet the needs of the local population. Delivering integrated mental and physical health and care, primary care networks proactively manage the health needs of the population they serve. Each primary care network has a clinical director. The average population served by one of our PCNs is 45,000 people.

- **A single commissioning function for Hampshire and the Isle of Wight**
  CCGs are working together to establish a single commissioning function for the Hampshire and Isle of Wight ICS.

- **Integrated planning and delivery in each health and wellbeing area**
  Our four upper tier local authority areas will continue to be the focus for place-based planning (undertaking population needs assessment) and for aligning health, care and other sector resources to deliver improved outcomes for local people. Partners will work together to further improve wellbeing, independence and social connectivity through the wider determinants of health including housing, employment, leisure and environment.

- **Four Integrated Care Partnerships**
  Integrated Care Partnerships bring together NHS providers, CCGs and local authorities to co-ordinate and improve the delivery of health and care in partnerships based around the populations served by our acute hospitals. Working together, partners are able to integrate healthcare delivery across PCNs, community, mental health, acute and social care services to better meet the needs of their population, and to support improved operational performance, improve quality and financial delivery.

On its journey to become an ICS, an ICS Board will be established to set strategy, shape culture, ensure delivery of the ICS transformation programmes and to act as the strategic decision making body for the prioritisation and deployment of capital and revenue allocations made to the ICS. An ICS Assembly is also proposed to be established, which will bring together the leadership community in the Hampshire & Isle of Wight ICS and acts in an advisory role to the ICS Board. Contracting principles have been established at a HIOW level to assist with ICPs in their approaches, ensuring these are aligned to NHS Operational Planning and Contracting Guidelines for 2020/21.

STP/ICS Vision and Goals

The STP/ICS vision, mission and goals are underpinned by strategic objectives and supporting programmes.

The major programmes are as follows:

- A radical approach to prevention will continue to contribute to the improved health and wellbeing of our population, working with partners to positively impact on the wider determinants of health and to the reduction in growth of activity in A&E

- Putting in place a new integrated care model delivered through the Primary Care Networks will enable the opportunity to reduce the amount of time people spend in hospital
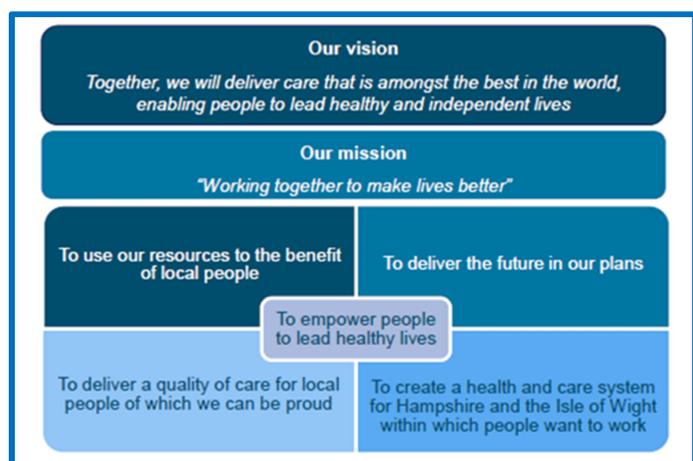
- An urgent and emergency care programme to suppress the forecast growth of A&E through better utilisation and integration

- Improved quality and outcomes by establishing a Quality Alliance and delivering a set of self-service improvement programmes including a Mental Health Delivery Plan, and

- Better enablement through a range of workforce initiatives and digital transformation.

Image copyright Joe Low

Portsmouth and South East Hampshire (PSEH) Integrated Care Partnership (ICP)

All organisations with responsibility for health and care in PSEH have come together to deliver a shared set of objectives, which includes commitment to a single system improvement plan to restore and improve service quality, performance and financial health. We have established new ways of working together, with providers and commissioners increasingly taking collective responsibility for population health and resources. We have agreed a PSEH ICP Blueprint that provides the framework for our development as an ICP over the coming four years. It includes some principles that fit with our local needs and those of the STP/ICS.

How we will deliver

Our Chief Executive, Sue Harriman, is the System Convener for the PSEH ICP and all of the Executive Team and many of the Senior Leadership Team have key roles.

The system has established a supporting governance infrastructure, including;

- an Unified Executive Group, which meets monthly, responsible for the leadership, management and support of the ICP
- a Clinical Executive Group, which meets monthly, bringing together the senior clinical leaders from partner organisations and Programme Clinical Leads, and;
- an Operational and Programme Delivery Group, which meets monthly, focusing on system performance and the delivery of clinical and corporate service transformation against the ICP Plan. Additional advisory groups have also been established, including a Non-executive Director and Lay Member Network.

We also have some key objectives that focus our activity as a key member of the Partnership:

- Urgent care resilience – we will collaborate, including sharing risk and resources in order to increase capacity and manage demand.
- Sustainability – We will transform our health and care service to deliver the ICP benefits and make year on year improvements in our financial position.
- Citizen and Community Focus – Care will be person-centred, driven by population health.
- Promotion of Wellness and Prevention – We will plan, deliver, measure outcomes that support ambitious transformation across services to enable our communities to stay well and self-manage their health and care.

- Integration- Where ever evidence suggests and it adds value our health and care system will be fully integrated.

These reflect how the ICP will develop over the next 4 years and are being used to focus planning as an ICP; to prioritise, stretch and strengthen the programmes we deliver.

The ICP will change what, how and where care is delivered in line with the above principles. Partners have identified where there is significant benefit in coming together to design, target and deliver care to our patients and citizens. In the coming year to meet the requirements of the LTP and as a result of prioritising activity locally the following care priorities will focus activity:
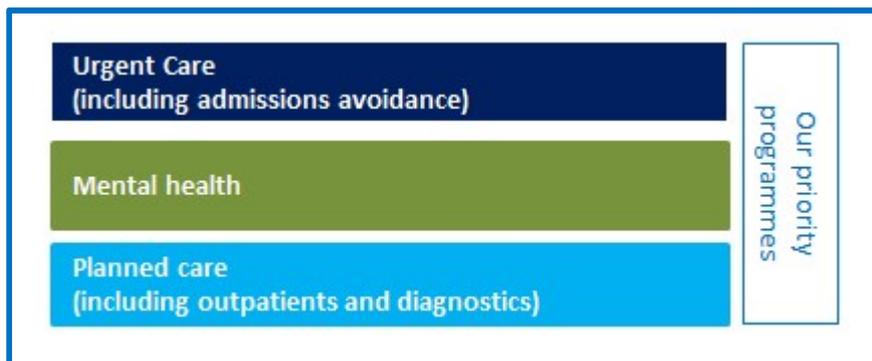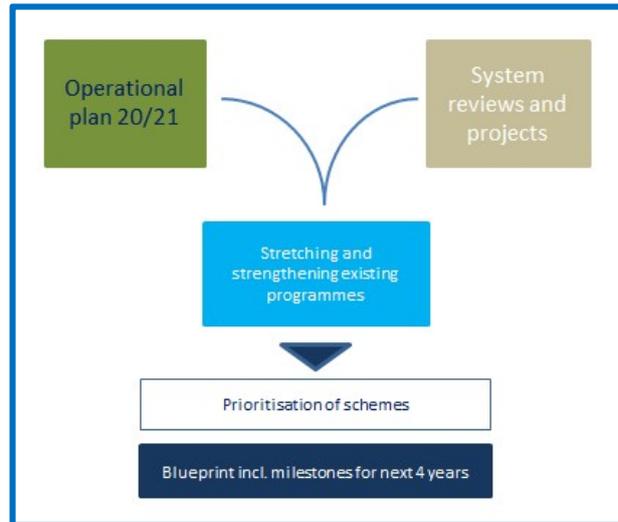
These priorities recognise work in a complex system with many interdependencies and have taken aspects of other programmes particularly community and children. They will also take account of other transformation for instance in primary care through the introductions of PCNs.

We continue to be engaged in a Multi-speciality Community Provider (MCP) transformation programme within Portsmouth, underpinned by a partnership agreement between the Trust, the Portsmouth Primary Care Alliance, the local authority and Clinical Commissioning Group (CCG). The programme builds on work already started to integrate community health and social care services at locality level, centred around primary care.

Southampton and South West (SW) Hampshire

Similar work is underway in Southampton, where, as a key partner in the Better Care Southampton transformation programme we are working with partner organisations to formulate a more robust out of hospital operating model that seeks to underpin the STP Strategic Delivery Plan.

By delivering better integrated out of hospital services we will be able to deliver even better patient outcomes, while also operating more efficiently, establishing a new way of working together with common objectives and accepting collective responsibility for the health and care of the people in the areas we serve. The emergence of Primary Care Networks this year has created an opportunity

to re-focus work in the Better Care Southampton arena, and Solent is providing operational management support to each of the city localities to work with our system partners and create change projects with a very localised flavour which will advance the city wide Health an and Care strategy.

We remain in discussion with commissioners to ensure that local delivery plans for the Southampton and SW geography are developed in partnership; ensuring investment reflects the commitments made in the NHS Long Term Plan to increase funding in community and mental health services and ensure greater prevention and self-management of illness within the community. You can read about the work we have been undertaking with our partners and alliances in the following section.

The future

We acknowledge that the future shape of services for Solent, as they are currently constructed, is unclear and that there is significant uncertainty in relation to the medium and long-term configuration of health and social care services within the HIOW STP (and evolving ICS) footprint.

We do know that services will need to be radically transformed in order to ensure services are fit for the future – in terms of ensuring enduring quality and safety, to meet rising demand as well as achieving efficiencies ensuring a sustainable health and care environment.

Whilst our front line services will predominantly remain the same, it is likely that, in the future, we will increasingly be providing these via integrated models with our key partners, via innovative practices including being supported by digital advancements and enablers, and that our services will undoubtedly be underpinned by new contractual and governance arrangements.

We also know that during times of change we are open to risk. These include risks concerning ensuring we are able to maintain 'business as usual', attract and retain an engaged workforce, remain a credible partner and continue to strive to achieve excellence in all we do. We must not get distracted or complacent.

The Board has oversight of our strategic risks, many of which are interdependent, via our Board Assurance Framework and also ensures we have appropriate mitigations in place to manage these, particularly during periods of such significant transformation. Ensuring that Solent provides great care, is a great place to work and provides great value for money remain our priorities.

Details of our key risks in year are included within the Annual Governance Statement.

Working with our partners

The Isle of Wight

On 1st October 2018 we commenced our specialist dentistry service on the Isle of Wight and since then have successfully integrated the service into our wider county offer.

In October 2019 we were asked to work alongside the Isle of Wight NHS Trust to positively transform mental health services for the benefit of local people. Our exciting partnership affords us a great opportunity, in line with the NHS Long Term Plan, to make a difference by focusing on providing care out of hospital, keeping people safe, well and independent at, or close to, home. The Isle of Wight NHS Trust continues to provide mental health services on the island.

In year we were also awarded the 0-19 and immunisations and vaccinations contract for the island (which will be mobilised during 2020/21) and we are delighted that we will also be extending our service offer on the IOW from 1 April 2020 with the expansion of our Sexual Health Service.

Southampton and County Services

We remain a key partner in Better Care Southampton, a transformation programme which involves key stakeholders from across the Southampton health and social care community, including the voluntary sector.

The programme aims to:

- put individuals and families at the centre of their care and support, meeting needs in a holistic way
- provide the right care, in the right place, at the right time, enabling individuals and families to be independent and self-resilient wherever possible
- make optimum use of the health and care resources available in the community
- intervene earlier and build resilience in order to secure better outcomes by providing more coordinated, proactive services and
- focus on prevention and early intervention to support people to retain and regain their independence.

Within social care

The Integrated Southampton Urgent Response Service and Community Independence teams bring together teams from the City Council and our Solent services under a single management structure. Together they provide reablement and rehabilitation services co-located in bases across the city.

We have made good progress integrating our service provision for children and their families, focussing on 0-19 early help services. We have established a joint leadership team who are working together to deliver a more collaborative service. We have already established partnership arrangements with the council for children with special educational needs, and for services delivering child and adolescent mental health services for Looked After Children.

Within primary care

Our links with primary care are of key importance as we strive to deliver more community based care. We work very closely with colleagues from Southampton Primary Care Limited, and have worked together to identify the most appropriate scale at which we could deliver our services, with the aim to offer a range of services that complement local out of hospital care with primary care networks.

Together with colleagues in primary care, we are working on a number of areas to improve the support provided to people in care homes. We are also working in partnership with Southampton Medical Services, supporting them in delivering a Community Wellbeing Service. This service is focussed on prevention and wellbeing in our communities.

Within the secondary sector

We work as a key system partner, supporting colleagues in University Hospital Southampton NHS Foundation Trust (UHS). By establishing strong relationships and transparent partnership working, as well as working in a more integrated way with social care colleagues, we have contributed to the improving position with regards to delayed transfers of care. Our In- Reach Coordinator, based in the hospital actively seeks out service users for discharge and our Community Emergency Department Team works closely with the emergency department and frailty partners to prevent admission through advice and information. In year we extended the service, which now operates 7 days a week.

Within our community hospital wards based at the Royal South Hants Hospital (RSH), we have implemented a weekly Care Act compliance meeting, which includes colleagues from social care. Together, by sharing information, we evaluate delays to facilitate discharge. We have also helped to develop the Southampton Integrated Discharge Bureau to become a hub for discharges across the community and acute sector. We have recently enhanced our rehabilitation therapy service at the Royal South Hants (RSH) Hospital to cover 7 days a week.

We continue to work with our partners to deliver our Homeless Healthcare team, a multi-disciplinary primary care team providing care to homeless people in Southampton.

In year we mobilised an innovative initiative where an advanced physiotherapy practitioner works in the community in conjunction with community geriatricians conducting comprehensive geriatric assessments. The project is creating improved patient outcomes as well as creating additional hospital capacity by reducing patient length of stay and freeing up acute bed space.

Portsmouth and South East Hampshire

Solent NHS Trust, via the Portsmouth and South East Hampshire Care Group, continue to engage in strong effective partnerships with the following:

Clinical Commissioning Group - We have a mature relationship and have invested in a number of joint posts, including our Deputy Chief Operating Officer /Director of Transition. Together, we have developed a four year rolling joint plan for transformation and financial planning purpose. This has created an environment of strategic change rather than tactical savings.

Portsmouth City Council - We now have co-located and integrated services in all key areas of the care group with some joint appointments. We are in active discussion about how to take this further forward to enable full scale integration around neighbourhood teams.

Portsmouth Primary Care Alliance (PPCA) - We have supported the PPCA in their business development, including providing corporate service support to enable them to be successful in their bid to run 24/7 services. We have a partnership agreement between the organisations which flags our on-going commitment to improve the capacity and capability of primary care.

Positive minds – We are proud to announce that Positive Minds, a new drop-in service for people facing mental health challenges, opened on 23 December 2019. The service provides support for people who are living through low mood, anxiety, or who feel overwhelmed and helpless in face of problems such as money, housing, relationships, work, bereavement, leaving the Forces, or living away from home at university.

> *"I am so proud to be part of this exciting new development in the city. This is an excellent example of the way that organisations are working in partnership to bring services together into one place, for the benefit of people in the city – including our armed forces community. We are so grateful for the support we have received from everyone involved, including the Armed Forces Covenant Trust Fund and also from the Royal Navy and Royal Marines Charity."*
>
> Sarah Austin, Chief Operating Officer Portsmouth and Commercial Director

MCP stands for 'Multi-Speciality Community Provider' one of several models of care in the NHS Five Year Forward View. The Portsmouth MCP Programme is a partnership between the Portsmouth Primary Care Alliance, Solent NHS Trust, Portsmouth CCG, HIVE Portsmouth and Portsmouth City Council. MCP partners have committed to work together to meet the challenges facing health and care services in the city by jointly developing new ways of working and delivering new services, dissolving traditional boundaries between primary, community, and social care.

Key Drivers include:
- Portsmouth people wanting "joined up", "co-ordinated" care
- The need to provide quality services
- Workforce shortages mean we need to make efficient use of increasingly scarce professionals
- The need to ensure that services are affordable and sustainable in the future
- The need to create strength through partnerships in order to support out of hospital delivery for the benefits of those that use our services

We are:

- Building an integrated health and care team serving each neighbourhood (Primary Care Network)
- Supporting people to stay at home

- Reviewing and integrating urgent and enhanced support services which are better organised across the City or wider area

The Portsmouth MCP partnership is in its 3rd year and continues to take forward the integration of primary, community and social care services, particularly for the benefit of adults in the city. The future development of the partnership is under consideration as part of the wider health & care Portsmouth programme and the HIVE Portsmouth has recently joined the partnership. The HIVE brings together people from local voluntary, community and social enterprise services (VCSE) in the city, to build a happier, healthier and more connected city.

By December 2019 we achieved the following:
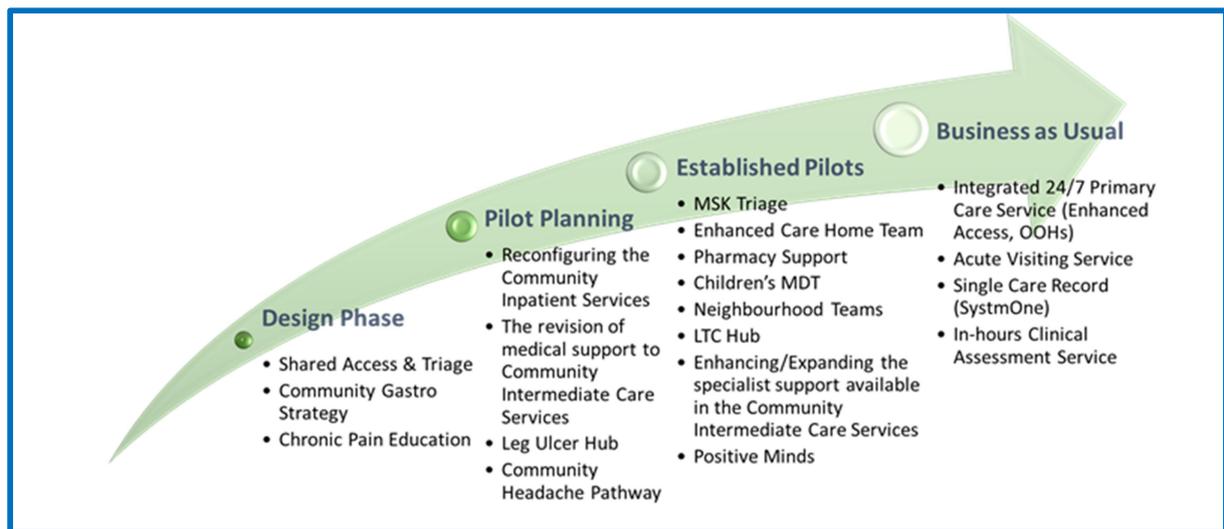
Armed Forces – During 2019 we developed the Portsmouth Military Mental Health Alliance to respond to the challenges facing our armed forces community. The Alliance has brought together statutory and voluntary organisations committed to improving pathways to both intervene early in those with emotional distress as well as those entering crisis.

With funding from both the NHS, Armed Forces Covenant Trust Fund, and the RNRMC, the Alliance has stood up Positive Minds an open access civilian and armed forces service, a new veterans' curriculum at the Solent Recovery College, and additional support to the families of serving personnel in Portsmouth and in what is ground-breaking work, provide support directly to Royal Navy serving personnel on gambling and alcohol addiction and raising awareness of mental health issues at HMS Nelson & HMS Collingwood.

We continued to support delivery of the Southampton Veterans Drop in Centre and are pleased to see that excellent service flourish under the leadership of the Veteran community; and we are working with colleagues to develop a "Trauma Informed City" in Portsmouth. We are also exploring potential future development of a regional high intensity trauma service.

Solent NHS Trust has a veterans staff network and we continue to welcome individuals from the armed forces community seeking to join the NHS offering work placements, shadowing and job application support.

The Trust is delighted to have been selected, with our partners, as preferred provider for the Veterans' Mental Health High Intensity Service for the South East region. We will now work with NHS England, public sector partners and colleagues across the voluntary, community and social enterprise (VCSE) sector to implement a model of interconnected specialist mental health support services for the veteran community.

Working in the community

We are committed to involving people, from the diverse communities we serve, in the development of the Trust and our services.

Community engagement

Further information on our approach to community engagement and activities undertaken in year, please see our Quality Account, Appendix 1

Engagement with our membership

In 2015 we stepped off the Foundation Trust (FT) application pipeline. Since that time we have not actively recruited members. We continue to share news and information with people who registered as members of the Trust during the Foundation Trust membership recruitment process.

In line with our renewed commitment to community engagement, we will be developing our membership, and engaging with them in a renewed way aligned to our Community Engagement Strategy.

Engagement with Health Overview and Scrutiny Forums

During the year, we provided updates and answered questions on the following subjects:

Southampton (Health and Overview Scrutiny Panel)

- 2018 Care Quality Commission outcome
- Proposed relocation of Podiatry from Shirley Health Centre to the Adelaide Health Centre. Service users were invited to attend a number of engagement events to share their views, as well as being able to use dedicated phone lines and email address to have any queries answered and to have their views made known. The engagement activity was extended at the request of service users to enable them to fully understand any potential impact.

Portsmouth (Health and Overview Scrutiny Panel)

- Proposed relocation of Podiatry Services in Portsmouth City to St. Mary's Community Health Campus. Together with Healthwatch we engaged with over 200 service users, who attended more than 10 engagement events. A dedicated email address and phone line was also established to capture views and questions, and the Chief Operating Officer appeared on BBC Radio Solent talking about the proposed changes. We listened to what our services users most valued and responded by amending the original proposal put to HOSP; rather than relocating all Podiatry clinics to the St. Mary's Community Health Campus, the clinics at

Cosham Health Centre would remain, with a reduced number of clinics at Eastleigh Health Centre and Lake Road Health Centre. HOSP Committee members and service users were invited to view the new facilities at St. Mary's Community Health Campus, providing valuable feedback and scrutiny. All stakeholders agreed that this engagement activity model should be adopted for any proposed future changes in service provision.

- Proposed changes to service provision at Jubilee House
- STP update (alongside Richard Samuels, STP Lead for Hampshire and Isle of Wight)
- Solent update (January 2020) including: Winter performance, Positive Minds, Community Rehabilitation Team, SEND (special educational needs and/or disabilities) inspection, JTAI (joint targeted area inspection) inspection, neuro-diverse pilot, CAMHS (Child and Adolescent Mental Health) Improvement, financial position and forecast, and an update on estates and parking, as well as veterans

Hampshire (Health and Adult Social Care Select Committee)

- 2018 Care Quality Commission outcome

Charitable funds

Beacon, Solent NHS Charity, raises money for areas not covered or fully supported by NHS funds and aims to make a difference to the experience of service users and staff. This can be anything from improving a waiting area, staff development and recognition, or creating a multi-use outdoor sports area for those staying with us on a longer term basis. Sometimes it is the smallest things that can make the biggest difference.

Whilst we are a relatively small and unknown charity, we are immensely grateful to everyone who has donated money. The donations we received during 2019/20 amounted to £3k. Examples of how we spent donations include; sensory toys, standing aids for patients and training equipment for clinical staff that would not be funded via our commissioned and contracted mechanisms.

Whole system response and emergency preparedness

To ensure that we can continue to provide our priority services should there be an incident, Emergency Preparedness, Resilience and Response (EPRR) for Solent NHS Trust continues as an identified work stream. During 2019/2020, we carried out a number of exercises that facilitated the validation of plans and preparedness; these included:

- Comprehensive winter planning and travel disruption exercises across the key service lines
- Established a 'Brexit working group' to ensure any potential impacts could be discussed and information shared with staff, as well as preparation and planning for the possible impacts of a 'no deal' or disruptive exit from the European Union (EU)
- Lockdown exercises were carried out with a particular focus on the ability to secure patient areas if required
- carried out an audit of business continuity plans and updated our template, as well as providing regular training for On Call staff, and

- participated in a number of exercises, involving the acute trust and partners, and in system wide task and finish groups for the psychosocial response to a mass casualty.

Staff attended a variety of scenario based exercises and training was provided by the Emergency Planning Practitioner. Any lessons identified, following these exercises and after incidents, were shared with the wider Trust and any necessary actions taken. During the year, we also continued to play an active role and work in partnership with other organisations to prepare for a critical or major incident including the Local Resilience Forum (LRF).

Our Chief Operating Officer for Southampton and County Wide continued to represent us at the Local Health Resilience Partnership (LHRP), whilst our Emergency Planning Practitioner (EPP) regularly attended local health resilience meetings, sharing information with our Emergency Planning Group which meets regularly. We also participated in the LRF by taking on the role of risk 'champion' for psychosocial planning in the event of a major incident.

We also completed the annual training needs assessment, and a new training plan has been put in place for the coming year. The plan, which has been built around the training needs of strategic on call participants, is robust and diverse to cover the necessary information. Each year in preparation for a difficult winter, we reviewed and updated our winter plan, ensuring that contingency plans for increased capacity were updated and tested to reflect the possible capacity system challenges.

On an annual basis NHS England (NHSE) assesses us for assurance against the EPRR core standards. In 2019/2020, NHSE concluded that we had submitted evidence to demonstrate that we were 'fully compliant' with the EPRR assurance assessment. NHSE acknowledged the work we had undertaken during the year, this indicates that we have the capability to continue to deliver products and services at predefined levels in the event of a disruptive incident.

Since the Autumn of 2018, we have also been assessing and preparing for the possible impacts of leaving the EU with a 'no deal' situation. We have been working with managers and staff to ensure that they are aware, and able to mitigate, should the EU exit have any adverse effects on the delivery of our services. Due to the government changes and the EU exit situation there were no impacts seen at the end of the financial year however the preparation and planning involved will be used to underpin any future impacts or events.

Our EPRR foundations assisted us greatly during Quarter 4 2020/21 (and beyond), enabling us to adapt and respond to the rapidly changing and demanding Level 4 National Emergency, with the implementation of a Gold Command structure. We continue to play a vital partner to the wider on-going system response particularly the participation with HIOW Local Resilience Forum.

Technology and the digital agenda

We have continued to invest in technology to enable our staff to be able to work more flexibly and efficiently. This allows staff to securely access electronic patient records, clinical and office applications from locations away from the office, including at non-Solent NHS Trust locations and in patients' homes. More staff now have a smartphone and a laptop with mobile data connectivity, which enables them to have secure access to up to date information when they see patients, irrespective of the location.

The technology projects delivered in the last year include:

- 'Axe the Fax' – Removing over 80 legacy fax machines from across the Trust.
- Improving the resilience and bandwidth of our strategic data links, which move our information across the region and nationally. This project has allowed our staff to continue working even in situations if two of the three main internet lines should fail.
- Installing Microsoft Advanced Threat Protection (ATP) on every Trust computer, which allows the security of all our computers to be remotely monitored and incorporates the latest anti-virus protection.
- Rolling out a new fleet of printers and multi-functional devices across the Trust as part of a Managed Print Service. These devices include 'follow-me printing' using existing staff identity cards, remote monitoring for their ink/toner levels and automatic ordering of maintenance visits or supply deliveries.
- Conducting a pilot for Remote Video Consultations, which can now be rolled out across the Trust allowing clinicians to speak and see patients remotely using technology similar to Skype. Although useful for routine appointments, this technology will also become part of the Trust's business continuity plans in the future.
- Moving the Trust Data Warehouse, where we collect all our electronic records into one place, from a data centre to a cloud hosted environment, which will allow our staff greater data analytics functionality by utilising the latest version of Microsoft Power BI. The cloud environment we are using is inherently secure and fully approved by the UK Government for storing patient data.
- Upgrading our computer operating system from Microsoft Windows 7 to the latest Windows 10 and preparing the computers for an imminent change from Microsoft Office 2010 to Office 365. We are also undertaking a technical upgrade of the laptop fleet with increased memory and faster hard drives, which will collectively improve laptop performance, lifespan and the user experience.

All of these projects are enabling our staff to have the right technology to access the right information at the right time - a key enabler to delivering the Trust vision. We aspire to build on our technology investments to date, enabling us to be at the cutting edge of technology and digital exploitation. This will enhance our performance and support staff to leverage new and emergent technology to the greatest effect.

We regularly review our ICT Services delivery approach and there are several drivers which have required us to review again over the last year.

These include:

- The 2019 NHS Long Term Plan. This is the blueprint to make the NHS fit for the future and developing digital technology is at the centre of it. It outlines an ambitious transformational shift to a digitally focused NHS – from the new NHS app released last year, to digitising care information and creating joined up systems that share information. Delivering this will require new technologies as well as a culture change in the use of those technologies in our Trust
- Changes in government policy for provision of ICT Services within Health and Care
- The 2019 NHS Topol Review. This explores the potential that digital advancement holds for the NHS workforce. It examines the possibilities that genomics, digital medicine, artificial intelligence and robotics holds for the NHS, estimating that within 20 years, more than 90% of NHS roles will require digital skills
- Our ability to adopt emerging technologies, and
- Our ability to take opportunities to support further integration and collaboration with our Health and Care partners.

Building on our established IT infrastructure, we accelerated some of our planned technology solutions at the start of the Covid-19 crisis to support our staff with remote working and to provide alternative mechanisms to engage with patients. We will be developing these further and with the above in mind, over the next year to deliver the following:

- An increased app library on our mobile phones, utilising NHS apps, approved 3rd party apps and locally developed apps
- Microsoft Teams on computers and mobile phones, creating an instant messaging and powerful collaboration platform which will allow Service and Corporate teams to share information in a way that moves beyond email
- Changing our infrastructure so that we can connect more devices to our corporate WiFi, which will allow smart TV screens and other smart device technology to be deployed in our wards, waiting rooms and staff areas. This will also enable future use of wearable technology
- Further roll out of the piloted Remote Video Consultations product across the Trust, giving patients and staff the choice on how they interact in the future

- An improvement to our legacy IT network with a new wide area network, which will be able to handle up to 2000 times more data than the current solution
- Enhanced Microsoft Power BI tools, which will allow managers to interrogate our Data Warehouse information with enhanced self-service and targeted reporting
- An application development capability, allowing us to develop smartphone applications in an agile way that can rapidly meet changing staff or patient demands
- Microsoft Office 365 to all our staff, which as well as providing enhanced use of the latest versions of applications like Outlook, Word and PowerPoint on Trust computers, will also enable access to these applications on staff smartphones, and
- A Trust virtual desktop infrastructure which will support easier working beyond our boundaries on non-Trust computers provided by other NHS, local authority or care organisations.

Going Concern

Our statement on Going Concern can be found in Section 3.

Queen's Nurse title awards

Four of our nurses were awarded the prestigious title of Queen's Nurse.

The quartet honoured include Suzi Graves, Integrated Services Matron for Community Nursing Southampton, Tracey Tudball, Clinical Manager for the Lordshill community nursing team, Julie Southcott, Modern Matron for Community Nursing Portsmouth and Helen Ellerby, Specialist Nurse in Sexual Health in Winchester and Eastleigh.

They were given the award by the Queen's Nursing Institute for demonstrating a high level of commitment to patient

Winner of first 'Nurse of the Year' award

Vanessa Bull, Learning Disability Nurse, won our inaugural Nurse of the Year award in May 2019.

The award gave patients and Solent colleagues the opportunity to recognise those who really make a difference and is part of our celebration of International Nurses Day 2019 on Sunday 12 May.

Vanessa works within the Jigsaw team based at Southampton Civic Offices, which supports disabled Children.

Healthcare heroes recognised at awards ceremony

We hosted our inaugural Solent Awards in June 2019 at the Hilton Ageas Bowl to celebrate the achievements of colleagues across Solent NHS Trust.

The ceremony saw a total of 10 awards presented following nominations from patients and colleagues. An independent panel then selected the winners from a shortlist. We will be holding a similar celebration event on an annual basis to recognise the difference our staff make.

Solent News

On the following pages you can read a few examples of our promotional stories.

Volunteering stalwart honoured on eve of national Volunteers' Week

We honoured volunteering stalwart Alison Earle for her 25 years of dedication to St Mary's Hospital in Portsmouth with a long-service award at the annual meeting of the hospital's League of Friends in May 2019.

The award coincided with national volunteers' week between Saturday 1 June and Friday 7 June 2019, which celebrates the fantastic contribution millions of volunteers make across the UK.

The League works tirelessly behind the scenes to provide the 'extras' which help improve the patient journey.

Prime Minister recognises two healthcare professionals for diabetes work

The then Prime Minister Theresa May recognised two of our healthcare professionals for their work around diabetes. Beth Kelly, Diabetes Specialist Nurse, and Sharon Steele, At Risk Foot Lead in the Podiatry Service, were invited to 10 Downing Street on Monday 24 June 2019 by the Prime Minister.

They were among just a select few individuals who were invited after going above and beyond their daily role in diabetes care, treatment and prevention.

We are ranked number 1 for research activity for second year running

We were recognised as the country's best performing research centre in the category of 'Care Trusts' for the number of people recruited into studies, and the number of studies running in 2018/19.

For the second year running Solent NHS Trust's Academy of Research and Improvement has topped the National Institute for Research's (NIHR) league table for the number of participants recruited to studies, with 2855 people across Hampshire taking part in 50 research projects, which is an increase of 20.9% on 2017/18.

Solent leads NIHR
Research Activity League
Table for Care Trusts

Southampton nurse wins national Lifetime Achievement Award at Parliamentary Awards

Our Nurse Consultant for Homelessness and Health Inequalities Pam Campbell was announced as the national winner of the Lifetime Achievement Award category at the NHS Parliamentary Awards.

She was a founding member of the Homeless Healthcare Team, set up in July 1992 and is recognised as a national leader in the field of homelessness.

She was nominated by Southampton Itchen MP Royston Smith and was presented with the award at a London ceremony by NHS Chief Executive Sir Simon Stevens and Health Secretary Matt Hancock MP.

Saints players join Southampton school pupils for Healthy High 5 challenge

Pupils from a Southampton school were joined by three Southampton footballers as they took on the Trust's Healthy High 5 Award in October 2019.

Hollybrook Junior School on Seagarth Lane themed a week specifically for health and wellbeing and took part in additional physical activity sessions, yoga, mindfulness and healthy eating.

The Healthy High 5 Award is a Southampton-based award for schools to improve the health and wellbeing of their pupils. The award scheme is run by jointly by Solent NHS Trust and Southampton City Council.

The award consists of five achievable 'stars' that when completed together has a positive impact on health and wellbeing for pupils.

New diabetes tool helps to improve patient safety

Our diabetes specialists won a regional award for developing a new tool to improve care and safety for housebound patients.

The tool – known as C.R.A.S.H. (Chronic Kidney Disease, Risk of Frailty, Amputations, Steroids, Hypo/Hyperglycaemia) – helps community nurses who are caring for patients requiring insulin to identify and escalate issues and concerns quickly, resulting in quicker and safer treatment.

The Wessex Academic Health and Science Network presented community diabetes nurses and the diabetes team with the award in September 2019, as part of World Patient Safety Day.

Our CEO opens up about her menopause experience

Sue Harriman spoke candidly to the media about her experience of the menopause as the Trust hosted its first menopause event in October 2019.

The event saw colleagues – both women and men – talk openly about how the menopause has affected them, or someone they know, in a comfortable environment. The event proved so popular that plans are in place to hold many more events as part of a wider menopause strategy and vision.

National award for positive speaking up culture

We were delighted to be presented with a national award by NHS England Chief Executive, Sir Simon Stevens, for our positive speaking up culture in October 2019.

The Trust was presented with a certificate at an event at Westminster by the National Guardian's Office. Freedom To Speak Up Guardians exist in all NHS Trusts across the country, allowing staff to seek confidential advice and support if they have a concern in the workplace.

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

Solent NHS Trust colleagues wear NHS rainbow badge to support inclusion

Colleagues from across the Trust pledged to wear a NHS rainbow badge to show their support for all who identify as lesbian, gay, bisexual, transgender and all other identities (LGBT+).

The intention of the badge is to show that the Trust is an open, non-judgemental and inclusive place for LGBT+ patients and colleagues.

To date, over 1,000 colleagues have made the pledge.

Flying the flag for LGBT+ History Month

In February, we hosted a series of events in support of Lesbian, Gay, Bisexual, Trans, Plus (LGBT+) History Month. Colleagues from across the Trust joined in the celebrations at a launch event on Monday 3 February 2020 arranged by its LGBT+&Allies Resource Group.

We held a LGBT+ themed Schwartz Round and the month concluded with colleagues being invited to a Solent Stories event, where they could 'borrow' an LGBT-related human book, listen to that person's story and have the chance to ask questions they may not otherwise have an opportunity to ask.

Performance Analysis

Performance Measurement

We record and report a range of data on a monthly basis for all of our services. The information is used to help us provide internal intelligence and assurance that our services are delivering safe, effective and efficient care as well as to our commissioners, regulators and the public.

During 2019/20, we reported 309 external Key Performance Indicators (KPIs), 963 individual additional reporting indicators and 40 audits, across 12 commissioning organisations. Together, these help services and commissioners monitor our performance against the standards of care expected and services commissioned. You can read about our Performance Governance structure within the Annual Governance Statement.

In year we introduced the use of statistical process control (SPC) analysis within our Performance Report in line with the CQC recommendation to highlight only meaningful variances and anomalies in performance for discussion at Board level. This was applied across the NHS Improvement Single Oversight Framework section of the report and within each individual Directorate's performance summary. It was very well received by Board, and as a result, there are plans to rollout further across Service Line reporting during 2020/21.

The key core areas reviewed at our monthly performance meetings across all of our clinical services are illustrated below – we also scrutinise other service specific information and reports.
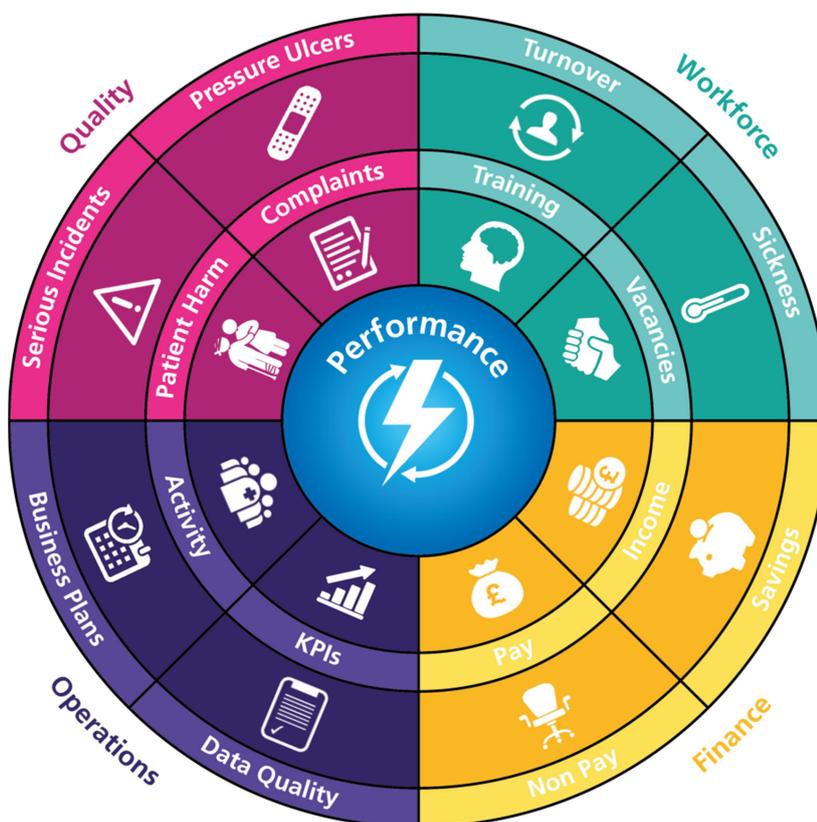
Activity Review

A breakdown of patient contacts and occupied bed days by service line is illustrated in the following table:

Service Line	Contacts	Inpatient Occupied Bed Days	Total
Adult Mental Health	36,058	18,783	54,841
Adult Services, Portsmouth	202,235	10,667	212,902
Adult Services, Southampton	336,842	21,843	358,685
Child and Family Services	190,333	0	190,333
Special Care Dental Services	48,320	0	48,320
Primary Care and Long Term Conditions Services	185,021	0	185,021
Sexual Health Services	97,088	0	97,088
	1,095,897	51,293	1,147,190

Overall activity levels have remained fairly consistent to 2018/19, with a reported 1% increase in activity. It is worth noting that activity in March 2020 was beginning to see the impact of reduced service provision due to the COVID-19 response. This has impacted the overall activity level comparision between this year and last.

The largest area of growth is attributable to the Adults Southampton service line, reflecting the growth in community based services in line with the NHS Long Term Plan ambition to shift activity out of hospital. There has been a decline in the overall number of Inpatient Occupied Bed Days, mainly attributable to the closure of the Oakdene Mental Health Rehabilitation ward in Portsmouth during October 2019, and the reduction in the capacity at Jubilee House in Portsmouth throughout the year.

We successfully achieved the national standards for Referral to Treatment (RTT) within 18 weeks for another year. Due to the community nature of services provided there are limited services applicable to the national RTT standards. Although the standards have been achieved, performance has declined from 2018/19 across both measures, highlighting the pressures on consultant-led community services, such as Community Paediatrics Medical Service and Diabetic Medicine. A breakdown of performance for 2019/20 is illustrated in the following table:

RTT standard	Number of compliant referrals	Total number of referrals	Performance
Part 1B – Complete Outpatient	6,618	6,812	97.2%
Part 2 – Incomplete	11,437	11,760	97.3%

NHS Improvement Single Oversight Framework

The NHS Improvement Single Oversight Framework (SOF) provides the framework for overseeing organisations and identifying potential performance concerns by NHS Improvement (NHSI). We continued to assess ourselves against the standards set out, regularly utilising the national Model Hospital tool for benchmarks. During 2019/20, our organisational grading has increased to a Level 1 Maximum Autonomy (out of levels 1-4), the best possible position for any Trust.

The framework covers five themes:

1. Quality of care
2. Finance and use of resources
3. Operational performance
4. Strategic change
5. Leadership and improvement capability (well-led)

NHSI has defined metrics for the first three themes listed above; as such our performance is summarised as follows. Thresholds highlighted in grey are internal and aspirational thresholds, whereas all others are national targets.

Overall, we have performed well against the majority of metrics included within the NHSI SOF. The following commentaries provide detail on areas of exception:

Quality of Care Metrics

The measure of 'Quality of Care' includes the CQC's most recent assessment of whether our care is safe, effective, caring and responsive as well as in-year information where available. NHSI also consider a range of indicators under this domain and our performance is summarised as follows;

Organisational Health

Indicator Description	Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Staff sickness (rolling 12months)	4%	4.4%	4.4%	4.5%	4.6%	4.7%	4.8%	4.8%	4.9%	5.0%	5.0%	5.1%	5.2%
Staff turnover (rolling 12 months)	14%	14.8%	14.1%	14.6%	14.8%	14.1%	14.4%	15.5%	15.2%	14.7%	14.6%	14.1%	14.1%
Staff Friends & Family Test - % Recommended Employer	80%	-	-	73%	-	-	71%	-	-	-	-	-	*
Proportion of Temporary Staff (in month)	6%	5.8%	5.9%	6.1%	6.2%	6.3%	5.8%	5.4%	5.8%	5.4%	4.2%	4.6%	6.8%

*Friends and Family Test collections ceased for March 2020 due to COVID-19

During 2019/20 a review of internal targets was undertaken for workforce metrics, including sickness and turnover. The review concluded that keeping the sickness target at 4% was appropriate, and demonstrated an aspirational level to strive towards. The target for turnover was increased from 12% to 14%. Although Solent have not met the internal target of 4% for sickness, compared to national median of 4.89%, our 2019/20 average is below this at 4.80%.

The Trust turnover rate has averaged at 14.6% for a rolling 12 month period. The national data for turnover is published as a monthly rate, for which the national median is 0.92%. Our average monthly turnover rate for 2019/20 is 1.1%, almost 0.2% higher than the national median, and 0.1% higher than the regional median (0.97%), identifying us as having a greater than average turnover rate.

Caring

	Indicator Description	Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Caring	Written Complaints	15	19	17	13	7	11	15	22	24	8	19	15	9
	Staff Friends & Family Test - % Recommended Care	80%	-	-	85%	-	-	87%	-	-	-	-	-	*
	Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Friends & Family Test - % positive	95%	97%	97%	97%	97%	97%	96%	97%	97%	97%	98%	97%	*
	Mental Health Friends & Family Test - % positive	95%	92%	96%	91%	97%	89%	90%	88%	91%	86%	91%	93%	*

* Friends and Family Test collections ceased for March 2020 due to COVID-19

Compliance against the Caring domain is positive overall with no significant concerns. Due to the nature of our Mental Health Services, the Friends and Family Test (FFT) scores are generally lower than Community services FFT scores. Performance for Mental Health FFT has been challenging for some time. The Trust average (April to November 2019[1]) was 92% which is above both the England and Hampshire averages (89.4% and 89.9% respectively), however it is acknowledged that this is still below the recommended 95%.

Effective

Indicator Description	Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHSDS	95%	100%	100%	100%	94%	100%	100%	96%	100%	98%	97%	100%	100%
% clients in settled accommodation	59%	82%	81%	79%	79%	81%	83%	95%	95%	85%	82%	82%	81%
% clients in employment	5%	6%	6%	6%	5%	4%	5%	5%	5%	5%	5%	5%	4%

The standards required to meet the metrics under the Effective domain were met in most months throughout the year.

---

[1] April 2019– November 2019 was chosen to specifically allow for comparison benchmarking

Safe

Indicator Description	Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Occurrence of any Never Event	0	0	0	0	0	0	0	0	0	0	0	0	0
NHS England/ NHS Improvement Patient Safety Alerts outstanding	0	0	0	0	0	0	0	0	0	0	0	0	1
VTE Risk Assessment	95%	99%	99%	98%	99%	100%	94%	99%	98%	95%	97%	96%	**
Clostridium Difficile - variance from plan	0	1	0	0	0	0	0	1	1	1	0	0	**
Clostridium Difficile - infection rate	0	1	0	0	0	0	0	1	1	1	0	0	**
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	**
Escherichia coli (E.coli) bacteraemia bloodstream infection	0	0	0	0	0	0	0	0	0	0	0	0	**
MRSA bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	**
Admissions to adult facilities of patients who are under 16 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	**

** Data unavailable for March 2020 due to COVID-19

Operational Performance Metrics

NHSI have determined a number of key metrics in accordance with NHS Constitutional standards. Our performance against these are summarised as follows;

Indicator Description	Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Maximum time of 18 weeks from point of referral to treatment (RTT) – patients on an incomplete pathway	92%	97%	97%	96%	95%	98%	98%	97%	98%	98%	98%	98%	97%
Maximum 6-week wait for diagnostic procedures	99%	99%	99%	98%	100%	100%	98%	98%	98%	99%	99%	98%	99%
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	0	0	0	0	0	0	0	0	0	0	0	0	0
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50%	67%	75%	56%	100%	100%	80%	100%	67%	75%	0%	80%	83%
Data Quality Maturity Index (DQMI) - MHSDS dataset score***	95%	72%	73%	80%	80%	81%	86%	86%	87%	91%	-	-	-
Improving Access to Psychological Therapies (IAPT)		-	-	-	-	-	-	-	-	-	-	-	-
- Proportion of people completing treatment moving to recovery	50%	58%	55%	55%	55%	54%	54%	54%	54%	53%	53%	53%	53%
- Waiting time to begin treatment - within 6 weeks	75%	98%	99%	100%	100%	100%	100%	100%	99%	98%	97%	99%	100%
- Waiting time to begin treatment - within 18 weeks	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Overall, compliance against the Operational Performance theme is positive with the only exception being the Data Quality Maturity Index (DQMI) for Mental Health Services. Performance against the DQMI is reported 3 months in arrears, and has shown an improvement month on month throughout the year. This is as a result of the focus being given to improving our DQMI score as it links to a CQUIN (Commissioning for Quality and Innovation) scheme for 2019/20. Whilst there is still further improvement to be made to reach the target level of 95%, we have shown a significant improvement going from 72% in April, to 91% in December 2019.

Strategic Objectives Achievement

We began the year with 75 strategic objectives planned for delivery in the 2019-2020 Operating Plan. These objectives were further split into 488 respective milestones managed locally by service lines and corporate teams - progress is monitored against agreed objectives monthly at performance meetings.

Solent NHS Trust Priorities and the Solent Story

As part of our business planning process for our Operating Plan, service lines and corporate directorates aligned their strategic objectives to our 10 organisational priorities to ensure there is a direct relationship between the service we provide and our strategic direction - these are mapped in the following tables.

Deliver Great Care			
Involving Service users in shaping care and always learning from their experiences	Working closely with partners to join up care	Treating people with respect, giving equal emphasis to physical and mental health	Ensuring we provide quality services which are safe and effective
21	37	17	43
Total: 118			

Make Solent a great place to work		
Supporting people to look after their health and wellbeing	Improving the workplace by listening to ideas and acting on feedback	Supporting and developing leaders who enable people to be at their best
23	27	23
Total: 73		

Deliver best value for money		
Working with partners to spend money wisely	Involving people in decisions about spending money	Enabling services to have more time to provide care
45	27	37
Total: 109		

By the end of quarter 3, we had successfully delivered 10% total year-to-date of business objectives across all service lines and corporate teams. All business objectives underwent a Quarter 3 review by service leads and the Corporate Portfolio Management Office (CPMO) to assess the progress of each objective and to ensure that Quarter 4 milestones were still realistic and achievable. Good progress was being made, however, unfortunately due to COVID-19 situation we suspended our immediate monitoring and will reinstate this in due course, together with consideration of our future business objectives.

Our key successes

The following section illustrates a few examples of us delivering against our objectives.

Service Line	Our Objective	What we achieved
Adults Southampton	We will work with system partners to reduce admissions and Delayed Transfer of Care (DTOC) by supporting system integration, the out of hospital model and cluster/locality development by April 2020	The team have worked with system partners in order to reduce admissions and Delayed Transfer of Care (DTOC) through system integration. A new pathway for home intravenous (IV) patients has been established to prevent admissions / increase discharges and improve the flow in and out of hospital for the local health economy. Additionally, the national 'red and green day' tool has been implemented within the wards and has generated a reduction in length of stays. Although the programme remains on-going to refine the process, it is hoped that with further development greater improvements can be achieved. As a consequence of the National Emergency we have been working with our partners at University Hospitals Southampton Foundation Trust to support patients who are medically optimised for discharge (MOFD) from the acute hospital, and to support patients discharged from our rehabilitation wards with enhanced care packages in the community from our Crisis Response Service. We will continue to work with partners throughout the remainder of the crisis to support safe and timely discharges.
Mental Health	We will redesign and implement an Adult Mental Health (AMH)rehabilitation community model in order to improve patient outcomes by November 2019	The team redesigned the rehabilitation offer from an inpatient service to a recovery focused community offer. The community offer is based around psychology and occupational therapy, putting the patient's rehabilitation and recovery at the forefront whilst keeping the patient in their own home or utilising the community housing offer. The team worked very hard to enable the rehabilitation ward to close on schedule and all the staffs have either moved to new roles in the community offer or to our inpatient services.
Sexual Health	The service will gain competitive rates and improve pathways within our pathology service provision by April 2020	A review of the pathology service was undertaken in order to establish best practice, innovation and best price. The service carried out in-depth market research and the findings revealed potential opportunities for the near future to improve the overall patient experience. As the established laboratories already provide a great service, a decision was made to remain with the current providers. However, the research has enabled the service to develop a future vision as well as challenge costs with our local laboratories and gain greater efficiencies and streamlining of costs.

2020/21 – Performance reporting -a look forward

The start of 2020/21 will be heavily focussed on our COVID-19 response, and as a result, some planned work for 2020/21 has been put on hold. The initial focus for 2020/21 would have been the continuation of the SystmOne Optimisation Project; a trust wide project to optimise the main clinical record system, improving data quality, providing a foundation for standardised reporting and introducing a business intelligence portal for the first time. The project was extremely well received during 2019/20 and we planned to continue building on this success with further rollout across clinical services during the year ahead, however, the project has currently been placed on hold.

Another priority for 2020/21 is the move to PowerBI for the Trust's business intelligence reporting. This has been expedited as a result of the COVID-19 response. A rapid rollout has taken place since mid-March, which is providing up to date information from clinical, workforce and quality systems and is assisting the Trust's planning for the COVID-19 response.

Our CQC Inspection Results

You can read about our CQC inspection results in the Quality Account, Appendix 1.

Environmental Reporting

Our Sustainable Development Management Plan, reviewed in July 2018, aligns with the NHS Standard Contract, specifically Service Condition SC18 – Sustainable Development. Our Plan is currently under review following the publication of the new NHS Standard Contract that introduces changes to Service Condition SC18 including the development and publication of a Green Plan.

As a Provider we are required to quantify our environmental impacts and publish in our annual report quantitative progress data covering as a minimum, greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved. Our target for 2020/21 is to publish our Green Plan and ensure we are able to provide the level of information required for our 2020/21 annual report.

We are committed to being a leading sustainable healthcare organisation, and to carrying out our business with the minimum impact on the environment. Our Sustainable Development Management Plan (SDMP) priorities are shown below but will be amended during 2020/21 and incorporated within our new Green Plan:

- To reduce our carbon footprint by a minimum of 2% year on year, through a combination of technical measures and staff behaviour change
- To embed sustainability considerations into our core business strategy
- To work collaboratively with our key contractors and stakeholders to deliver a shared vision of sustainability; and
- To comply with all statutory sustainability requirements and implement national strategy

During 2019/20, across the Trust we:

- Completed refurbishment works at our St Mary's Community Hospital Campus enabling us to significantly improve our energy efficiency of both Blocks B and C.
  - Previously Block B did not have an Energy Performance Certificate. The previous sites where staff relocated (Turner Centre and Langstone Centre at the St James Hospital site) was rated C, with a score of 56 and an emission rate of 57.97 $kgCO_2$ / m2 per year. Following refurbishment Block B now has a B energy efficiency rating, with a score of 46 and an emission rate of 34.63 $kgCO_2$ / m2 per year.
  - Block C, before refurbishment had an Energy Performance Certificate with a C rating, a score of 55 and an emission rate of 40.67 $kgCO_2$ / m2 per year. Following refurbishment Block C has an Energy Performance Certificate with a B rating, a score of 44 and an emission rate of 20.78 $kgCO_2$ / m2 per year.
- Reduced our electricity consumption by 1% across the whole of the Trust
- Reduced our gas consumption by 7% across the whole of the Trust
- Reduced total waste volumes compared with 2018/19
- Introduced 500 additional dry mixed recycling bins provided free by the waste contractor to assist with improving recycling rates

- Improved our mixed waste recycling (including confidential waste) to 30% across the whole of the Trust from 10% in 2018/19; our target for 2020/21 is to separate out our waste streams where possible to enable independent recycling of waste paper and cardboard
- Achieved our target of zero waste to landfill.
- Saved, stored and re-used approximately 20 tonnes of furniture.
- Invested £558K in energy efficiency measures.
- Involved staff in Green impact campaign to raise awareness and generate environmental improvement actions; and
- Continued to introduce initiatives to make our procurement more sustainable

We commenced the implementation of our refreshed Access & Transport Policy on a phased basis during the year which is assisting us in our aspiration to reduce single occupancy car travel and increasing cycling in conjunction with our Sustainable Travel Plan. We provided a park and ride facility for our St Mary's Community Hospital Campus and provided pool cars to support staff that used this facility or car shared. We are currently working with LiftShare to introduce a car sharing scheme to support reduced single journeys. We are working closely with the 'My Journey' programme across Hampshire, Portsmouth and Southampton to raise awareness of alternative transport options and to secure grant funding to support the implementation of new initiatives. Behavioural change remains one of the main challenges to this being successfully implemented.

On an annual basis we complete the Sustainable Development Unit report, supported by the ERIC return (Estates Return Information Collection) and from data provided through our energy bureau. This is in line with our Carbon Reduction Action Plan, to meet our mandatory sustainability reporting requirements. We use the Model Hospital reports to review our performance against published benchmark information and our peer groups.

In addition, on a monthly basis, we monitor our waste disposals and utilities consumption. Our utilities consumption is compared with previous year's usage and adjusted using degree day data[2] to ensure economic efficiencies and to track consumption in line with our carbon reduction targets.

Our waste disposal locations are monitored to ensure zero waste to landfill, and to track increasing recycling rates. We work with our waste contractor to increase segregation to improve recycling rates, and with their subcontractors to increase clinical waste residues to R1[3] recovery facilities, instead of previous landfill sites. Changes to our cleaning methodology supported improvements in waste segregation and recycling rates in 2019/20 and this will continue in 2020/21.

Our waste contract was renewed during 2019/20 enabling opportunities with our partners to be implemented, we also renewed our utilities contract that will run to 2024 ensuring we achieve best

---

[2] Degree day data enables an accurate assessment and comparison of energy consumption to be made making due allowance for weather conditions in any given period.
[3] R1 recovery facilities use waste to generate energy.

value for money and ensure continued improvement with accuracy in monitoring our consumption. This will help to inform future capital investment decisions to reduce energy consumption and delivery of a sustainable estate.

In accordance with the HM Treasury Sustainability Reporting Guidance, our Carbon reduction Plan addresses the minimum requirements concerning Green House Gases (GHG) including Scope 1 (direct emissions), Scope 2, (energy indirect GHG emissions, and Scope 3 (other indirect GHG emissions) as well as Finite Resource Consumption including estates water consumption, via our ERIC return (measured in cubic meters).

We are committed to sustainable procurement practices and all new contracts are issued in accordance with NHS Terms and Conditions. By ordering our goods via a supply chain we minimise fleet mileage, deliveries, congestion and associated pollutants.
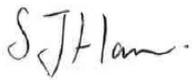
Sue Harriman
Chief Executive Officer
Date: 19th June 2020

Section 2. Accountability and Corporate Governance Report

Directors Report

Governing our Services

Our Board of Directors

Accountable to the Secretary of State, the Board is responsible for the effective direction of the affairs of the organisation, setting the strategic direction and appetite for risk. The Board establishes arrangements for effective governance and management as well as holding management to account for delivery, with particular emphasis on the safety and quality of the trust's services and achievement of the required financial performance as outlined in its Terms of Reference.

The Board leads the Trust by undertaking the following key roles:

- formulating strategy, defining the organisation's purpose and identifying priorities
- ensuring accountability by holding the organisation to account for the delivery of the strategy and scrutinising performance
- seeking assurance that systems of governance and internal control are robust and reliable and to set the appetite for risk
- shaping a positive culture for the Board and the organisation, and
- ensuring the management of staff welfare and patient safety.

The business to be conducted by the Board and its committees is set out in the respective Terms of Reference and underpinned by the Scheme of Delegation and Reservation of Powers.

The Board meets formally every other month In-Public. Additional meetings with Board members and invited attendees are held following In-Public meetings to discuss confidential matters. The Board also holds confidential seminar (briefing) meetings /workshops every other month. All Non-executive Directors take an active role at the Board and board committees.

Whilst our established and existing governance infrastructure continued throughout the National Emergency, we did proactively consider items being reported to ensure appropriate oversight of risk and moved to holding virtual Committee and Board meetings to comply with social distancing guidelines.

Balance, completeness and appropriateness of the membership of the Board of Directors

The Board of Directors comprises six Non-executive Directors (NEDs) including the Chairman and five voting executive directors. The executives with voting rights are the Chief Executive Officer, the Chief Finance Officer, the Chief Medical Officer, the Chief Nurse and the Chief People Officer. Together with the Chief Operating Officer for Portsmouth and Commercial Director and the Chief Operating Officer for Southampton and County Services, they bring a wide range of skills and experience to the Trust enabling us to achieve balance at the highest level. The structure is statutorily compliant and considered to be appropriate. The composition, balance of skills and experience of the Board is reviewed annually by the Governance and Nominations Committee.

Appointments

Executive director appointments

In December 2019 Dr. Jonathan Prosser was appointed as Interim Medical Director following Dr. Dan Meron, Chief Medical Officer, leaving to join Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trusts as Chief Medical Officer. We appointed substantively to the role of Chief Medical Officer in early 2020 and our new colleague will be joining us in Quarter 2, 2020/21.

Sarah Austin, Chief Operating Officer Portsmouth and Commercial Director leaves us in late April 2020 to join Guy's and St Thomas' NHS Foundation Trust in London as Director of Integrated Care.

Non-executive director appointment

During 2019/20 both Gaurav Kumar and Dr. Thoreya Swage were appointed as Non-executive directors supported by Odgers Berndtson. Interview panels were convened of representatives of NHS Improvement, an independent Trust Chair and the Trust's Chair. We also held engagement events as part of the interview process with representatives from our executive team, Non-executive Directors, Healthwatch representatives and senior members of our organisation.

Our Board members during 2019-20

Catherine Mason
Chair

....

Appointed: April 2019

....

Catherine joined us as Chair from 1 April 2019. Prior to this Catherine was a Non-executive director of University Hospital Southampton NHS Foundation Trust between March 2018 – March 2019.

Catherine has experience of working in the transport, consumer goods and healthcare sectors. She held senior roles within marketing for blue chip companies, was the Group Chief Executive of Translink, a public transport organisation in Northern Ireland and was Managing Director of NATS (National Air Traffic Services) Services division, the leading provider of air traffic control services. Catherine moved into healthcare in 2016 when she was appointed as Chief Executive for Allied Healthcare, the UK's largest provider of care at home, and then joined Spire Healthcare as Chief Operating Officer. Catherine is the also the Chair of Community Health Partnership and is an independent member of the Network Rail System Operator.

Living locally, Catherine is committed to improving the healthcare of local communities and believes there are many opportunities for community and mental health services to drive system transformation.

Jon Pittam
Deputy Chair , Senior Independent Director & Non-executive Director

....

Appointed: June 2012

....

Jon was appointed to the Trust in June 2012. Since 1997 until his retirement in 2010, Jon was the County Treasurer for Hampshire County Council as well as being Treasurer for the Hampshire Police and Fire Authorities. In these roles, Jon provided financial and strategic advice in support of the authorities' corporate strategies and was the chief financial officer for budgets approaching £2 billion.

Jon was an elected council member of his chartered accountancy body and the national spending convenor for local government finance during several public expenditure rounds. Jon is an Associate Hospital Manager, the chair of the Audit & Risk Committee and is also the Lead NED for Freedom To Speak Up / Whistleblowing.

Mike Watts
Non-executive Director

....

Appointed: October 2016

....

Mike grew up and went to school in Southampton. He is a Hampshire resident and has an extensive and wide ranging track record in organisational design and development that has driven business performance.

Mike is currently the lead consultant with Capability and Performance Improvement Ltd of which he is a co-owner. He has previously held senior HR roles at Southampton City Council, and the Chartered Institute of Professional Development; Cabinet Office; Lloyds TSB and Scottish Widows. During his time in the Cabinet Office, Mike was recognised by HR Magazine as one of top 30 influencers of HR practice. He has also held a previous Non-Executive Director role with the Scottish Executive. Mike was appointed in October 2016 and Chairs the Workforce and OD Committee as well as the Remuneration Committee. He is also the lead NED for Medical and Professional Fitness to Practice cases.

Gaurav Kumar
Non-executive Director
....
Appointed: October 2019

....
Gaurav is a Hampshire resident with extensive Global experience. During his career he has worked and lived in India, New Zealand, Australia, U.A.E and the UK. He is presently employed as the Global Chief Information Officer with ASSA ABLOY Global Solutions, where is also an Executive Board member and a member of the ASSA ABLOY IT Board.

Gaurav has a strong background in strategy development, digital transformation, operations management and enterprise performance improvement. His professional experience consists of working in the areas of Engineering, Supply Chain, Information Technology and Major Program Management.

Stephanie Elsy
Non-executive Director
....
Appointed: September 2017

....
Stephanie has worked in the delivery of public services for over 30 years. She was a CEO in the charity sector for 15 years managing community and residential services for people recovering from substance misuse, people with disabilities and people living with HIV and AIDS. She then entered local politics as a Councillor in the London Borough of Southwark in 1995, becoming Chair of Education in 1998 and then Leader of the Council in 1999.

After retiring from local government in 2002 Stephanie served on the Board of Southwark Primary Care Trust which had pooled its resources with the Social Services Department and had a joint Director. She also started a consultancy business providing services in health, local and regional government. Serco Group PLC became one of her clients, and in 2004 she was invited to join the company as a senior Director to support its Board and Senior Executives in raising the company's profile in government and business. She was a member of the company's Global Management Team and helped shape the company's business strategy and supported new market entry in the UK and internationally.

Stephanie left Serco in 2012 to establish a new consultancy business, Stephanie Elsy Associates, an advisory consultancy specialising in public sector services and the government contracting markets. She lives in Emsworth where she is Chair of the local Neighbourhood Forum which is developing a Neighbourhood Plan for the town. Stephanie is also the Chair of Bath and North East Somerset, Swindon and Wiltshire STP/ICS. Stephanie joined the Trust in September 2017 and is the Lead NED for Patient Experience and Emergency Planning, Resilience and Response.

Thoreya Swage
Non-executive Director
....
Appointed: February 2020
(Associate NED from 1st Jan 2020)
....
Thoreya has several years' experience in the NHS both as a clinician (psychiatry) and a senior manager in various NHS purchasing organisations covering the acute sector as well as primary care development. Her last NHS post was Executive Director of a Health Authority with a remit to develop all types of GP Commissioning including GP Fundholding.

Thoreya has run a successful management consultancy business since 1997 during which time she has developed particular expertise in the field of service reviews and redesign, strategic development, clinical governance, reviews of the evidence, commissioning and procurement with the NHS and independent sector and education and training. In 2006-7 she was Deputy Medical Director at the Commercial Directorate, Department of Health implementing the National Independent Sector Treatment Programme.

Since 2014 she has run a number of leadership development programmes for primary care clinical and non-clinical staff on behalf of the NHS Leadership Academy in the South East area which recently have been supporting development of Primary Care Networks. She has taught at Reading University, Queen Mary, University of London and King's College, London, and has researched and written a number of published articles.

Thoreya is a current Non-Executive Director at Frimley Health NHS Foundation Trust, a past Non-Executive Director at Barts Health NHS Trust as well as a member of the Advisory Committee of Clinical Excellence Awards for North East London.

Sue Harriman
Chief Executive
....

Appointed: September 2014
....

Sue trained as a nurse in the Royal Navy. During her 16 year military career, she worked in both primary and secondary care, including spending five months on board a hospital ship during the 1990 Gulf War conflict.

Sue was a trained critical care nurse for a number of years, and after completing a BSc in Infection Prevention at the University of Hertfordshire, joined the NHS in 2002 to become a Nurse Consultant in Infection Prevention. Sue has developed a management and leadership portfolio that includes attending Britannia Royal Naval College, Dartmouth, and gaining Masters level Management and Leadership qualifications at the University of Southampton.

Sue has been an Executive Board Director for 10 years. Her executive roles have included Director of Nursing and Allied Health Professions, Chief Operating Officer and Managing Director. Sue was appointed to lead Solent NHS Trust as Chief Executive in September 2014.

Sue has lived and worked, locally, in Hampshire since her military career brought her here nearly 30 years ago. She is committed to bringing health and care services together so they work in partnership with the community, and those who use and work with them.

As the Chief Executive, Sue believes her role is to empower the Trust to provide the best care possible, for its team of staff to feel supported and happy at work, whilst ensuring the Trust always offers best value for money.

Sue says, "I feel very privileged to be leading Solent NHS Trust at this time, I will never forget my roots as a nurse, caring for people and their families and friends at such important times in their lives. I became a nurse because I cared deeply about helping others, now as a Chief Executive I will do everything I can to make sure our team at Solent can always continue to care with compassion, and be the best they can whilst providing the care their service users want and need."

Andrew Strevens
Chief Finance Officer and Deputy CEO
....

Appointed: August 2015
....

Andrew joined the Trust in August 2015. His formative years were in Southampton, being educated in local state schools. He has worked within the health service since 2009 and brings a whole system view, having worked in senior positions for providers (Hampshire Community Health Care and Southern Health) and as a commissioner (NHS England South Region).

He also has a commercial background, having worked for KPMG and B&Q Plc. Andrew is passionate about ensuring the maximum benefit from the resources available.

Jackie Ardley
Chief Nurse
....

Appointed: December 2017
....

Jackie has over 40 years experience in the NHS as a nurse. She commenced her career in Critical Care, working across the health system in General Nursing, Primary Care and Mental Health and Community Services.

In 2001 Jackie spent seven years working on national service redesign programmes, leading a number of successful initiatives within a number of roles including Director of Service Improvement and a Regional Director post in Improvement Partnerships. Jackie has worked as Chief Nurse in Leicestershire Partnership NHS Trust.

She is passionate about improving patients and their families experience across health and social care.

Jonathan Prosser
Interim Medical Director

....

Appointed: December 2019

....

Dr Jonathan Prosser has been a Consultant Child and Adolescent Psychiatrist for 22 years, the last 6 of which have been with Solent NHS Trust. He has been the Clinical Director of the Child and Family Service Line, in addition to which he has been fulfilling the role of Chief Medical Officer since December 2019 until a substantive replacement for the last Chief Medical Officer is able to come into post.

Clinically, his special interests have included brief solution focused and narrative therapeutic approaches, the transformation of neurodiversity pathways and understanding in the region, and the modernisation of Child and Adolescent Mental Health services including optimising the use of digital technology to improve patient care.

In addition to his duties as a Clinical Director and Chief Medical Officer, he was appointed as the organisation's Chief Clinical Information Officer (CCIO) in recognition of his career long interest in the applications of digital technology in healthcare, latterly incorporating exploiting the potential of business intelligence, pursuing the potential of the electronic patient record, and championing the development of the patient held record not only to maximise service user involvement in their care, but also to transform the behaviour of those providing care to be evermore patient centred.

Helen Ives
Chief People Officer

....

Appointed: April 2017

....

Helen Ives joined us as in May 2016 to lead our organisational development programme and was appointed to the role of Chief People Officer in April 2017. Helen is an organisational psychologist and an HR professional. She is a fellow of the Chartered Institute of Professional Development and member of the British Psychological Society. Prior to joining the NHS, Helen worked in a variety of business sectors, including: technology, logistics and professional services.

Helen also runs her own business as an independent consultant, working with organisations to develop their culture and people.
As Chief People Officer, Helen is accountable for the development, and successful implementation, of the People and Organisational Development Strategy.

She works with our people and teams to develop our culture – our vision, mission and how we create a working environment in which people can thrive, make a difference to the communities we serve and deliver great care. She is also the executive lead for workforce planning, ensuring we have a sustainable workforce plan that enables us to deliver our services.

David Noyes
Chief Operating Officer Southampton and County Wide Services

....

Appointed: July 2017

....

Prior to his life in the NHS, David spent 28 years in the Royal Navy, as a Logistics Officer, serving at sea and ashore in a wide variety of roles, including during hostilities in both the Gulf and in support of operations in the former Yugoslavia. His professional responsibilities spanned a broad range of operational disciplines including all support related operational matters, such as logistics, catering, HR, cash/budgets, medical, equipment support, infrastructure and corporate support functions.

During his career, he also served in major Headquarters undertaking strategic planning roles, and also twice worked in the Ministry of Defence in London, directly supporting members of the Admiralty Board, including the First Sea Lord. Towards the end of his military career, David was seconded to the Army, and served with 101 Logistics Brigade, during which time he served as Deputy Commander in the Joint Force Support Headquarters deployed for 6 months in Helmand province, Afghanistan.

Having left the Royal Navy in 2013, David joined the NHS, and initially worked as Director of Planning, Performance and Corporate Services for Wiltshire Clinical Commissioning Group, before joining Solent NHS Trust as Chief Operating Officer for Southampton and County wide services in July 2017.

Sarah Austin
Chief Operating Officer Portsmouth and Commercial Director

....

Appointed: November 2011

....

Sarah originally trained as a nurse in London and specialised in renal care in Portsmouth, undertaking both a teaching qualification and a BSc. Her career to date includes 17 years in Portsmouth Hospitals Trust latterly working as Director of Strategic Alliances leading the merger with Royal Hospital Haslar, five years as Director of Central South Coast Cancer Network and three years in South Central Strategic Health Authority focusing on strategy, system reform and market development. Sarah joined Solent NHS Trust in autumn 2010 as Transforming Community Services Programme Director before being appointed as Director of Strategy in November 2011.

Sarah most recently was COO for Portsmouth and South East Hampshire (PSEH) and Commercial Director for Solent, and had additional responsibilities for the Integrated Care System as Director of System Delivery. Sarah leaves us in April 2020 to join Guys and St Thomas' NHS Foundation Trust in London, as Director of Integrated Care leading the combined urgent and emergency care in the hospitals and the community services in Lambeth and Southwark.

"We are immensely proud of both Sarah and Dan who have both secured fantastic new roles and who have both been huge contributors to, and at the forefront of Solent's achievements and successes over the years. We would like to formally thank them both from their passion and drive and warmly congratulate them on their new roles".

Sue Harriman, Chief Executive

Board members who left during 2019-20

Mick Tutt
Deputy Chair & Non-executive Director
....
Appointed: April 2011
....
Retired as Non-executive: January 2020
....

Mick has more than 40 years NHS experience, including 20 years in Senior Management and more than a decade at Executive Director (and equivalent) level. As a qualified nurse Mick has managed mental health & learning disabilities services in a number of different Trusts and has experience of previously working with the CQC and its predecessors, including chairing comprehensive Inspections and taking part in the new Well Led regime during the last year. Mick has also acted as the Nurse/Manager representative on several independent Inquiries and has undertaken many investigations into disciplinary and grievance matters and serious incidents. Mick was a former lay member of the Portsmouth Community and Mental Health Service Board before being appointed Non-Executive Director for Solent NHS Trust.

Mick was the Chair of the Mental Health Act Scrutiny Committee and the Assurance Committee, as well as being the lead NED for Patient Safety (including Learning from Deaths).

Mick retired from the Trust as Non-executive Director at the end of his tenure.

Professor Francis Davis
Non-executive Director
....
Appointed: October 2016
....
Resigned: May 2019
....

Francis was appointed to the Trust in October 2016. Francis is a Professor of Communities and Public Policy at the University of Birmingham where he publishes on inclusion, disability, cohesion and teaches post graduate policy and politics. He has, for 20 years, been active in founding, chairing and supporting community groups, voluntary organisations and social enterprises in health and social care. He helped to launch the 'Hampshire Festival of Mind' and also the first UK 'Mental Wealth Festival'. Formerly a private sector CEO, Francis has chaired industry bodies for the South and South East, worked as a senior civil servant at Cabinet level and is an advisor to CIPFA Consulting. He chaired both the Mayor of London's and the Mayor of the West Midlands cohesion summits and has been a member of the Department of Health's cross government Independent Advisor Group on Carers.

Francis chaired our Finance Committee and the Charitable Funds Committee and was also an Associate Hospital Manager.

Dr. Daniel Meron
Chief Medical Officer
....
Appointed: January 2016
....
Resigned: November 2019
....

Dan studied Medicine at the University of Southampton, and completed psychiatry training in Wessex. He went on to become a consultant in general adult psychiatry in Avon & Wiltshire, where he held consultant posts in community teams, Crisis Resolution and Home Treatment, Acute Inpatient, Assertive Outreach, and Primary Care Liaison. Over the years he developed a management and leadership portfolio and continued to combine senior management roles with active front-line clinical work. He is actively engaged in research at the School of Medicine, University of Southampton, where he completed a Doctor of Medicine higher research degree. He has special interest in mood and anxiety disorders, trauma, addiction, recovery, and mindfulness. Dan undertook an Executive-MBA degree at Hult International Business School and graduated with distinction in 2014.

Dan left the Trust at the end of November 2019 to join Somerset Partnership NHS Foundation Trust & Taunton and Somerset NHS Foundation Trust as Chief Medical Officer.

Board development and performance evaluation

The Board of Directors keeps its performance and effectiveness under on-going review.

The Board holds seminar and workshops every two months to focus on educational, developmental and strategic topics. Examples of educational sessions in year include a NHS Improvement briefing on 'Plot the Dots' (Statistical Process Control, SPC and data analytics) and in January 2020 the Board were joined by the NHS National Workforce Race Equality Scheme Team.

In light of new Board members joining, the Board will be reviewing skills and competencies in the year ahead to inform a new developmental programme. External expertise will be used to support delivery where necessary.

We conducted an internal evaluation of the Board and its key Committees in year, the outcomes of which help drive changes and improvements. The Board acknowledges the requirements of the NHSI and CQC *'Developmental reviews of leadership and governance using the Well- Led Framework: guidance for NHS Trusts and NHS Foundation Trusts'* to conduct an independent assessment and will do so within the prescribed timeframe, and in consideration of our new Board appointments.

In addition, an annual governance review is conducted by the Governance and Nominations Committee and each Board committee completes a mid-year review against its agreed annual objectives and, at year end, presents an annual report to the Board on the business conducted.

Individual Board members are appraised annually.

Declaration of interests and Non-executive Director Independence

The Board of Directors is satisfied that the Non-executive Directors, who serve on the Board for the period under review, are independent, with each Non-executive Director self-declaring against a 'test of independence' on an annual basis.

The Board of Directors are also satisfied that there are no relationships of circumstances likely to affect independence and all Board members are required to update their declarations in relation to their interests held in accordance with public interest, openness and transparency.

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
Mick Tutt Non-executive director *left 31/01/2020	• Pelican Consulting – sole trader offering management advice and support to health and social care organisations
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 (current), and Associate Non-Executive Director of Barts Health NHS Trust(until 31st January 2020) • 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
Sarah Austin Chief Operating Officer – Portsmouth & Commercial Director	• Co-author of the Forces4Change Charter – no personal monetary interest currently • Family owner of ExForcesNet • Daughter unpaid intern BBI • Family friend Senior Officer at CGI – not dealing with Solent account • Family friend working at Capsticks – not dealing with Solent account
David Noyes Chief Operating Officer	• Vice Chair of Southampton Connect • Daughter a Bank Member of staff – not involved in any assignment placements

Information Governance

Incidents concerning personal data are formally reported to the Information Commissioners Office, in accordance with Information Governance requirements. Further information can be found within the Annual Governance Statement.

Statement of Accountable Officers Responsibilities

The Statement of Accountable Officers Responsibilities is located on page 92.

Modern Slavery Act 2015 – Transparency in Supply Chains

Our modern slavery statement can be found within our Publication Scheme on our Public Website.

The Board's committees

The Board has established the following committees:

Statutory committees

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

Designated committees

- Quality Assurance Committee
- Finance & Infrastructure Committee
- Mental Health Act (MHA) Scrutiny Committee
- Workforce and Organisational Development (OD) Committee
- Community Engagement Committee
- Strategic Partnership Committee

Composition of Board committees at 31 March 2020

Director	Position	Board	Statutory Committees				Designated Committees					
			Audit & Risk Committee	Remuneration Committee	Governance & Nominations Committee	Charitable Funds Committee	MHA Scrutiny Committee	Quality Assurance Committee	Finance & Infrastructure Committee	Workforce & OD Committee	Community Engagement Committee	Strategic Partnership Committee
Catherine Mason	Trust Chair	Chair	-	Member	Chair	*Transitional attendance	Member	-	-	-	-	-
Stephanie Elsy	Non-Executive Director	Member	Regular attendee	Member	-	-	-	Member	Chair	Member	Chair	-
Jon Pittam	Deputy Chair and Senior Independent Director	Member	Chair	Member	Member	-	Member	As appropriate / available	-	-	-	Chair
Mike Watts	Non-Executive Director	Member	Member	Chair	Member	-	-	Member	Regular attendee	Chair	-	-
Gaurav Kumar	Non-Executive Director	Member	-	Member	-	Chair	-	-	Member	Member	-	-
Thoreya Swage	Non-Executive Director	Member	Member	Member	-	-	Chair	Chair	Member	-	-	-
Sue Harriman	Chief Executive Officer	Member	Member	On invitation	Member	-	-	Member	Member	Member	-	Member
Andrew Strevens	Deputy CEO and CFO	Member	Member	-	-	-	-	Member	Member	-	-	Member
Jonathan Prosser	Interim Medical Director	Member	-	-	-	-	Member	Member	-	Member	-	Member
Jackie Ardley	Chief Nurse	Member	Member	-	-	-	Member	Member	-	Member	Member	Member
David Noyes	COO Southampton & County Wide	Non-voting member	-	-	-	Member	Member	Member	Regular attendee	Member	-	Member
Sarah Austin	COO Portsmouth & Commercial Director	Non-voting member	-	-	-	-	Member	Member	Regular attendee	-	-	Member
Helen Ives	Chief People Officer	Member	-	Member		-	-	-	-	Member		Member

Attendance at Board committees at 31 March 2020

| Director | Position | Board | Statutory Committees | | | | Designated Committees | | | | | |
			Audit & Risk Committee	Remuneration Committee	Governance & Nominations Committee	Charitable Funds Committee	MHA Scrutiny Committee	Quality Assurance Committee	Finance & Infrastructure Committee	Workforce & OD Committee	Community Engagement Committee	Strategic Partnership Committee
Catherine Mason	Trust Chair	6/6	-	6/6		-	3/4	-	-	-	-	-
Mick Tutt *left 31/01/2020	Non-Executive Director & Deputy Chair	5/5	-	6/6	2/3	4/4	3/4	5/5	-	-	-	-
Stephanie Elsy	Non-Executive Director	6/6	3/4	6/6	-	-	-	2/3 (since Nov 19)	6/6	3/3	4/5	-
Jon Pittam	Deputy Chair and Senior Independent Director	6/6	4/4	6/6	2/3	-	4/4	2/2 (as available)	-	-	-	2/2
Mike Watts	Non-Executive Director	5/6	4/4	6/6	1/1	-	-	6/6	5/5	3/3	-	-
Francis Davis *resigned 03/06/19	Non-Executive Director	1/1	-	-	-	1/1	0/1	0/1	0/1	-	-	-
Gaurav Kumar *joined 01/10/19	Non-Executive Director	2/3	-	2/2	-	1/1	-	-	3/3	2/3	-	-
Thoreya Swage *joined 01/02/2020	Non-Executive Director	1/1	0/1	1/1 as Associate NED	-	-	1/1	1/1	1/1	-	-	-
Sue Harriman	Chief Executive Officer	5/6	4/4	3/6	2/3	-	-	3/6 (shared membership with AS)	1/1	1/3 (shared membership with AS	-	1/2
Andrew Strevens	Deputy CEO & CFO	6/6	3/4	-	-	-	-	3/6 (shared membership with SH)	4/6	3/3 (shared membership with SH)	-	2/2
Jonathan Prosser *from 01/11/19	Interim Medical Director	1/2	-	-	-	-	1/1	2/2	6/6	0/1	-	0/2
Dan Meron *left 31/10/19	Chief Medical Officer	3/4	-	-	-	-	2/2	2/4	-	-	-	-
Jackie Ardley	Chief Nurse	5/6	2/4	-	-	-	3/4	5/6	-	1/3	5/5	0/2
David Noyes	COO Southampton & County Wide	6/6	-	-	-	4/4	0/4	5/6	-	2/3	-	2/2
Sarah Austin	COO Portsmouth & Commercial Director	6/6	-	-	-	-	1/4	3/6 (deputy attended other 5/6)	6/6	-	-	1/2
Helen Ives	Chief People Officer	6/6	-	3/6	-	-	-	-	4/6	3/3	-	0/2

Attendance is calculated on eligible attendance against meetings held

Audit and Risk Committee

Frequency of meeting: At least quarterly (plus private meeting with External Auditor). During 2019/20 the committee met four times and separately in private.

The purpose of the Audit & Risk Committee is to provide one of the key means by which the Board of Directors ensures that effective internal control arrangements are in place. The Committee operates in accordance with Terms of Reference set by the Board, which are consistent with the NHS Audit Committee Handbook. All issues and minutes of these meetings are reported to the Board. In order to carry out its duties, Committee meetings are attended by the Chief Executive, the Chief Finance Officer and representatives from Internal Audit, External Audit and Counter Fraud on invitation. The Committee directs and receives reports from these representatives, and seeks assurances from trust officers. The Committee's duties can be categorised as follows:

- Governance, Risk Management and Internal Control
- Internal Audit
- External Audit
- Other Assurance Functions – including Counter Fraud
- Financial Reporting

In year the Committee has received progress reports against recommendations identified by Internal and External Auditors, committee specific health sector updates, and received updates on financial governance processes, including single tenders, losses and special payments, Freedom to Speak Up as well as receiving briefings on clinical audit and counter fraud investigations. During the last year, as well as the scheduled items for discussion the Committee also considered reports and updates relating to Brexit preparedness and laptop/asset management. No significant issues in relation to the financial statements of 2019/20, operations or compliance were raised by the Audit and Risk Committee during the year. Committee composition and attendance 2019/20 is previously summarised.

Details of other committees of the Board are described in the Annual Governance Statement.

Internal audit

Our Internal Auditors during 2019/20 were PricewaterhouseCoopers LLP (PwC).
Internal Audit provides an independent assurance with regards to our systems of internal control to the Board. The Audit and Risk Committee considers and approves the internal audit plan and receives regular reports on progress against the plan, as well as the Head of Internal Audit Opinion which provides an opinion on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes. The Committee also receives and considers internal audit reports on specific areas, the opinions of which are summarised in the Annual Governance Statement.
The cost of the internal audit provision for 2019/20 was £69k (excluding VAT).

External audit

Our External Auditors are Ernst & Young LLP. The main responsibility of External Audit is to plan and carry out an audit that meets the requirements of The Code of Audit Practice and the National Audit Office. External Audit is required to review and report on:
- Our financial statements (our accounts) and
- Whether the trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

The Audit and Risk Committee reviews the external audit annual audit plan at the start of the financial year and receives regular updates on progress. The cost of the external audit for 2019/20 was £61k (including VAT).
Our external auditors did not conduct any non-audit services in year.

Disclosure of information to auditors

Please refer to the 'Statement of directors' responsibilities in respect of the accounts'.

Countering fraud and corruption

A Local Counter Fraud Specialist (LCFS) is provided by Hampshire and Isle of Wight Fraud and Security Management Service. The role of the LCFS is to assist in creating an anti-fraud, corruption and bribery culture within the Trust, to deter, prevent and detect fraud, to investigate suspicions that arise, to seek to apply appropriate sanctions, and to seek redress in respect of monies obtained through fraud. An annual risk based fraud workplan is designed by the LCFS and agreed with the Trust and the Audit and Risk Committee.

The Audit and Risk Committee receives regular progress reports from the LCFS during the course of the year and also receives an annual report. Our Counter Fraud provision is recorded with the NHS Counter Fraud Authority as holding and maintaining a Green rating (the highest possible rating) against the 'Standards for NHS Providers 2019-20 for Fraud, bribery and corruption'.

We have implemented agreed policies and procedures, such as the Local Counter Fraud, Bribery and Corruption Policy as well as a Freedom to Speak Up Policy and issues of concern are referred to the LCFS for investigation. We also ensure that there are various routes through which staff can raise any concerns or suspicions.

The Deputy Chief Executive and Chief Finance Officer is the executive lead for Counter Fraud and meets regularly with the LCFS to ensure that any learning from incidents and allegations is implemented. The Audit and Risk Committee is also regularly briefed on all allegations / investigations and actions taken. All counter fraud recommendations made throughout the financial year with the aim of addressing identified system weaknesses are considered by the Trust and recorded through the Trusts tracker system. This has ensured that appropriate action is taken, when concerns are identified, to mitigate fraud risk.

Freedom to Speak Up

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

National Guardian
Freedom to Speak Up

YOU CAN
SPEAK UP ABOUT
BULLYING, HARASSMENT, PATIENT SAFETY, BREACH OF POLICY, AND DISCRIMINATION

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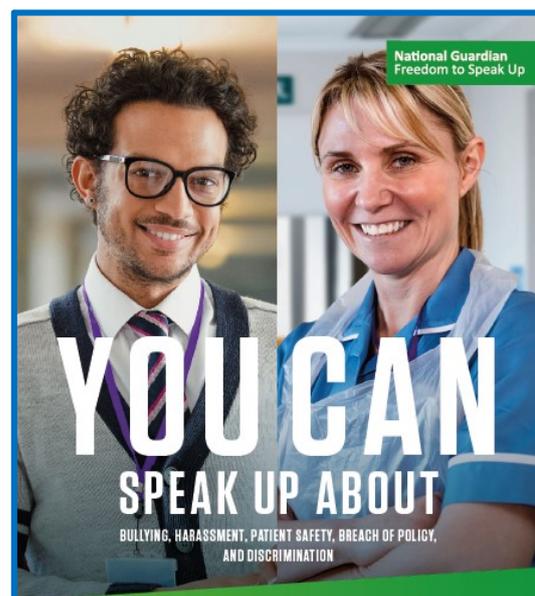
and Executives provide assurance to the Lead Non-executive Director for FTSU on behalf of the Board that issues raised are dealt with promptly and appropriately by the Trust. The FTSU Independent Lead Guardian briefs colleagues on:

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

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

In year our Guardians dealt with the following cases:

- Quarter 1 – 16 cases
- Quarter 2 – 13 cases
- Quarter 3 – 13 cases
- Quarter 4 – 6 cases

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

Our Independent Lead Guardian is supported currently by five Guardians working across our services. On an annual basis the Board receives a FTSU Annual Report.

Remuneration

Full details of remuneration are given in the Remuneration Report.

Governance Statement

Annual Governance Statement 2019/20

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

### The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Solent NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Solent NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

The Governance Framework of the Organisation

Within the Directors Report Section ('Governing our Services') of the Annual Report the following information can be found:

- The individuals who serve on the Board
- Changes in appointments
- Attendance records at Board and Committees meetings

The following diagram illustrates the Board and reporting committees;

Board Governance Structure

Board of Directors
(Trust Board)
Frequency: x 6 per year

CEO REPORT

Operational Governance Structure

Statutory Committee
Designated Committee

Audit & Risk Committee
Frequency: x4 per year, plus private meeting

Quality Assurance Committee
Frequency: x6 per year

Chief Executive Officer

Weekly Directors Meetings

Governance & Nominations Committee
Frequency: Min x2 per year

Charitable Funds Committee
Frequency: Quarterly

Remuneration Committee
Frequency: As required

Workforce and OD Committee
Frequency: bi-monthly

Finance & Infrastructure Committee
Frequency: bi-monthly

Mental Health Act Scrutiny Committee
Frequency: x 3 per year

Trust Management Team Meeting
Frequency: bi-monthly

Community Engagement Committee
Frequency: Quarterly

ICT Group

Finance & Commercial Group (inc. Capital planning)

Estates, Facilities and Sustainability Group

Strategic Partnership Committee
Frequency: bi-monthly

Details of each Committee are as follows;

Finance and Infrastructure Committee
....
Frequency: Bimonthly. During 2019-20 the Committee met six times
....

The Committee broadened its remit (and title) during the year to incorporate the oversight of infrastructure matters including estates and IT. The Finance and Infrastructure Committee is responsible for ensuring appropriate financial frameworks are in place to drive the financial strategy, and provide assurance to the Board on financial and infrastructure matters as directed. The Committee focuses on the following areas; strategic financial planning, business planning processes, annual budget setting and monitoring, treasury management and financial control, infrastructure, business management as well as conducting in depth reviews of aspects of financial performance as directed by the Board. The Committee has been integral to the Board in providing scrutiny and oversight concerning the delivery of the financial plan.

Mental Health Act Scrutiny Committee
....
Frequency: Quarterly (until Feb 2020 – then three times per year). During 2019-20 the Committee met four times
....

The central purpose of the Committee is to oversee the implementation of the Mental Health Act (MHA) 1983 (amended 2007) functions within the Trust principally within Adult and Older Persons Mental Health, and Learning Disabilities services. The Committee has primary responsibility for seeking assurance that the requirements of the Act are followed. In particular, to seek assurance that service users are detained only as the Mental Health Act 1983 allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights. In addition, on an annual basis the Trust's external legal advisors provide update training in relation to the Mental Health Act. The Committee also seeks assurance on the appropriate application for Deprivation of Liberties Safeguards (DoLS) as well as seeking assurance regarding adequacy of training and development opportunities provided for front-line practitioners and of the monitoring of competence regarding the application of the MHA and DoLS.

Charitable Funds Committee

....

Frequency: Quarterly (or as required). During 2019-20 the Committee met four times

....

The Corporate Trustee (Solent NHS Trust), through its Board, has delegated day to day management of the charity (Beacon, Solent NHS Charity) to the Committee. The Committee:

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

Community Engagement Committee

....

Frequency: Quarterly (or as required). During 2019-20 the Committee met five times

....

The purpose of the Committee is to drive the delivery of the community engagement strategy. The Committee:

- provides support, leadership, advice and guidance for staff so that they feel supported and able to make community engagement part of everything they do
- ensures that the Trust is accessible to local people and communities who want to be involved in contributing their knowledge, skills and experiences to improving the Trust. It will also ensure that the Trust does not exploit people's willingness to contribute their time, energy and assets
- ensures the Trusts meet its obligations and duties under equality and human rights legislation as an employer by working collaboratively with the Workforce and Organisational Development Committee
- provides assurance to the Trust Board that community engagement is becoming part of the culture and practice of the Trust as a 'must do', and
- makes recommendations on revisions to the Community Engagement Strategy as required and appropriate.

Governance and Nominations Committee

....

Frequency: At least twice a year and as required. During 2019-20 the Committee met three times

....

The Committee make recommendations to the Board as appropriate regarding the following matters;

- the governance arrangements for the Trust including Committee structure,
- the composition and Terms of Reference,
- consideration of skills and experience of Board members
- succession planning of Board members, and
- Associate Hospital Manager appointments.

Remuneration Committee

....

Frequency: At least annually and as required. During 2019-20 the Committee met four times

....

The Remuneration Committee is comprised of the Non-executive Directors (and others by invitation) and reports to Confidential Board meetings regarding recommendations and the basis for its decisions. The Committee makes decisions on behalf of the Board regarding remuneration and terms of office relating to the Chief Executive and other Executive Directors. It oversees and approves:

- Employer Based Clinical Excellence Awards
- severance payments over £100k and,
- all non-contractual payments.

Workforce and Organisational Development (WOD) Committee

....
Frequency: Bimonthly. During 2019-20 the Committee met five times
....

Previously known as the People and OD Committee, the Committee is responsible for providing assurances to the Board on all aspects of workforce and organisational development supporting the provision of patient care and the NHS people plan. In particular, ensuring the strategic objectives and trust ambitions are being delivered. The WOD Committee seeks to provide assurance to the Board on the delivery of the People & Organisational Development strategy, Communications Strategy ,Workforce Plans and the recruitment, retention, deployment and development of the Trust's workforce.

Strategic Partnership Committee

....
Frequency: Bimonthly. During 2019-20 the Committee met twice
....

This new Committee was established in January 2020 in recognition of the strategic significance of Solent's involvement in service provision and partnerships on the Isle of Wight (IOW). The SPC seeks to provide assurance to the Board in relation to operational mobilisations and consider strategic matters, escalating risks as appropriate.

Quality Assurance Committee

....
Frequency: Bimonthly. During 2019-20 the Committee met six times
....

The Committee is responsible for providing the Board with assurance on all aspects of quality, clinical governance and regulatory compliance.
In year the Committee received additional reports on a variety of matters, including oversight of CQC action plans, wheelchair service, quality risks associated with the Board Assurance Framework and operational risks and the Hampshire and Isle of Wight Quality Board summary paper was noted for awareness of quality related developments within wider system working. Internal Audit recommendations were received for oversight and to ensure appropriate action delivery. The Committee also received a deep dive presentation on Adults Southampton. At the March 2020 meeting, the Committee amended its title to Quality Assurance Committee (previously known as the Assurance Committee), to emphasise the role the Committee has in relation to quality aspects of care.

A summary of the role of the **Audit & Risk Committee** is found within the Directors Report section of the Annual Report and internal audit opinions for the audits carried out in year are as summarised in the following table. In April 2020, internal auditors were unable to conclude the planned risk management review of Adults Southampton / Portsmouth due to the outbreak of COVID-19 and the impact that this had on our services. Instead, it was agreed that PWC focus on the risk management of our response to COVID-19 – the scope of the audit covering documentation of decisions, our Quality Impact Assessment Process, business continuity, mitigation of fraud risk, review of procedures, controls and associated corporate and financial governance. Good practice was acknowledged including the Trust's agility to respond and change processes, our central repository of information for staff, as well as our process of undertaking evaluations to ensure learning is embedded.

Audit title	Report classification
GDPR follow up audit	No opinion given – recommendations identified
Key Financial Systems	
• Procurement and accounts payable controls	Medium risk
• Management of income and expenditure activity	Low risk
Risk Management : COVID-19	Low risk
Data Security Protection Toolkit	Low risk
Medicine and pharmacy management	High risk
E-Rostering	High risk
IT Asset Management	High Risk

Significant progress has been made in respect of responding to recommendations made by our internal auditors, as reflected within their Head of Internal Audit Opinion.

Highlights of Board Committee Reports

The Board has an agreed annual cycle of business and receives exception reports via the relevant Chair in relation to recent meetings of its committees. The Board, as a standing item at each meeting, also considers whether additional assurance is sought from its committees on any items of concern.

The Chief Executive Report to Board includes commentary on significant changes recorded in the Board Assurance Framework (BAF) and Corporate Risk Register and each Board Committee also considers relevant BAF risks and progress against internal audit recommendations at each meeting. Progress on corporate and strategic objectives is reported quarterly within the performance report. In addition, a number of internal audits were completed, as described previously and annually each Board Committee presents an annual report to the Board detailing a summary of business transacted and achievements against the agreed Committee objectives. The Committee annual reports are available via the In-Public Board papers on our website.

Performance Evaluation of Board

Further details of the Board's development activities and performance evaluation can be found within the Directors Report section of the Annual Report.

We self-certify against the requirements of the NHS Provider Licence to ensure on-going compliance, in accordance with the NHSI Single Oversight Framework requirements (including Conditions G6 and FT4)– the details of which are incorporated into our Board Performance Report and publicly available. We do not consider there to be any principal risks in relation to compliance with the requirements of the Licence requirements.

Capacity to Handle Risk

Risk management and quality governance arrangements, accountability and leadership

As Chief Executive, I am ultimately accountable for governance and risks relating to the operational delivery of all clinical and non-clinical services provided by the Trust including its subcontracts. The Board regularly considers its risk appetite and reviewed this together with its risk tolerance during the year. Details can be found within our Risk Management Framework (available via our website). The appetite and tolerance sets the parameters of Risk Management for staff to operate within. The Board is informed of current risks via the CEO Report and regular reporting of the Board Assurance Framework.

> The Trust has a range of arrangements in place which provide monitoring and assurance on matters relating to quality, safety and regulatory matters. Each Service Line has a governance structure in place which reports through to the Quality Improvement & Risk Group and the Quality Assurance Committee. Corporate Services have governance structures in place to report through to their appropriate Board Committee.

Key roles in relation to risk management and quality governance include;

Roles	Responsibilities
Chief Nurse	Nominated Executive Lead Director for risk management and quality governance. The Chief Nurse is also responsible for ensuring on-going compliance with CQC registration requirements.
Chief Medical Officer	Lead director with responsibility for Learning from Deaths (mortality) agenda (Patient Safety Director as defined by national guidance on learning from deaths, National Quality Board 2017)
Chief Finance Officer and Deputy CEO	Nominated Executive Lead Director for health and safety compliance
Chief Operating Officer for Southampton and County Services	Nominated Executive lead for emergency planning and disaster recovery, ensuring plans are established and regularly tested.
Clinical Directors	Accountable for risk and clinical governance within their respective service lines, supported by the Operational Directors and Heads of Quality and Professions.
Operational Directors and Heads of Service	Responsible for managing operational risks originating within their service areas.
Heads of Quality and Professions (HQP)	Each service line has an identified lead for quality safety and assurance who is responsible for supporting the service line Clinical Director in the delivery of the quality, safety and governance agenda. HQPs with the corporate Quality and Professional Standards team to support cross organisational work streams and learning arising from incidents.
Head of Risk and Litigation	Responsible for ensuring the development and oversight of implementation of the Trust Risk Management Framework, risk procedures and administration of the Trust Risk Register

Trust wide arrangements which support robust assurance include:

Meetings

....

- Care Group Meetings , chaired by Chief Operating Officers, general performance of quality and other operational issues
- Service Line Clinical Governance Groups - responsible for the oversight of quality and risks, triangulating performance information to monitor and address service quality. The groups provide exception reporting to the Quality Improvement and Risk Group which is chaired by the Chief Nurse and these are then scrutinised at the Quality Assurance Committee. The service line structure provides high levels of autonomy increasing the effectiveness and accountability of the clinical services.
- Trust Management Team - oversees operational responses to risks contained in the Trust Risk Register. The roles of the Quality Assurance Committee and Audit and Risk Committee are described previously.
- Oversight of performance and risk by the Chief Operating Officers via daily escalation and reporting through to Performance Subcommittees
- Contract, Quality & Risk Management Meeting (CQRM) - monthly monitoring with commissioners
- Care Group and corporate team monthly Performance Reviews Meetings (PRM) are held to seek assurance regarding the management of operational risk. In addition, we monitor quality indicators through service line performance sub-committee meetings.

Visits and inspections

....

- Board to Floor visits (includes executives and non-executives) to engage with frontline staff and service users
- Service review visits by commissioners
- Announced and unannounced visits to clinical areas/teams by the Quality & Professional Standards Team
- Patient-Led Assessments of the care environments

Feedback mechanisms

....

- Patient and service user feedback (Friends and Family Test and other local mechanisms)
- Patient / carer and staff stories to Board

Governance and reporting processes

....

- Serious Incident requiring investigation (SI) process including Root Cause Analysis (RCA) investigation and SIRI panel arrangement
- Learning from Deaths process for unexpected deaths (mortality reviews)
- An audit programme (Trust wide and service level covering standards and topic specific issues)
- Monthly reporting and publication of safe staffing status (with sign off by matrons and oversight by the Quality and Professional Standards Team)
- The Board is apprised of any key quality and safety matters at the beginning of each Board meeting
- Our Quality Account is produced annually which outlines the progress made and action taken to improve and maintain quality and safety within and across Trust services. The Annual Quality Account is developed in consultation with key stakeholders and serves as an additional validation mechanism for determining the quality of services. More information on the Quality Account is provided in Section 5 of the Annual Report
- Our Patient Experience Strategy was approved following consultation with a wide range of service users and partner agencies. The Trust Patient Experience forum continues to meet quarterly and oversees the delivery and implementation of the strategy
- Any new scheme or change in service provision (including Cost Improvement Plans (CIPs) are formally assessed through an Equality and Quality Impact Assessment (EQIA) process. Within the QIA process, foreseeable or potential risks which could impact on quality, patient safety and experience are considered and key leading indicators are identified to help highlight the realisation of any actual risks. A gateway approach to the agreement of CIPs and QIAs has been embedded with sign-off by the applicable service line Clinical and Operational Directors in consultation with services prior to review by the Chief Medical Officer and Chief Nurse. The Service Line Clinical Governance Groups are responsible for the management and monitoring of the leading indicators identified within signed off QIAs and for ensuring that in collaboration with the Chief Medical Officer and Chief Nurse, risks associated with QIAs are escalated to the Quality Assurance Committee.

Risk Management Training

We provide a range of risk management training including;

- All staff complete an online E Learning module, which includes risk management principles, escalation processes, accountability, risk assessment and hazard identification.
- On request face- to- face Risk Management training provided by the Quality and Professional Standards team as an alternative to the E Learning module.
- On request Risk Register training for all staff who have responsibility in using the Trust's on line risk register.
- A two day training package for SI Investigators provided in collaboration with neighbouring organisations. This training provides in depth training on root cause analysis, identification of hazards and the SI process.
- Formal Incident reporting and reviewers training, and
- Bespoke training provided by the Quality and Professional Standards Team.

Risk Assurance

The Board Assurance Framework (BAF) provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been identified and where gaps exist, that appropriate mitigating actions are in place to reduce the risk to a tolerable level. The Audit and Risk Committee tests the effectiveness of this system annually.

The Risk and Control Framework

I am assured that risk management processes are continuing to be increasingly embedded within the Trust and incident reporting is openly and actively encouraged to ensure a culture of continuous improvement and learning. I am also assured that there are appropriate deterrents in place concerning fraud and corruption. The organisation understands that successful risk management requires participation, commitment and collaboration from all staff.

The Board approved the Risk Management Framework in 2018 to replace the former Risk Management Strategy and provides a clear overarching framework for the management of internal and external risk and describes the accountability arrangements, processes and the Trust's risk appetite. The Board took time in year to consider the Trusts' risk appetite and tolerance. Consequently , the Risk Management Framework was refreshed in early 2020 together with an enhanced governance structure.

The Trust's approach to risk management encompasses the breadth of the organisation by considering financial, organisational, reputational and project risks, both clinical and non-clinical. This is achieved through:

- an appropriate framework; delegating authority, seeking competent advice and assurance
- a risk culture which includes an agreed risk appetite, as outlined within the framework
- the integration of risk management into all strategic and operational activities
- the identification and analysis, active management, monitoring and reporting of risk across the Trust
- the appropriate and timely escalation of risks
- an environment of continuous learning from risks, complaints and incidents in a fair blame/non-punitive culture underpinned by open communication
- consistent compliance with relevant standards, targets and best practice
- business continuity plans and recovery plans that are established and regularly tested;
- actively analysing and reflecting on key findings from our annual staff survey, staff friends and family test as well as intelligence and feedback from our friends and family feedback to ensure issues are addressed; and

- fraud deterrence including the proactive work conducted by the Local Counter Fraud Service, supported by the 'Local Counter Fraud, Bribery and Corruption Policy'. Fraud deterrence is integral to the management of risk across the organisation especially as there could be clinical or health and safety implications which could then impact upon the organisation. Staff are encouraged to report any potential fraud using the online incident reporting process appropriately including anonymous reporting if necessary. We are not aware of any specific areas within the organisation that are at risk of material fraud, however we cannot be complacent. One incident of fraud with an immaterial financial impact was handled during the year. Notifications from the Counter Fraud team improve our knowledge and awareness of the risk of fraud.

Risk Assessment Process

The following diagram illustrates the assessment, reporting and oversight process:
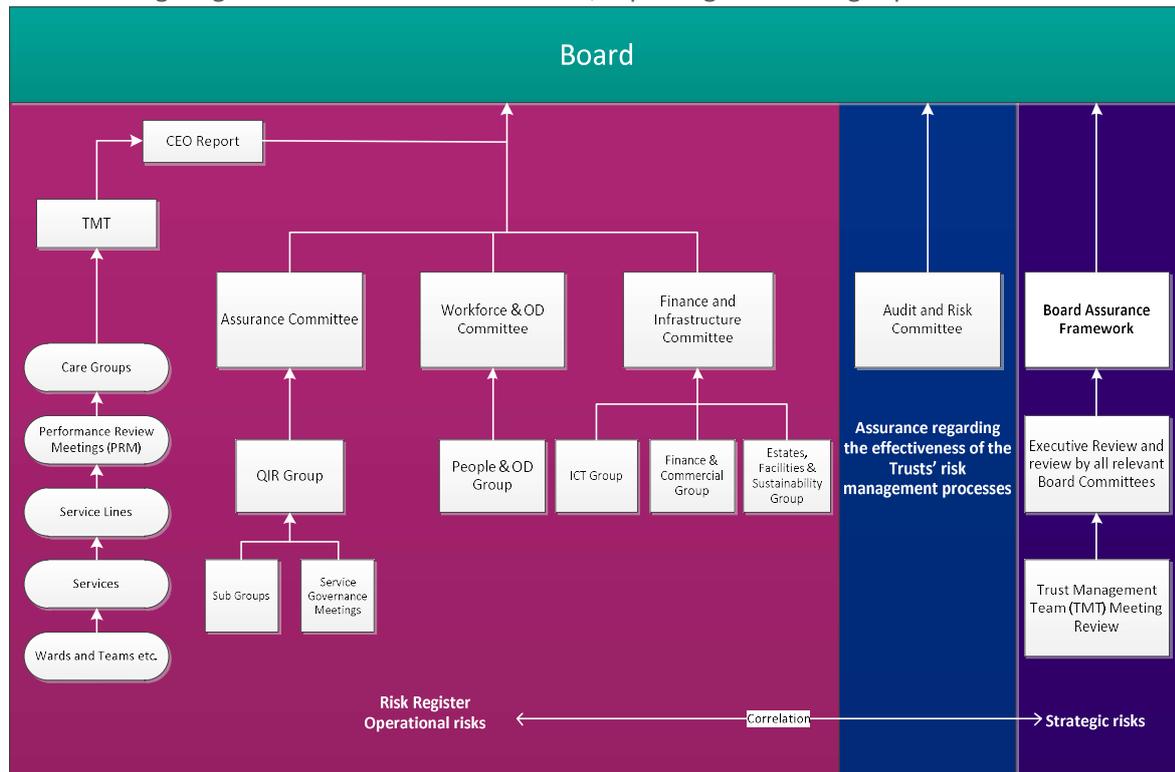
The organisation has structured risk assessment and management processes in place as set out in the Risk Management Framework. This also includes having trained, service-based risk assessors in place to undertake assessment to support local management. Managers are responsible for managing action planning against identified risks and for escalating those risks with additional resource implications via service risk registers. The Quality & Professional Standards Team receives and centrally records risk assessments to identify commonalities for organisational risk treatment and escalation.

Risk registers operate at service line level for all identified risks. Risks assessed as scoring 15[4] or above have increased oversight and monitoring by formal committees including the Trust

---

[4] Risks are scored against the NHS National Patient Safety Agency risk matrix, which scores risks on a scale of consequence 1-5 (with a score of 5 being catastrophic) and a scale of likelihood 1-5 (with a score of 5 being almost certain)

Management Team (for all risks scoring 15 or greater). This is in accordance with the risk appetite, agreed by Board and set out in the Risk Management Framework.

As a result of the Level 4 National Emergency we implemented further governance checks and balances to ensure the appropriate oversight of emerging risks, including those to service quality and safety including the implementation of an enhanced Quality Impact Assessment processes and the establishment of an Ethics Panel to provide additional scrutiny, as well as ensuring learning is shared. At our April 2020 Board meeting we also refreshed our recently agreed Risk Appetite to ensure it reflects the contemporary nature of dealing with such an unpredicted situation.

Risk identification and measurement
Risk identification establishes the organisation's exposure to risk and uncertainty. The processes used by the Trust include, but is not limited to risk assessments, adverse event reports including trends and data analysis, Serious Incidents requiring investigation (SI), learning from deaths, claims and complaints data, business decision making and project planning, strategy and policy development analysis, external/internal audit findings /recommendations and whistle blowing in accordance with the Trusts Freedom to Speak Up policy.

The online Risk Register is fully embedded and has provided the ability for real time reporting and escalation; it also aligns existing systems used for incident, complaints and claims reporting. In turn this has enabled the Quality & Professional Standards Team (and service managers) to provide swift response and support to services. The use of the online system supports the triangulation of data from incidents, claims and complaints for further analysis and assurance.

The Trust uses the National Patient Safety Agency likelihood and severity matrix to assign a risk score and we recognise that in all cases it is vital to set the risk into context for evaluation. Risks which fall outside of the remit of routine clinical assessment or are potentially significant for the organisation are approached and managed in line with the Risk Management Framework.   The Trust is aware and encourages a proactive safety culture, good communication and teamwork, all of which are inherent in the improvement of risk and the implementation of good clinical risk assessments. To ensure clinical risk assessments are appropriate they are always reviewed as part of all serious or high risk investigations so that lessons can be learnt and assessments improved if necessary.
The positive risk management culture and risk management processes have enabled the Trust to proactively identify, assess, treat and monitor significant risks in year.

There is clear alignment between the Board Assurance Framework and operational risk register and our risk pyramid summarises the top risks and most prevalent each month.

Strategic Risks

The organisations strategic risks (scoring 12 or over), at the end of the current financial year and as detailed within the Board Assurance Framework relate to:

- **Major Incident and external environment impact on the organisation**- There is a risk in realtion to our ability to respond effectively to the Level 4 National Emergency (Cornoavirus COVID-19)
- **Indirect Commercial Relationship Risks** - There is a risk to patient safety, contractual performance and reputational damage in relation to partnership/third party supplier arrangements that are not under direct control of Solent)
- **Workforce Sustainability** – There is a risk that we are unable to recruit and / or retain sufficient numbers of clinical staff with the qualifications, skills and experience required. We are already experiencing staffing pressures in a number of our services, as detailed further within the 'significant issues' section of the Annual Governance Statement.
- **Future Organisational Function** - There is a risk that due to significant environment changes both nationally and within the local system that the Trust is not able to respond effectively to market forces and emerging opportunities and its ability to lead and influence is diminished.
- **Business As Usual –Demand and Capacity** – There is a risk that demand in the system outstrips our capacity that we are contracted /funded to provide.

As these are strategic risks they have longevity and will pose as risks to the Trust into the future – we are actively mitigating these to an agreed tolerable level and, as with operational risks, ensure that any learning is disseminated to reduce the chance of the risks materialising.

Operational Risks

The most prevalent operational risks at the end of the financial year are identified below, however each are being managed by the services with oversight by the Executive Lead to reduce the risk to an acceptable level:

- **Information Technology** – risks associated with IT infrastructure, accessing our core systems and connectivity
- **Demand and Capacity** – risks associated with increasing demand for our services which is impacting on timely access to treatment and waiting times
- **Vacancies and recruitment** – risks associated with the high levels of vacancies which are difficult to fill due to wider system and national staff shortages

We will continue to monitor and mitigate all significant risks associated with efficiency saving plans identified via the Quality Impact Assessment process.

Information Governance and Data Security

Data Security is a significant part of national Data Security and Protection Toolkit requirements as well as ensuring that at least 95% of staff have completed IG training annually, which is nationally recognised as an extremely challenging standard. The submission of the Data Security and Protection Toolkit for 2019/20 has nationally been delayed until September 2020, as a direct result of the impact that Covid-19 has had on the NHS.

IG serious incidents are reported and monitored via the Toolkit and where deemed necessary, to the Information Commissioner's Officer as described below. We continue to monitor all incidents and risks associated with IG matters and ensure we learn as a consequence.

Serious Incidents Requiring Investigation

A total of 50 Serious Incidents (SI) were raised during 2019/20 as categorised in the below graph:

SI Raised During 2019/20

Category	Value
Unexpected Death	13
Clinical Delays	7
Pressure Ulcers	5
Assault - Physical	4
Emergency (Medical)	4
Safeguarding	4
Clinical Management	3
Self - Harming Behaviour	3
Slips, Trips And Falls	2
Injury Sustained During...	1
Implementation Of Care	1
Ward Closure - Infection...	1
Information Governance	1
Treatment, Procedure	1
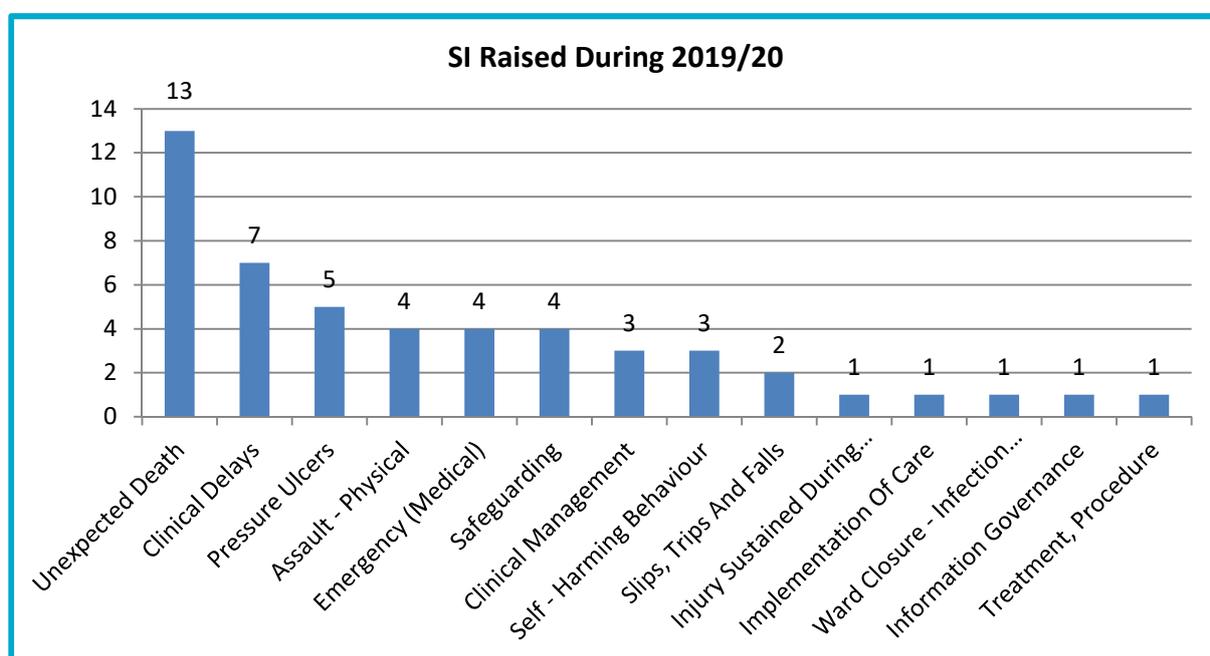
As part of our SI process we actively identify opportunities for shared learning.

During the year we investigated and responded to 3 Information Governance (IG) SIs, (however 2 were downgraded as a result of investigation to High Risk Incidents) – these incidents all involved the sharing of confidential Patient data with an incorrect recipient. None of the incidents resulted in data loss, but did constitute a confidentiality breach. The data subjects have been informed in all three cases and all notified the Trust of the distress that this has caused them. In two of the cases the data subjects have confirmed that they were satisfied with the action taken and the third remains an ongoing investigation. In all cases, the Information Commissioner's Office was advised and has subsequently closed 2 of the incidents as they were satisfied that we had taken appropriate action, the remaining case, being relatively recently reported, is being actively investigated by the ICO.

Our Caldicott Guardian and Senior Information Risk Officer are consulted whenever there is an IG Serious Incident and our commissioners provide scrutiny to our SI process and confirm closure on investigations once appropriate assurance has been sought.

Care Quality Commission (CQC) Compliance

The Trust is fully compliant with the registration requirements of the Care Quality Commission and routinely receives visits and inspections from the CQC. There are no outstanding issues recorded against the Trust. Back in October 2018, we had eight CQC core service inspections. These were:

- Community Adults
- Community Children & Young People
- Primary Care Services
- Mental Health - Psychiatric Intensive Care Unit (PICU)
- Mental Health - Crisis and Health Based Place of Safety (HBPoS)
- Mental Health - Older Persons Mental Health (OPMH) /Ward
- Mental Health - Older Persons Mental Health (OPMH)/Community
- Mental Health Rehabilitation /Adults/Ward.

Following this, the Trust underwent its first focussed "Well led" inspection. This involved a team of CQC inspection staff accompanied by two Board level Specialist Advisors being onsite at our Headquarters for 3 days, examining the functionality and leadership of the Board and senior management teams. As an outcome of these inspections we were rated as 'Good' across all domains for our Primary Care Services and 'Good' across our core services with an 'outstanding' in the Caring domain.

In late January 2020 we received our Provider Information Request (PIR) for our next routine inspection. We successfully submitted our information and documents in support of the PIR on 7th February 2020 and were joined by Senior members of the inspection team at our Workforce and Organisational Development Committee on 12th March 2020. We were anticipating that our inspection would soon then take place, however on 16th March, and in response to the national situation concerning COVID 19, the CQC confirmed that they will suspend all routine inspections and will instead by focusing on responsive and targeted ways of supporting providers to keep people safe (see CQC website). We anticipate that our inspection will be unlikely to commence before Quarter 2 2020/21 as the Commission have ceased inspection activity in the Hospital Directorate until approximately 31 August 2020. It should be noted however that Mental Health Act inspections will continue.

Workforce Strategies and staffing Systems

The Chief Nurse meets with all service lines on a monthly basis to review a range of data and information relating to safe staffing including current establishments, vacancies, recruitment and retention programmes, turnover, roster management, sickness/absence levels and compliance with mandatory and statutory training - all of these areas are identified as key within in the National Quality Board (NQB) guidance: 'Developing Workforce Safeguards'. In November 2019 the format of the meetings changed from a service line focus to meetings with teams providing similar services, bringing community nursing teams from Portsmouth and Southampton together, as well as rehabilitation wards together. This enables teams to consider variation and understand if this is

warranted or unwarranted and to agree changes needed. This structure also allows the teams to benchmark with Model Hospital data as well as bringing external learning and challenge. A further change in year has been the introduction themed summaries for discussion at performance review meetings.

The staff who attend the safe staffing meetings are those with clinical leadership roles as well as the professional leads and all teams are reviewed at least once in the year. Areas where there are concerns or on-going difficulties are reviewed more frequently and the meetings are supported by colleagues from workforce/HR, Learning & Development and the Roster team.

As part of the business planning process service lines are required to consider their workforce needs and any changes to establishments, skill mix, or the introduction of new roles – these are required to have a full Equality and Quality Impact Assessment completed and presented to the Chief Nurse & Chief Medical Officer for sign off.

A six monthly safe staffing report is provided to Board which reports on progress against NQB guidance and the priorities set out in the previous six month report.

We have been actively monitoring the impact of the Covid-19 crisis on our workforce, and our ability to ensure service sustainability during periods of absence and in consideration of national guidance regarding social distancing. Where possible and where necessary, we have been making adjustments to the way some services are delivered, including; providing alternative digital mechanisms to that which would have been face to face traditional offers, redeploying, up-skilling and competency training and in some cases scaling down provision to meet urgent demand. In such cases appropriate Quality Impact Assessments have been completed.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under Equality, diversity and human rights legislation are complied with. Equality Analysis are carried out to assess the impact of the Trust's decisions and design of services as part of the Trust's legal duty under the Equality Act 2010 – we also use Equality Analysis in the development of policies and in consideration of cost improvement plans.

Our commitment is to ensure that leaders keep listening, learning and improving. To help us do this, we have invested in new senior roles for Diversity & Inclusion, Independent Freedom to Speak Up Guardian and Community Engagement and Patient Experience.

You can read more about Equality, Diversity and Inclusion within the Staff Report section of the Annual Report.

Register of Interests

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. However, in response to the Level 4 National Emergency during Quarter 4 of 2019/20 (and beyond) we have included a statement on our website accordingly.
We continue to work with our Local Counter Fraud Specialist to enhance our processes wherever possible.

Environmental responsibilities

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. You can read more about our environmental reporting within the Performance Report section of the Annual Report.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The following key processes are in place to ensure that resources are used economically, efficiently and effectively:

- Scheme of Delegation and Reservation of Powers, Standing Orders and Standing Financial Instructions approved by the Board. These key governance documents include explicit arrangements for:
  - o Setting and monitoring financial budgets;
  - o Delegation of authority;
  - o Performance management; and
  - o Achieving value for money in procurement
- A financial plan approved and monitored by the Board
- The Trust operates a hierarchy of control, commencing at the Board and cascading downwards to budget managers in relation to budgetary control, balance sheet reconciliations, and periodic review of service level income with commissioners. In addition, the Finance Committee provides scrutiny and oversight which has been supplemented this year by independent commissioned reviews
- Robust competitive processes used for procuring non-staff expenditure items. Above £5,000 procurement involves competitive tendering. The Trust has agreed procedures to override internal controls in relation to competitive tendering in exceptional circumstances and with prior approval obtained
- CIPs, which are assessed for their impact on quality with local clinical ownership and accountability
- Strict controls on vacancy management and recruitment
- Devolved financial management with the continuation of service line reporting and service line management
- With the evolution and progression of the Model Hospital, the utilisation and inclusion of its information and benchmarking has been used by Solent NHS Trust to identify areas of outlying performance, both negative and positive, including diversity and inclusion statistics as well as efficiency opportunities

- We are also participating in a national pilot programme for Getting it Right First Time (GIRFT) focussing on inpatient rehabilitation and community respiratory services, to review performance, data, efficiencies and patient outcomes
- The Trust has continued with full participation in the NHS Benchmarking Network's comprehensive annual programme, covering Community Hospitals, Community Indicators, Community Services, CAMHS, Learning Disabilities, Mental Health Inpatient and Community, Corporate Functions and mental health survey and workforce returns. We have undertaken comprehensive reviews of the outputs and benchmarks and we have reported through to the Board at workshop meetings to understand any variances
- The Trust Board gains assurance from the Finance and Infrastructure Committee in respect of ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial matters as directed, including to review the impact of CIPs on forward financial planning and
- The Audit and Risk Committee also receives reports regarding losses and compensations, SFI breaches, financial adjustments and single tender waivers. The Board gains assurance from the Quality Assurance Committee regarding the quality of services and compliance with regulatory control. The Audit & Risk Committee test the effectiveness of these systems.

In accordance with national requirements we have also been monitoring expenditure during the Level 4 National Emergency.

As stated within the Annual Results Report for the year ended 31 March 2020, our external Auditors anticipate issuing an unmodified (unqualified) value for money conclusion and an unqualified audit opinion on the financial statements.

Performance Reporting

Our performance governance structure has continued to optimise escalations of significant performance to the senior leadership team and Trust Board. The meeting structures are described as follows;

- In year, we strengthened our Performance Review Meetings, from being service line centric to instead align with our care group structures. This transition enables and facilitates cross-learning and discussions of key issues , assisting us in identifying wider trends across our services and processes
- Clinical service lines: Chief Operating Officers meet with their service line senior managers on a monthly or bi-monthly basis (depending on performance), to review performance against quality, workforce, finance, business plans, operations, data quality and any other issues pertinent at that time. The exceptions form the agenda at a later monthly meeting

chaired by the Chief Nurse, where these are discussed in-depth, necessary mitigations implemented, and assurance sought where appropriate

- A summary of all clinical service and corporate exceptions are then submitted through to the monthly Trust Management Team Meeting ensuring oversight and detailed within the bi-monthly Board Report.
- In addition to standard performance monitoring, other significant areas of risk can be requested for review at the performance meetings, for example, agency spend and contract performance notice remedial action plans. Similarly, the Chief Operating Officers and Chief Nurse have discretion to include agenda items, where appropriate, to ensure all necessary and required items for performance assurance are considered. Specialised forums are also held periodically to provide additional scrutiny and support to managers where escalation is required on finance, quality and workforce.

In accordance with national requirements, in light of the Level 4 National Emergency, we have suspended routine local contractual reporting pending QIA to focus efforts on critical service provision and reporting as well as new and existing mandatory national and STP reporting as required.

Data Quality

In year we have seen the implementation of statistical process control (SPC) analysis within the Trust Board Performance Report. This new analysis has been included within the NHS Improvement Single Oversight Framework, as well as the redesign of the Operations, Workforce, Finance and Quality infographics. The introduction of SPC and further data interrogation has been well received by our Board and we plan to further extend analysis within our service line reporting during the year ahead. Further information regarding data quality can be found within the Quality Account.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to Trusts on the form and content of annual Quality Reports – we have produced our annual Quality Account in compliance with these requirements, and in doing so has consulted with key stakeholders.

The Account includes a summary of the arrangements in place to assure the Board that the reporting of quality presents a balanced view and that appropriate controls are in place to ensure the accuracy of data.

The Trust has in place a number of systems and processes to ensure that we are focusing upon the right quality indicators and that quality reports are integral to the overall performance monitoring of the Trust. This is led by executive leadership to ensure that quality and other performance information is triangulated and presented in a balanced view.

Quality indicators are based upon a range of sources, including regulatory, national, best practice and locally agreed improvement targets. Many indicators are established internally in collaboration with clinical services to help achieve the highest possible standards of quality and care.

All quality metrics have systems to appropriately capture the information, analyse and onward reporting to the applicable stakeholders, including internally (the Board, Care Group Performance Subcommittees) or externally (for example NHS Improvement and local commissioners). Our Quality Account is available in Appendix 1 of the Annual Report.

We launched our new Quality Framework in September 2018; it supports our vision and focus on making a difference to patients and their families and brings together how the Trust delivers Great Care in a way that is clear to patients, staff and our stakeholders

At the centre of the Framework is a formula designed to be easy for patients and staff to remember and relate to: SEE (Safe, Effective, Experience).

The Framework sets out:
- what quality means to Solent, its patients and staff in terms of Safe, Effective and Experience (SEE)
- the pivotal role our staff play and how we support them to deliver Great Care
- how we check the quality and standards of care in our services
- how we use innovation, research and organisational learning to continually improve
- governance, risk management and leadership arrangements for quality, and
- how we talk about quality at all levels of the Trust

Significant Issues during 2019/20

As part of its role in ensuring effective direction of the Trust, the Board continuously seeks assurances on the detection and management of significant issues. As Accountable Officer, I ensure that Board members are apprised of real or potential significant issues on a no-surprises basis, both within formal Board meetings and as required between meetings. Electronic briefings are circulated to Non-executive Directors to inform them of any emerging issues in between Board meetings as appropriate. The Board Assurance Framework is updated to reflect significant issues and the mitigation thereof.

In year the following significant issues occurred:

- The unprecedented national incident concerning **Coronavirus COVID-19** obviously impacted our ability to maintain service provision to our normal commissioned levels. Like all front line services, we have had to be adaptive and flexible, working with our partners to meet the demands of the situation. This has meant making some difficult and challenging decisions at times, and has resulted in needing to redeploy and train our staff accordingly. Working with our Local Counter Fraud Specialist, we have also been mindful that some will undoubtedly exploit the situation for their own gain – we therefore acknowledge the need to maintain robust internal controls during the crisis. We have also ensured stringent risk management oversight processes in light of potential impacts to service quality and safety as a result of operational changes.

  The wellbeing of our workforce throughout the period has been, and continues to be, of paramount importance to us and we are cognisant of the need to support the organisation, colleagues and wider community to 'recover' from the pandemic during the months ahead.

- Like many NHS organisations, and even before the COVID-19 outbreak, a number of our services experienced **staffing pressures** due to sickness, vacancies and difficulties recruiting due to national staff shortages – particularly within our Mental Health Services and Community Adults teams. This has resulted in a reliance on agency staff, as well as our own bank staff. Workforce controls continue to be implemented including ensuring the vast majority of temporary staff are sourced through our in house bank, and where necessary block booking agency which has provided additional assurance in terms of the quality of temporary staff supply. We have seen some success with our controls, however we are always looking for more ways to improve this. Where we know we will have continued staff shortages and recruitment challenges, we are considering alternative staffing models and development packages. Our recruitment and retention programme has included innovative recruitment approaches and development programmes which will to help us 'grow' from within and provide innovative career pathways. We will continue to look for alternative solutions to simply recruiting more of the same, especially where these are within national shortage occupations. We will continue to grow our apprenticeship offer as a way to develop our existing workforce and look at how we reach more potential applicants

- We continued to operate in **challenging financial times** with a target to achieve a breakeven Control Total and a £8.1m efficient savings programme target. In year we encountered a number of financial related risks as summarised below:
  - in relation to the Hampshire & IOW STP and **related system financial pressures** including expectations to work together to reduce costs which could significantly destabilise Solent services and impact on neighbouring system partners as well as adversely affecting the quality of our service offer
  - we know our **IT expenditure** has identified us as an outlier – consequently we are further exploring opportunities for cost, efficiency and service improvement whilst considering our future IT and digitalisation strategy in accordance with requirements and aspirations of the NHS Long Term plan. Wherever possible we will look to work with system partners to maximise efficiencies and accessibility
  - we have ensured we kept a robust record of all **COVID-19 related expenditure** which is being recovered from Regulators on a timely basis.

- We continued to constructively support **system working** as part of our involvement with the Sustainability and Transformation Partnerships (STP) and developing Integrated Care Systems (ICS), particularly in the support of hospital admission avoidance and discharging medically fit patients from the acute sector. However (and before the COVID-19 crisis), the system is not yet in financial balance resulting in pressures in some community services - this was particularly evident during the period of the national and well publicised winter pressures.

- In the summer 2019 we informed Portsmouth Health and Overview Scrutiny Panel (HOSP) of our plans to redevelop **Jubilee House** as the environment is no longer fit for purpose. Consequently we have reshaped our clinical model and are working to relocate the service.

- **Operational Performance** was also impacted in year as summarised as follows;
  - We operate a few **small scale services,** meaning that service delivery can be fragile and unstable if we experience periods of unscheduled sickness and absence, or when staff chose to leave the organisation. We continue to work with commissioners and partners to ensure we can proactively provide sustainable pathways and services to our service users. The Commercial Group have a risk based oversight of plans to sustain services.
  - We recognise the **demand and capacity mismatch** and subsequent pressures this puts on our services. In some of our services we continue to see **longer than acceptable waiting lists,** for example within our Speech and Language Therapy Services. We continue to redesign services and work with commissioners to reduce waits. We also have escalation policies when individuals waiting find their needs have become more urgent.
  - We continue to work with the local **wheelchair provider** and the commissioners to reduce the delays experienced by our patients, particularly our 0-19 service users, when waiting for the supply of wheelchairs and other bespoke equipment. We continue to be discussion with the wider HIOW system to assist in reaching resolution to this complex issue, as well as NHS England and NHS Improvement.
  - the national emergency in relation to COVID-19, has also meant that we have had to **suspend normal operations in some of our services** to allow us to redeploy staff as needed to support the front line response. Where service changes occurred we completed a Quality Impact Assessment and are continuously reviewing and monitoring any potential patient safety indicators. We have kept commissioner colleagues informed during the process and will continue this engagement, and with our partners, as part of our recovery programme.

- Following our CQC inspection we received one **Requirement Notice** for a breach of Regulation 12(2)(g): the proper and safe management of medicines, in one small discrete location. We have implemented a robust action plan to address this finding together with other 'should do' findings. Further information about our inspection can be found within the Quality Account and we look forward to welcoming back the CQC inspection team in due course.

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their Annual Audit Letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee, Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following key processes have been applied in maintaining and reviewing the effectiveness of the system of internal control:

- a review of committee governance by the Governance and Nominations Committee. The Board consider recommendations made by the committee and is ultimately responsible for approving and monitoring systems to ensure proper governance and the management of risk
- reviews of key governance documentation such as Standing Orders, SFIs, Scheme of Delegation and the Board Assurance Framework
- the oversight by the Audit & Risk Committee of the effectiveness of the Trust's systems for internal control, including the Board Assurance Framework (BAF). In discharging their duties the committee takes independent advice from the Trust's internal auditors (PwC) and external auditors (Ernst & Young). The BAF is also reviewed and challenged by the Board and updates are presented via the Chief Executive's report to the Board
- the internal audit plan, which has been adapted in year to address areas of potential weakness in order that the Trust can benefit from insight and the implementation of best practice recommendations and the findings of relevant internal audits
- the scrutiny given to the Clinical Audit Programme by the Audit and Risk Committee
- the Trusts self-assessment against NHSI's and CQC Well Led Framework and associated action plan
- the scrutiny given by the Mental Health Act Scrutiny Committee in relation to the implementation of the Mental Health Act, and
- the review of serious untoward incidents and learning by SI and, Learning from Death Panels and Service Line Clinical Governance Groups.

The Head of Internal Audit Opinion (HOIA) concluded an opinion of 'Generally satisfactory with some improvements required'. It was noted however, that there are some areas of weakness and as such the Trust is actively addressing these. Of particular note are the findings and recommendations raised within the IT Asset Management, E-rostering and the Medicine and Pharmacy Management Audits, all of which were classified as high risk. We are actively adressing all recommendations made by our auditors across all audits conducted and track progress with regular reports to overseeing Committees.
The HOIA also highlights areas of good practice identified as a consequence of our auditors reviews.

I therefore believe that the necessary arrangements are in place for the discharge of statutory functions, that the Trust is legally compliant and there are no irregularities.

Conclusion

In conclusion, and in acknowledgment of the referenced significant issues, I believe Solent NHS Trust has a generally sound system of internal controls that supports the achievement of its objectives.
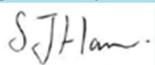
Sue Harriman
Chief Executive Officer
Date: 19th June 2020

Statement of Chief Executive's responsibilities as the Accountable Officer of Solent NHS Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

- value for money is achieved from the resources available to the trust;

- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.
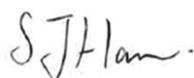
Sue Harriman
Chief Executive Officer
Date: 19th June 2020

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

We have complied with HM Treasury's guidance on cost allocation and setting charges for information as required.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the trust's performance, business model and strategy. A statement regarding the going concern position in relation to the accounts can be found within Section 3.

## Disclosure of information to auditors

The directors confirm that, so far as we are aware, there is no relevant audit information of which the trust's external auditors are unaware. We also confirm that we have taken all steps that we ought to have taken as directors in order to make ourselves aware of any relevant audit information and to establish that the auditors are aware of that information.

By order of the Board
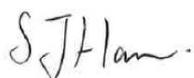
Sue Harriman
Chief Executive Officer
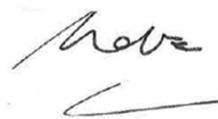
Date: 19th June 2020

Andrew Strevens
Chief Finance Officer and Deputy CEO

Date: 19th June 2020

Remuneration and Staff Report

Remuneration Report

Remuneration of the Chief Executive and Directors accountable to the Chief Executive is determined by the Remuneration Committee.   The terms of reference of this Committee comply with the Secretary of State's "Code of Conduct and Accountability for NHS Boards".

The Remuneration Committee met 6 times as a Committee during 2019/20 (including twice via teleconference).

The committee considers the terms and conditions of appointment of all Executive Directors, and the appointment of the Chief Executive and other Executive Directors.

All Non-executive Directors and the Chair are members of the Committee. The Chief Executive, Chief People Officer, and Chief Finance Officer may attend the meetings by invitation, but are not members of the Committee.

The attendance by members is detailed below:

Member	Date of Meeting					
	17/06/2109 (teleconf.)	15/07/2019	16/09/2019	30/09/2019 (teleconf.)	18/11/2019	06/01/2020
Catherine Mason	✓	✓	✓	✓	✓	✓
Mick Tutt	✓	✓	✓	✓	✓	✓
Jon Pittam	✓	✓	✓	✓	✓	✓
Stephanie Elsy	✓	✓	✓	✓	✓	✓
Mike Watts	✓	✓	✓	✓	✓	✓
Gaurav Kumar					✓	✓
Thoreya Swage*						Attended as Associate NED

Key: ✓ = in attendance   x =apologies * Thoreya Swage held a Trust appointment from 01/01/20 to 31/01/20 as an Associate NED

Although the Remuneration Committee has a general oversight of the Trust's pay policies, it determines the reward package of Senior Managers only. All Senior Managers are Executive Directors. Other staff are covered either by the national NHS Agenda for Change pay terms or the national Medical and Dental pay terms.

In year the Committee:

- were briefed on the Agenda for Change Pay Deal and Gender Pay Gap reporting
- discussed and agreed remuneration matters concerning executive pay and in light of executive appraisals
- were consulted on and apprised of the national pension taxation matters and were briefed on implications for the Trust including local/system policy developments
- were briefed on the renegotiation of the Junior Doctors Contract and outcome of the referendum of BMA members in the summer of 2019
- requested that the Workforce and OD Committee seek assurance regarding Employee Relations cases
- ratified the recommendations made by the Clinical Excellence Awards Panel, and
- were briefed on remuneration changes to Non-executive Directors and the Chair following the implementation of NHS Improvement and NHS England's '*A new remuneration structure for provider chairs and Non-executive Directors'.*

Senior Managers Remuneration Policy

Our policy on the remuneration of senior managers for the current and future financial year is based on principles agreed nationally by the Department of Health taking into account market forces and benchmarking. During 2019/20 NHS Improvement undertook a benchmarking exercise on Executive Director and Non-Executive Director pay, which has been used to review remuneration of the Chief Executive and Executive Directors.

Senior managers pay includes the following elements as set out by the Department of Health: Basic Pay, Additional Payments in respect of Recruitment and Retention, and Additional Responsibilities. All Recruitment and Retention additions are subject to benchmarking, whilst additional responsibilities additions are awarded in line with the requirements of the Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts and Guidance on pay for Very Senior Managers in NHS trusts and Foundation trusts.   All elements of the executive directors' remuneration package are subject to performance conditions and achievement of specific targets. No Directors are currently being paid a performance bonus.

One Director received a salary in excess of £150,000. Paying a salary above this threshold has been agreed by the Trust Remuneration Committee, NHS Improvement Remuneration Committee and the Secretary of State for that Director.

Individual annual appraisals assess achievements and performance of Executive Directors. They are assessed by the Chief Executive and the outcome is fed back to the remuneration committee. Individual executive performance appraisals and development plans are well established with in the Trust and follow agreed Trust procedures. This is in line with both Trust and national strategy.

The Chair undertakes the performance review of the Chief Executive and Non-Executive directors.

Our Non-Executive Directors, including the Chairman, are paid the rates set by the Secretary of State and NHS Improvement.

The salary, emoluments, allowances, exit packages, and pension entitlements of the Trust's Senior Managers are detailed in the following sections.

Service Contract Obligations

All senior manager contracts require them to meet the Fit and Proper Persons requirements specified in Section 7 of the Health and Social Care Act 2008. Failure to do so would be considered a breach of their contractual terms.

Loss of office payment for Senior Managers are determined in accordance with Sections 14-16 and 20 of the NHS Terms and Conditions of Employment.

Duration of Contracts

All Executive Directors are employed without term in accordance with the Trust Recruitment and Selection Policy.

All Executive Directors are required to give six months' notice in order to terminate their contract. Termination payments are on the grounds of ill health retirement, early retirement, or redundancy on the same basis as for all other NHS employees as laid down in the National Terms and Conditions of Employment and the NHS Pension scheme procedures.

Within the 2019/20 financial year there has been no early terminations of Executive Directors and no non contractual payments have been made.

The Chairperson and Non-Executive Directors are appointed on terms set by the Secretary of State. They are office holders and as such are not employees, so are not entitled to any notice periods or termination payments.

Awards made to previous Senior Managers

There have been no awards made to past Senior Managers in the last year and therefore no provisions were necessary.

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

Fair pay multiples (audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director/Member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director/member in Solent NHS Trust in the financial year 2019/20 was £170k-£175k (2018/19, £170k-175k). This was 5.6 times (2018/19, 5.8* times) the median remuneration of the workforce, which was £30,344.52 (2018/19, £29,286).

In the 2019/20 one (2018-19, one) employee received remuneration in excess of the highest paid director/member. Remuneration ranged from £16k to £187k (2018/19, £15k to £185k).

In the 2019/20 one (2018-19, one) employee received remuneration in excess of the highest paid director/member. Remuneration ranged from £17k to £186k (2018/19, £15k to £185k).

Total remuneration includes salary, non-consolidated performance related pay, benefits in kind, but does not include severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

 When calculating the median figure, individuals employed via a bank contract who did not work on the 31st March 2020 have been excluded; together with employees who left prior to the April 2020, honorary appointments, Non-executive directors who receive allowances only, individuals who are undertaking training in receipt of a training allowance only and individuals who were not directly employed by the Trust.

The pay of Very Senior Managers is being impacted by the restrictions placed on pay rises for this group of staff. The majority of Very Senior Managers have only received a small pay increase last year, having not received any pay increases for several years prior to this, whilst other staff groups are receiving annual cost of living pay rises. As a result more staff are closing the gap between their pay and that of the highest paid Director.

*The calculation for 2018/19 has been amended to include decimal places to ensure comparative reporting with the current financial year and in accordance with the salaries included with the 'Salaries and allowances 2019/20' table, within the Remuneration Report.

Exit packages (audited)

Changes have continued to take place within the organisation in the 2019/20 financial year and whilst we endeavour to do all we can to ensure the continued employment of our staff there have been 9 severance payment totalling £253,054 made in the year. This payment relates to compulsory redundancies. The payment does not relate to senior managers as detailed in the accounts. In addition 7 payments in lieu of notice have been paid. All payments have been made in accordance with the NHS Pension Scheme procedures and National Terms and Conditions, as a result Treasury Approval has not been required.

Exit Packages agreed in 2019-20 – Table 1

Exit Package cost band (including and special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£s	Number	£s	Number	£s	Number	£s
Less than £10,000			0		0		0	
£10,000 - £25,000	4	67,390	0		0		0	67,390
£25,001 - £50,000	4	133,577	0		0		0	133,577
£50,001 - £100,000	1	52,087	0		0		0	52,087
£100,001 - £150,000			0		0		0	
£150,001 - £200,000			0		0		0	
>£200,000			0		0		0	

This note provides an analysis of Exit Packages agreed during the year. Redundancy and other departure costs have been paid in accordance with the provisions of the NHS redundancy arrangements. Exit costs in this note are the full costs of departures agreed within the year. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period. The following table reports the number and value of exit packages agreed in the year.

Analysis of Other Departures – Table 2

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice *	7	27
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval **		
Total	**7**	**27**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total number in table 1 which will be the number of individuals.

*: any non-contractual payments in lieu of notice are disclosed under "non-contractual payments requiring HMT approval".

**: includes any non-contractual severance payment made following judicial mediation, and no amount relating to non-contractual payments in lieu of notice.

No non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary. The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

Off payroll engagements

The Government has reformed the Intermediaries legislation, introducing Chapter 10 Part 2 Income Taxes (Earnings and Pensions) Act 2003 (ITEPA 2003) supporting Chapter 8 Part 2 ITEPA 2003, often known as IR35. The legislation for the off-payroll working rules within the Public Sector applies to payments made on or after 6 April 2017. Under the reformed legislation the Trust must determine whether the rules apply when engaging a worker through a Personal Service Company (PCS).

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, Trusts must publish information on their highly paid and senior off-payroll engagements

In accordance with the DHSC Group Accounting Manual 2019/20, all public bodies are required to publish the following information within their 2019/20 Annual Report.

Off payroll engagements in place as at 31/03/20, for more than £245 per day that last longer than six months	
Total number of existing off pay scale engagements in place as at 31st March 2020	7
Of which, the number that have existed for:	
less than one year at the time of reporting	1
between one and two years at the time of reporting	6
between two and three years at the time of reporting	0
between three and four years at the time of reporting	0
four or more years at the time of reporting	0

A review of all off-payroll engagements has been undertaken, and assurance has been sought on all contracts to ensure the individual is paying the right amount of tax. As a result the Trust believes it is fully compliant with the requirements.

All new off-payroll engagements or those that reached six months in duration between 01/04/19 31/03/20, at a rate of £245 or more per day and that last longer than six months	
Number new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	11
Of which number assessed as:	
caught by IR35	0
not caught by IR35	11
Number engaged directly (via PCS contracted to Trust) and on the Trust's payroll	0
Number of engagements reassessed for consistency/ assurance purposes during the year	11
Number of engagements that saw a change to IR35 status following the consistency review	0

For all new appointments an IR35 assessment has been undertaken prior to commencement of a contract.

Off payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 01/04/19 and 31/03/20.	
Number of off-payroll engagements of board members, and or senior officers with significant financial responsibility, during the year	0
Number of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officers with significant financial responsibility during the financial year. This figure includes both payroll and off-payroll engagements	8

Period and details of the exceptional circumstances that led to this appointment and period of appointment: There were no off payroll engagements of board members and or senior managers.

Expenditure on consultancy

During the 2019/20 financial year £440k was spent on consultancy.

Salaries and allowances 2019/20 (audited)

Name and Title	(a) Salary and fees including R&R (bands of £5,000) £000	(b) Expense Payments (taxable) (total to nearest £100 £00	(c) Performance Pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension-related benefits (bands of £2,500 £000	Total (a to e) (bands of £5000 £000
S Harriman – Chief Executive	170-175	3-4	0	0	75-77.5	245-250
A Strevens – Chief Finance Officer	125-130	1-2	0	0	27.5-30	150-155
H Ives – Director of People Services	110-115	1-2	0	0	25-27.5	140-145
D Meron – Chief Medical Officer* + Resigned 30/11/19	90-95	1-2	0	0	132.5-135	225-230
J Prosser – Interim Medical Director** Commenced 01/12/19	45-50	0-1	0	0	0	40-45
S Austin – Chief Operating Officer Portsmouth & SE Hampshire and Director of Commercial Services – Resigned 26/04/202	115-120	0	0	0	22.5-25.	140-145
D Noyes – Chief Operating Officer Southampton	110-115	2-3	0	0	25-27.5	140-145
J Ardley – Chief Nurse	110-115	1-2	0	0	0	110-115
C Mason – Chair Commenced 01/04/19	35-40	2-3	0	0	0	35-40
M Tutt – Non Executive Director - Resigned 31/01/20	5-10	4-5	0	0	0	5-10
J Pittam – Non Executive Director	5-10	1-2	0	0	0	5-10
S Elsy – Non Executive Director	5-10	1-2	0	0	0	5-10
M Watts – Non Executive Director	5-10	0-1	0	0	0	5-10
G Kumar – Non Executive Director. Commenced 09/10/19	0-5	0-1	0	0	0	0-5
T Swage – Non Executive Director *** Commenced 01/02/20	0-5	0-1	0	0	0	0-5
F Davis – Non Executive Director Resigned 03/06/19	0-5	0	0	0	0	0-5

Note taxable expenses and benefits in kind are expressed to the nearest £100.

Pension benefits are calculated using the method set out in section 299 of the Finance Act 2004 as amended by the Large and Medium-sized Companies and Groups (Accounts and Reports) Amendment Regulations 2013.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase/decrease due to a transfer of pension rights.

The value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

For individuals who joined or left the Trust part way through the year, the full time equivalent salary plus any additional remuneration, excluding severance payments have been used to calculate the rate of payment.

+ The total pension's benefits for D. Meron are based on the total pensionable pay for the year and will include pensionable pay received for his new role at Somerset NHS Foundation Trust. This has contributed towards the year on year increase.

* the Chief Medical officer role is combined with clinical duties. These figures include £40-£45k (expressed in bands of £5,000) relating to clinical duties.

** The Interim Medical Officer role is combined with clinical duties. These figures include £20k-£25k (expressed in bands of £5,000) relating to clinical duties.

*** T Swage held a Trust appointment from 01/01/20 to 31/01/20 as an Associate Non-Executive Director, before commencing her substantive Non-Executive Director position

Previous year Salaries and allowances - 2018/19

Name and Title	(a) Salary and fees including R&R (bands of £5,000) £000	(b) Expense Payments (taxable) (total to nearest £100 £00	(c) Performance Pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) 0ther payments (bands of £5,000) £000	(f) All pension-related benefits (bands of £2,500 £000	Total (a to f) (bands of £5000 £000
S Harriman – Chief Executive+	170-175	3-4	0	0	0	25 – 27.5	195-200
A Strevens – Chief Finance Officer	120-125	1-2	0	0	0	27.5 – 30	145 - 150
H Ives – Director of People Services	110-115	1-2	0	0	0	22.5 -25	130 - 135
D Meron – Chief Medical Officer*	135-140	1-2	0	0	0	0	135 - 140
S Austin – Chief Operating Officer Portsmouth & SE Hampshire and Director of Commercial Services	115-120	0	0	0	0	82.5 – 85	200 - 205
D Noyes – Chief Operating Officer Southampton	110-115	2-3	0	0	0	30 – 32.5	140 - 145
J Ardley – Chief Nurse	110-115	3-4	0	0	0	0	110-115
A Stokes – Chairman Retired 31/03/19	30-35	0	0	0	0	0	30-35
M Tutt – Non Executive Director	5-10	4-5	0	0	0	0	5-10
F Davis – Non Executive Director	5-10	0	0	0	0	0	5-10
J Pittam – Non Executive Director	5-10	1-2	0	0	0	0	5-10
M Watts – Non Executive Director	5-10	1-2	0	0	0	0	5-10
S Elsy – Non Executive Director.	5-10	0-1	0	0	0	0	5-10

+   The salary and fees comparative has been adjusted by £15,500 from that reported last year to reflect a payment made in 2019/20 for services provided in 2018/19.

*   The Chief Medical officer role is combined with clinical duties. These figures include £45k-50k (expressed in bands of £5,000) relating to clinical duties.

Pension benefits 2019/20 (audited)

Name and title	(a) Real increase in pension at age 60 (bands of £2,500) £000	(b) Real increase in pension lump sum at aged 60 (bands of £2,500) £000	(c) Total accrued pension at age 60 at 31 March 2020 (bands of £5,000) £000	(d) Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000) £000	(e) Cash equivalent Transfer Value at 1 April 2019 £000	(f) Real increase in Cash Equivalent Transfer Value £000	(g) Cash equivalent Transfer Value at 31 March 2020 £000	(h) Employers Contribution to Stakeholder Pension to nearest £100 £000
S Harriman - Chief Executive Officer	2.5 - 5.0	2.5 - 5.0	40 - 45	75 - 80	649	63	755	0
A Strevens - Chief Finance Officer	0.0 - 2.5	0	20 - 25	0	271	17	312	0
D Meron - Chief Medical Officer, Resigned - 30/11/19	5.0 - 7.5	10 - 12.5	40 - 45	115 - 120	798	135	966	0
D Noyes - Chief Operating Officer Southampton	0.0 - 2.5	0	10 - 15	0	154	15	189	0
H Ives - Chief People Officer	0.0 - 2.5	0	5 - 10	0	38	5	61	0
S Austin - Chief Operating Officer Portsmouth, Resigned- 26/04/202	0.0 - 2.5	0.0 - 2.5	60 - 65	105 - 110	1,047	29	1,120	0
J Prosser - Acting Chief Medical Officer, Commenced – 01/12/19	0.0 - 2.5	0.0 - 2.5	70 - 75	220 - 225	1545	0	1,630	0
J Ardley – Chief Nurse *	0.0	0	0	0	0	0	0	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

*The Chief Nurse is not in the NHS Pension scheme or alternative pension scheme so no values are appropriate

The method used to calculate CETVs changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019. This does not affect the calculation of the real increase in pension benefits, column (a) and (b) of the table above or the Single total figure table, column (e) of table above. None of the individuals in the table above were entitled to a GMP and so the methodology change has no impact for the Trust.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Staff Report

Our Staff

At 31 March 2020 we employed 5288 clinical and non-clinical members of staff (including part time and bank staff) this equates to 3026.15 Full time Equivalents (FTE) who contribute to providing high quality patient care across our local communities. Our team members bring innovations in care to people who use our services, deliver enhanced efficiency and continuously improve to meet national and local quality targets. Most of our people are permanently employed in clinical roles and deliver patient care either directly or indirectly. We also employ a number of administrative and estates staff members who provide vital expertise and support.

The following table provides a breakdown of our Solent NHS Trust team at the end of the year, March 2020

	Female FTE	Female %	Male FTE	Male %	Total FTE
Admin and Estates	308.09	75.61%	99.39	24.39%	407.48
Director	4.00	57.14%	3.00	42.86%	7.00
Healthcare Assistants and other support staff	880.71	88.89%	110.03	11.11%	990.74
Managers and senior managers	49.51	62.04%	30.13	37.96%	84.64
Medical and dental	96.73	73.99%	33.01	26.01%	130.74
Nursing and midwives	715.51	91.74%	64.48	8.26%	780.99
Scientific, Therapeutic and Technical	182.29	88.43%	23.85	11.57%	206.14
Allied Health Professionals	362.61	85.74%	60.29	14.26%	422.90
Qualified Ambulance Service Staff	2.53	100.00%	0.00	0.00%	2.53
Total	2601.97	85.98%	424.18	14.02%	3026.15

Our workforce is largely female (85.92%) and this is the predominant gender in all of the staff groups. We publish our Gender Pay Gap report (available on our website).

The average (mean) hourly rate for our female employees in this organisation is 14.3% lower than for our male employees (15.3% in 2018/19), and so we have improved on this calculation. However, the median calculation (the average hourly rate at the mid-point for each gender) is only 1.2% lower for females. In 2017/18 it was 0.4%.

Whilst we compare favourably with the national average there is clearly further work to be done to close the gap and we are committed to do so. Our gender pay gap exists largely because we have a greater number of women in the workforce with a higher proportion in our lower level roles. We remain committed to the Equality and Diversity agenda and to strengthening inclusive people practices across the Trust, and will continue to work on reducing the gender pay gaps.

The following tables provide detail on staff numbers and expenditure. These staff numbers represent average figures for the year and the expenditure is for full year.

Average staff numbers during 2019/20 period	Permanent Number	Other Agency Number (inc. bank staff	Total Numbers
Admin and Estates	392	30.4	422.4
Director	7		7
Healthcare Assistants and other support staff	972.7		972.7
Managers and senior managers	76.5		76.5
Medical and dental	128.8	10	138.8
Nursing and midwives	779	131.3	910.3
Scientific, Therapeutic and Technical	188.1		188.1
Allied Health Professionals	423.7	10	433.7
Qualified Ambulance Service Staff	2.7		2.7
Other		11.9	11.9
Total	2970.5	193.6	3164.1

Employee Benefits - Gross Expenditure (audited)	Permanent £000s	Other Agency £000s	Total £000s
Salaries and wages	103,799	4,665	108,464
Social security costs	9,667		9,667
Apprenticeship levy	502		502
Employer Contributions to NHS BSA - Pensions Division	19,169		19,169
Other pension costs	32		32
Termination benefits			
Total employee benefits	133,169	4,665	137,834
Employee costs capitalised	276		276
Gross Employee Benefits excluding capitalised costs	132,893	4,665	137,558

Despite on-going challenges with regards to recruitment in certain professional disciplines and particular areas, the overall level of vacancies was just 1.4% of the total workforce (March 2020). The table below highlights the concerted effort and focus that has gone into recruitment over the year to bring the vacancies down.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vacancies %	6.6%	7.3%	6.5%	5.6%	6.2%	4.6%	3.3%	2.8%	2.6%	1.8%	1.8%	1.4%

The demand for bank and agency staff remains high and the amount of spend on bank and agency is 7.6% of the total pay bill. This is reflective of patient demand for health and social care services,

coupled with national staffing shortages across a range of professional groups, particularly mental health.

The Trust agency ceiling is set at £3.3 million for the year and our spend is above the ceiling at £4.6 million. Whilst the work to bring down agency has been taking place throughout the year, we saw in March 2020, an almost doubling of our agency staffing as the Trust felt the effects of COVID-19. This agency staffing was to combat the rising level of absence related to COVID-19, in both staff needing to shield or isolate, and those who were unwell as a result of this virus.

Our Solent Trust in house bank work hard to ensure that agency usage is reduced to the lowest level possible, their efforts have meant that our own bank staff have filled 66.5% of requirements across the year.

Staff retention programme

In 2019/20 we have continued to make good progress with this programme. We were pleased that our annual nursing turnover continues to reduce, building on the work of 2018/19, from 14.4% in March 2019 to 14.1% in March 2020; a reduction of 0.3%. We have been working with service lines and engaging with groups of staff across the organisation to understand the root causes of staff turnover.

We have made progress on our priorities as follows:

- Recruitment – we continued to improve and promote our brand, working across a range of platforms such as NHS Jobs, LinkedIn, Facebook and Twitter, to connect with a wider range of potential candidates.
- Flexible working arrangements - we continue to accommodate flexible working across the organisation which is supported via our Flexible Working Standard Operating Procedures. During the COVID-19 pandemic, we have seen a much higher proportion of working from home, and adapting their working patterns to help manage home and work life as schools and local facilities are closed.
- Training of our managers in Leadership & Development. Across the year we have engaged managers and leaders in a range of programmes across the year. There were a total of 406 attendances at 15 different types of session, including 3 attending degree apprenticeships. Some of these programmes are organised centrally (such as Leading with Heart), and a number of these are arranged locally, within care groups and services. This allows programmes to be focussed and personal.
- Reward and Recognition – we launched our Solent Awards website in July 2019 http://www.solentawards.nhs.uk/. The awards give people the opportunity to nominate a whole team, an individual person or an outstanding manager on a monthly basis. The site is open for anyone to nominate & vote including our patients, service users and families. People vote for the winner by simply clicking the 'thumbs up' icon under each category. There is also a 'directors' choice' award which can come from any category.
  - o Staff received a personalised letter from our CEO, Sue Harriman, which includes their nomination text. They also receive a certificate signed by Sue along with badges for the individual and manager categories and a trophy for the team category. In all, 38 awards have been given out so far.
- Our Induction programme is attended by all new starters, normally on their first day of working with us. It is open to permanent staff as well as bank, contractors and volunteers. The aim of the day is to ensure people feel valued and welcomed into the Trust and leave feeling they have

made the right decision to join us. At the events, new starters receive their personal ID badge, Smart card, laptop and/or phone if required for the role. They are also offered the flu jab during the flu season. Some of the comments we have received in the last year six months have been:

- o 'very welcoming first day, thank you'
- o 'very friendly and supportive welcome to the Trust. I left feeling excited about my new role'
- o 'much more engaging than other inductions I have been on'
- o 'most organised and informative start to an NHS job I have had'
- o 'I really like the focus on self-care and inclusion. A good balance of sharing information that is needed without being swamped!'

We will continue to focus on staff recruitment and retention into 2020/21.

Employee Engagement & Staff Survey

There is a clear relationship between employee satisfaction and patient satisfaction and we recognise that the highest quality of care for patients is delivered through a high quality and engaged workforce where people feel empowered to really make a difference.

Employee Engagement Events in 19/20

We increased the number of Schwartz Rounds that are held across the Trust. These give people the opportunity to share and reflect on their experiences.

In October we held our first MenoPause event led by our CEO, Sue Harriman. The event involved colleagues coming together to talk about how the menopause has affected them or someone they know. Staff valued the opportunity to talk freely about an often 'taboo' subject and there are plans to provide further support in the future.

Solent Year of the Nurse Award winner Vanessa Bull, Learning Disability Nurse with Sue Harriman CEO

We have empowered and supported people to celebrate the difference they make. In 2019 we held a Celebration of Nurses Day in May and an Allied Health Profession Conference in October. We also held our inaugural Non-Clinical Staff Celebration Day in March 2020

You can read more about our celebration events winners via our website:

http://www.solentawards.nhs.uk/winners/

We launched the NHS Rainbow Badge initiative in Solent in July 2019. The badge supports our commitment to inclusion and our support for LGBT+ colleagues, patients and visitors.

We have brought together people to create employee resource groups, including networks for DisAbility, LGBT+ Allies, Multi-Faith and BAME staff – you can read more about this in our Equality, Diversity and Inclusion section.

Our 2019 NHS Staff Survey

The 2019 Annual Staff Survey was carried out again by Quality Health. Our response rate was the highest we have ever achieved at 63%, 2149 people completed the survey which is a 4% increase from 2018. Compared to other combined Community, Mental Health and Learning Disability Trusts we scored better than average in 10 out of the 11 themes, and amongst the top scoring overall in 5 out of the 11 themes.

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

For the third year running we have, again, been placed as 'best in class' on the 2018-19 Listening in Action (LiA) national 'scatter map in our Mental Health, LD and Community category for our above average and positive trends.

Areas of Focus in 2020

There is still more work to do to support our strategic priority of being a great place to work and each service line will be developing a clear plan, which will be monitored through our governance process. We will continue the work we have been doing including our top three priorities:

1. To support all our people with their 'self-care' as by helping people to look after themselves they can better care for their service users/patients and support their colleagues.
2. To value and encourage the learning which can take place in the workplace as opposed to classroom based learning alone. Our people are empowered to drive their own development with support from the organisation
3. Building greater compassion and inclusivity into our leadership capability which in turn helps to build the right culture through our HEART values for our people and our service users/patients.

2019 NHS Staff Survey results

NHS Solent NHS Trust

63% of people took part

up by 4% from 2018

7.3/10 Engagement score

Above the average of other comparable Trusts: **7.1**

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

Headlines

Strengths
90% of people who responded or more

I feel my role makes a difference to patients
90%

I've had an appraisal/annual review, in the last 12 months
95%

I am trusted to do my job
92%

I know how to report unsafe clinical practice
97%

I know who the senior managers in Solent are
90%

Solent takes positive action on employee health and well-being
94%

I had the opportunity to talk about the HEART values during my appraisal
92%

Solent encourages me to report errors, near misses or incidents
94%

Solent acts fairly with regards to career progression/ promotion
92%

Patient experience feedback is collected within my department
96%

Needs attention
50% of people who responded or less

I am able to meet all the conflicting demands on my time at work
43%

There are enough people working in Solent for me to do my job properly
35%

In the last three months I have come to work, despite not feeling well enough
47%

I have realistic time pressures
23%

I don't work additional unpaid hours
38%

Senior managers here involve people in important decisions
46%

Senior managers working in Solent act on feedback
48%

2019 comparison by theme results

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

2019 NHS Staff Survey theme results

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

Equality, Diversity and Inclusion

Equality, Diversity and Inclusion (EDI) are at the heart of the Trust's values. The Trust has a new Equality and Diversity Strategy and this has been designed to ensure that all service lines and corporate services are able to demonstrate advancement in equality of opportunity and meeting the Trust's obligations and duties under the Equality Act 2010, Public Sector Equality Duty, Workforce Race Equality Standard (WRES) and the Equality Delivery System 2 (EDS2). The Strategy has the following overarching objectives:

- We want to make it easy for our diverse communities to access our services.
- We want to recruit and retain the right staff from diverse communities.
- We want all our staff and those who use our services to be valued and respected as individuals.
- We want to offer and provide learning and development to our diverse workforce.

The Trust appointed a Strategic Lead and Head of Diversity and Inclusion in 2019 to ensure that this programme of work receives sufficient senior, strategic support. The Strategic Lead and Head of Diversity and Inclusion also works closely with the Community Engagement team to ensure that the Trust is representing the needs of its stakeholders.

All publically funded institutions have a duty to adhere to Public Sector Equality Duty, to:

- Eliminate unlawful discrimination
- Advance equality of opportunity
- Foster good relationships on the basis of protected characteristics

Regarding disabled employees or those who become disabled whilst working for us, we already provide support, training and make reasonable adjustments as necessary to ensure our staff can enjoy a fulfilling career with us. We continue to encourage and support applications for employment from all individuals. For applicants who disclose a disability, reasonable adjustments are put in place upon request and all appointments are based on merit.

Project concerning	Summary
EA	Conducting Equality Analysis (EA) when writing/revising policies and when making key decisions meets legal duties and had the additional benefits of ensuring that decisions impact in a fair way, are based on evidence, are transparent and provide an opportunity for partnership working. We are currently trialling an Equality Impact Assessment template that is undergoing iterative revision. There is additional work underway to secure an online training package to support staff on the completion of EAs to enable staff to feel confident and competent when completing one.
Community Partners Programme	In January 2020, our Diversity and Inclusion and Community Engagement teams worked together to deliver the launch of the Community Partners Programme. This event bought together staff and members of the community with the overall aim of working in partnership to improve the services that we provide for patients and their families.
Mental health	We have been running a pilot in Portsmouth, aiming to improve the mental health of residents by listening to the stories of those with lived experience. Early recommendations arising from the project have already been identified, including the need to further support and train community leaders and other agencies in being able to recognise mental illness in its initial stages to enable early intervention and continued engagement.
Nicholstown surgery	Within the area surrounding Nicholstown surgery in Southampton, we are piloting a project aimed at improving and sustaining outwardly focused, meaningful and value added engagement with a wider and more diverse range of community and service user groups. A deep dive into local public health information has also been undertaken and has highlighted a number of key areas of enquiry for the community engagement programme.

Our staff resource groups and events during 2019/20

There are now four staff resource groups;

- BAME
- Multifaith
- LGBT, and
- DisAbility

Their purpose is to support staff and act as a resource. All these groups have their own webpage and/or a social media presence.

The BAME group supported Black History Month in October 2019 with Don John, founder of Black History Month Southampton, coming to speak to our staff. In order to show support from senior leadership Pamela Permalloo-Bass, Strategic Lead for Diversity and Inclusion, and our Chair Catherine Mason, featured on Unity Radio to talk about inclusive recruitment for the position of a Non-Executive Director.

The DisAbility Resource Group was launched by holding a Schwarz Round called "What is reasonable anyway?". The event was extremely successful, receiving positive feedback as well as increasing group membership.

LGBT History Month (February) was used to launch the LGBT Resource Group and a Schwarz Round entitled "To thine own self be true", was held attended by the Board of Directors. This was followed by Solent Stories where LGBT staff and allies acted as "human books" and told their stories and answered any questions. The event promoted honest conversations amongst staff and further demonstrated our commitment to diversity and inclusion.

The Multi-faith group were established in 2019 and have already made a significant amount of progress. Working with the Trust Chaplain and our estates team they have managed to ensure that there are multi-faith rooms in the majority of our main sites being; Highpoint (our Headquarters), St Mary's Community Hospital, Western Community Hospital, Jubilee House and Royal South Hants Hospital. These rooms can also be used for self-reflection and are available for all staff.

Adjusting and responding to COVID-19

As with other areas within the Trust, during the last quarter of the year and in response to the COVID-19 crisis, we have adapted our work in response. A series of Parenting Zoom calls have been established on a weekly basis for our staff, some of whom are adjusting to homeworking, bringing parents together to share resources, tips and to provide support during the difficult time. A member of the HR team also attends these calls to enable support and quick resolution to any issues identified.

We have also been working with our Chaplain and Multi-faith group to send out messages over Easter and in preparation for Ramadan. Such messages have obviously had to be adapted to an online audience in order to comply with social distancing. We acknowledge the importance of sharing information with managers about how to support staff who may be fasting through Ramadan whilst there is a pandemic happening.

We know from national data that COVID-19 is affecting the BAME population disproportionately. We have proactively made enquiries to national WRES leaders to seek support for how best we can support our staff and wider community. On a local level a programme of work is being developed that will focus on translating national guidance into languages that are commonly used in Southampton, Portsmouth and the populations we serve – we will seek to share our learning with our partners.

Partnership Working

We pride ourselves on having developed excellent partnership arrangements with our staff side representatives.

This is formally supported within the Joint Consultative Committee (JCC) and the Joint Consultative and Negotiating Committee (JCNC). The local Doctors and Dentists Negotiating Committee (DDNC) specifically deals with matters for medical staff. We also have a Policy Steering Group to ensure that we continue to develop partnership arrangements when renewing and considering new policies that affect the workforce and wider external environment to ensure fairness and equity.

In 2019/20 we utilised Managers Forums to work with managers to develop policies and processes, gaining their input and insight into how to make things work for the day to day.

Sickness Absence

Sickness rates have fluctuated during the 12 month period between 4.4% - 5.2% ending the year higher than the last (5.2%, March 2020),and higher than our aspirational and challenging target of 4%. Mental Health conditions are the main reported causes of sickness at 31.4%; this is up 3.8% (from 27.6%) on the previous 12 month period.

March 2020 was affected by the Level 4 National Emergency, although a large portion of staff were absent related to COVID-19, there were a number of these working from home as they isolated or shielded during this time. Sickness rates have fluctuated throughout the 12 month period, with the peak being in March, 5.2%

The following graph represents sickness data from April 2018 to March 2019 and April 2019 to March 2020.
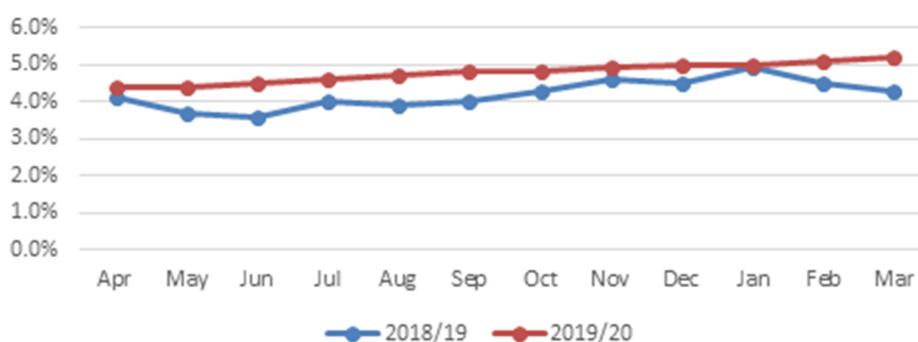
In response to sickness absence data, various initiatives have been implemented and evaluated to improve staff health and wellbeing. These include; Wellbeing champions within service, self-help tools, wellbeing advice in the workplace, wellbeing and lifestyle checks, stress buster sessions and mindfulness – you can read more in our Occupational Health section. Towards the end of the year, in March 2020, this support was stepped up again in support of COVID-19 and the effects on staff to include a telephone service to psychological support, coaching provision and Virtual sessions covering a range of topics such as yoga and guided mindfulness. We will continue to develop and evaluate wellbeing provisions in 2020/21.

Occupational Health and Wellbeing Service

A comprehensive health and wellbeing package of support and services is available to our workforce. We offer wide-ranging occupational health and wellbeing services provided by our in-house SEQOHS (Safe Effective Quality Occupational Health Service) accredited team, demonstrating our commitment to delivering safe, effective and quality occupational health services. Our Occupational health professionals have an active presence in services working alongside employees and managers to create a safe and healthy work environment where the health and wellbeing of employees is highly valued and encourages and supports employees to maintain and adopt healthy lifestyles. Our Employee Assistance Programme also offers important external support for people and their families, to include counselling services, resources and information across a wide range of wellbeing subject areas.

Over the past year we have developed our wellbeing self-help suite to help raise awareness amongst employees and to provide them with better access to preventative resources and knowledge of how to access additional support and services when required. There has been an increased use of different media to include e-communications, social media platforms in addition to face to face opportunities which are critical for Solent given its wide spread geographical area and the high importance of messaging about wellbeing.

We are proud to be able to offer our employees additional services this year through our newly appointed Wellbeing Practitioners who are available to offer employees a bespoke health and wellbeing resource. Our focus is keeping staff well at work through prevention, early intervention and rehabilitation to create and maintain a healthy lifestyle and encouraging long term behaviour change. We are now offering and continuing to roll out the following:

- As a Solent priority the Wellbeing Practitioners introduce our wellbeing services as part of our corporate induction for new staff establishing health and wellbeing as a priority from the start of employment in Solent.
- An easy to use wellbeing screening tool is now in use and introduced at employee induction and wellbeing training events
- Individuals can access a personal intervention programme to help them work on specific wellbeing goals and behaviour changes they want to make
- An increased number of wellbeing training and support programmes are now available for teams
- Programmes to support managers with undertaking wellbeing risk assessments and to help them establish sustainable wellbeing plans for their services is being rolled out
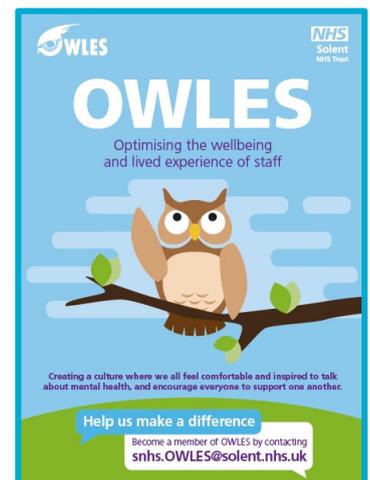
We have continued to focus on promoting a positive message around people with their own lived experience and this will be ongoing into 2020/21 as part of our health and wellbeing delivery plan. This year there has been an emphasis on mental health and menopause, with a number of campaigns and launch events supported by our executive team and health and wellbeing forum members. Next year we will be further developing these programmes and also introducing a lived experience programme relating to cancer care and work.

Exit Packages

Details of exit packages can be found on page 98.

Off payroll engagements

Details of off payroll engagement can be found on page 99.

External consultancy

At times it is necessary for us to make use of the skills of external consultants and at these times, we ensure that the arrangements comply with our standing financial instructions and offer good value for money. External consultancy is used within the Trust when we require objective advice and assistance relating to strategy, structure, management of our organisation, for example. The cost associated with consultancy can be found within the Remuneration Report.

NHS Constitution

The NHS Constitution was established in 2009 and revised in summer 2015. The constitution sets out the principles and values of the NHS. It also sets out the rights to which patients, service users, the public and staff are entitled, a range of pledges to achieve and the responsibilities which patients, service users, the public and staff owe to one another to ensure that the NHS operates fairly and effectively. We operate in accordance with the principles and pledges as set out in the NHS Constitution and undertake an annual review of our compliance, which is reported to our In-public Board meeting.

Health and Safety

We are committed to the health, safety and welfare of our colleagues, and third parties that work within our operational footprint and have remained compliant with Health and Safety legislation in year. We have not had any investigative proceedings undertaken in regards to breaches of health and safety legislative requirements, Regulatory Reform (Fire Safety) Order or the Environmental Protection Act and have not received any external visits from any external regulatory agency, as a result of a specific incident or complaint. The executive lead for the Health and Safety portfolio is the Chief Financial Officer and Deputy CEO. The Associate Director of Estates and Facilities chairs the Health and Safety Group, which meets quarterly to fulfil its statutory requirements with representation of both elected unionised representatives of employee safety and non-unionised employees, in accordance with the Safety Representatives and Safety committee Regulations, and the Health and Safety (Consultation with Employees).

Trade Union (Facility Time Publication Requirements) Regulations 2017

Information on the amount and cost of facility time given to Trade Union representatives as specified within the Trade Union (Facility Time Publication Requirements) Regulations 2017 is shown below:

Table 1: Relevant Union Officials

Number of employees who were relevant union officials during the 2018-19 year	Full time equivalent employee number
29	26.52

Table 2: Percentage of time spent on facility time

The number of employees who were relevant union officials employed during the 2019-20 year spent a) 0%, b) 1% - 50%, c) 51%-99%, or d) 100% of their working hours on facility time

Percentage of time during the 2019-20 year	Number of employees
0%	24
1-50%	4
51 – 99%	0
100%	1

Table 3: Percentage of pay bill spent on facility time

First Column	Figures
The total cost of facility time	33,537
Total Pay bill	137,834k
The percentage of the total pay bill spent on facility time **	0%

**[(total cost of facility time divided by the total pay bill) times 100]

Table 4: Paid trade union activities

| First Column	Figures
Time spent on trade union activities as percentage of total paid facility time hours*:	0%

*[(total hours spent on paid trade union activities by relevant union officials during 2019-20 divided by the total paid facility time hours) times 100]

For the purposes of this section paid facility time includes duties as a union learning representative, union representative, health and safety representative, for the purposes of training, consultation, or representation which arises under section 168, section 168A of the 1992 (Trade Union and Labour Relations (Consolidation) Act 1992), section 10 (6) of the Employment Relations Act 1999 and Regulations made under section 2(4) of the Health and Safety at Work Act 1974.

Trade Union Activities as specified in section 170 (1) (b) of the Trade Union and Labour Relations (Consolidation) Act 1992. This can include attending Regional or National policy making meetings, voting in Union elections, attending other Branch meetings, executive committee meetings, regional union meetings, and annual conferences, etc.

The Accountability and Corporate Governance Report is signed by;
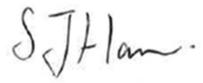
Sue Harriman
Chief Executive Officer
Date: 19th June 2020

Auditors Report

Independent auditors report to the Accountable Officer of Solent NHS Trust

Opinion

We have audited the financial statements of Solent NHS Trust for the year ended 31 March 2020 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 43. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2019/20 HM Treasury's Financial Reporting Manual (the 2019/20 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2019/20 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

In our opinion the financial statements:

- give a true and fair view of the financial position of Solent NHS Trust as at 31 March 2020 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Directions issued thereunder.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter – Effects of COVID-19 and Property Plant and Equipment valuation

We draw attention to Note 1.2 of the financial statements, which describes the economic and social consequences/disruption the Trust is facing as a result of COVID-19 which is impacting contracting arrangements and the financial framework for 2020/21.

We draw attention to Note 14.3 Property, plant and equipment of the financial statements, which describes the valuation uncertainty the Trust is facing as a result of COVID-19 in relation to property valuations.

Our opinion is not modified in respect of these matters.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be

materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Health Services Act 2006

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the Health Services Act 2006 and the Accounts Directions issued thereunder.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the NHS Improvement's guidance; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in these respects.

Responsibilities of the Directors and Accountable Officer

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. In preparing the financial statements, the Accountable Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or have no realistic alternative but to do so.

As explained in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's

report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the accounts of Solent NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the Board of Directors of Solent NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and for no other purpose. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.

Suresh Patel for & on behalf of Ernst & Young LLP

Suresh Patel
Ernst & Young LLP (Local Auditor), Southampton
22 June 2020

The maintenance and integrity of the Solent NHS Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Section 3.

Our Summary Accounts

Our summary accounts (unaudited)

## Foreword and Statement on Financial Performance

We have ended 2019/20 by achieving all four of our financial statutory duties:

- External Financing Limit (EFL) which is an overall cash management control. The Trust was set an EFL of £17.6m cash outflow for 2019/20, actual EFL was £5.4m cash outflow and therefore the Trust achieved the EFL target with a positive variance of £12.2m.

- Capital Cost absorption rate is based on actual (rather than forecast) average net relevant assets and therefore the actual capital cost absorption rate is automatically 3.5%.

- Capital Resource Limit (CRL) which represents investments in fixed assets throughout the year. The Trusts fixed asset investment for 2019/20 was £11.5m, a £0.2m underspend against the target of £11.7m.

- Three Year Rolling Breakeven Duty states that the Trust should achieve a breakeven position over a 3 year period. The Trust has achieved this with a £2.4m surplus achieved from 2017/18 to 2019/20.

Whilst the Trust achieved the three year rolling breakeven duty, the Trust reported a cumulative adjusted retained deficit of £6.5m in 2019/20 due to deficits in earlier years.

The 2019/20 financial statements have been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS. Where the Group Accounting Manual permits choice of accounting

policy, the accounting policy which is judged to be the most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected.
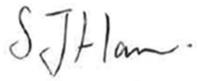
Sue Harriman
Chief Executive Officer
Date: 19th June 2020

Finance Review & Statutory Duties in relation to the Accounts

The statement of directors responsibilities in respect of the accounts can be found on page 93.

Break-even position (a measure of financial stability)

The Trust has a statutory duty to achieve break-even in the year. The Trust has achieved the breakeven duty in year, reporting a £0.1m adjusted surplus in 2019/20. The Trust has also achieved the three year rolling breakeven duty, reporting a surplus of £2.4m from 2017/18 to 2019/20. Whilst the Trust achieved the in-year and three year rolling breakeven duty, the Trust reported a cumulative adjusted retained deficit of £6.5m in 2019/20 due to deficits in earlier years. Our regulators were aware of this position and continue to support us in our delivery of key community and mental health local services.

Capital Costs Absorption Rate (a measure of Statement of Financial Position Management)

The Trust is required to absorb the cost of capital at a rate of 3.5% of actual average relevant net assets. The average net relevant assets exclude balances held in the Government Banking Service bank accounts. The dividend payable on public dividend capital is based on actual (rather than forecast) average relevant net assets and therefore the actual cost absorption rate is automatically 3.5%.

External Financing Limit (an overall cash management control)

The Trust was set an External Finance Limit of £17.6m cash outflow for 2019/20 which it is permitted to undershoot. Actual external financing requirements for 2019/20 were £5.4m cash outflow and therefore the Trust achieved the target with a positive variance of £12.2m.

Capital Resource Limit (Investment in fixed assets during the year)

The Capital Resource Limit is the amount that the Trust can invest in fixed assets during the year; a target with the Trust is not permitted to overspend. The Trust was set a capital resource limit of £11.7m for 2019/20. Its actual fixed asset investment was £11.5m, an £0.2m underspend against target.

Want to find out more?

Included on the following pages are the 'summary financial statements' of the Trust and an overall picture of our fiscal performance. A copy of our full accounts are available in Appendix 2.

Financial Statements

Statement of Comprehensive Income for year ended 31 March 2020

	2019/20 £000	2018/19 £000
Employee benefits	(137,558)	(126,877)
Other costs	(61,439)	(63,072)
Revenue from patient care activities	181,032	171,897
Other Operating revenue	19,765	21,222
Operating surplus	**1,800**	**3,170**
Investment revenue	122	94
Other gains and (losses)	4	(1)
Finance costs	(141)	(152)
Surplus/(deficit) for the financial year	**1,785**	**3,111**
Public dividend capital dividends payable	(2,361)	(2,240)
Retained surplus/(deficit) for the year	**(576)**	**871**
Impairments and reversals taken to the revaluation reserve	(1,271)	(191)
Revaluations	317	419
Total comprehensive income for the year	**(1,530)**	**1,099**
Financial performance for the year		
Retained surplus/(deficit) for the year	(576)	871
Impairments (excluding IFRIC 12 impairments)	999	753
Adjustments in respect of donated asset respect elimination	(137)	(254)
2018/19 post audit PSF reallocation (2019/20 only)	(207)	0
Adjusted retained surplus/(deficit)	**79**	**1,370**

Statement of Financial Position as at 31 March 2020

	31 March 2020 £000	31 March 2019 £000
Non-current assets	96,079	90,808
Current assets	31,391	31,984
Current liabilities	(37,507)	(34,976)
NET CURRENT ASSETS / (LIABILITIES)	**(6,116)**	**(2,992)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**89,963**	**87,816**
Non-current liabilities	**(83)**	(1,514)
TOTAL ASSETS EMPLOYED	**89,880**	**86,302**
FINANCED BY TAXPAYERS' EQUITY	**89,880**	**86,302**

Statement of Changes in Taxpayers' Equity for year ended 31 March 2020

	Public Dividend capital £000	Revaluation reserve £000	Retained earnings £000	Total reserves £000
Balance at 1 April 2019	**12,337**	**7,622**	**66,343**	**86,302**
Changes in taxpayers' equity for 2019-20				
Deficit for the year	0	0	(576)	**(576)**
Net gain / (loss) on revaluation of property, plant, equipment	0	317	0	**317**
Public dividend capital received	5,108	0	0	**5,108**
Impairments and reversals	0	(1,271)	0	**(1,271)**
Transfers between reserves	0	(227)	227	**0**
Net recognised revenue/(expense) for the year	**5,108**	**(1,181)**	**(349)**	**3,578**
Balance at 31 March 2020	**17,445**	**6,441**	**65,994**	**89,880**
Balance at 1 April 2018	**6,435**	**7,625**	**65,246**	**79,306**
Changes in taxpayers' equity for 2017-18				
Impact of implementing IFRS 9 on 1 April 2018	0	0	(5)	**(5)**
Surplus for the year	0	0	871	**871**
Net gain / (loss) on revaluation of property, plant, equipment	0	419	0	**419**
Public dividend capital received	5,902	0	0	**5,902**
Impairments and reversals	0	(191)	0	**(191)**
Transfers between reserves	0	(231)	231	**0**
Net recognised revenue/(expense) for the year	**5,902**	**(3)**	**1,097**	**6,996**
Balance at 31 March 2019	**12,337**	**7,622**	**66,343**	**86,302**

Statement of cash flows for the year ended 31 March 2020

	2019/20 £000	2018/19 £000
Net cash inflow from operating activities	9,749	8,207
Net cash outflow from investing activities	(12,829)	(4,886)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**(3,080)**	**3,321**
Net cash inflow from financing activities	2,587	2,743
INCREASE / (DECREASE) IN CASH	**(493)**	**6,064**
Cash at the beginning of the period	15,665	9,601
Cash at year end	**15,172**	**15,665**

	2019-20		2018-19	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	28,737	62,278	27,822	54,799
Total non-NHS trade invoices paid within target	26,951	58,021	25,115	45,438
% non-NHS trade invoices paid within target	93.8%	93.2%	90.3%	82.9%
Total NHS trade invoices paid in the year	1,598	16,355	1,381	14,880
Total NHS trade invoices paid within target	1,318	13,945	1,139	13,971
Percentage of NHS trade invoices paid within target	82.5%	85.3%	82.5%	93.9%

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

Challenges ahead

We are acutely aware how challenging it is for our staff and our services to deliver safe and effective care in an environment of ever rising demand, whilst at the same time as balancing financial efficiencies. We also acknowledge the importance of ensuring we have a robust culture of encouraging our staff to speak out when things are not right, to create an environment where they feel safe and listened to, despite the challenged health and social care system we operate within.

Our efficiency target (Cost Improvement Plan) was £8.1m, of which £4.2m was delivered; the balance was achieved by other measures. Achieving further efficiencies is proving more difficult as a stand-alone organisation and future efficiencies will need to be delivered on an ICP and ICS basis through system transformation.

We know there is more to do – both internally within our own organisation and with our partners and within the developing Integrated Care System to significantly transform health and care pathways in accordance with the ambition and plans of the NHS Long Term Plan and HIOW STP Strategic Delivery Plan. Working as a 'system' will mean at times that we will have to make collective and difficult decisions for the greater good of our service users within our STP footprint. Some of these hard decisions will undoubtedly be at the detriment of Solent and what we have traditionally done, but will be for the benefit of the wider system. However, in accordance with our guiding business principles; we will always endeavour to put our citizens and communities before services, and services before organisations. Doing the right thing, is what is important to us.

We are always vulnerable to risk during times of change and we must ensure we are vigilant to ensure that we are able to maintain 'business as usual', without adversely affecting the quality of care we provide, our performance and ultimately without compromising our organisational values.

The key challenges we face in 2020/21 are:

- Our overall recovery from the Level 4 National Emergency – not only from an operational perspective but also the wider cost to our workforce, and the community at large.
- Delivery of our breakeven Control Total, in an environment where we have an underlying deficit, and where across the HIOW STP there are significant financial pressures. The delivery of our Control Total will be particularly challenging during the year ahead due to changes to the allocation of Financial Recovery Funding, with 50% being contingent on system performance, in accordance with the NHS Planning guidance.
- Operating in the evolving Integrated Care System and Integrated Care Partnerships
- The need to renegotiate contract values with our Local Authority commissioners to ensure that the Agenda for Change uplifts are recognised; and
- Emerging internal cost pressures related to nationally recognised areas of price increase

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

Going Concern

The Trust's Finance Committee and Audit and Risk Committee have been reviewing evidence around the Going Concern statement, in light of our previous deficits in 2014/15, 2015/16 and 2016/17.

Our 2019/20 £79k (and rolling 3 year 2017/18 to 2019/20 surplus of £2.4m) supports our financial statements being prepared on a going concern basis, and management have no significant reasons to believe this to be inappropriate, or otherwise.

Prior to Covid-19 the Trust was engaged in contract negotiations with NHS and local authority organisations to provide continuing services throughout 2020-21 within an agreed breakeven control total. Whilst negotiations have been put on hold to focus on the current unprecedented situation, the Trust will continue to receive income from commissioners to support the care being provided during 2020/21.

In March 2020 NHSE&I announced revised arrangements for NHS contracting and payment to apply for the first four months of the 2020/21 year due to the Covid-19 pandemic. The contracting arrangements for the rest of 2020/21 and beyond have not yet been definitively announced but it remains the case that the Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21. The Trust can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned.

Local Authority commissioners have confirmed similar arrangements for contracting and payment as NHSE&I for the first four months of 2020/21. Discussions indicate that these arrangements will continue for the remainder of the year however this is not yet finalised. If contract arrangements reverted back to activity based payments there may be a reduction in income received however not to the extent that it would significantly impact the adoption of the going concern concept.

NHSE&I have confirmed that the financial statements of NHS providers will be prepared on a going concern basis unless there are exceptional circumstances where the Trust is being or is likely to be

wound up without the provision of its services transferring to another entity in the public sector, there are no exceptional circumstances in which this may be the case.

The Trust has prepared a cash forecast modelled on the expectation that the revised contracting and payment arrangements will remain in place until October 2020. The cash forecast shows sufficient liquidity for the Trust to continue to operate but interim support can be accessed if it were required. There are no other material uncertainties included within the cash flow, for example income that is contingent of meeting targets such as Provider Support Funding or Financial Recovery Funding as the Trust is forecasting to achieve a breakeven position without any such funding.

These factors all support the adoption of the going concern concept.

The statement of financial position is signed by:
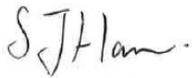
Sue Harriman
Chief Executive Officer
Date: 19th June 2020

Reception

Appendix 1

Quality Report incorporating the Quality Account 2019/20

Solent NHS Trust
Quality Account 2019/20

Contents

Part One: Statement on Quality from the Chief Executive

Each year all providers of NHS healthcare services are required to produce an annual Quality Account for publication. The Quality Account sets out our commitment towards continuous quality improvement and showcases what we have achieved in the past year. It reflects and emphasises the importance our Board and the people who work in Solent place on quality.

I am proud to be the Chief Executive of a Trust that puts quality at the centre of everything we do. We have a team of dedicated and committed staff, who each make a difference and strive to deliver consistently great care. We endeavour to always maintain a strong focus on providing safe, effective and quality services, whilst meeting the challenges of rising demand for healthcare services with limited financial resources.

Our commitment to quality, patient centred care remains unchanged despite many challenges presented by the changes we have had to make to our services to deal with a global pandemic. As I look back over the last 12 months, I must acknowledge the unprecedented challenge that we all now face in relation to Covid-19. The outstanding commitment and contribution our teams have shown, and continue to show, during these uncertain times has been truly inspirational. I am extremely proud of how our clinicians and support staff have come together to fully embrace working differently, welcoming opportunities to take on new roles, whilst also working closely with our partners across Hampshire and Isle of Wight to respond to Covid-19. We have experienced exceptional support from the public and our patients which continues. It is important that we reflect on the positive changes we have made as we plan for our new future.

This is our ninth Quality Account since the Trust was established in 2011 and it is divided into three sections:

- Part One contains introductory statements from myself the Chief Executive, the Chief Nurse and Chief Medical Officer
- Part Two contains a review of our progress in delivery of our quality priorities for 2019/20 alongside our priorities for improvement outlined for 2020/21. This information is supported by the additional mandated quality statements and indicators as detailed within the *'Quality Accounts: Reporting Arrangements 2019/20'* published by NHS Improvement in January 2020.
- Part Three contains details of other quality initiatives not covered elsewhere in the report and includes examples of quality improvement projects from across our clinical servies to further share how we have made a difference to patients

I hope this report provides a useful insight into our approach to quality, our performance and achievements alongside our plans and priorities for the year ahead.

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 great value to our partners. We aspire to be the partner of choice for other service providers. 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 priorities are what we do all of the time, they are how we:

Provide Great Care
- Involving patients, families and communities in shaping care and always learning from their experiences
- Working closely with partners to join up care
- Recognising diverse needs, treating people with respect, giving equal emphasis to physical and mental health
- Ensuring we provide quality services, which are safe and effective

Make Solent a Great Place to Work
- Supporting our people to look after their wellbeing and to continually learn and grow
- Improving the workplace by listening to ideas, acting on feedback and valuing diversity
- Developing compassionate and inclusive leaders who enable people and teams to be at their best

Deliver Great Value for Money
- Working with people and partners to spend money wisely
- Enabling services to have more time to provide care
- Making best use of resources and technology and eliminating waste

Quality Improvement Priorities

We are really proud of the progress we've made in delivering the priorities we set out for last year. These were framed around our corporate strategic goals and were designed to provide a foundation for future quality improvements and many of the projects are expected to continue in the coming year.

To drive our commitment to quality further, we have identified six strategic Quality goals for 2020/21. Our Trust-wide priorities for 2020/21 are written with findings from CQC inspections, patient and carer feedback and employee feedback in mind.

1. Involving communities
Patients, families and carers are partners in care, and we understand and respond to the diverse needs of people from all communities.

2. Ensuring safe care
All leaders and teams prioritise safety, are open and honest and uphold Duty of Candour. People are actively involved and feel able to speak up and to report risks and incidents.

3. Learning and improving
We recognise that we don't always get it right and we strive to learn and make positive changes. Sharing excellence, research and learning are at the heart of quality improvement.

4. Technology and innovation in care
We work with service users to understand how we can enhance their experience of care using digital solutions; ultimately improving patient outcomes.

5. Supporting vulnerable people
By involving service users and their families, we work with partners to make sure everyone, including people with learning disabilities, has equal access to healthcare services.

6. Looking after each other

We will create a positive workplace with a strong sense of belonging, where bullying and harassment is not tolerated. Everyone is supported with opportunities for learning and development.

Each of our clinical services has identified local, service-led priorities, linked to the Trust wide quality goals. The local priorities also reflect patient feedback, alongside national and local drivers. Written in consultation with employees, their service-led priorities resonate strongly with people working on the frontline. These priorities will make a real difference to patients and their families and we look forward to progressing this work during 2020/21.

Working Together

Following the launch of our Community Engagement Strategy in 2018, we have been working to further strengthen our efforts around engagement during 2019/20. Our approach to community engagement has been focussed around the principles of inclusion and collaboration. We strive to ensure that people from the wide range of communities we serve are able to be actively involved in their local community and mental health services in the way they wish, the aim being to improve access, improve experience and ultimately, to reduce health inequalities.

I am pleased to be able to share details of the progress we have made this year in working with our local communities, including the **Community Partners Programme,** which launched in January 2020, the design and implementation **Reducing Health Inequalities Projects** across Portsmouth and Southampton and the **Programme of Exploration** initiated in January 2020 to seek to better understand how we can engage with our local community in the future. Alongside this, we have increased the ways in which people can tell us about their experience of using our services, which is supported by a new **Service User Led Group,** to support the design of new ways in which we measure experience of care. This feedback has proved invaluable to inform the identification and development of priorities for change. This essential work will continue to develop during 2020/21 as we continue to work together with our patients and people from the communities we serve.

Additions for 2019/20

We are pleased to report on the additional considerations related to our quality performance outlined within the "Quality Account Reporting Requirements 2019/20", published by NHS Improvement January 2020, in relation to Speaking Up (whistleblowing) and Mental Health Staffing Provision for adult and older adult community mental health services.

Following the recent annoucement that the deadline for submission for NHS Quality Accounts has been delayed, as a result of the Covid pandemic, we have made the decision to publish our quality priorities as previously planned and continue to work towards delivery during 2020/21. However, recognising the complexity of the Covid pandemic, we will complete a full review of our Quality Priorities during Quarter 3 of 2020/21, linking with our commisisoners, Healthwatch and other community partners to ensure that as we start our road to recovery foillowing this pandemic, our quality priorities remain fully reflective of the way forward.

I confirm that to the best of my knowledge the information in the Quality Account is accurate.
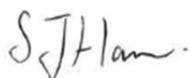
Sue Harriman
Chief Executive

Statement on Quality from the Chief Nurse and Chief Medical Officer

The Quality Account is our annual report about the quality of services that we are delivering across Solent NHS Trust. It allows us to demonstrate our commitment to continuous, evidence based improvement and learning, our ongoing focus on embedding a culture of safety as well as sharing details of our progress over the last 12 months and Quality plans for the coming year (2020/21).

We are an organisation of professional, skilled, committed and caring staff working hard in challenging times, to deliver safe, responsive and effective care ensuring that quality remains at the centre of everything we do. We are able to do this by supporting and strengthening our learning, by being open, honest and transparent about what we can do, always seeking to find ways to work differently and more productively whilst most importantly, at all times working to continuely engage with our patients, service users, families, carers, staff and local communities to inform this pivotal work.

The outstanding professionalism and commitment of our teams is demonstrated further in response to the extraordinary situation we now face in relation to Covid-19. It has been truly inspirational to witness the dedicated, responsive, flexible and caring approach adopted by all our teams in response to this pandemic. Alongside the exceptional support from our system-wide colleagues and local communities, we are able to continue to provide the best possible care for our patients.

Looking back over the last 12 months, it has been an incredibly busy and successful year for us and we are excited to share with you news of the progress we have made during 2019/20.

Our ambitous **Community Engagement Strategy,** developed in 2018/19, set out how we will build on the best engagement activities we undertake in Solent and ensure these are adopted widely across the organisation. We have made significant progress this year to take crucial steps towards greater inclusion and collaboration with our partners with in a number of exciting projects, now underway.   We remain commited to improving the health and wellbeing of individuals by reducing health inequalities and seeking wider community involvement when setting our goals and vision, designing and delivering our clinical services, and evaluating services and making improvements.

With reference to our **Quality Improvement Priorities** for 2019/20, we have successfully delivered a number of changes including:
- Developing the Ulysses system to improve the effectiveness of risk management and organisational learning from complaints, patient feedback and incident trends
- Continuing to foster a climate for learning, improvement and innovation across our organisation and community
- Strengthening patient and community involvement and engagement in improvement activity across the organisation

Reflecting on the quality improvements implemented during 2019/20, the language of accountability is changing for us, with new processes now embedded and a shift in culture, which enables the appropriate challenge from our colleagues to constantly question assurances offered in relation to all aspects of quality. Raising challenge in a respectful manner, to actively seek out further information, evidence and understanding to support the assurances sought, is integral to our quality and governance structures. As part of this process, the patient voice is much stronger in informing the review of services and drive for change, a strength which continues to grow as we further embed our community engagement strategy and quality improvement priorities for 2020/21.

Looking ahead, providing Great Care remains our highest priority. Recognising the recent developments around the Covid pandemic, the full impact of which is yet unknown, we have made a commitment to complete a full review of the Quality Priorities during Quarter 3 of 2020/21, linking with our commisisoners and community partners to ensure all quality priorities remain fully reflective of the way forward. Through this Quality Account we pledge our commitment to continue to support our staff to deliver the highest standards of quality across all the clinical services we provide and in those clinical services where we work in partnership with others.

I do hope you find our Quality Account helpful and informative. Thank you once again for taking the time to read our Quality Account and we look forward to sharing our progress with you again next year.

Jackie Ardley
Chief Nurse

Jonathan Prosser
Chief Medical Officer (Interim)

Part Two: Priorities for improvement and statements of assurance from the Board

2.1.1 Progress against Priorities for Improvement 2019-20

Our quality improvement priorities for 2019/20 were based on themes linked to our strategic corporate goals. It is also impossible to detail progress without acknowledging the impact that the Covid 19 pandemic has had on all of our teams services in this year and looking forward to the priorities in 2020/2021. The overarching aim of our approach is to create a sustainable, dynamic framework of co-operative working which will deliver a shared vision and provide foundations for future improvement.

We are pleased to be able to report that significant progress, despite the increased challenges that impacted on Solent in early 2020, has been made in the delivery of each priority as detailed below:

Priorities	Progress
Theme 1: Involving People	
Embed sustainable community engagement strategy Include use of assistive technology to access hard to reach groups Work with mental health patients and their families as subject experts Increase engagement with Healthwatch	Year to date a number of activities have taken place involving our community. As part of the Community Engagement Strategy a number of events are either planned or have taken place including: • **Portsmouth Mental Health Pilot:** Engaging with BAME communities in Portsmouth to facilitate a half day workshop in March 2020 with key Trust representatives and lived experience leads. The use of lived experience to improve our mental health services • **People's Participation**: launch of our new Community Partners Programme to enable our community to be involved in all we do. • **Children and Young People's Discovery Programme**: to co-design an approach to enabling the voice of children and young people to be heard - Your Voice Matters Event held October which has supported our continued efforts to work with young people to improve the services we provide. • **Voluntary Service Transformation Programme**: to radically rethink our volunteering offer, to develop more inclusive opportunities, link with workforce planning and provide opportunities in partnership with local businesses to support long term unemployed. • **Supporting Carers**: A Portsmouth system pilot project to understand how we can improve our support to carers has started, with partners from the local community, acute care and social care. • **Learning from Complaints:** We have recruited a community partner and patient advocate to support the Complaints Panel, to increase our understanding what is important to people who raise a concern. A service user led programme has been developed to enable the design of a more accessible, responsive and person

Priorities	Progress
	centred system to improve our understanding and learning when things have gone wrong. • **Experience of Care metrics** - We have had our initial meeting of the Experience of Care metrics group, a group of services users and people who support them.

Theme 2: Ensuring Safe Care

Priorities	Progress
Launch a research and improvement academy Roll out QI leaders' programme Ensure patient safety through documented 121 clinical supervision	The Academy of Research and Improvement provides an integrated hub to support staff and patients to be involved in research, quality improvement, clinical effectiveness and patient involvement. It was officially launched in July 2018, and has expanded over the past year, including a move into a bespoke facility that includes community event space. It also includes new clinical research pharmacy and consultation rooms. More information can be found on the Academy website www.academy.solent.nhs.uk The QI leadership programme's second cohort started in January – this has 2 patient leaders on it and 8 others from different services in the organisation. Part of the role of the QI leaders will be to test a new online learning forum which will allow all staff (and others) in Solent to set up discussion forums, link ideas and share learning. This will be moderated by the Research & Improvement team, and also used as a platform for sharing resources. This is a pilot funded by HEE Wessex, which will help provide evidence to support the roll out of Microsoft Teams later in 2020. **Clinical supervision** and one to one discussions are taking place in all areas but uptake and recording of this is not completely evidenced. A centralised logging tool was launched in Q1 and discussion about performance of supervision is held at local performance review meetings. The tool for logging sessions has recently been updated to ensure that data and performance can be monitored at an individual level which it will improve accuracy of recording of this activity.

Theme 3: Learning and Improving

Priorities	Progress

Utilise learning from deaths and serious incident panels to learn, implement and disseminate positive change
 	
Launch a change and improvement database
 	
Develop a toolkit for learning from excellence
	At the Serious Investigation (SI) and Learning from Death (LfD) panels discussions are focussed around
	   a) what learning has been identified (with encouragement to consider positive learning)
	   b) how learning is being disseminated across the trust
	   c) identification of change that is needed.
	
	Whilst all SI's have an action plan, the trust continues to utilise the Verto online tool as a means to monitor and track specific changes. There are 2 dates set initially, the 1st date is the product that the service has identified that will result in the change required, and the 2nd date is evidence of change as a result of the implementation of the

Priorities	Progress
Evidence the improvements as a result of learning and change	product. There is a tabled section within both agendas to enable dissemination and discussion. The design of the Verto Learning and Improvement model mirrors the Trust learning framework. Within Q2, a range of learning has been seen and shared including utilisation of new assessment tools and a deep dive in to Mental Health SIs to look for themes

The positive reporting module (learning from excellence) was launched earlier this year on Ulysses through communications which was in addition to the existing favourable event reporting forms (FERF) which are located on the intranet and that some services have been utilising at a service level over the last year. To date, there have been a low number of submissions on the Ulysses module and it has highlighted the need to develop further guidance on completion as, in some cases, it appears to have been confused with an internal plaudit form. At both SI and LfD panels, where positive learning is identified teams are encouraged to submit learning from excellence report.

Evidence of improvement is recorded in the quarterly patient safety reports, which are submitted to QIR and onwards, for noting and dissemination and to the local commissioners of our services. The Learning and Development Strategy 2019-24 was approved at Trust Board in December 2019. Implementation is now underway, immediate priorities are:

- Procurement of new Digital Learning Platform and Management System – business case for system was approved in Q3 2019 and is now in procurement stage.

- Modelling of Apprenticeship Academy is underway and additional capacity for this has been secured. New apprenticeship programmes are being embedded into the apprenticeship offering, including District Nursing, Advanced Nurse Practitioner, Occupational Therapy, Podiatry, and Senior Leadership MBA. Trainee Nurse Associate and Registered Nurse Degree Apprenticeships are now embedded and on their 2nd and 3rd cohorts.

- Changes to senior leadership team in People and OD directorate has taken place and enabled increased capacity focussed on careers, staff engagement, talent and leadership development.

- Career Pathway tool is in development; the project is being led by one of our Clinical Directors in collaboration with key contributors.

- |
| **Theme 4: Sharing excellence** | |
| Continue to present at local and | Within Q3 our staff have presented at a range of local and national conferences. |

Priorities	Progress
national conferences on subjects of interest and expertise	• At the Wessex Patient Safety collaborative annual conference in October several of the presentations, workshops and posters featured Solent initiatives. These included patient involvement, reducing length of stay and developing more effective pathways of care for physiotherapy services.
Work with system partners to ensure they are fully briefed on most up to date improvement work	• Adults Southampton (ASS) attended the National Patient Safety Expo in Manchester and presented at the conference.
Work towards identifying all people with a learning disability and communication disability and provide appropriate adjustments	
Replicate outstanding success factors from learning disability service	
Theme 5: Supporting vulnerable people	
Further embed Mental Capacity Act across all services	Within Q3 the Learning disability strategy was launched and the first strategy meeting and working group meeting in November 2019. A number of key standards and goals were established, benchmarked against the NHS Improvement 3 Cornerstones of :
Develop capabilities in application of MCA and safeguarding principles	
Ensure senior managers and Executive team attend MHA specific training	• Respect and Protecting rights • Inclusion and Engagement • Workforce engagement. The core ambitions of the strategy are: • To ensure all patients with a learning disability receiving care from Solent NHS Trust are not disadvantaged by having a learning disability. This requires the consideration and delivery of "Reasonable Adjustments". • Our staff will feel competent and confident in supporting patients with a learning disability and in making "Reasonable Adjustments". • We will develop "grab guides" for clinicians in collaboration with NHS Improvement. • We will seek to positively engage with our patients with a learning disability in a proactive manner to seek feedback on our care delivery and work with them to co-produce service improvements. • We will reach into the existing learning disability forums to ensure we are effectively engaging in reducing health inequalities faced by people with a learning disability.

Priorities	Progress
	• We will ensure that we transparent and accountable in our performance and delivery against a co-produced "quality charter" designed with our patients who have a learning disability.
	• We will engage with people with a learning disability as members of our communities as well as being potentially patients of ours. This will include looking at employment and volunteering possibilities, as well as recognising that many of our staff may have family or friends with a learning disability and that we can signpost to external resources and supports.
	• We will ensure that our services are aware of, and engaged in, national and regional initiatives to reduce health inequalities for people with a learning disability.
	Whilst direct clinical work can only be provided by Solent's Integrated Learning Disability Service with patients who have a Portsmouth GP, the service is available to support all of Solent's services to improve their care of patients with a learning disability. Consultation, support, training, shadowing opportunities or advice can be offered.
	• Learning disability resource packs have been provided for all departments across Solent.
	• Accessible information support is available.
	• Hospital passports are available for in-patient wards.
	• Health passports are available.
	• Some services, e.g. Dentistry, have made significant and innovative adjustments in their care delivery to people with a learning disability.
	• Some services, e.g. sexual health, have developed bespoke service delivery models to improve care delivery to people with a learning disability.
Theme 6: Looking after each other	
Promote equality and diversity initiatives	A key feature of this theme was in improving equality and diversity. A number of initiatives launched in Q1-3 which include those detailed in the community engagement section and additionally:
Supporting openness in mental health challenges	• In 2019 our staff have received prominence and won a number of awards at regional and national level:
Developing our apprentices	• Ian Scrace was appointed Chair of the LGBTQ+ committee with the Royal Society of Chartered Physiotherapists
Increase health, wellbeing and resilience learning and development	• Pamela Campbell, Homeless Healthcare, received a Parliamentary Lifetime Achievement award
Create internal and external opportunities for professional and personal development	• Emma Ives and the Southampton Diabetes service won two awards from Wessex AHSN at the regional Patient Safety collaborative annual meeting. A Patient safety award for patient safety work and the 'Extra mile, smile award' for the development of the CRASH tool.

Priorities	Progress
Reward excellence in our people by the use of nominations for award schemes and through celebration events	We were also awarded a 'Freedom to Speak Up' award from Simon Stevens and Henrietta Hughes in September 2019. • Multi- faith resource group and work with Estates to provide multi-faith rooms across Solent sites • LGBT+ resource group • BAME resource group • Disability resource group • Freedom to Speak Up (FTSU) Communication Strategy has been reviewed with Communication and new publicity has been launched as part of 'FTSU speak to me' month in October. • We have increased the FTSU Guardians visibility and accessibility by visiting services, attending Team Meetings, running workshops and drop-in sessions, etc. Since January 2019 we have engaged directly with approximately 350 staff. • A Chief Executive and Communication team initiative saw the launch of the Menopause group - which was launched by Sue Harriman and featured on local radio in October 2019. • Pamela Campbell, Homeless Healthcare, received an honorary award from the Faculty of Homeless Health and Inclusion in recognition of her work in Southampton

To outline our commitment to quality, we have identified six strategic Quality goals. Trust wide and Service Line priorities have been developed to outline actions to deliver future improvement. Work outlined within 2019/20 quality priorities continues where required.

Our quality improvement priorities for 2020/2021 are linked to our strategic corporate goals. As an organisation Solent will still be aiming for an ambitious program of quality improvements but also must acknowledge the impact that the Covid 19 pandemic has had on all of our teams services. Many of our priorities will need to focus on recovery and restoration of our core activities in delivering care. Looking forward to the priorities in 2020/2021 though, it is important that we do not lose sight of some of the significant improvements that are already being put in place to support the teams during the pandemic that we will want to retain in the long term. The overarching aim of our approach is to create a sustainable dynamic framework of co-operative working which will deliver a shared vision and provide foundations for future improvement.

1. Involving communities

Patients, families and carers are partners in care, and we understand and respond to the diverse needs of people from all communities.

2. Ensuring safe care

All leaders and teams prioritise safety, are open and honest and uphold Duty of Candour. People are actively involved and feel able to speak up and to report risks and incidents.

3. Learning and improving

We recognise that we don't always get it right and we strive to learn and make positive changes. Sharing excellence, research and learning are at the heart of quality improvement.

4. Technology and innovation in care

We work with service users to understand how we can enhance their experience of care using digital solutions; ultimately improving patient outcomes.

5. Supporting vulnerable people

By involving service users and their families, we work with partners to make sure everyone, including people with learning disabilities, has equal access to healthcare services.

6. Looking after each other

We will create a positive workplace with a strong sense of belonging, where bullying and harassment is not tolerated. Everyone is supported with opportunities for learning and development.

14

2.1.2 Progress against Priorities for Improvement

TRUST WIDE - PRIORITY ONE	
INVOLVING COMMUNITIES	
Title:	**Patients, families and carers are partners in care, and we understand and respond to the diverse needs of people from all communities.**
Service Line/Corporate/Trust Wide:	**Trust Wide –** Chief Nurse Directorate (Community Engagement)
Quality Type	Safe, Effective and Experience
Details of Project – What do you plan to do:	To improve the experience of care for people who use our services, their families and carers, by actively engaging and involving them in decisions related to local community and mental health services.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	To enable Trust to: a) better understand what really matters to people (or those supporting others) who use our services b) ensure feedback is a driving force for improvement of services c) ensure community engagement becomes embedded in the culture and practice of the organisation at all levels. d) explore new ways of engaging with and accessing our community at a time when social distancing is required for public safety
How will you measure successful delivery?	Evidence of improved experience of care for people who use our services, their families and carers with active engagement underway
Target on Completion	To enable Trust to: a) better understand what really matters to people (or those supporting others) who use our services b) ensure feedback is a driving force for improvement of services c) ensure community engagement becomes embedded in the culture and practice of the organisation at all levels. d) new ways of engaging with and accessing our community will be developed with social distancing required for public safety

Key Milestones	Timescale	Action	Target	Lead
	Q1	Launch the new Solent NHS Trust Engagement Strategy 2020-25		Sarah Balchin, Associate Director of Patient Experience and Engagement
	Q2	To establish a Stakeholder Group which enables Services to share		Sarah Balchin, Associate Director

		their experiences of community engagement approaches.		of Patient Experience and Engagement
	Q1-Q2	Commence roll out programme, to work with Service Lines to adopt the tools and techniques of Community Engagement to capture feedback representative of Solent's patient group to drive service improvement.		Sarah Balchin, Associate Director of Patient Experience and Engagement
	Q4	To complete the roll out of a new experience feedback tool across all services (Service Lines and Corporate Services).		Sarah Balchin, Associate Director of Patient Experience and Engagement
Engagement and consultation underway or planned:	As per action plan detailed above.			

TRUST WIDE - PRIORITY TWO
ENSURING SAFE CARE

Title:	**All leaders and teams prioritise safety, are open and honest and uphold Duty of Candour. People are actively involved and feel able to speak up and to report risks and incidents.**
Service Line/Corporate/Trust Wide:	**Trust wide** – Chief Nurse /Freedom to Speak Up (FTSU)
Quality Type	Safe
Details of Project – What do you plan to do:	Six monthly review of practice and audit against the National Freedom to Speak up review tool with particular emphasis on FTSU contacts related to Covid 19, care and patient safety Duty of Candour (DoC) compliance will be monitored via incident reporting following a program of increased awareness and uptake of education program
Overall Expected Outcome (including impact on patients	Our will aim to see year on year continuous improvement in its Self completion National Freedom to Speak up review tool

and how you will know you're successful):	Number of Breaches in duty of candour reported			
How will you measure successful delivery?	6 monthly audit 3 monthly report			
Target on Completion	**March 2021 (ongoing)**			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	Q1	Audit DoC completion	Maintain number of DoC breaches	Head of Patient Safety
	Q2	Audit	Completion of self-assessment	FTSU lead
	Q3	Audit Doc Completion	Maintain number of DoC breaches	Head of Patient Safety
	Q4	Audit	Review and refresh of self-assessment	FTSU lead
Engagement and consultation underway or planned:	FTSU lead guardian Head of Patient Safety			

TRUST WIDE - PRIORITY THREE	
Learning and Improving	
Title:	**We recognise that we don't always get it right and we strive to learn and make positive changes. Sharing excellence, research and learning are at the heart of quality improvement. An overview of all learning and improvements made during pandemic, including positive learning.**
Service Line/Corporate/Trust Wide:	**Trust wide –** Learning and Improving
Quality Type	Effective and Experience
Details of Project – What do you plan to do:	All Covid 19 pathway changes will be reviewed and improvements or areas for improvement will be collated and shared to ensure transparency and shared learning is sustainable. - Collect information from patients, service users and staff on experiences during COVID 19 - This will be done via interviews, stories, surveys and case studies. Observations and ethnographic data will be included - This will be collated alongside quantitative data on service usage - Case studies on certain areas of innovative of good practice will be drawn up - Ongoing learning will be disseminated via social media, online, and internal communication channels.

	- Details on changes made as a result of learning will be collected
	- There will be a series of iterative evaluations that will form one overarching learning summary
Overall Expected Outcome	We will have a large body of narrative and numerical data that summarises both our response to COVID 19 and our learning from it. This will be from a patient and staff point of view. We will have evidence of how this learning informed changes to practice and service delivery
How will you measure successful delivery?	Case studies, dissemination, engagement, levels of response
Target on Completion	Ongoing as and when this is needed with frequent updates (quarterly as a minimum). We anticipate this will last until at January 2021 at the earliest.
Engagement and consultation underway or planned:	Carried out in partnership with patients, service users and staff. We have a patient steering group and are using peer interviewers.

TRUST WIDE - PRIORITY FOUR	
Technology and Innovations in Care	
Title:	**We work with service users to understand how we can enhance their experience of care using digital solutions; ultimately improving patient outcomes.**
Service Line/Corporate/Trust Wide:	**Trust wide -** Information Systems and Information Technology
Quality Type	Safe, Effective and Experience
Details of Project – What do you plan to do:	Information Systems (IS) and Information Technology (IT) are working with Service Lines (informed by community engagement and patient feedback) to identify opportunities to enhance the patient experience using alternative digital solutions. Initial discussions have identified the following projects for 2020/21: • Electronic allocation of community nursing clinical workload • Electronic whiteboard to digitalise monitoring of specific patient groups • Implementation of Personal Health Records (PHR) within Sexual Health Services
Overall Expected Outcome (including impact on patients and how you will know	Across the projects identified to date, benefits would include: • Interim solutions put in place to support the delivery of care during the Covid 19 pandemic and assess the suitability for delivery of care and sustainability of these models in the future.

you're successful):	• More ability to support patients, staff and families during in accordance with Social Distancing guidance • More timeliness of visits with appropriate staff deployed to meet patients need (Community Nursing) • More responsive service to patients requests (Community Nursing) • Requesting access to services remotely e.g. booking appointments, viewing results, requesting support products via post (Sexual health) • Access to view and amend specific aspects of the patients own record (Sexual health) • Improvements to services to support improvements in patient care, maximising opportunities technology now presents to be responsive to patient need (all services)
How will you measure successful delivery?	In all projects managed with Patient Systems/IT support, a service evaluation will be conducted, including any interim measures put in place to support care during the Covid 19 pandemic. It will assess the value of introducing the new measure and will analyse key indicators to determine and evidence impact on patient care. It is noted that where interactions have switched to digital during the Covid pandemic, there is an opportunity to understand patient and carers experience of using these methods from the information being collated during this time.
Target on Completion	Overall we would expect to see an improvement in patient experience and an ability to deliver care whilst protecting staff and patients from infection. Outcomes are specific to each project and are detailed within Service Line priorities (including key milestones). All reporting will be completed by the Service Lines involved in these projects.
Engagement and consultation underway or planned:	Patient Participation Groups and Patient Feedback/Involvement Feedback from Community Engagement work underway Information Systems and Information Technology Service Lines (Solent NHS Trust)

TRUST WIDE - PRIORITY FIVE	
SUPPORTING VULNERABLE PEOPLE	
Title:	**By involving service users and their families, we work with partners to make sure everyone, including people with learning disabilities, has equal access to healthcare services.**
Service Line/Corporate/Trust Wide:	**Trust wide –** Supporting Vulnerable People
Quality Type	Safe
Details of Project – What do you plan to do:	Patients with a learning disability are more likely to have poorer health and die at a younger age than the general population. This is mainly due to unmet health needs due to difficulties identifying and addressing health concerns. We have developed our 3-year Learning Disability Strategy to enable us to build on existing good practice of providing support

	to this vulnerable group and to improve engagement and co-production. The Strategy is also an enabler to support delivery of the new national *Learning Disability Improvement Standards* and performance indicators introduced in June 2018. This strategy will also seek to understand the lived experience of people with Learning Disabilities during the time of a global pandemic.			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	- Run staff awareness sessions and Expert by Experience training - Update resources for all staff around "reasonable adjustments" with clearer access within SolNet and the introduction of "grab guides" for common issues - Review how clinical services are making their information accessible and explore the benefits of existing resources (e.g. Books beyond Words) - Explore how our electronic patient records can improve the "flagging" of patients with a learning disability that results in consideration of vulnerabilities and the need for reasonable adjustments - Make links to local external learning disability support networks with the support of Healthwatch - Develop, and trial, a system of "quality checking" that includes patients with a learning disability - Liaise with local external specialist services to explore voluntary work, paid work, or apprenticeships for people with a learning disability within our teams - Recognise that many of our staff will have family members and friends who have a learning disability and include "signposting" information within SolNet			
How will you measure successful delivery?	There is a clear 3 year delivery plan that the Trust is working towards. This is managed by the Learning Disability Strategy delivery board and the delivery of the outcomes monitored. These are recorded within the board minutes and reported quarterly and within the annual quality account.			
Target on Completion	There are objectives across the 3 year delivery plan. These are managed by the Learning Disability Strategy delivery board and the delivery of the outcomes monitored. These are recorded within the board minutes and reported quarterly and within the annual quality account.			
Key Milestones	Timescale	Action	Target	Lead
	End Q1	Progress Report against 2019/20 to be produced	To share progress	Ian Chalcroft
	Q2	Establish the 4 "task & finish" groups	Deliver required actions and outcomes	Ian Chalcroft
	Q3	Introduce patient flagging within S1	To improve data extraction	Ian Chalcroft
	Q4	Complete all service lines interviews and action plans	To have clear improvement plans in place for each service line to therefore measure improvements	Ian Chalcroft
Engagement and consultation underway or planned:	Engagement with Services through established Steering Group			

TRUST WIDE - PRIORITY SIX	
LOOKING AFTER EACH OTHER	
Title:	**We will deliver appropriate communication and wellbeing programmes for employees and managers that generate interest and motivation using a range of strategies, media platforms and leadership support to address a range of individual and service level wellness needs detailed in our Delivery Plan. The Trust will also seek to assess and sustain measures put in place to support staff during the period of challenging practice during and after the global Covid 19 pandemic**
Service Line/Corporate/Trust Wide:	**Trust wide -** Health and Wellbeing
Quality Type	Safe, Effective and Experience
Details of Project – What do you plan to do:	Delivery of Health and Wellbeing Strategy 20/21
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Developing behaviours and practice that ensure wellbeing is part of everyone's working life and builds a sustainable workforce fit for the future
How will you measure successful delivery?	• Seek active and live feedback from staff affected by the Covid 19 pandemic and the changes this has brought • Monitoring of all incidents that relate to staff affected by the global pandemic • Staff survey results • Reduction in stress sickness rates • Evaluation of specific wellbeing initiatives • Level of uptake for preventative support and training • Social media analytics • Britain's Healthiest Workplace
Target on Completion	Implement behaviours and practice that ensure wellbeing is part of everyone's working life and builds a sustainable workforce fit for the future

Key Milestones	Timescale	Action	Target	Lead
(Always enter timescale as	End Jun 20	Continue to deliver against Business Plan Objectives		M Tarrant, Head of OH and

last day of the month.				Wellbeing
No more than one milestone per Quarter. If no milestone within Quarter you will need to submit a Progress Update)	End Sept 20	Continue to deliver against Business Plan Objectives		M Tarrant, Head of OH and Wellbeing
	End Dec 20	Continue to deliver against Business Plan Objectives		M Tarrant, Head of OH and Wellbeing
	End Mar 21	Continue to deliver against Business Plan Objectives		M Tarrant, Head of OH and Wellbeing
Engagement and consultation underway or planned:	Working with Service Lines, further development of Health and Wellbeing Champion roles which support ongoing engagement to support implementation of milestones.			

Service Line Quality Improvement Priorities

This year in addition to identifying specific Trust-wide priorities, each of our clinical services have developed their own quality improvement priorities. Many of these service level priorities were developed through extensive consultation with staff and communities prior to Covid 19 impacting on the services and care that Solent provide. The priorities remain framed around our Quality Framework domains of Safe, Effective and Experience and take into account local and national priorities, our business plan objectives and recent CQC inspections, detailed below. It is to be noted that the delivery of many of these objectives will be affected , both adversely and positively by the huge challenges related to Covid 19. Services may need to refocus on recovery and restoration of services in the 2020/2021 period. This will potentially cause delays or acceleration of some priorities and in some cases will require that priorities are changed during this rapidly changing period. Progress will be monitored through governance meetings in clinical services and the Trust's Quality Improvement & Risk Group and reported to our Assurance Committee and the Trust Board. Where appropriate, alongside this work will continue around specific priorities identified in 2019/20 to enable a successful conclusion.

Adults Services Portsmouth

Adults Services Portsmouth (ASP) have actively reviewed all of their services, waiting lists and processes during the global pandemic. All patients are being actively triaged and new ways of working have been put in place which may require sustainability to support people within the service. It should be noted that this impact will delay some of priorities and may involve the suspension of some these until a future date

SAFE & EFFECTIVE
PRIORITY ONE

Title:	Improving quality and care provision for patients who require a medium acuity bed in Portsmouth			
Service Line/Corporate/Trust Wide:	Adults Portsmouth Service Line			
Details of Project – What do you plan to do:	The inpatient unit will be located on one site, within St Mary's Hospital initially planned for completion by Spring 2021 but with potential for long term changes to bed stock brought about by Covid 19 pathways alternations			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Improved patient care and outcomes with the benefits of safety, co-location and improved workforce morale.			
How will you measure successful delivery?	The move will have been successfully completed and there will no longer be an isolated unit at Jubilee House			
Target on Completion	The move will have been successfully completed and there will no longer be an isolated unit at Jubilee House			
Key Milestones	Timescale	Action	Target	Lead
	End March 2020	Appropriate design for co-located service established		Sharon McCann, HQP
	End November 2020	Develop workforce able to deliver care as per Medium Acuity Model		Sharon McCann, HQP
	End March 2021	Relocate Jubilee House Staff and patients into new unit	100% relocated	Sharon McCann, HQP
Engagement and consultation underway or planned:	Work is in progress to develop community engagement relationships in Portsmouth.			

PRIORITY TWO – SAFE

Title:	To continue to develop a sustainable workforce in Portsmouth whilst ensuring that staff skills, knowledge and expertise are maximised to improve patient outcomes and experience.
Service Line/Corporate/Trust Wide:	Adults Portsmouth Service Line
Details of Project – What do you plan to do:	Ensure that our staff have the skills, knowledge, expertise and competence to undertake the roles that they are employed to do to ensure positive patient outcomes. Ensure that the enhanced recruitment brought about during Covid 19 pandemic and ensure high levels of retention and competence training.

	A review of current roles is required and consideration to the emerging roles that may help support the future of the services against the backdrop of reduced availability of registrants. Examples of these include apprenticeships and associate roles.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	That the ASP workforce will have all skills that are required to ensure safe and effective delivery of care within their scope of competence. Where training needs are identified, staff will have a clear plan of achievement, competency and deadlines in addition to continued compliance with clinical supervision and mandatory training. Each sub service to be able to articulate future succession planning and skills required in the future workforce.
How will you measure successful delivery?	Auditable workforce -evidence of completed learning; patient outcomes; staff and patient feedback
Target on Completion	Full training matrix (including revisions) in place.

Key Milestones	Timescale	Action	Target	Lead
	End August 2020	Compete Capacity and Demand work	100% complete	Sharon McCann, HQP
	End August 2020	Review of current skills and knowledge to identify skills gap and actions to be taken	100% complete	Sharon McCann, HQP
	End Dec 2020	Completed review of needs of the future workforce	100% complete	Sharon McCann, HQP
Engagement and consultation underway or planned:	Staff have already been made aware of the vision and areas where work is currently in progress have had the greater communication. An 'away day' will be planned to present to the whole service the vision and objectives etc to achieve this to ensure that all staff are clearly informed regarding future plans.			

EFFECTIVE & EXPERIENCE
PRIORITY ONE

Title:	**Working with partners in an integrated system to meet the needs of our local community in Portsmouth and build of the system wide support networks implemented in March 2020**
Service Line/Corporate/Trust Wide:	Adults Portsmouth Service Line
Details of Project – What do you plan to do:	• To review and define clinical pathways with Primary and Secondary care to improve patient outcomes - Including step-up facility and crisis response. • Development of a Single access / referral System for Integrated Health and social community across localities

	• Development of specialist community frailty team (community) and South Central Ambulance Service (SCAS) interface • Implementation of the 'community pull model' within PRRT to support earlier discharge from acute • Development of community based clinical therapeutics service
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Improved patient outcomes in the Portsmouth system by providing an integrated approach and delivery of care in the right place, at the right time by the right people in the community.
How will you measure successful delivery?	Performance measures: Transfer to Hospital data; caseload management and performance data Quality Measures: Ulysses monitoring Patient Experience: Patient and Carer feedback; Complaints; Plaudits; Learning from Excellence Workforce: Staff morale-staff survey; training and compliance of staff re mandatory training and clinical supervision; staff sickness
Target on Completion	There will be a decrease in transfer to the acute provider for care or there will be an increase in performance within the teams which is directly related to an increase in provision of care as per the medium acuity model.

Key Milestones	Timescale	Action	Target	Lead
	End May 2020	Complete the pilot of point of care testing (POCT)	100% complete	Sharon McCann, HQP
	End September 2020	Specialist Community and Frailty team will be operational (including SCAS Interface)	100% operational	Sharon McCann, HQP
	End March 2021	Development of an Integrated Referral Pathway – single access/referral system for integrated health and social community services.	100% Pathway Outlined	Sharon McCann, HQP

Engagement and consultation underway or planned:	The service is working with the Trust Community Engagement lead to develop relationships with community groups within Portsmouth to ensure that the voice of the community is included in the development of services.

EXPERIENCE	
PRIORITY ONE	
Title:	**Using data and digital technology to help support the future provision and delivery of specialist services in Portsmouth building strongly on the enhanced changes made during the early stages of the Covid 19 pandemic.**

Service Line/Corporate/Trust Wide:	Adults Portsmouth Service Line			
Details of Project – **What do you plan to do:**	Continue to develop services to meet the future needs of our community in Portsmouth by consideration of how digital and IT developments can improve and enhance the future delivery of care and improve patient outcomes			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	To reduce the demand on face to face services and related estates by provision of innovative ways of delivering future care. This will enhance patient experience and ensure staff and patient safety as this will mean patients are able to access care required but will have less impact on working lives, ability to get to appointments and park. In addition, this will reduce travel time for staff thus resulting in more time available for clinical care. To note, it will not totally replace direct patient contact but will improve and enhance provision and offer.			
How will you measure successful delivery?	Monitoring of- Patient Experience and feedback-including complaints and plaudits Workforce-morale and performance-better management of capacity. Quality: Monitoring patient outcomes; awareness of any concerns-incidents etc.			
Target on Completion	A increased % of care will be provided in a digitally advanced way thus reducing the demand on face to face contact-this includes the use of tools available Estates can be reviewed and rationalised based on the above impact and decrease in need to see patients in a clinical environment Audit can be undertaken to confirm the ratio of digital health and direct patient contact in a clinical setting Patient surveys to be completed to review the patient experience and make adjustments/improvements to enhance the process. Review planned for April 2021.			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	May 2020	Evaluation of the Telehealth pilot. Findings will then inform next steps,	Complete review May 2020	Sharon McCann, HQP
	September 2020	Review progress with Telehealth options, discussions with staff and patients	Complete by October 2020 to inform next steps	Sharon McCann, HQP
	November 2020	From next steps identified from the September review-plan further roll out, developments, actions required to enhance delivery of care using digital solutions	Review and audit progress March 2021	Sharon McCann, HQP

Engagement and consultation underway or planned:	This work is already in progress. However, it is essential to also include these developments in the other engagement work planned with local community groups in addition to the workforces involved-primarily specialist services.

EXPERIENCE
PRIORITY TWO

Title:	**Community Engagement**
Service Line/Corporate/Trust Wide:	Adults Portsmouth Service Line
Details of Project –	Linked to Trust Wide Priorities outlined above.

Adults Services Southampton

Adults Southampton have actively reviewed all of their services, waiting lists and processes during the global pandemic. The quality priorities for this year are still all relevant in light of Covid. ADS does anticipate that target times will need to be extended but would not do this without consultation with teams involved ADS currently. We are starting to look at our renewing/reset of services within the Quality Information Assessment (QIA) process which will feed into the amended target dates.

SAFE
PRIORITY ONE

Title:	**Urgent response services:** **Working collaboratively with SCAS to establish, grow and expand admission prevention within Southampton City and build on the integrated pathways introduced as part of the response to Covid 19**
Service Line/Corporate/Trust Wide:	Adult Services Southampton – Service Line
Details of Project – What do you plan to do:	Further develop the SCAS and Urgent Response Service (URS) Clinician Helpdesk Pilot
Overall Expected Outcome (including impact on patients and how you will know you're successful):	- Increase in patients having immediate access to admission prevention services - Increase in patients avoiding inappropriate admissions - Better Care planning through care assessments being carried out in patient's own home

How will you measure successful delivery?	- Number of referrals into URS from SCAS pre-project initiation & during - Number of interventions recorded by URS clinician on desk - Measure the type of intervention offered by URS, to classify involvement - Measure the re-admission rates post-interventions (CCG/ system data) - Patient Feedback			
Target on Completion	To have a robust operational relationship with SCAS to facilitate appropriate pathways of care for patients by April 2021. Measures as above.			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	30 June 2020	URS team to attend all SCAS crew training/update meetings	100% of SCAS crew meeting attended	Jo McKenzie (Falls Lead)
	30 June 2020	To resolve IG issues	To have a data sharing agreement agreed and implemented between the two organisations that allows URS staff to proactively engage with crews	Jo McKenzie (Falls Lead)
	September 2020	To analyse SCAS call data alongside CCG admission data to identify 'other' (non-fall) patients who could benefit from the service, to avoid hospital admission. Identify volume and nature of 'other' URS interventions that could be implemented with additional funding.	Review SOP in line with findings	Jo McKenzie (Falls Lead)
	June 2020	Design and implement patient feedback audit	To give patients opportunity to feedback on new pathway.	Jo McKenzie (Falls Lead)
Engagement and consultation underway or planned:	Engagement planned.			
PRIORITY TWO - SAFE				
Title:	**Implementation of a risk stratification tool and escalation pathway for Community Diabetes patients to support diabetes management within the Community Nurse (CN) caseload.**			

Service Line/Corporate/Trust Wide:	Adults Southampton Service Line			
Details of Project – What do you plan to do:	Validate and Roll out the Diabetes CRASH tool. This is a stratification tool to guide community nurses for patients requiring insulin administration. CRASH promotes referral to and involvement of the Community Diabetes Nurses and Specialist Diabetes Service			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Increased referral to the Diabetes team Reduced admission rates to hospital			
How will you measure successful delivery?	All patients receiving insulin via community nursing to have a CRASH score			
Target on Completion	Reduce incidents for patients receiving insulin via community nursing by 50% in 2020-2021			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	March 2020	Test CRASH Tool in central community nursing	All Central team patients receiving insulin via community nursing	Emma Ives
	May 2020	Validate CRASH Tool stratification level		Emma Ives, Carl Adams
	July 2020	CRASH Tool on S1	S1 product team	Carl Adams
	September 2020	CRASH Tool rolled out across Southampton Community nursing	Southampton Community nursing	Emma Ives, Anthea Thorpe, Carl Adams
Engagement and consultation underway or planned:	Engagement with Community nursing, Diabetes service and S1 product team			

EFFECTIVE	
PRIORITY ONE	
Title:	**Optimise red/ green days Length of Stay (LOS) for RSH inpatient wards and utilised digital solutions to support**
Service Line/Corporate/Trust Wide:	Adults Southampton Service Line
Details of Project – What do you plan to do:	Implement E-whiteboards for use on wards. This will enable staff to see and interact with real time information related to patients directly from Systm-1. Working under Safer patient bundle/red and green and "Managing Choice on Complex Discharge" policy

Overall Expected Outcome (including impact on patients and how you will know you're successful):	- Reduction in length of stay - Reduction in Delayed Transfers of Care (DTOC)			
How will you measure successful delivery?	The recording and displaying of Red2Green data is completed and accessible to RSH staff.			
Target on Completion	Estimated 5% reduction in Length of Stay (LOS) and 10% Reduction in Delayed Transfers of Care DTOC over 2020-2021 period - percentage to be confirmed following 6 month review of data			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	June 2020	Analyse the Red2Green data to identify trends in reasons for delays		Carl Adams, Jo Candeias
	July 2020	Digitally display the Red2Green data daily in useful way for RSH clinicians		Carl Adams, Jo Candeias
	April 2021	Make improvements based on reasons for delays		Carl Adams, Jo Candeias
	April 2020	Report and discuss the monthly Red2Green data at the Service Line Governance Meetings.		Carl Adams, Jo Candeias
Engagement and consultation underway or planned:	Engagement underway			

PRIORITY TWO - EFFECTIVE

Title:	**To improve prescribing pathways for Community Specialist Services**
Service Line/Corporate/Trust Wide:	Adults Southampton Service Line
Details of Project – What do you plan to do:	Develop prescribing pathways for Community Specialist Services
Overall Expected Outcome (including impact on patients and how you will know	Reduce health care appointments Reduce medicines waste

you're successful):				
How will you measure successful delivery?	Patients with acute stoma medicine requirements are delivered at the point of the acute problem being identified.			
Target on Completion	All patients seen by Stoma Care Service who require medicine due to acute problem (within scope of formulary) receive a prescribed medicine			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	April 2020	CCG approval of Stoma Care Medicine Formula		Jo Wagland
	May 2020	CCG to confirm funding for Stoma Care NMP		Jo Wagland
	June 2020	Stoma Care to measure the potential number of prescriptions which would be issued to create baseline.		Jo Wagland/ Carl Adams
Engagement and consultation underway or planned:	Engagement with CCG to confirm formulary and budget.			

EXPERIENCE	
PRIORITY ONE	
Title:	**To improve the delivery of personalised care and supportive self-management.**
Service Line/Corporate/Trust Wide:	Adults Southampton Service Line (ADS)-
Details of Project – What do you plan to do:	Community Independence Service (CIS) to engage in Wessex Activation & Self-management Programme (WASP) as a programme which supports Board to Floor, systems and process to learn, identify and action changes to improve in the delivery of personalised care and supportive self-management. Community Neurological Rehabilitation Service to complete the NHSE/I Personalised Care Collaborative • Improve service user experience and outcomes • Implement new ways of applying the personalised care model within multi-disciplinary teams • Promote inter-professional learning

	• Strengthen the national evidence base through case studies of good practice • Embed and promote/champion Personalised Care by becoming experts or/and local leaders
Overall Expected Outcome (including impact on patients and how you will know you're successful):	To increase the number of measurable personalised care contacts within ADS.
How will you measure successful delivery?	To increase the number of measurable personalised care contacts within ADS.
Target on Completion	**Improved outcome in WASP tool score post completion of WASP programme** To increase the number of measurable personalised care by 10% within ADS.

Key Milestones	Timescale	Action	Target	Lead
	April 2020	Align personalised care programme plans with Hampshire & Isle of Wight (HIOW)personalised care group aims		Carl Adams
	Sept 2020	Improve the Quality of Personalised Care Plans		Carl Adams
	April 2021	Increase the number of PAM used and referrals for social prescribing by 10%	10% increase	Carl Adams

Engagement and consultation underway or planned:	Engagement with HIOW personalised care group involving CCG, Providers and WASP.

PRIORITY TWO – EXPERIENCE

Title:	**To improve the patient held information within the Neuro ESD services through a co-design group:** **Improving rehabilitation engagement and self-management through the co-design of patient material**
Service Line/Corporate/Trust Wide:	Adults Southampton Service Line
Details of Project – What do you plan to do:	Co-design group to re-design of Welcome Home Leaflets

Overall Expected Outcome (including impact on patients and how you will know you're successful):	Improved patient materials (i)Increased engagement from the patient in their rehabilitation pathway Reduced failed discharges or reduced experience post discharge.			
How will you measure successful delivery?	Successful implementation of patient feedback from processes and material			
Target on Completion	The project aims to deliver improved engagements of patients in the process of rehabilitation and self-management of their health journey during their time with the Early Supported Discharge Team and onward through the use of objectively measured improved patient materials. The project timeline is to begin September 2019 with the aim to complete by the following September 2020.			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	9th March 2020	First co design meeting		Michael George
	30th May	Draft patient material		Katy Rumbelow
	12th March 2020	Presentation of work to-date at Stroke Research Event		Katy Rumbelow
	31st July	Pilot of material		Katy Rumbelow
	28th Feb 2021	Project completion with poster presentation for NHS England	New patient material with reported improvements of utilisation/effectiveness	Katy Rumbelow
Engagement & consultation underway planned:	Underway and stakeholders engaged project			

Child & Family Services

Child and Family services have actively reviewed all of their services, waiting lists and processes during the global pandemic. All patients and families are being actively triaged and new ways of working put in place which may require sustainability to support people within the service. It should be noted that this impact will delay some of priorities and may involve the suspension of some these until a future date

SAFE	
PRIORITY ONE	
Title:	**To ensure assurance tools and governance processes are in place to ensure that those at risk at Child Sexual Exploitation (CSE) are identified and appropriate interventions put in place**
Service Line/Corporate/Trust Wide:	Child and Family Services

Details of Project – What do you plan to do:	We would want to ensure all children seen by our services over the age of 13 are screened using the CSE tool and appropriate referrals undertaken.			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Young people's risk will be assessed enabling appropriate referral and ongoing support and protection from harm			
How will you measure successful delivery?	Audit of Systm1 records			
Target on Completion	All children seen by our services over the age of 13 are screened using the CSE tool and appropriate referrals undertaken.			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	March 2021	All children over the age of 13 who access the service for a face to face activity will be assessed for CSE using an evidence based tool		Leanne Gelder, HQP and Stephanie Clark, HQP
Engagement and consultation underway or planned:	This has been identified through recent Serious Incidents requiring investigation			

PRIORITY TWO - SAFE

Title:	**To improve young people's access to and understanding of their health care plan (Looked After Children) and Care plans within the Children Community Nurse (CCN) team including special schools which may include sustaining access via electronic resources put in place to support care in period of the Covid 19 Pandemic**
Service Line/Corporate/Trust Wide:	Child and Family Services
Details of Project – What do you plan to do:	Improve the engagement of young people in writing care plans to ensure that they are meaningful and useful to Young people's . This would be through a user engagement forum.
Overall Expected Outcome (including impact on patients and how you will know	The health care plan will be meaningful for young people and will include information that is essential to improve health outcomes.

you're successful):				
How will you measure successful delivery?	Audit of records in 2021/22			
Target on Completion	Health care plans will be co-produced with young people enabling smooth transitions through the service			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	End March 2021	All health care plans for young people and children will be written jointly and outcomes agreed		Leanne Gelder, HQP and Stephanie Clark, HQP
Engagement and consultation underway or planned:	Young Peoples engagement forum.			

EFFECTIVE	
PRIORITY ONE	
Title:	**To develop a career pathway in the child and family service line for Advanced Clinical Practice (ACP)**
Service Line/Corporate/Trust Wide:	Child and Family Services
Details of Project – What do you plan to do:	This needs to be managed with a Project Plan for 4 years; the milestones will include a clear plan of what the workforce will look like in 4 years including a forecast of how many ACP positions in post and the training that will be required to meet the competencies.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	There will be a clear career framework in place for the child and family workforce
How will you measure successful delivery?	Improved staff retention and visible career framework for all staff.
Target on Completion	Visible career framework for all staff.

Key Milestones	Timescale	Action	Target	Lead
	End March 2022	There will be a clear career pathway in place across the service line		Clare Smith
Engagement and consultation underway or planned:	Engagement with workforce planned.			

PRIORITY TWO – EFFECTIVE

Title:	**Effective - To improve the pathway for children and young people with depression**
Service Line/Corporate/Trust Wide:	Child and Family Services
Details of Project – What do you plan to do:	Assess our service delivery against the National Institute for Health and Care (NICE) guidance and remodel service delivery as appropriate.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Services that meet best practice guidelines to ensure safe and effective outcomes for children and young people
How will you measure successful delivery?	Audit of services delivery in line with NICE guidelines.
Target on Completion	Evidence that the service are meeting the NICE guidelines for Children and young people with depression ensuring safe outcomes for children and young people

Key Milestones	Timescale	Action	Target	Lead
	01 Nov 20	To map service provision against NICE guidance to identify gaps and plan to mitigate	The clinical pathway for children and young people for depression will be evidence based	Leanne Gelder, HQP, Chantal Homan and Sonia King, Service Leads
Engagement and consultation underway or planned:	Through sharing pathways with the young people's engagement groups in East and West			

EXPERIENCE	
PRIORITY ONE	
Title:	**To develop the offer for children and families service delivery to include Remote Consultation (Skype), telephone and texts and use of translation services as required. This will include ensuring sustainable changes put in place during the Covid 19 are able to support this type of service provision in the long term**
Service Line/Corporate/Trust Wide:	Child and Family Services
Details of Project – What do you plan to do:	Deliver some consultations through other means other than face to face. This will need to be completed as part of a risk assessed service
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Technology will be utilised to meet the needs of young people, children and families
How will you measure successful delivery?	Evidence of a range of consultation formats available and booked by patients. Patient Feedback.
Target on Completion	There will be a variety of tools used to engage with young people, children and families

Key Milestones	Timescale	Action	Target	Lead
	End Nov 2020	To scope with young people and families the feasibility of remote consultations and identify any risks		Neil Smith

Engagement and consultation underway or planned:	Young Shapers Forum.
PRIORITY TWO – EXPERIENCE	
Title:	**To develop client involvement in their treatment plan, developing choice within the pathway of care delivery**.
Service Line/Corporate/Trust Wide:	Child and Family Services
Details of Project –	Using evidence based practice with clear pathways in place and identified outcomes including choice of service delivery

What do you plan to do:	
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Clear clinical pathways in place that are co-produced with families, young people and children
How will you measure successful delivery?	Revised clinical pathways in place.
Target on Completion	Evidence based. Co-produced clinical pathways.

Key Milestones	Timescale	Action	Target	Lead
	Q4 2020/21	Clinical pathways will be co-produced with young people and families	Individual pathways of care delivery will be agreed with families and young people with choice available	Leanne Gelder and Stephanie Clark, HQPs

Engagement and consultation underway or planned:	Parent Forums and Young Shapers Forums/Meetings

Child and Adolescent Mental Health Services (CAMHS)

It should be noted that significant work has remained ongoing throughout 2019/20 which sought to reduce the waiting lists across the service. These waits were impacted by the reduction changes made during and after the global pandemic. Alongside the priorties detailed above, the work to reduce waits within CAMHS remains a priority for the Children and Families Service Line during 2020/21 as we continue to review the opportunities to work differently.

Specialist Dental Services

During Solent's response to the global pandemic all non-urgent specialist dental services were stepped down and will remain so for a sustained period in 2020/2021. This will impact the services' delivery of many of the priorities set prior to Covid 19. Active triage and new ways of working are in place which may well have a positive impact how the service provides care going forward

SAFE	
PRIORITY ONE	
Title:	**Introduce Intraoral Radiography into Dental General Anaesthetic (GA) Sessions**
Service	Special Care Dental Service - Service Line

Line/Corporate/Trust Wide:	
Details of Project – What do you plan to do:	To introduce digital radiography into each of our general anaesthetic sites. Currently this is only available at our own site (Poswillo) and not at sites where we are hosted by other hospital providers. This will require: 1. Securing IT access in theatre at each site 2. Liaising with hospital sites to carry out works required 3. Preparing -local rules and procedure documents 4. Training staff
Overall Expected Outcome (including impact on patients and how you will know you're successful):	**Target:** To implement intraoral radiography in theatre at all external GA sites (NHH, RHCH, SGH, St Mary's)
How will you measure successful delivery?	**Audit:** To record availability/unavailability of intraoral radiography at Dental GA sites
Target on Completion	Intra-oral radiography will be available consistently at all dental GA sites and service have completed audit of availability by March 2022.

Key Milestones	Timescale	Action	Target	Lead
	September 2020	Complete actions 1 and 2	50%	Lisa Dugan
	December 2020	Complete action 3	70% complete	Lisa Dugan
	March 2021	Complete all actions	100% complete	Lisa Dugan
	March 2022	Audit availability of intra-oral radiography at GA sites.	100% complete	Lisa Dugan

Engagement and consultation underway or planned:	This project is now underway and service has engaged with the IT department, estates and partner organisations.

PRIORITY TWO – SAFE	
Title:	**Introduction of an Intravenous (IV) Sedation Service for patients on the Isle of Wight (IOW) as an alternative option for some patients who would otherwise only be able to access dental treatment under general anaesthesia**
Service Line/Corporate/Trust Wide:	Special Care Dental Service - Service Line
Details of Project –	1. Create sedation folder for IOW to replicate mainland copy

What do you plan to do:	2. Arrange shadowing/mentorship program until confident to provide sedation independently 3. Commence sedation for patients under guidance of sedation leads 4. Invite clinicians to Sedation Network meeting 5. Provide training updates as required 6. Ensure opportunity for case reflection and appraisal
Overall Expected Outcome (including impact on patients and how you will know you're successful):	**Target:** Monitor introduction of sedation service against agreed timeline Compliance on IOW with mainland sedation policy and procedures
How will you measure successful delivery?	**Proposed Measure:** 1. Audit clinical notes for IV sedation – to ensure compliance with sedation policy. 2. Audit use of IV checklist and clinical note keeping for 100% of cases. 3. Review controlled drugs record book for 100% of cases 4. Review any sedation related incidents and share learning at Sedation Network 5. Case reflection and discussion with sedation leads **6.** Record patient feedback around sedation for 100% of cases
Target on Completion	Service will deliver an audited IV conscious sedation service on the Isle of Wight by March 2022.

Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	September 2020	Complete actions 1 to 3	30%	Caroline Frolander
	December 2020	Complete actions 4 to 6	10% reduction in dressing costs	Caroline Frolander
	March 2021	Service in place	100% completed	Caroline Frolander
	March 2022	Complete audit and all feedback	100% completed	Caroline Frolander

Engagement and consultation underway or planned:	Implementation and delivery now underway.

EFFECTIVE	
PRIORITY ONE	
Title:	**Introduction of a treatment package for oral health care and carer training for use in nursing and residential care homes**
Service Line/Corporate/Trust Wide:	Special Care Dental Service - Service Line

Details of Project – What do you plan to do:	Following NICE guidelines, the NHS 10 year plan and feedback from special care dental staff who deliver regular domiciliary dental care in nursing and care homes, there is an obvious need to deliver Oral Health carer training and provide a training package, including a workbook and face to face training sessions. Oral health is as important for vulnerable adults in the latter stages of life, as it is for children in the early years of life. Poor oral health has found to be linked with heart disease, diabetes, sepsis, etc. and can be extremely debilitating, especially when unable to communicate feelings of pain, diet, oral function and self-esteem.			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Pilot carer training in designated carer/ nursing homes with the aim to implement the use of oral health assessment forms and daily mouth care plans for each resident.			
How will you measure successful delivery?	**Audit:** Number of practitioners working with vulnerable adults and old people in care homes who have received OHP training.			
Target on Completion	100% of patients in one care home have an oral care plan.			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	September 2020	Vulnerable adults and old people in care homes who have received OHP training.	**40%**	**Vicky Johnston**
	March 2021	Vulnerable adults and old people in care homes who have received OHP training.	**60%**	**Vicky Johnston**
	March 2022	Vulnerable adults and old people in care homes who have received OHP training.	**100%**	**Vicky Johnston**
Engagement and consultation underway or planned:	Care home staff, residents, family members of residents, commissioners as required and Solent staff.			

PRIORITY TWO – EFFECTIVE	
Title:	**Develop community engagement with patients**
Service Line/Corporate/Trust Wide:	Special Care Dental Service - Service Line
Details of Project – What do you plan to do:	Improve the quality of patient engagement within service for patients that have challenges engaging in a group setting and share this information with the wider service. Implement staff training.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Any information gained from engaging with patients will be used to educate staff and make choices for the strategy of the service.
How will you measure successful delivery?	Develop and implement a patient survey to be piloted at one clinic with support of our Patient Experience Director.
Target on Completion	All staff will have received feedback from survey and staff training and be able to use the themes that have been identified to make changes about their own engagement with all patients.

Key Milestones	Timescale	Action	Target	Lead
	July 2020	Have developed survey	20%	Jennifer Barber, HQP
	October 2020	Clinic identified and relevant staff undertaken training.	50%	Jennifer Barber, HQP
	January 2021	Have completed survey and collected results	60%	Jennifer Barber, HQP
	February 2021	Analysis of results	70%	Jennifer Barber, HQP
	March 2021	Action Plan completed and any changes implemented.	100%	Jennifer Barber, HQP
Engagement and consultation underway or planned:	As above			

EXPERIENCE				
PRIORITY ONE				
Title:	**Improve patient experience for people with dementia**			
Service Line/Corporate/Trust Wide:	Special Care Dental Service – Service Line			
Details of Project – What do you plan to do:	All clinics will have physical changes to their environments to improve the experience for patients with Dementia. The changes will have been advised by a service wide Quality Improvement (QI) Group.			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	A baseline audit will be repeated to ensure that changes have been implemented. A patient survey will be completed.			
How will you measure successful delivery?	Improved audit of clinic environments. Patient Survey FFT Feedback			
Target on Completion	The QI Group will have recommended and implemented changes to all clinics.			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	July 2020	QI Group and Senior Management Team will have agreed changes to clinics	30%	Rebecca Isles Jennifer Barber
	September 2020	Some changes will have been implemented in clinics	40%	Rebecca Isles Jennifer Barber
	December 2020	All changes will have been implemented in clinics	60%	Rebecca Isles Jennifer Barber
	February 2021	Second audit of clinic environments will have been completed.	70%	Rebecca Isles Jennifer Barber
	February 2021	Patient survey will have been completed	90%	Rebecca Isles Jennifer Barber
	March 2021	All changes will be in place	100%	Rebecca Isles Jennifer Barber
Engagement and consultation underway or	Consultation period planned. HQP has spoken with Director of Patient Experience. QI Group is working with a Patient Advocate Representative.			

planned:	

PRIORITY TWO – EXPERIENCE

Title:	**Implement strategies to reduce waiting times**
Service Line/Corporate/Trust Wide:	Special Care Dental Service - Service Line (**note**: to be shared Trust wide when completed)
Details of Project – What do you plan to do:	Alongside existing processes to review the waiting list and patient data, the service will develop and implement task and finish groups to manage more widely and review more deeply reasons for patient's waiting.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Patients will have an improved experience before they are reviewed by the service and once they have become patients. Being seen sooner will improve safety and oral health.
How will you measure successful delivery?	Decreased waiting times Improved feedback via Friends and Family test (FFT) Decreased service concerns and complaints.
Target on Completion	The service will expect to see a 10% improvement from the first Task and Finish Groups to the Final meeting held (by April 2022).

Key Milestones	Timescale	Action	Target	Lead
	April 2020	Task & Finish Groups will be developed fully across the service.	10%	Caroline Frolander Lisa Dugan
	September 2020	Task & Finish Groups will have met for 3 times and progress reviewed.	20%	Caroline Frolander Lisa Dugan
	December 2020	Progress will be reviewed.	40%	Caroline Frolander Lisa Dugan
	March 2021	Progress will be reviewed.	60%	Caroline Frolander Lisa Dugan
	March 2022	Progress will be reviewed	100%	Caroline Frolander Lisa Dugan

Engagement and consultation underway or planned:	This task is already underway. There has been staff engagement and action with further staff engagement planned.

Mental Health Services

To note: Adult Mental Health Services are provided in Portsmouth only for Solent NHS Trust.

Mental Health services have actively reviewed all of their services during the global pandemic. All patients are being actively triaged and new ways of working put in place to support people within the service. Some of these will not be continued post Covid 19. It should be noted that this impact will delay some of priorities and may involve the suspension of some these until a future date

SAFE & EFFECTIVE				
PRIORITY ONE				
Title:	**Collaborative assessment and management of suicidality (CAMS)**			
Service Line/Corporate/Trust Wide:	Mental Health Services			
Details of Project – What do you plan to do:	Train staff in the use of CAMS approach, as review the impact of this, as part of our suicide prevention strategy.			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	A clear pathway for suicidal patients with improved risk assessments and action plans.			
How will you measure successful delivery?	Patients score their -suicidality throughout the intervention. We will use these to see whether the intervention is having the desired effect.			
Target on Completion	There is a self-reported reduction is suicidality for patients following this intervention			
Key Milestones	Timescale	Action	Target	Lead
	End May 2020	Train a designated cohort of staff within CAMS		Jo Perry
	End December 2020	Begin this intervention within patient care		Jo Perry

	End February 2021	Audit Intervention Outcome		Jo Perry
Engagement and consultation underway or planned:	Discussed and agreed at the workforce planning meeting.			

PRIORITY TWO – SAFE				
Title:	**High Quality Risk Assessments**			
Service Line/Corporate/Trust Wide:	Mental Health Services			
Details of Project – What do you plan to do:	To improve and standardise the quality of risk assessments within the service			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	To have in place high quality risk assessments for all patients improving patient safety			
How will you measure successful delivery?	Audit of patient risk assessments completed			
Target on Completion	90% of audited risk assessments meet the planned standards			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	End June 20	Establish a working group to review and agree risk assessment templates	New risk assessment template agreed	Jo Perry
	End August 2020	Staff Comms – to ensure staff are aware of the new expected risk assessment standards		Jo Perry
	End September 2020	To review and revised risk assessment policy	Risk assessment policy updated and agreed	Jo Perry
	End March 2021	To complete risk assessment audit with monthly "sample" risk assessment audit and larger quarterly audits in Q3-Q4.	Risk assessment audit completed	
Engagement and consultation underway or	Discussed at the service line audit, research and QI meeting.			

planned:	

<table>
<tr><td colspan="5">EFFECTIVE</td></tr>
<tr><td colspan="5">PRIORITY ONE</td></tr>
<tr><td>Title:</td><td colspan="4">To implement the use of a patient recovery outcome measure within Mental Health Services (Dialog)</td></tr>
<tr><td>Service Line/Corporate/Trust Wide:</td><td colspan="4">Mental Health Services</td></tr>
<tr><td>Details of Project – What do you plan to do:</td><td colspan="4">Use patient reported outcome measure- Dialog- to determine impact from treatment within the community rehab team.</td></tr>
<tr><td>Overall Expected Outcome (including impact on patients and how you will know you're successful):</td><td colspan="4">Patients report an improvement in their recovery and wellness following intervention from the community rehab team.</td></tr>
<tr><td>How will you measure successful delivery?</td><td colspan="4">Improvement in Patients Dialog Scores recorded</td></tr>
<tr><td>Target on Completion</td><td colspan="4">90% of patients report an improvement in their Dialog scores.</td></tr>
<tr><td>Key Milestones</td><td>Timescale</td><td>Action</td><td>Target</td><td>Lead</td></tr>
<tr><td></td><td>Q1</td><td>End of quarter audit</td><td>90% of patients report an improvement.</td><td>Olawale Adefila.</td></tr>
<tr><td></td><td>Q2</td><td>End of quarter audit</td><td>90% of patients report an improvement.</td><td>Olawale Adefila.</td></tr>
<tr><td></td><td>Q3</td><td>End of quarter audit</td><td>90% of patients report an improvement.</td><td>Olawale Adefila.</td></tr>
<tr><td></td><td>Q4</td><td>End of quarter audit</td><td>90% of patients report an improvement.</td><td>Olawale Adefila.</td></tr>
<tr><td>Engagement and consultation underway/planned:</td><td colspan="4">Dialog was agreed through service user and staff engagement and was initially tried before agreeing rollout.</td></tr>
</table>

<table>
<tr><td colspan="2">EXPERIENCE</td></tr>
<tr><td colspan="2">PRIORITY ONE</td></tr>
<tr><td>Title:</td><td>Patient Feedback – Discharge Experience</td></tr>
<tr><td>Service Line/Corporate/Trust Wide:</td><td>Mental Health Services</td></tr>
<tr><td>Details of Project –</td><td>Mental Health Services are looking to obtain feedback from patients discharged from acute/PICU wards regarding their</td></tr>
</table>

What do you plan to do:	discharge (both from ward and their subsequent post discharge support provided).
Overall Expected Outcome (including impact on patients and how you will know you're successful):	• improvement in patient and carers experience of the discharge process • appropriate support in place for patients on leaving the ward • reduction in readmissions
How will you measure successful delivery?	Plan to complete a further patient survey once actions are completed. This will fall into 21-22 quality account
Target on Completion	85% of patients feel that they had the right support from services at the point of discharge

Key Milestones	Timescale	Action	Target	Lead
	End June 2020	Develop a patient questionnaire to seek feedback		Jo Perry
	End September 2020	Send survey to patients discharged from designated services (based on agreed timescales)		Jo Perry
	End December 2020	Review feedback returns and collate results and agree actions as required		Jo Perry
	End March 2021	Actions to be overseen and implemented by working group	100% actions complete	Jo Perry
Engagement and consultation underway or planned:	Working Group specifically targeted to support this project to include representation from profession/service alongside patient and carer representation. To link with existing Patient and Public Participation Groups. Links with Solent Engagement team to be established.			

Primary Care Services

Primary care have seen huge changes in their case load and footprint during the global pandemic. This has involved the consolidation of some services and shrinking estate to support ongoing care. Initial moves in the recovery phase will invovle a review as to how this footprint can be expanded or indeed if it should, in a way that continues to provide social distancing and expanded services. Where possible patients and families are actively triaged. New ways of working such as remote consultation will continue –but longer term processes will need to be considered for sustainability. It should be noted that this impact will delay some of priorities and may involve the suspension of some these until a future date

SAFE	
PRIORITY ONE	
Title:	**By 2022/2023 we will deliver services within our financial envelope through service review and the development of income generation schemes. This will be underpinned by our quality priorities to ensure services remain safe.**
Service Line/Corporate/Trust Wide:	Primary Care Services
Details of Project – What do you plan to do:	Through the close management of service specifications make sure that services are delivering to specification and within a financial envelope that supports service delivery and the service line.

Review of service specifications will be managed with commissioners and stakeholders to make sure that provision is safe and effective.

Increased development of income generating services to support patient experience. |
| **Overall Expected Outcome** (including impact on patients and how you will know you're successful): | A clear understanding of the delivery models for future delivery of services including:

- Understanding of the minimum standards for service delivery and safe delivery of services
- Understanding of where income generation can and should be used to support patient experience
- Understanding of where efficiencies can be made to support the best way of delivering services
- Maintenance of the quality drivers for services whilst understanding the financial drivers for service delivery. |
| **How will you measure successful delivery?** | Success will be monitored through the management of service line business objectives. |
| **Target on Completion** | To have services that work within their financial means and have worked with commissioners to understand how the service delivery for commissioned services deliver expected outcomes linked to service specification. Commitment secured for the essential aspects of service to ensure appropriate funding for the long-term provision of safe services.

To make sure that there is no service mission creep in delivery of all services

To have a process whereby opportunities for income generation are identified, appraised and delivered where appropriate.

To have a number of income generating schemes across the service

To be financially viable and support the financial viability of the organisation |

Key Milestones	Timescale	Action	Target	Lead
	End April 2020	Portsmouth, South East	Integrated Living with Pain sessions	Andrew Smith and

		Hampshire PAIN Service, to commence initial stages of collaboration and integration with PHT Pain Clinic	developed	Jill Young
	End August 2020	Phased transition to the new Rheumatology Pathways	New Rheumatology Pathways	Andrew Smith and Jill Young
	End September 2020	Scope potential for full integration with commissioner support; if case supported transition to integrated pain clinic.	Integrated Pain Clinic	Andrew Smith and Jill Young
	End October 2020	Pain QI Project Implementation – Engage and involve patients to improve and redesign care pathway.	Improved care pathway	Andrew Smith and Jill Young
Engagement and consultation underway or planned:	Working with: • Patient and Public Participation Groups • Commissioners • Finance Team			

PRIORITY TWO – SAFE

Title:	**We will diversify our workforce and introduce clear development and career frameworks by 2022/2023. Recognising that a quality staff experience is a key driver in implementing our quality priorities.**
Service Line/Corporate/Trust Wide:	Primary Care Services
Details of Project – What do you plan to do:	Across the service line there will be a development of staff and workforce management to support the retention and recruitment of a diverse workforce. This will include: • Development of competency frameworks for Allied Health Professionals (AHP) roles. • Development of GP workforce in line with PCN development and a desire to develop a multidisciplinary approach to primary care. • Development of relationships with outside educational and professional standards providers to support the workforce
Overall Expected Outcome (including impact on patients	The aim of the this activity is to support our workforce through:

and how you will know you're successful):	- Increased recruitment opportunities - especially linked to workforce's recruitment that has been challenging such as GP and Podiatry. - Increased retention of quality staff through clear development frameworks. - Increased delivery of multi-disciplinary workforces. - Staffing establishment to be maintained at safe levels with sufficient training and expertise			
How will you measure successful delivery?	Success will be measured through the delivery of the service line business objectives.			
Target on Completion	- Improved Staff Retention - Increased delivery of multi-disciplinary workforces - Safe staffing levels maintained			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
	End September 2020	Podiatry (POD) - Identify viability of Health Care Assistant (HCA) roles within service & their progression to develop future workforce.		Andrew Smith and Jill Young
	End September 2020	POD Identify viable apprenticeship programmes. Scoping		Andrew Smith and Jill Young
	End March 2021	POD Identify viable apprenticeship programmes. Implementation.		Andrew Smith and Jill Young
Engagement and consultation underway or planned:	Working with: - Patient and Public Participation Groups - Commissioners - Finance Team			

EFFECTIVE	
PRIORITY ONE	
Title:	**We will increase patient, public, stakeholder and staff engagement to ensure effective use of our services and positive, safe, and effective use of services by 2022/2023**

Service Line/Corporate/Trust Wide:	Primary Care Services			
Details of Project – **What do you plan to do:**	Increase our engagement with stakeholders and patients to make sure that services are delivering the right care at the right time in the right place in line with service specifications.			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	• Increased patient satisfaction • Increased commissioner and stakeholder satisfaction • Safe and effective delivery of services • Increased understanding of the needs of patient groups and local communities in service delivery.			
How will you measure successful delivery?	Measurement will be in line with the delivery of service line business objectives.			
Target on Completion	To understand how patient and public involvement and engagement can become a key asset in the development and delivery of services, including: • GP community engagement programme - feeding into our community engagement strategy • Active GP Patient Participation Group (PPG) group • Clear management and use of feedback systems including Friends & Family (FFT) across services • Engagement programmes within MPP to support decision making • Engagement of peer advocated and patient volunteers within Pain and HHC			
Key Milestones	**Timescale**	**Action**	**Target**	**Lead**
(Always enter timescale as last day of the month. *No more than one milestone per Quarter. If no milestone within Quarter you will need to submit a Progress Update)*	End June 2020	Embedding delivery of the Solent GP Surgery PPG - through regular meetings and other communication channels.	Established GP PPG - in place	Andrew Smith and Jill Young
	End September 2020	Musculoskeletal (MSK) Proactively participate in the development of the public health provision of exercise and self-management options within WEST community providers: Saints Foundation, Hydro Aqua	MSK Public Health Programme developed	Andrew Smith and Jill Young
	End October 2020	Develop the utilisation of FOG volunteers within PMP groups	Process outlined for the involvement of volunteers to support this programme	Andrew Smith and Jill Young

	for co-delivery at set stages of programmes.	of work.	
Engagement and consultation underway or planned:	To include: Community stakeholders Patient groups including peer advocates and PPG members Corporate Community Engagement team Volunteers Third sector People and Organisation Development		

EXPERIENCE	
PRIORITY ONE	
Title:	**By 2022 we will optimise our estate to deliver our quality priorities for our patients and staff ensuring a safe and positive experience.**
Service Line/Corporate/Trust Wide:	The service line has a range of business objectives which look at how the service line estate can be best utilised to provide positive and safe experiences for staff and patients.
Details of Project – What do you plan to do:	Review of the service line estate to establish how to best utilise space and provide positive and safe experiences for staff and patients.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	The expected outcomes to optimisation of estates is to: • Increase positive experiences by staff leading to positive outcomes linked to recruitment and retention. • To make sure that all estates are utilised in the best way possible, leading to better experiences for patients • To make sure that all estates provide safe environments for care • To make sure that any environmental changes are needs lead and have been influenced by patient and staff engagement.
How will you measure successful delivery?	Successful delivery will be identified through the successful achievement of the business objectives milestones.
Target on Completion	GP Surgery Single site move from the Nicholstown and Portswood sites to a single multi-disciplinary site within the surgery location. MSK / Pod Estates rationalisation across Southampton and Portsmouth services.

Key Milestones	Timescale	Action	Target	Lead
	End June 2020	MSK work with Estates team to explore the hub and spoke model within the West locality Adelaide Health Centre [AHC]/Stoneham)	Proposal of hub and spoke models (West) to be drafted.	Andrew Smith and Jill Young
	End June 2020	POD Podiatry Service to reduce estates to key hub sites to deliver specialist quality care with a multi-disciplinary focus.	Key hub sites established	Andrew Smith and Jill Young
	End Sept 2020	GP fully scope and progress the opportunities and efficiencies gained from working as a single integrated surgery.	Model for integrated surgery drafted including action plan for implementation of required changes.	Andrew Smith and Jill Young
Engagement and consultation underway or planned:	**GP Surgery Transformation** Estates Team Patient and Public Participation Groups Patient Consultation Staff Consultation CCG/Commissioners PCN Community Partners Health watch External Consultants Exec Team **MSK Transformation** Estates Team Patient Consultation Staff Consultation CCG/Commissioners Health watch / HOSP **Podiatry Estates** Estates Team Patient Consultation			

	Staff Consultation CCG/Commissioners			

PRIORITY TWO – EXPERIENCE & EFFECTIVE

Title:	**By 2022 we will have a digitalisation strategy to improve accessibility and effective use of resources for staff and patients.**			
Service Line/Corporate/Trust Wide:	Primary Care Services			
Details of Project – What do you plan to do:	Development of digitalisation and digital interoperability across the service line to increase patient and staff experience. Increasing the digital interoperability of services to increase safe delivery of services.			
Overall Expected Outcome (including impact on patients and how you will know you're successful):	• Increased patient engagement through digital services • Increased ability to provide safe care through digital delivery • Increased positive patient and staff experience through digital delivery			
How will you measure successful delivery?	This will be measured as part of the service line business objectives management process			
Target on Completion	Digitalisation and digital interoperability across the service line, including: • MSK digital solutions for patient • Website development and management for MPP • Use of "visionable" across services Tuberculosis (TB)/MSK/Pod) • Increased use of E Consult in GP Surgery • Increased use of Video Observed Treatment for TB Service • Increased digital feedback mechanisms across the services • Increased use of social media as a communication channel across service line			

Key Milestones	Timescale	Action	Target	Lead
	End March 2020	Optimise the Solent MSK Website (and explore other digital platforms) to provide effective MSK patient guidance prior to accessing the MSK Service.	Revisions to MSK Website to improve patient support and guidance	Andrew Smith and Jill Young
	End October 2020	Ensure that effective MSK	Utilisation of Patient Guidance (MSK)	Andrew Smith and

		patient guidance is shared and utilised by our Primary Care partners in both East and West localities.	improves overall.	Jill Young

Engagement and consultation underway or planned:	Working across the service line with the following:
	
	- Corporate teams -
	    o ICT
	    o Comms
	    o Contracts/Procurement
	    o IG
	    o Patient systems
	- Patient consultation
	- Staff Teams			

Sexual Health

The global pandemic preciptitated many changes in Sexual –Health (SH) services with a greater move toward non face to face contact, treatment by post and providing only face to face care where absolutely necessary, based on triage. This has accelerated some plans related to quality priorities but has also meant that after extensive review, 2 of the priorities agreed within the service, have now had to be removed pending the outcomes of services being fully understood in the recovery phase.

SAFE	
PRIORITY ONE	
Title:	**To embed Solent's quality and governance processes within the IOW service** (Internal Reference: Priority 3)
Service Line/Corporate/Trust Wide:	Sexual Health Services
Details of Project – What do you plan to do:	To provide assurance that the service on the IOW is providing a safe high quality service to patients by implementing robust governance processes in line with the rest of the SH service.
Overall Expected Outcome (including impact on patients and how you will know	The IOW service will embed the quality and governance processes for Solent NHS Trust which will ensure patient safety is maintained. Learning from incidents and complaints will support the quality of care provided to patients.

you're successful):	
How will you measure successful delivery?	Effective delivery will be monitored via the reporting of incidents, handling of complaints and risk. Completing of weekly quality checks and submitting the monthly quality and risk exception report to the service line clinical governance meeting.
Target on Completion	The service will be fully compliant with reporting on incidents, complaints and risk, completing quality checks and submitting monthly quality and risk exception reports to the service line clinical governance meetings.

Key Milestones	Timescale	Action	Target	Lead
	30th June 2020	Provide Ulysses training inducing incidents, risks and complaints for staff	All staff trained by end of quarter 1	Quality team
	30th June 2020	Provide incident training	All staff trained by end of quarter 1	Clare Scholfield – HQP
	30th June 2020	Introduce Lead Nurse/Matrons quality checks	Weekly quality checks in place by end of quarter 1	Clare Scholfield – HQP Ynez Symonds and Kirsty Roseaman Matrons
	30th September 2020	Quality and risk exception report to be submitted to CG monthly	Monthly reports to be submitted but the end of qtr. 2	Clare Scholfield – HQP Ynez Symonds and Kirsty Roseaman Matrons
	30th September 2020	All staff to be reporting incidents	Increase in near miss incidents reported by the IOW service	Clare Scholfield - HQP

Engagement and consultation underway or planned:	Plans for Engagement planned.

EFFECTIVE	
PRIORITY ONE	
Title:	**To improve the treatment pathway for non-complex Chlamydia treatments by introducing treatment by post** (Internal Reference: Priority 1)
Service	Sexual Health Services

Line/Corporate/Trust Wide:	
Details of Project – **What do you plan to do:**	To develop and implement a treatment by post pathway.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	To reduce the time it takes for patients to receive their Chlamydia treatment by developing a treatment by post scheme. A patient survey showed this was the preferred method to receive treatment. It will also increase access into the service for other more complex patient. The service aims to save 150 - 200 nurse appointments a month.
How will you measure successful delivery?	Implementation of the treatment by post pathway and reduction of face to face nurse appointments.
Target on Completion	The software to support the treatment by post pathway will be in place by September 2020. The service aims to see a reduction in 200 appointments per month by the end of March 2021

Key Milestones	Timescale	Action	Target	Lead
	30th June 2020	Stage 1 - Create patient health record- (PHR)	Delivery of plan to implement -PHR	Ynez Symonds Matron
	30th September 2020	Stage 2 – Self-managed partner notification due to go live 30/09/19	Delivery of plans to implement	Ynez Symonds - Matron
	31st March 2021	Treatment by post to go live	Implementation of pathway	Ynez Symonds - Matron

Engagement and consultation underway or planned:	Plans for Engagement planned.

PRIORITY TWO – EFFECTIVE

Title:	**Update the online booking system to improve access for patients** (Internal Reference: Priority 2)
Service **Line/Corporate/Trust Wide:**	Sexual Health Services
Details of Project – **What do you plan to do:**	To implement a patient portal which will streamline and improve the online booking system and therefore reduce the amount of negative FFT comments about the online booking system.

Overall Expected Outcome (including impact on patients and how you will know you're successful):	Patients will be able to log-in to their own health record on INFORM which they will be able to book appointments through. This system will be superior to the current online booking system because patients will not need to input their demographics each time they want to book an appointment and it will reduce the number of duplicate records on the EPR. The system will provide more appropriate use of appointments.			
How will you measure successful delivery?	Implementation of new system and reduction in negative FFT, service concerns and complaints about the online booking system			
Target on Completion	The service line will see a reduction in negative FFT, service concerns and complaints regarding online booking.			
Key Milestones	Timescale	Action	Target	Lead
	30th June 2020	Triage form for online booking needs to be developed INFORM	Completion form	Ynez Symonds - Matron
	30th June 2020	PHR in place	Implementation of PHR	Ynez Symonds - Matron
	31st March 2020	User acceptability	Completion of user acceptability	Ynez Symonds - Matron
	30th June 2021	Project delivered end of quarter 1		Ynez Symonds - Matron
Engagement and consultation underway or planned:	Plans for Engagement planned.			

EXPERIENCE (& EFFECTIVE)	
PRIORITY ONE	
Title:	**Improve health and well-being of staff** (Internal Reference: Priority 4)
Service Line/Corporate/Trust Wide:	Sexual Health Services
Details of Project –	Linked to Trust Wide Priorities outlined above. Details outlined within Trust Wide Priorities.

2.2 Statements relating to quality of NHS services provided

The statements and wording in this section are mandated by NHS regulations and enable patients, the public and stakeholders to compare performance and data across health care providers. We cannot change these statements but we have added further information to provide context where appropriate.

Review of services

During 2019/20 Solent NHS Trust provided and/or sub-contracted 129 relevant health services.

Solent NHS Trust has reviewed all the data available to them on the quality of care in 129 (100%) of these relevant health services. Data relating to the quality of care in our services is reviewed at Service Line governance and business meetings, Service Line and Care Group Performance Review Meetings, at Quality Improvement & Risk Group, Assurance Committee and the Trust Board.

The income generated by the relevant health services reviewed in 2019/20 represents 89% of the total income generated from the provision of relevant health services by Solent NHS Trust for 2019/20.

Participation in local and national clinical audits and national confidential enquiries

The Academy of Research and Improvement integrates research with improvement activities including clinical audit, service evaluation, NICE guidance assessment and QI, alongside a dedicated patient involvement team.

National Audits

During 2019/20, 12 national clinical audits and 4 national confidential enquiries covered relevant health services that Solent NHS Trust provides.

During that period, Solent NHS Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The table below shows:

- the national clinical audits and national confidential enquiries that Solent NHS Trust was eligible to participate in during 2019/20
- those it did participate in
- the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

National Clinical Audits & Confidential Enquiries that Solent NHS Trust was eligible to participate in during 2019/20 are as follows:	Did Solent participate?	Number of cases submitted to each audit or enquiry (as a % of no required or * if not applicable)
National Clinical Audits		
Falls and Fragility Fractures Audit Programme: National inpatient falls audit (NAIF)	Yes	Continuous data collection
National Audit of Care at the End of Life (NACEL)	Yes	N=14
National Clinical Audit of Psychosis (NCAP) - Early Intervention in Psychosis 2019/20	Yes	N=48 case note audit N=50 surveys sent to clients N=1 Observational Audit
Prescribing Observatory for Mental Health Quality Improvement Programme: 19a - Prescribing for depression in mental health	Yes	N=32
Prescribing Observatory for Mental Health Quality Improvement Programme: 17b - Use of depot/LA antipsychotic injections for relapse prevention	Yes	N=168
Falls and Fragility Fractures Audit Programme: Fracture Liaison Service Database (ORGANISATIONAL)	Yes	N/A
National Asthma and COPD Audit Programme (NACAP): Pulmonary Rehabilitation	Yes	CLINICAL: continuous data collection ORGANISATIONAL: cases N/A
National Audit of Cardiac Rehabilitation	Yes	Continuous data collection
Sentinel Stroke National Audit Programme (SSNAP)	Yes	306 *
National Audit of Seizures / Epilepsies in Children & Young People (Epilepsy12)	Yes	9 patients allocated to cohort 1 *
National Diabetes Audit – Adults: National Core	Yes	865 *
National Diabetes Audit - Adults: National Footcare	Yes	121 *
National Confidential Enquiries		
NCEPOD Child Health: Long-term ventilation (LTV) in children, young people and young adults (CLINICAL)	Yes	2 / 2 (100%)
Mental Health: Suicide, Homicide & Sudden Unexplained Death	Yes	6 / 6 (100%)
MBRRACE: Maternal morbidity and mortality confidential enquiry (including psychiatric morbidity)	Yes	1 / 1 case (100%)
Learning Disability Mortality Review Programme (LeDeR)	Yes	Submitted as required

National audit reports were distributed on publication to the relevant service line and local audit leads, along with a summary of recommendations and an action tracker to measure compliance. National audit reports are also highlighted at the Trust Learning and Improvement Group to promote cross-service learning for improvement.

The reports of 100% national clinical audits were reviewed by the provider in 2019/20 and examples of actions Solent NHS Trust intends to take, to improve the quality of healthcare provided are below:

For the National Clinical Audit of Anxiety and Depression (NCAAD), members of the audit 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 the following:

- Assessment: In order to better capture service users' history of physical and emotional trauma, as well as alcohol intake and relevant support, the service is reviewing assessment standards and referral pathways e.g. to the recovery service.

- Shared decision making: At the end of 2018, the mental health service introduced a new inpatient and community plan of care. This has resulted in improvements in practice for patient collaboration and patient care plan copies, as well as more accurate recording of collaborative planning for future audits.

In the separate NCAAD Spotlight Audit on Early Intervention in Psychosis, an additional action was set, as follows:

- Physical health screening: a business case is being developed for an extra nurse role to undertake physical health screening within this service.

Local Audits and Service Evaluations

The reports of 108 local clinical audits and service evaluations were reviewed by the provider in 2019/20. These projects are determined by each service, based on their priorities, and are as a result of patient and staff feedback, business plans, quality priorities, complaints investigations, serious and high-risk incident investigations, as a means of measuring compliance with NICE guidance and as a baseline measure for Quality Improvement projects.

At the start of each year, all service lines meet to develop and share ideas for projects in a Trust wide improvement planning event (see image above) which is attended by patient and public representatives.

Audit plans and actions are reviewed at service line audit groups with key learning and improvements shared at the Trust learning and improvement group. Audit and evaluation action planning for improvement is increasingly integrated into the Trust Quality Improvement programme. Specific training on audit and evaluation has had a high uptake.
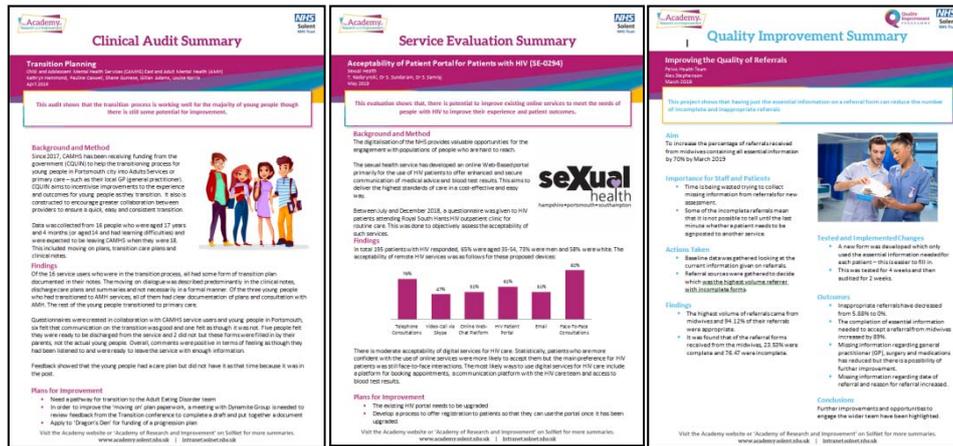
The examples above are single page summaries produced for audit, QI, research and patient involvement projects.

Examples of some of the improvement outcomes achieved as a result of local audits and service evaluations are detailed in the table below:

Audit title	Improvement as a result of audit
Medicines Management	
Safe and secure handling of FP10 prescription pads	There was a significant increase from 78% to 92% compliance for locking away and logging serial numbers of FP10 pads.
Adult services	
Physiotherapy electronic records East	There was an improvement for 4/6 standards from the previous audit with compliance in the range of 82% to 98% and an average increase of 11%.
Evaluation of a choose and book adult speech and language therapy system	After introduction of a new system, there has been a significant reduction in numbers of people waiting for an appointment and length of wait. There has also been a reduction in discharges before first contact.
Falls exercise assessments and interventions for community independence service	There has been consistent improvement in each area measured. The use of a standardised assessment tool and exercises adequately prescribed are now above 80%.
Accessible information (AI) assessment	Out of 150 records audited, 77% had an AI assessment of which 81% had a plan for meeting needs. This was a 41% improvement on the previous audit.
Inpatient discharge summaries	Overall compliance with completion increased from 92% to 99%.
Nutritional assessments inpatients East	Repeated during the year, there was improvement in each quarter with compliance for completing the MUST tool increasing from 82% to 100%.
Capacity assessment on acquired brain injury unit	Repeated over the year, there was consistent improvement in the time taken to record capacity. By - Q3, 90% of patients had capacity recorded on the day of admission.
Child and Family services	
Joint agency transition planning and surveys of young people's experiences	All records reviewed had a transition plan in place. Families surveyed felt that communication about transition had been good. Funding for a new progression plan has been approved.

Audit title	Improvement as a result of audit
Report writing for infants under the "bruising in the non-mobile infant" population.	There has been improvement in documentation since implementing a new proforma including documentation of risk factors and family members.
Documentation of clinical discussions regarding domestic abuse in children's services	Documentation of asking about domestic abuse increased from 47% to 89%.
Care plan documentation in outpatients CAMHS	There was significant improvement in goals documented and family views documented. Improvement was most noticeable for overall compliance using the new care plan proforma. Time to locate care plans for the new proforma had also significantly improved.
Safeguarding referrals and report writing	22/33 areas covered by RCPCH guidance for report writing had improved. 23/33 had stayed at the same level. Time taken to send reports and letters had also improved to a mean time of 10 days.
Mental Health	
Falls audit	In terms of clinical identification, management and outcome, staff improved in their confidence and ability to manage incidents.
Acute inpatient admission process	Improvements have led to 98% of patients being assessed for suitability for admission.
GP referral letters to older persons mental health	When compared to the 2017 audit, every parameter has improved.
Primary Care, MSK Pain and Podiatry	
GP minor surgery	There has been an improvement in the standard that clinical diagnoses correlate with histology from 80% to 91%. The 94% rate of no complications was maintained.
GP referrals to podiatry	96% of referrals were mostly complete (increase from 56%) and 21% fully complete (previously 5%).
Patient attendance and engagement at the pain service	Attendance improved from 68% to 83%.
Self-referral into MSK physiotherapy	Compared to 2017, for all attendees the non-attendance rate for self-referred patients has decreased from 4% to 2.3%.
Specialist Dental	
Antibiotic prescribing	Provision of antibiotics remains low at 1.3% of appointments and 27% of emergencies. Quality of records for prescription rationale has improved.
Recording of basic periodontal examination in special care dentistry	Following staff training, this improved from 39% to 59%.
Sexual Health	
Appropriately trained assistants at inter uterine coil fittings in sexual health	The use of trained assistants in coil fittings increased from 79% to 96%.
Patients diagnosed with chlamydia before and after the introduction of online testing	More asymptomatic patients diagnosed with chlamydia infection online than those diagnosed in clinic were seen within 48 hours from the result being available.

Examples of some of the actions that Solent NHS Trust intends to take, to improve the quality of healthcare provided, are set out in the table below:

Audit/Evaluation title	Example actions planned as a result of audits and evaluations
Medicines Management	
Safe and secure handling of FP10 for non-medical prescribers	Explore the possibility of undertaking stock checks using an online tool.
Adult services	
Use of End of Life syringe driver checklist	Check staff access to checklist and train all on a clinical update day.
Referral pathways for acquired brain injury inpatient unit	Revise referral pathway adding e-referral option and host a strategic planning meeting.
Pressure Ulcers	All pressure ulcers considered at panel will have an individual action plan which is shared via the local governance process.
Discharge summaries timeliness; quality of content	Results shared with all staff. Ward clerks have created a flowchart to outline the process for completion in a timely manner. Include teaching at junior doctor induction. Updates required to electronic record template.
Quality of inpatient documentation; use of abbreviations	Update and disseminate/discuss list of approved abbreviations.
Child and Family services	
Report writing for infants under the 'bruising in the non-mobile infant" protocol	Report writing template updated to comply with RCPCH guidance. Standard format for reports developed. Template added to electronic record and process agreed. Consult with social care legal team about report styles, terminology & documentation of names.
CAMHS joint agency transition planning	Pathway for transition has been drafted and application approved for funding to progress.
Safeguarding referrals and report writing	Child protection proforma altered to include prompts for lower compliance areas. Proforma and guidance saved in digital folders for each doctor. Proforma section split into medical and non-medical, as advised by legal services.
Quality of "safe sleeping" advice to reduce the incidence of SIDS	Agree what the evidence based key messages are to be given in regards to safe sleep at Antenatal / New Birth Visit / 6-8week contacts and how this should be recorded.
Annual appraisal for non-medical prescribers	Create training video with the aim of providing line managers / appraisees with the confidence to discuss prescribing issues during appraisal.
Mental Health	
Admission and discharge to acute adult mental health unit	Develop a monitoring system to ensure that care coordinators are contacted within 24 hours of admission.
Primary Care, MSK Pain and Podiatry	
Triaging patients with low back pain	Staff training delivered. To consider the feasibility and appropriateness of combining the referral document with a medical questionnaire. Look at national guidance to determine indicators for "urgent".
Back to fitness spinal class	Make clear inclusion and exclusion criteria for the class. Trial running 4 rather than 6 sessions.
Self-referral into MSK physiotherapy	Develop website and promotion of self-referral with an advertising plan.
Specialist Dental	

Audit/Evaluation title	Example actions planned as a result of audits and evaluations
Suspected cancer recognition and referral	Teaching and peer review session to be provided.
Infection prevention and control	Write action plans per clinic (rather than service) shared across all staff.
Sexual Health	
Complication rate of vasectomies performed under local anaesthetic	New post-operative procedure introduced. Surgeons advised to encourage all patients to return to -SH service (not GP) with post-surgical complications.
Patient group directive compliance	A double check for new or amended drug entries has now been implemented.

Quality Improvement Programme

Solent'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 QI team provides support and facilitation during and between QI training sessions.

This year approximately 300 staff and patients have participated in 26 QI training sessions.

Patients attending QI training are supported by our dedicated patients experience team. This year we have also developed a specific programme with, and for, patients interested in QI.

Our current QI leaders programme includes patients who have already participated in the QI practitioner programme.

The following example projects are taken from our practitioner programme which includes 4 days of training alongside facilitation for groups of staff and patients focusing on more complex issues:

The QI programme and you

Who should attend?
We can come to any team event or meeting to explain how the Academy or QI programme works.

What will it cover?
An overview of the programme, including examples of projects, and how you can get involved.

Duration
Flexible - whatever works for you.

Foundation QI

Who should attend?
Members of staff who are keen to carry out a small-scale individual QI project.

What will it cover?
Foundation QI will give you an introduction to using measurement and data for improvement, 'Plan, Do, Study, Act' (PDSA) cycles and testing, as well as Quality Improvement tools.

Duration
One day.

QI and Patients

Who should attend?
Anyone who uses or touches our services, or is already involved in an existing project, is welcome be involved in improvement work at Solent.

What will it cover?
An introduction to Solent, the services it covers, and some of the basics of QI. It will also cover some techniques for influencing and working with clinical teams.

Duration
Two to three hours.

QI Leaders

Who should attend?
Anyone who has been involved in QI projects and who'd like to act as a champion or leader of Quality Improvement in their service area.

What will it cover?
Leadership programme for those wanting to advance their skills and act as advocated for QI.

Duration
Four days.

QI Practitioner

Who should attend?
Teams working together to deliver a larger-scale project idea.

What will it cover?
QI Practitioner will provide training on Quality Improvement methodology and teams will be supported to make improvement a reality in their services.

Duration
Four days delivered over six months.

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 (S&LT) colleagues. The toolkit is currently being tested. 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 more accurate and consistent assessment and management of pain.

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. They have also produced accompanying guidance for staff to use and have developed an Anticipatory Medicines information leaflet for carers/patients who have also been involved in the design of the 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 errors and increasing efficiency for test results in sexual health: 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 planned. 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 the 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.

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

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. The service has worked with youth development workers to co-design the content for the videos. The first video is completed and due to be launched in March 2020.

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 - Child and Adolescent Mental Health Service- (CAMHS) were being transferred to GPs or other adult community services raising challenges and concerns about the ability of these services 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 was 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.

Our current QI practitioner programme is exploring 6 service areas:

- Working with a public representative to make dental surgeries more dementia friendly
- Improving night time care planning on a Portsmouth rehabilitation ward to ensure patients are fully prepared for discharge home.
- Improving triage of referrals for severe osteoarthritis of the hip and knee and improving therapy for chronic back pain. These two projects from our MSK service include partners from other Trusts and a local GP.
- Improving the children's therapy resource pack by piloting the use of embedded video material with schools.
- Understanding and improving IT competencies for new starters in the Portsmouth community nursing teams.

Research

The number of patients receiving relevant health services provided or subcontracted by Solent NHS Trust in 2019/20, that were recruited during that period to participate in research approved by a research ethics committee is 2,192 recruited to 42 NIHR portfolio studies

Solent NHS Trust conducts community-based health and social care 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.

Once again, Solent was named as the most research active Care Trust by the National Institute for Health Research in their 2019 League Tables. This year has also seen us move into a refurbished unit designed around learning and community engagement at St Mary's Community Health Campus, which includes a dedicated clinical research facility and trials pharmacy. This will allow us to extend the scope of the research that we host and partnership working across our community.

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

Research Participants Recruited and Studies Conducted by Main Service Line
Data from 1st April 2019 to 31st March 2020
NIHR Portfolio studies only

Total recruitment FY 2019/20 n = 2,192
Total number of studies: 42

Service line (number of portfolio studies conducted in the year)	Number of participants
AMH (13)	900
ASP (4)	160
ASS (6)	136
CFS (6)	612
Dental (2)	19
P'Care (7)	70
SHS (4)	295

AMH = Adults mental health; ASP = Adults Portsmouth; ASS = Adults Southampton; CFS = Chilldrens & Families Services; P'Care = Primary Care; SHS = Sexual Health Services

We also work in partnership with community organisations, schools, colleges, family hubs and local Universities. Part of this is our thriving Care Home Research Partnership (CHRP). Through the 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. More about the study can be found via www.sense-cog.eu. The CHRP is also integral to the successful delivery of the new Solent nurse-led study, Pneumo 65, which aims to understand the diagnosis, treatment and management of pneumonia for people living in care homes.

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. Since many participants indicated that it is important to them to know the results of the research, we continue to work with study teams to communicate research findings via a variety of modes, including the Academy website (www.academy.solent.nhs.uk/research/our-research-projects/) and social media.
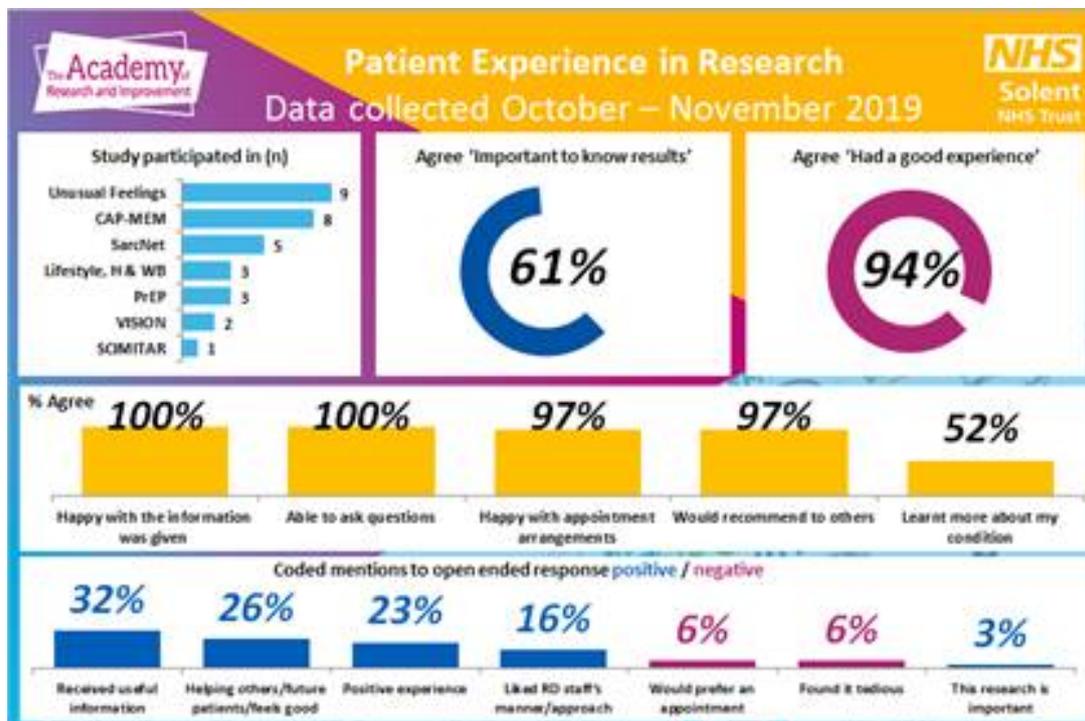
A further focus this year has been on monitoring equity and diversity in our participant populations. To this end we have been ensuring that demographic data such as age, gender and ethnicity are recorded whenever possible and have seen significant improvements in the recording of this data. Findings show that our participants are recruited across a broad cross-section of the community as follows:

Demographic profile of Solent NHS Trust research participants
1st April 2019 to 31st March 2020
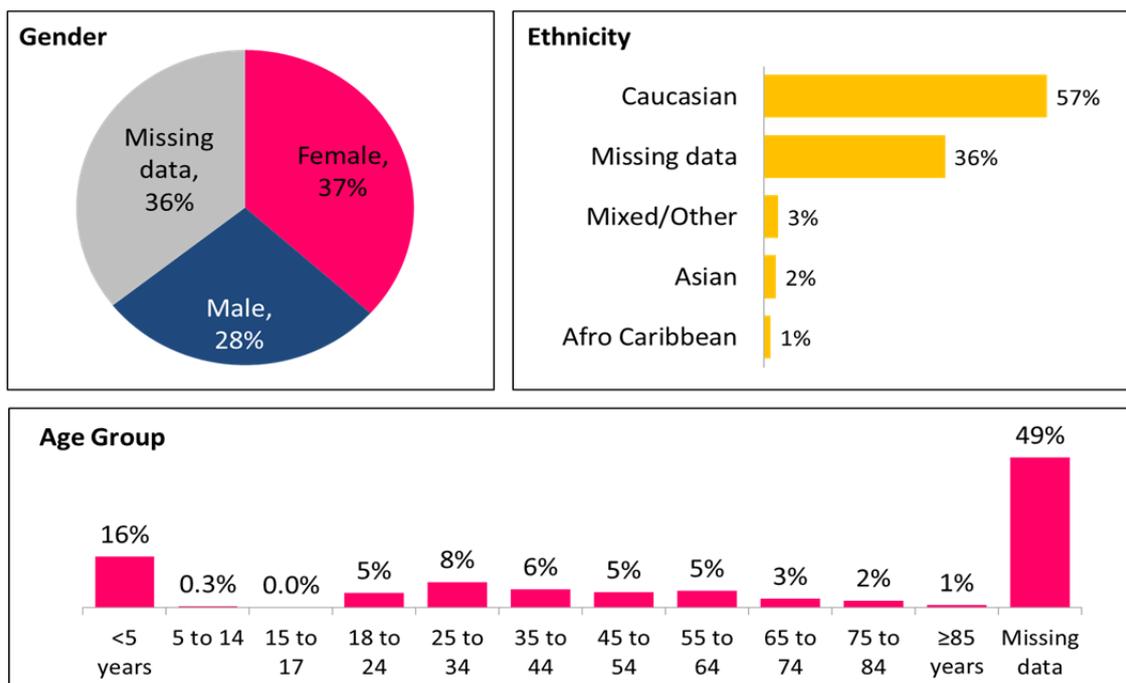
Commissioning for Quality and Innovation (CQUIN)

A proportion of our income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between ourselves and any person or body that entered into a contract, agreement or arrangement with us for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. **Submissions were suspended for Quarter 4 as a result of the Covid-19 response.**

This table shows the number of CQUIN schemes in place for 2019-20 and the number of schemes achieved:

Chart 1: Number of CQUIN schemes in place 2019-20

Service Line	Scheme	Commissioner	Q1 Due	Q1 Achieved	Q2 Due	Q2 Achieved	Q3 Due	Q3 Achieved	Q4 Due	Q4 Achieved
All	CCG2: Achieving an 80% uptake of flu vaccinations by frontline clinical staff	Southampton City CCG			1	0	1	1	1	
Adults Southampton	CCG3: Screening and brief advice for tobacco and alcohol use in inpatient settings	Southampton City CCG	3	1.68	3	2.8	3	2.8	3	
Childrens West	CCG5: Improving the quality and breadth of data submitted to the MHSDS	Southampton City CCG			1	0	2	TBC	2	
Adults Southampton	CCG7: Achieving 80% of older inpatients receiving key falls	Southampton City CCG	1	1	1	1	1	1	1	

Service Line	Scheme	Commissioner	Q1		Q2		Q3		Q4	
			Due	Achieved	Due	Achieved	Due	Achieved	Due	Achieved
	prevention actions									
All	CCG2: Achieving an 80% uptake of flu vaccinations by frontline clinical staff	Portsmouth City CCG			1	0	1	1	1	
Adults Portsmouth & Mental Health	CCG3: Screening and brief advice for tobacco and alcohol use in inpatient settings	Portsmouth City CCG	3	1.1	3	2.8	2	2.95	3	
Mental Health & Childrens East	CCG5: Improving the quality and breadth of data submitted to the MHSDS	Portsmouth City CCG			1	0	2	TBC	2	
Mental Health	CCG6: Achieving 65% of referrals finishing a course of treatment which had paired scored recorded in the specific Anxiety Disorder Specific Measure.	Portsmouth City CCG			1	1	1	1	1	
Adults Portsmouth & Mental Health	CCG7: Achieving 80% of older inpatients receiving key falls prevention actions.	Portsmouth City CCG	1	0	1	0.9	1	0.9	1	
		Total	8	3.78	13	8	15	11	15	
		Total %		47%		62%		73%		

Care Quality Commission (CQC)

Solent NHS Trust is required to register with the -CQC and the Trust is registered with no conditions.

The CQC has not taken enforcement action against Solent NHS Trust during 2019-2020

Solent NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Solent NHS Trust underwent a comprehensive core services inspection of all 15 core services in June 2016. The overall rating at that time was "Requires Improvement" with Mental Health and Learning Disabilities service given an "Outstanding" rating.

Following on from this, our Primary Care services at Adelaide Health Centre (Solent GP Surgery) were inspected early in October 2018 and services were rated "Good" across all population groups with Primary Care rated "Good" overall.

Later in October 2018 we welcomed back the CQC to undertake a core services inspection of all services that previously had a 2016 "Requires Improvement" rating. The CQC inspected eight core services:

- Adults Community Services

- Children and Families
- Mental Health Psychiatric Intensive Care Units
- Older Peoples Mental Health Inpatient Ward
- Older Peoples Mental Health Community Services
- Mental Health Rehabilitation Integrated Practice Unit
- Mental Health Crisis 136 Suite

In November 2018, CQC returned to undertake a Well-Led inspection. This involved 31 interviews, mainly of the Board and senior leadership teams, plus two focus groups over a 2 ½ day period.

All inspections were announced, and no NHS Improvements "Use of Resources" inspection was deemed required at this time.

On February 27 2019, the final inspection report was published, and the Trust was given an overall rating of "Good". Our Older Peoples Mental Health (OPMH) in-patient unit was awarded a rating of "Outstanding" in the caring domain following the submission of additional information by the Trust. This had the benefit of raising the whole Trust rating to "Outstanding" in caring, which we believe is well-deserved recognition of our exceptional care. Every core service inspected in 2018 was rated "Good" or "Outstanding" overall.

Our CQC ratings are now as follows:

Figure 1: Overall Trust Ratings

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Figure 2: Ratings for Primary Care services by population group

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Figure 3: Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019
Community health services for children and young people	Good ↑ Feb 2019	Good ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community health inpatient services	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Community end of life care	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Overall*	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019

Figure 4: Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019
Wards for older people with mental health problems	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community-based mental health services for adults of working age	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Mental health crisis services and health-based places of safety	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good →← Feb 2019
Specialist community mental health services for children and young people	Good Sept 2017	Good Sept 2017	Outstanding Sept 2017	Requires improvement Sept 2017	Good Sept 2017	Good Sept 2017
Community-based mental health services for older people	Good ↑ Feb 2019	Good ↑ Feb 2019	Good Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community mental health services for people with a learning disability or autism	Good Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016
Substance misuse services	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017
Overall	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

We were looking forward to welcoming a team of inspectors from the CQC back to Solent NHS Trust. However, this has been postponed currently due to the Covid 19 pandemic. Our Specialist Dental Services and Sexual Health were not inspected in 2018 and we look forward to welcoming CQC back to review these services.

Information Governance

The Solent NHS Trust *Data Security and Protection Toolkit for 2019/20* was submitted prior to the deadline as Standards Met; meaning all mandatory requirements had been achieved.

Payment by Results (PbR) Clinical Coding

Solent NHS Trust was not subject to the Payment by Results clinical coding audit by the Audit Commission during 2019/20.

Data Quality

With a dedicated Data Quality (DQ) team in place for 2019/20, we have taken a proactive approach to improving and maintaining a high level of DQ performance across the organisation. During the year we have continued to develop the DQ tools which are available, making them more streamlined, informative and accessible. This includes the development of our SolNet page, which provides services with access to latest DQ performance, up-to-date DQ news via our twitter feed and newsletters, as well as providing clear guidance on correct processes and easy to follow user guides demonstrating how to resolve common DQ issues. We have continued to work diligently with our services and provide them with dedicated resource to identify and resolve issues, providing expert guidance as well as identifying additional training needs.

Over the past year there has been continued investment in our information systems, including moving our in-house data warehouse to a cloud environment. This has allowed us to start utilising a new Business Intelligence (BI) tool, Microsoft Power BI. These two developments will enable us to integrate data across multiple data sources, providing consistently structured patient information drawn in from multiple Electronic Patient Record systems (EPRs), as well as triangulating information across corporate systems such as workforce, finance, estates, incident reporting and patient experience. This will also enable anyone across the organisation to access up-to-date relevant information about the performance of their service at a more granular level than currently available.

Although the main DQ issue identified in the internal audit (May 2018) of inaccurate and delayed data entry has not been totally eradicated, steady improvement across the organisation is being made. The introduction of a number of new DQ report has supported this. The new reports provide a clearer understand and perspective of their DQ performance. We have introduced a DQ scorecard which measures the quality of data input against 6 key metrics. The report also allows us to highlight trends to senior management and ensure performance issues are easily - identified and addressed. Performance shows the poorest score Trust-wide is 98.5%, meaning that 1.5% of visits recorded between April and December 2019 have not been linked to a referral. For context, there have been 515,169 visits in this period. This is extremely positive and shows that whilst the overall number of DQ issues appears large, when put in context this equates to just 1.5% of our overall activity. We are extremely proud of this improvement.

Learning from Deaths (LfD)

During 2019/20 1485 people who have been in receipt of services provided by Solent NHS Trust patients died. This comprised of the following number of deaths having occurred within each quarter of that reporting period:
- 409 in the first quarter;
- 281 in the second quarter;
- 408 in the third quarter;
- 387 in the fourth quarter;

By end of year, 393 structured judgement reviews and 10 serious incident investigations have been carried out in relation to 1485 of the deaths included above

In 383 cases, a death was subjected to a structured judgement review and or an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 142 in the first quarter;
- 67 in the second quarter;
- 94 in the third quarter;
- 85 in the fourth quarter;

The LfD process across the Trust continues to develop, with the policy being rewritten and the use of the updated structure judgement tools, and is enabling an honest and objective review of deaths which require further consideration for learning as per our agreed inclusion criteria (but not requiring an SI investigation).

The Family Liaison Manager continues to offer and provide support to bereaved families. This role has proven to be extremely well received by those bereaved and for staff who require guidance during what can be a very distressing time.

When learning is identified, this is discussed and outcomes are monitored at the monthly LfD panel. The panel continues to use the Trust learning framework database as appropriate

To date, on review of our care provided, we have not identified any deaths relating to our care provision which were thought to be preventable. We have also not identified any deaths in which the quality of care was noted to have been a contributing factor in the patient's death. Had this been identified, a serious incident would have been declared.

In cases when we have attended the Coroners court we have not received any Prevention of Future Deaths Notifications or been notified that any other actions need to be undertaken. In cases where a serious incident has been completed, the Coroner has been satisfied with the recommendations and actions the Trust has already agreed or implemented. In all cases, it was confirmed that had these actions been undertaken, it would not have resulted in a different outcome for the patient (i.e. prevented their death).

Below is a summary of the learning we have identified by undertaking reviews of deaths, and the subsequent actions taken. Delivery of actions has been monitored through the Trust Learning Database and the learning from deaths panel:

Service	Learning and Improvements
Adult Mental Health	Following the death of a patient who had been referred into and assessed by one of the service community teams, it was identified that there was a missed opportunity to review a letter which had been sent from the acute provider which noted an attempt to end his life by self-harm (the patient did not disclose any intents to self-harm when assessed). This has been reviewed as per the Structured Judgement Tool (SJT) process and whilst that information would not have changed the priority of care provision or offer, the service has updated their Risk SOP to state that all letters on Systm1 are to be reviewed for the previous 3 months. This action is being monitored via Verto.
Adult Mental Health	On review of a case of a community patient who self-harmed and ended her life, it was noted that no indications of her intention to self-harm were expressed and that all risk assessments were completed to a good standard. However, it was highlighted that there were some gaps in documentation. There is already a Trust wide steering group reviewing documentation and how to improve Trust wide and will be reported on once concluded.
Adult Mental Health	Following the death of an elderly patient on a Mental Health Service inpatient ward, it was highlighted that not all staff were aware of what is referred to as

Service	Learning and Improvements
	"restraint". The service planned workshop for staff to attend in July which included restraint and a further piece of work will be undertaken (format to be confirmed) which will clarify for all what is defined as restraint (noting that this can be applicable Trust wide).
Adult Mental Health	It was highlighted in the community team that there was a need to clarify the discharge process and update the final sign off process to reflect a Registrant sign off rather than a Medical sign off. This action is being monitored via Verto.
Children's and Families	Following investigations into infant deaths and concerns relating to safe sleeping messages, the service presented how training had been delivered to children centres, therapies etc. and updated on the standardisation of materials to support the safe sleeping messages that have been agreed and disseminated. It was also noted that it is available in different languages. Staff have been reminded of the importance of completing documentation and the need to maintain a professional curiosity to confirm where an infant is sleeping. This action is being monitored via Verto.
Children's and Families	Following the unexpected death of a child, it was identified by the service that there was a need to improve communication between Occupational Therapists and Physiotherapists. It was identified that a lead professional needs to be identified for children who are cared for by the community children's teams.
Adults Southampton	The service highlighted positive learning which confirmed that a high standard of palliative care had been provided and anticipatory plans had been in place ready for use when required and families were well supported.
Adult Southampton	On completion of a - SJT, the service identified the challenges that occur when multiple providers are involved in the care of a patient with complex needs and different healthcare record systems are used by other providers. It was identified that in this case the patient had not received a joined up approach to her care and that a multidisciplinary team (MDT) approach should be considered for cases such as this. It was not identified that this had any impact on her death.
Adult Southampton	After investigation it was identified that a patient on the community caseload, was not identified as a vulnerable adult requiring further discussion with the Trust safeguarding team. It was also noted that there was a lack of understanding regarding the management of a diabetic patient with complex need and concerns re the completion of documentation. The service is in the process of arranging mental capacity and substance misuse training for staff and reminded of the role that the Trust safeguarding team have in support of staff. A project management action has also been identified to improve the working relationship with the specialist diabetic team- this action is being monitored via Verto.
Adults Southampton	The importance of ensuring that all providers of care work together to ensure the best outcomes for patients was highlighted and the service are now actively working more closely with Social care colleagues.
Adults	Further consideration of the wider (regional) work relating to sharing access to

Service	Learning and Improvements
Southampton	records across partner organisations was identified and is now in progress to improve information sharing and subsequent outcomes for patients.
Mental Health Services	When it is known that a patient is to be released from Prison, services now ensure that appointment letters are sent directly to the patient to ensure they have a personal written copy with the appointment details.
Mental Health Services	A SOP has been updated regarding admin tasking to ensure that all staff are clear of processes within their service line.
Mental Health Services	The referral process has been reviewed and updated to ensure there is one agreed pathway in a community mental health team, as there were problems in the current process which resulted in delays, which in turn resulted in a patient not being seen prior to their death.
Mental Health Services	The screening process in a community team has been reviewed and amended to ensure that there are no delays to access for patients due to a problem in the referral process.
Mental Health Services	Staff have been reminded of the need to report incidents, when there are concerns regarding safe staffing, which impact on the delivery of patient care. In addition, the Quality and Safety team are providing bespoke training sessions across the Trust to update staff regarding reporting on incidents and the role this plays in improving outcomes for all.
Mental Health Services	The service has reviewed their approach and documentation regarding mental capacity assessments for patients. Training has been arranged to support completion of this action.
Adults Southampton	The importance of continuing to escalate concerns when capacity cannot meet demand which was highlighted in regards to the - S&LT service, to ensure that patient safety is maintained. As noted above, the Quality and Safety team are also providing bespoke training sessions across the Trust to update staff regarding reporting on incidents and the role this plays in improving outcomes for all.
Adults Southampton	The importance of maintaining good communication between multiple teams providing care to ensure patient safety was highlighted and the services continue to promote this to improve patient outcomes.
Adults Portsmouth and Adults Southampton	The triage process for new patients in the S&LT service in Adults Portsmouth has been reviewed in addition to further consideration of risks associated with families feeding patients.
Adults Portsmouth and Adults Southampton	When a patient has been re-categorised because of escalating medical conditions, it should be possible for the S&LT Team to assess the patient within the recommended timeframe and if not this must be escalated and reported via Ulysses.
Primary Care	A package to support Systm1 templates on the GP system has been procured following learning identified that this would improve quality and safety of care
Trust wide	A review of patients who have died whilst on the waiting list for the S&LT teams across the cities has been undertaken and the final report and recommendation are awaited, after it was highlighted that some of these

Service	Learning and Improvements
	cases linked to aspiration pneumonia. Initial feedback has not identified that any deaths were preventable.
Adults Portsmouth	Care Homes are now to be copied into correspondence relating to S&LT - waiting times to enable further escalation if required.
Adults Portsmouth	A condolence and support visit was made to a family the same day that a patient passed away by the District Nurses and it was noted that the family were grateful at the quick response and excellent service offered to the patient by the District Nurses within such a short notice (patient was discharged home 3 days before she passed away as she wished to die at home).
Trust wide	A reminder to all that documentation on Systm1 should be rigorous; with records entered correctly (date of actual events should be clearly recorded).
Adults Portsmouth	Honest discussions with family members about waiting times and how to escalate concerns are essential.
Adults Southampton	The service have identified and shared with staff the importance of increasing the frequency of physical observations when a patient is on antibiotics which will also support early recognition of any deterioration.
Adults Portsmouth and Adults Southampton	Documentation of informed consent / best interest decision and capacity status in relation to decisions about eating, drinking and swallowing must be recorded in all S&LT progress notes.
Adults Southampton	A review is being undertaken on how patients can be supported at home when they are known to misuse substances.
Adults Portsmouth	Joint working with community palliative care team specialist nurses will continue to ensure that there is understanding about other teams and what they can all provide for the patient.

In summary, none of the patient deaths are judged to be more likely than not to have been due to problems in the care provided to the patient or preventable.

Freedom to Speak Up

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

We have an Independent - FTSU Lead Guardian who is supported by 6 Guardians working across our services. Staff can speak up on any issue using a variety of communication mechanisms; Freedom to Speak Up Guardian (FTSUG) inbox, email FTSUG individually, face to face meetings, telephone call, video call. Feedback is requested verbally and recorded quarterly using our data return log to the National Guardian Office.

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

- current cases and actions taken taking into account confidentiality and anonymity
- regulatory/national requirements from the National Guardian Office
- themes of organisational culture for improving

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

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

As of 31st March 2020 the Trust has had 8 logged -FTSU cases since the 1st January 2020. Three themes have been identified:

- Bullying & Harassment
- Systems and processes
- Behaviours & relationships

As a result of these cases the Trust has reviewed and assessed its -FTSU processes by:

- Engaged in consultative & collaborative working with senior managers to improve service areas and working culture relationships
- Reviewed and updated the FTSU Solent NHS Trust policy
- Conducted a FTSU case Review
- Further develop and analysis of protected characteristic groups in relation to the Workforce Race Equality Standard and Workforce Disability Equality Standard.

Doctors and Dentists in Training

The Trust produces quarterly and annual Guardian of Safe Working Reports and these indicate we are doing well in ensuring all the provisions and Terms & Conditions from the 2016 Juniors' Contract are being followed.

Gaps are mainly evident within two rotas, as follows:
- Child and Adolescent Mental Health (CAMHS) Rota (On-Call)
- Older Peoples Mental Health Rota (OPMH)

These rotas are held jointly with other Trusts and the longer term management of the rotas will involve wider systems including other Trusts, CCGs and Sustainability & Transformation Partnerships (STP) systems. An overview and details of actions being taken to address are detailed below.

CAMHS – Out of Hours On-Call Rota

This relates to the CAMHS out-of-hours rota shared with other Trusts, though Solent employs the majority of trainees and consultants on the rota (other trusts involved include Southern Health NHS

Foundation Trust (SHFT) for Consultants, University Hospital Southampton (UHS) for Consultants and Sussex NHS Foundation Trust for trainees; Solent employs the rota co-ordinator on behalf of all organisations.

Current gaps are managed by offering locums to trainees – who can cover on-call for Trust locum rates (rota coordinator manages a list of NHS 'bank' medical trainees). Where appropriate, the use of locums may need to follow the Trust's 'acting down' Policy to support gaps identified. The gaps will be filled as trainees are recruited nationally. The CAMHS Service has also taken a longer term view regarding recruitment and retention, with steps now taken to engage with commissioners to seek to address this long term.

OPMH Rota

This rota covers the East Hants patch, is a 'shift rota' system and staffed jointly by medical trainees and consultant psychiatrists from Solent & SHFT. Rota coordinator and management predominantly held by SHFT, supported by coordinator administrator from Solent NHS Trust.

The current status of the OPMH Rota is detailed below:

- There are significant gaps within the rota due to gaps within the core Psychiatry training scheme (though recruitment has started to show some improvement); and significant gaps in higher trainees posts within OPMH (in keeping with national trend); consultant retirements have also been a factor
- Gaps are managed through locums and there have been some incidents of consultants 'acting down' to cover trainee gaps, as per the Solent 'acting down' policy.

Mental Health (new for 2019/20)

The following question was raised for inclusion within the Quality Account 2019/20, related to all Providers of Mental Health Services.

Providers of mental health services are asked to include a statement on their progress in bolstering staffing in their adult and older adult community mental health services, following additional investment from local CCGs baseline funding. Further details are set out from page 25 of the NHS Mental Health Implementation Plan 2019/20 - 2023/24.

During 2019/20 we have been working closely with Portsmouth CCG and Solent Mind to deliver a new initiative "PositiveMinds" which is a key partnership project to support low level mental health and improve access to secondary care. This new service is part of a wider transformation of adult and older people's community mental health across the HIOW system, contributing towards the bolstering of staffing across community mental health services. Alongside this, we have been funded to implement a new pilot (in collaboration with Solent Mind) for the provision of 72 hour assessments which includes additional funding for 1.50wte peer support workers with the key objective being to enhance crisis and community services across the locality.

2.3 Reporting against Core Indicators

NHS Trusts are required to report performance against a core set of mandated indicators using data made available to the Trust by NHS Digital. The target threshold for indicators 1, 2 and 4 are being met. The target threshold for indicator 3ii is not being met and a summary of actions to be taken is provided. There are no target thresholds for indicator 5.

Indicator 1: The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period

Number of users followed up within 7 days of discharge from inpatient care													
Annual Threshold	YTD Actual	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
95%	99%	100%	100%	100%	94%	100%	100%	96%	100%	98%	97%	100%	100%

Indicator 2: The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period

Number of home treatment episodes gatekept by crisis home treatment services													
Annual Threshold	YTD Actual	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Indicator 3: The percentage of patients aged (i) 0 to 15 and (ii) 16 or over re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period

(i) Percentage of patients aged 0 to 15 re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust													
Annual Threshold	YTD Actual	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
5%	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

(ii) Percentage of patients aged 16 or over re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust													
Annual Threshold	YTD Actual	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
5%	8%	11%	4%	11%	8%	5%	8%	13%	8%	10%	8%	7%	7%

Indicator 4: The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period

Percentage of patients 'Extremely Likely' or 'Likely' to Recommend Solent Services													
Annual Threshold	YTD Actual	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
95%	88%	85%	96%	90%	99%	95%	88%	79%	84%	77%	91%	89%	

Indicator 5: The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Indicator	2017-18		2018-19		2019-20	
	Number	Percentage	Number	Percentage	Number	Percentage
Patient safety incidents reported	4857	N/A	5056	N/A	6422	N/A
Patient safety incidents resulting in severe harm or death	0	0%	0	0%	1*	0.01%

The number of severe harm or death incidents does not directly equate to the number of serious incidents (LfD section). Many of the Trust's serious incidents are moderate harm incidents and are sometimes downgraded following investigation.

Incidents Chart 1: Incidents reported to the NRLS 1st April 2019 to 31st March 2020
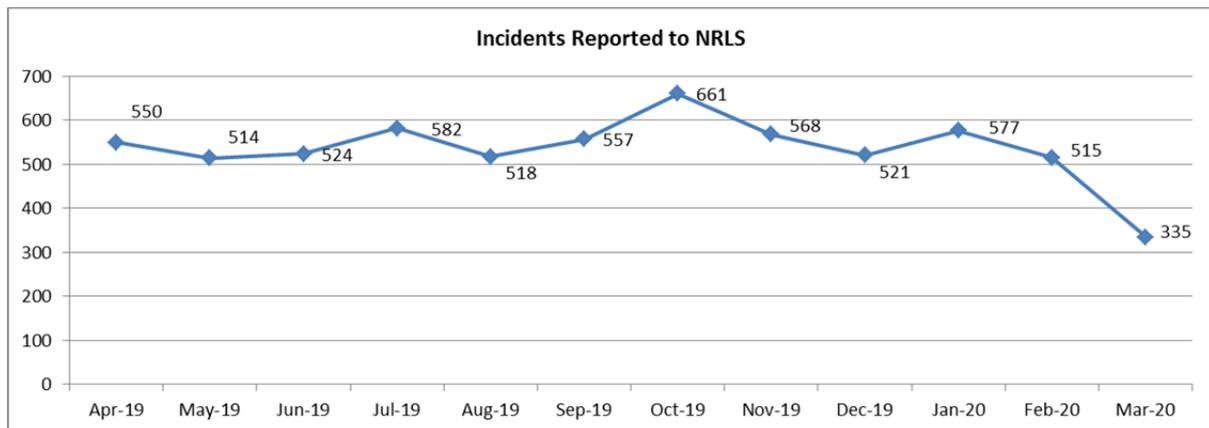
Incidents Chart 2: Degree of harm for NRLS reported incidents from 1st April 2019 to 31st March 2020
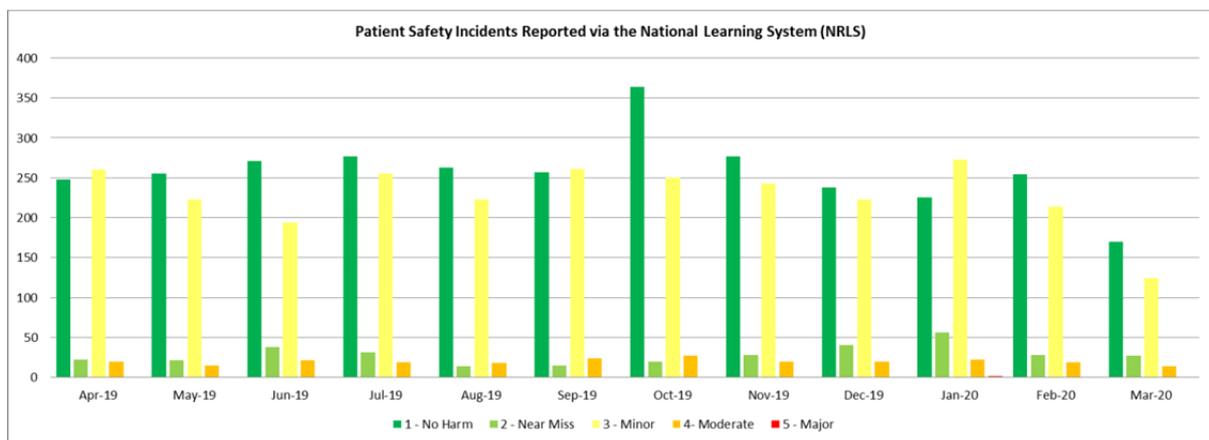
In January 2020, 1 major incident was reported to the NRLS however this is not displayed due to the scale of the chart.

Solent NHS Trust considers this data is as described for the following reasons;

- The number of moderate incidents relates mainly to category 3, 4, unstageable and suspected deep tissue injury acquired in the care of the Trust.
- The severe incident relates to a detained patient who absconded from an A&E and fell from a bridge.

Reducing Patient Harm

The data continues to evidence that there is a positive culture in reporting and staff are encouraged to report all incidents (including low incident/no harm) in order to provide a broad view of potential areas for improvement within the organisation. The no or low harm incidents form the largest proportion of incidents reported with a clear increase in the first quarter of the year when balanced against the previous year (Q1).
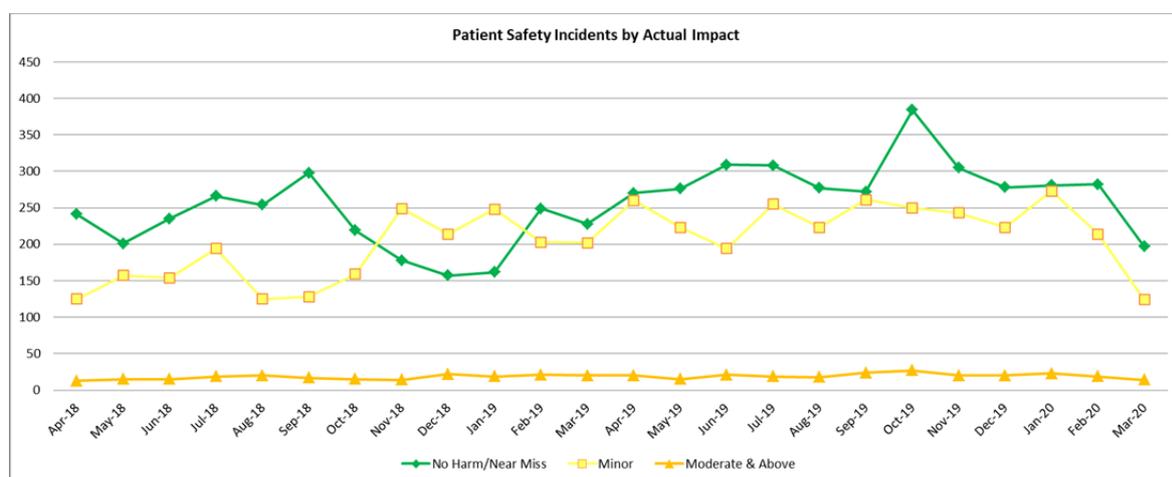
Analysis is undertaken monthly to identify if there are any themes or trends and if identified this is highlighted to service leads and escalated via Quality Improvement and Risk (QIR) Group for future actions to be monitored.

Training is provided for incident reporters and reviewers which has improved the quality of data reporting and management. The Trust continues to work with staff to improve the reporting processes and make improvements to the electronic reporting system.

Duty of Candour (DoC)

The Trust has implemented the statutory requirements of DoC and in quarter 1 2019/20 and launched the updated "Being Open and Duty of Candour" policy. This has enhanced staff awareness of the importance of Being Open, in addition to how to meet the statutory requirements of DoC. This ensures that we involve families and patients in investigations regardless of whether they meet the statutory DoC criteria.

In their inspection in 2018, CQC identified that some staff were unsure of their obligations in relation to DoC and one of our quality improvement priorities for 2019/20 was set to address this. A Trust wide survey was completed in Q2 which showed high levels of understanding amongst staff as to what is meant by Duty of candour. It also showed that, staff do understand that Duty of Candour and

Being Open is everyone's responsibility. Knowledge was found to be less regarding some details of implementing Duty of Candour.

Training packages and resources have been developed to support this as the Trust recognises that getting this right at first point of contact is crucial in supporting our patients and families/carers to ensure we embrace our Trust values and culture of "honesty" and "everyone counts" and seek to identify opportunities for learning when things have not gone the way we intended.

To address the Trust has taken the following steps
• The Trust provides mandatory training and local guidance as per the Trust policy.
• This has been updated and a new e-Learning package will be available for staff.
• Roadshows with service lines are now in place to ensure the Quality team cover all aspects of quality and safety including -DoC
• When staff complete an incident form using the online reporting system, if Moderate harm or above is indicated the system prompts the reporter to consider if Duty of Candour applies.
• If a serious incident is declared, again the service is prompted to consider if Duty of Candour applies.
• At incident review meetings the process for Duty of Candour, contact and letters are re-iterated with staff in attendance.
• Solent also log DoC letters on the Ulysses system. As full implementation of Ulysses functionality is in place within 2020, all DoC evidence will also be available for staff to review to ensure completion of all elements.
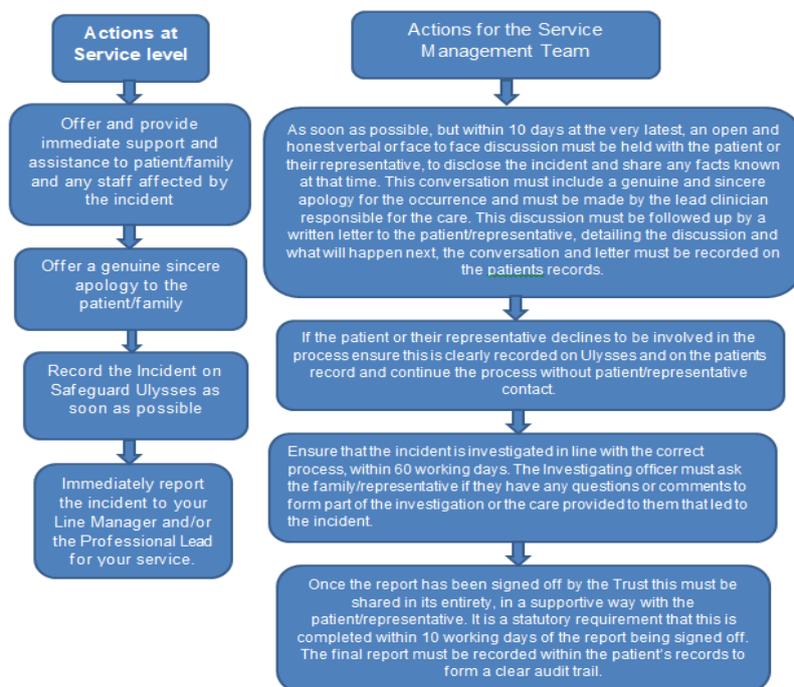
Duty of Candour information flowchart for staff

In Solent's approach to the National Patient Safety Strategy greater patient involvement and representation in reviewing the processes of investigation is planned. The Trust is aiming to review patient involvement in all aspects of investigation and response to complaints within -Q2 in 2020. Recommendations about how we will improve patient involvement and recruit patient

representatives will ensure that we are assessing how to involve and inform our patients well beyond the statutory regulations.

Family Liaison

In November 2018 the Trust recruited to the role of Family Liaison Manager (FLM), following recognition of the need for support of our bereaved families, at a time of great emotional distress. The aim of the FLM role is to ensure the Trust provides a consistent, autonomous person who will give unconstrained and appropriate support to bereaved families and carers, also assisting the Trust in consulting with and involving affected families.
The FLM fully walks through the processes, whatever they may be, with the family and supports them both at the time of the incident and during investigation, and in the future, should they need this.

The FLM encourages families to speak up and to be involved in investigations, to provide key information that may assist in a more rounded and holistic view/outcome of an investigation, as well as ensuring that staff are confidently and actively involving families and with regard to -DoC.
The FLM is involved from the outset, starting at the Incident Review Meeting, where the FLM can input about support for the family and brings to that meeting the voice of the family. Signposting for relevant services, counselling and FLM support is offered to all families and carers, by way of this role when a bereavement or serious incident happens and it is identified that there may be a role for FLM.

The FLM is also on hand to guide families through the Inquest process and also other health and social care systems as required. Since appointment, the FLM has provided unexpected death support to 48 families. In addition to this the FLM provides support to the Trust, by being involved with the drafting of policies for LfD, Complaints handling, Being Open Trust training for the DoC.

Part Three: Other Information

3.1 Quality Initiatives
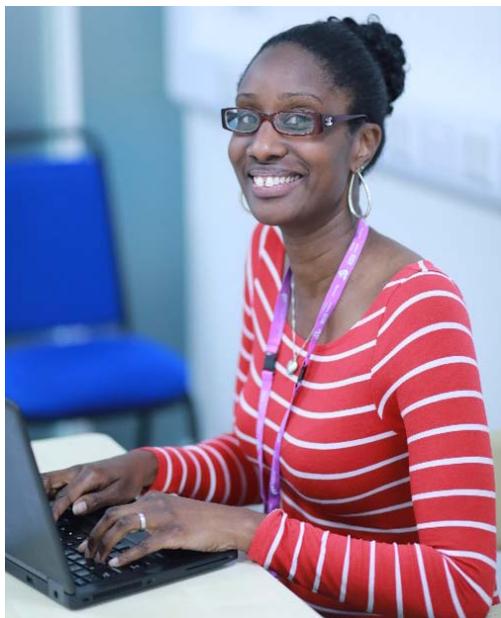
This section provides information about other quality improvements and initiatives not covered elsewhere in this report.

Accessible Information (AI)

During 2019/20 Solent's reputation for leading the way with Accessible information (AI) practice has spread across the local system and nationally. Within this section, a summary of our internal developments is provided, as well as our external partnerships across the Hampshire and Isle of Wight (HIOW) footprint and nationally with other NHS Trusts.

AI screening:

One of our key quality indicators is our monthly AI screening data. This not only gives us an overview of compliance with the Accessible Information Standards (AIS), but also provides invaluable data on the prevalence of needs across our patient groups and their carers' needs. We continue to collate data from all of our electronic patient record system on a) how the person communicates; b) if they require any communication support; c) what format they need their information; and d) their preferred contact method.

As of 1 January 2020, **20,337** discussions about communication and/or information needs have been recorded. Of these, **8,858** people went on to have a full accessible information screen completed. Through screening, **3,863** people with communication and/or information needs were identified, which equates to **43.5**%.

2019/20 Trust wide re-audit

The Trust-wide re-audit of the Accessible Information Standard (AIS) was open for 9 weeks from the 2 September 2019 to 31 October 2019 and received 513 responses, which was an increase of 19 from the first audit. The findings are representative of 13.5% of the total workforce across the trust. Nursing, administrator/secretary was the highest responders, followed by Allied Health Professional (AHPs) and 'others' which is representative of the increased response rate from corporate services. Key findings from the re-audit are presented below;

- Only 15% of the respondents had watched the Solent Accessible Information Awareness Film, which is a 3% reduction since the first audit. However, the AI workshop has been reviewed and further developed (see further details below).

- 68% of the respondents are aware of the AIS requirements, which is a 7% increase since the first audit.
- For those working directly with patients, 96% of the respondents are routinely screening patients' communication and information, which is a 35% increase.
- For those working directly with carers, 52% of the respondents are routinely screening carers' communication and information. This was the first time the audit specifically asked about carers' needs and this figure will form the baseline for future improvements.
- Nearly 50% of the patient data is missing from the monthly performance reports as the electronic screen is only being used by 49% of the respondents.
- 70% of staff who use informal methods to identify patients' communication and information needs do so through conversation.
- 97% of the respondents reported that they were able to meet the communication and information needs of their patients and/or carers. Of the 3% who were unable to meet patient and/or carers needs reported limited access to a full range of formats, had limited/delayed access to sign interpreters and lacked knowledge or time.

Findings from the re-audit will inform the 2020-22 action plans that will focus on on-going promotion of the AI film, the need to address requirement to record carers' needs and a deep dive into our sign language contract and performance.

Communication Access Symbol UK (CAUK) – early adopters

During 2018/19 Solent NHS Trust was selected as the first community and mental health NHS Trust nationally to register as an early adopter of the Communication Access Symbol (CAS). Solent's AI Lead, Dr Clare Mander has subsequently joined the national steering group to develop the eLearning resources to enable the rollout of the CASUK nationally. The eLearning resources are now in their final stage of development and will support the rollout of the symbol at scale. Our face-to-face in-house training has been delivered to the Older Persons Mental Health (OMPH) Team in Portsmouth, who became our first clinical service to support the symbol. A train-the-trainer model was rolled out to our Speech and Language Therapists; however clinical capacity has limited their ability to facilitate the training within their teams.

In-house communication training and support:

Throughout 2019/20, the newly -CASUK accredited one-day AI workshop has been delivered to specific clinical services such as the OPMH team and has been embedded into the extended induction programme of our newly qualified nurses and AHPs. The workshop continues to be co-delivered by someone with lived experience of communication and information needs.

Some staff supporting patients with complex communication needs has have also been trained in Talking Mats™. The Trust has one accredited trainer for Talking Mats™ who delivers the training across the Trust bi-annually.

In addition to these formal training days the AI team continues to run ad-hoc awareness sessions on a flexible basis as requested by clinical services.

The established AI champion network, with over 50 members, continues to meet on a bi-monthly basis to lead change and share learning beyond the training.

Significant developments have been made to our AI SolNet page that hosts a range of tools to support the production accessible resources, ready to use Easy Read resources, guidance and information to support self-directed learning. To date, the SolNet page has received 2,293 views.

Hampshire and Isle of Wight STP AI Collaborative

Earlier in the year, we were invited to present our AI developments at the STPs Quality Board. A number of recommendations were made to support a system-wide approach and improve patient experience. All organisations were keen to collaborate and therefore a new HIOW AI Collaborative was established. The collaborative has met on two occasions to share best practice and explore opportunities to work in partnership. The ambition of the group is to;

1. Have a consistent approach to AI screening embedded across all patient record systems, across organisations, to enable a local data set on the prevalence and nature of communication and information needs.
2. Share training resources and learning tools through a newly established space on the Future Collaborations application
3. To evaluate and monitor progress using the same methodology to enable benchmarking across the system.

As digital innovation is a vital component of AI developments, further support is being sort from the STP Digital programme.

National AI advice and support

We were approached by a number of NHS Trusts from across England, including Sheffield Children's NHS Foundation and West London NHS Trust, to support their strategic AI developments. Other organisation have followed Solent's approach and appointed a Trustwide lead to drive their developments and interim mentorship support has been provided by Solent's AI lead.

In September 2019, the AI team, including our lived experience lead, was delighted to support West London NHS Trust at their inaugural AI conference and provide advice and support in the progression of their AI implementation plans.

It is hoped that NHS England will be conducting a 5 year review of the standard over the next year, which Solent NHS Trust will be keen to contribute to.

Avoidable Healthcare Associated Infections (HCAI's)

Healthcare Associated Infections (HCAIs) can develop as a direct result of healthcare interventions or from being in contact with a healthcare facility. The term HCAI covers a wide range of infections including the most well-known such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile Infection (CDI).

We remain committed to a zero tolerance approach to any HCAI. If any such infections occur a full investigation takes place so that any learning can be shared and implemented. The following graph illustrates numbers of MRSA bloodstream infections (MRSA BSI) and cases of CDI that have occurred within the Trust since 2013 to the end of 2019/20.

Chart 1: MRSA and CDI infections 2013 - 2020

Chart: CDI and MRSA infections by year

Year	CDI	MRSA
2013/14	5	1
2014/15	3	0
2015/16	1	0
2016/17	0	0
2017/18	1	0
2018/19	2	0
2019/20	3	0
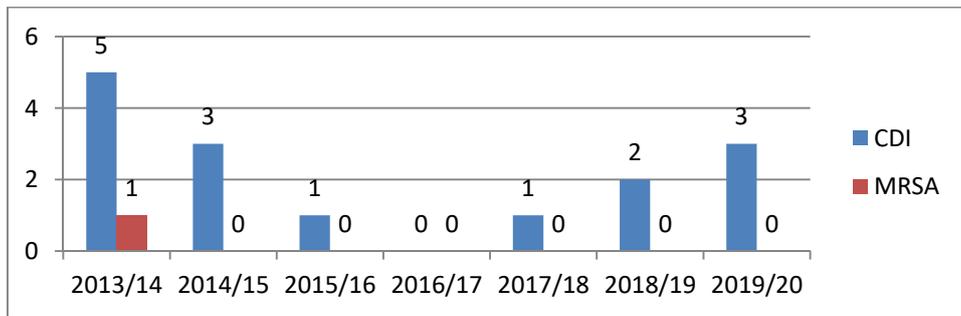
The numbers of reportable infections remain very low. An outbreak of diarrhea and vomiting occurred on Brooker Ward (Older Persons Mental Health) in February 2020. This resulted in a total of 7 patients and 20 staff being affected with action taken to close the ward for just over a week. A causative agent was not identified due to staff being unable to obtain an adequate specimen. Prior to this, there have been no ward closures due to outbreaks of infection for in excess of three years.

Following the recent Covid-19 pandemic, the specialist resource and expertise held within the Infection Prevention team (IPC) has been heavily focused on supporting the Trust response and ongoing management of the situation. An aspect of this includes ensuring we have systems in place to identify incidents that may be considered health care transmission. No cases have been reported during 2019/20.

The Infection Prevention and Control (IPC) team continue to work collaboratively across the CCGs as well as the wider system and are members of the recently established STP Antimicrobial Resistance group. This model of collaborative working is recognised as a positive factor in the constant drive to reduce HCAI across the local and wider health economy.

The ability to access microbiological results in real time and disseminate these to the appropriate healthcare professionals and ensure timely actions are put in place demonstrates compliance with at least four areas within the NHS Outcomes Framework Domains and Indicators (Dec 2010). To date this year, in excess of 700 community infections have been detected early and actions put in place to ensure the correct treatment is commenced in a timely way. This aims to protect those individuals developing more serious infections such as sepsis and reduce the possibility of onward transmission to others. For the purpose of ensuring compliance with the current MRSA policy the IPT undertake Point Prevalence Surveillance (PPS) each quarter. This is a named patient to screen match and demonstrates actual compliance with MRSA admission screening. To date this process has identified 4 new cases of MRSA colonisation since 1st April which led to the relevant precautions being implemented in a safe and timely manner thus reducing the risk of onward transmission to other patients.

The IPC team remains focused on quality improvement and use a variety of tools and measures to monitor compliance with the Health and Social Care Act (2008). To help us achieve this we have developed a valuable resource known as infection prevention link advisors (IPLA). The IPT strongly support the role of the IPLAs within all clinical areas with visits, additional training and workshops. 147 IPLAs currently work across our organisation completing spot checks within their service areas as well as keeping staff compliant with hand hygiene competencies.

There are challenges with regards to the continued emergence of resistant bacteria and growing resistance to antibiotics so it continues to be more important than ever to reduce the spread of avoidable infection with good and safe practice within healthcare. We will continue to push the infection prevention agenda and enhance this by working collaboratively with neighbouring organisations.

Complaints and Concerns

The Trust's approach to complaint handling is based on the principles published by the Parliamentary and Health Service Ombudsman (PHSO). These principles outline the approach the PHSO believe public bodies should adopt when delivering good administration and customer service, and how to respond when things go wrong. These principles are:

- getting it right
- being customer focused
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement

During 2019/20 the Trust has reviewed the Complaints Management process to reflect a complainant focussed approach. Changes included:

- Local resolution meetings are offered by all Services. This provides an opportunity for the service to meet with the complainant and to agree what will be investigated within a mutually agreeable timescale.
- The Complaints policy was reviewed and training provided to service leads on the management of the local resolution meetings.
- The quarterly Complaint Scrutiny panel has been redesigned and from April 2020 will be called "Learning from Experience" with a much greater focus on what we learn from feedback and how we this learning impacts on care.
- The Learning from Experience meeting has patient representatives to review serious or complex complaints and the actions from them.

Timely intervention can prevent an escalation of the issues raised and achieve a more satisfactory outcome for all concerned.

The following tables show the number of complaints we have received in the past 12 months, complaints received in comparison to previous years and categories of complaints:

Complaints Chart 1: Complaints Received 2019/20
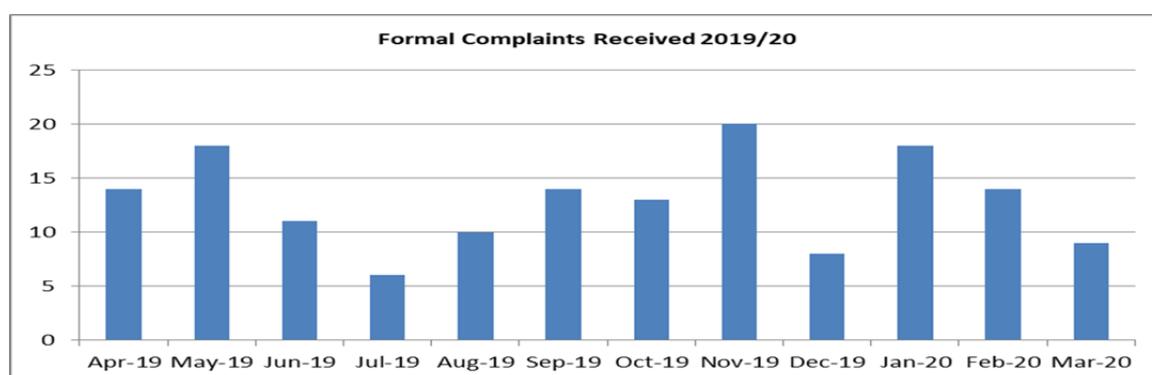
Complaints Chart 2: Total number of complaints received from 2014 -2020

Formal Complaint Received – by Financial Year
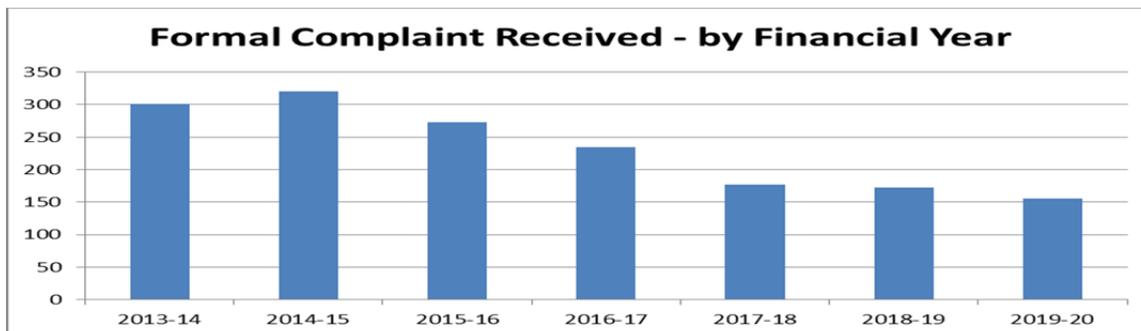
In Solent NHS Trust we have launched a Community Engagement Strategy in 2019/20. This is reflective of information from many thousands of pieces of patient and community feedback. In 2020/21 we will work closely with the Community engagement team to ensure that patients are involved in any changes to the complaints and Patient Advocate Liaison service (PALs) processes. We will aim to access those members of society who currently do not make formal complaints, from different groups and communities and from whom much can be learnt to improve care. This will help to identify service users that are currently not using the Complaints Process to ensure it is assessable for all. Response to the current equality and diversity form is low and the form is not easy to fill out electronically. The PAL-s & Complaints team are working on updating the current form to make it easier to use and improving how we record the data received to enable analysis.

Complaints Chart 3: Number of complaints by category of complaint from 2016 - 2020

Formal Complaints Received – by Category
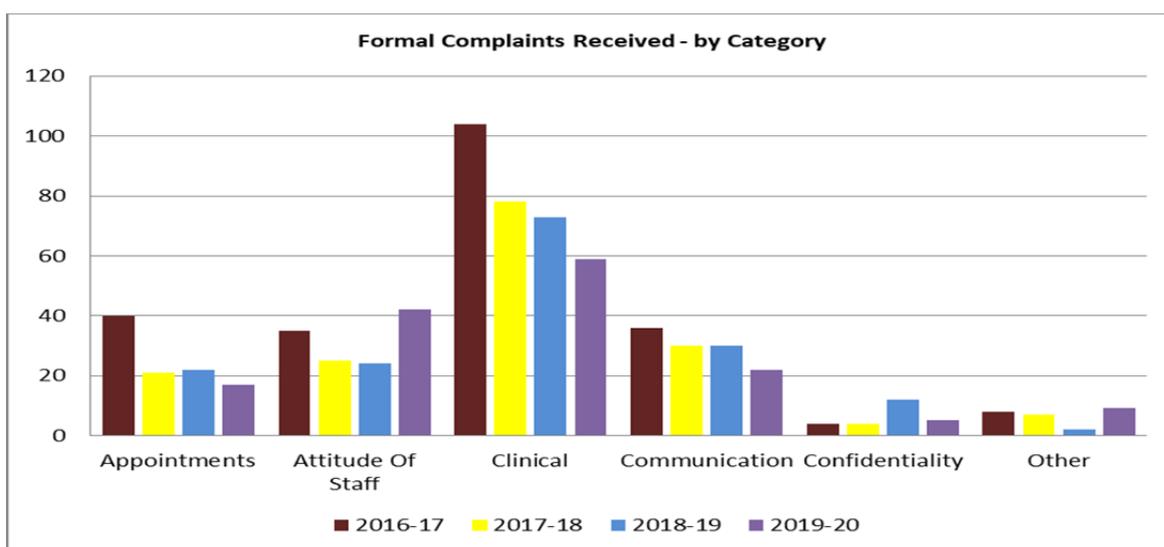
Chart 3 shows that, as in previous years and in line with national data, the four main complaint categories remain the same. There have been significant reductions in three of the main categories over the last four financial years. Complaints relating to the attitude of staff saw an increase, nearly double of the amount received in 2018-19, following a decrease in previous years. The highest numbers of complaints relating to attitude of staff were logged under Solent's Adult Mental Health and Primary Care services.

Complaints relating to confidentiality have returned to the steady level seen in previous years following a spike in 2018-19. The spike was due to an IG incident that affected multiple patients. The consistent low numbers of confidentiality complaints highlight Solent's high level of IG training for all staff.

Although still low (9 in total) the number of "Other" complaints has increased over the last four financial years. Complaints within the "other" category relate to Facilities (changes to parking fees), Equipment and Aids (length of time waiting for equipment), and General Procedures (Solent NHS Trust policies, decisions made regarding funding and the provision of services).

Clinical concerns continue to be most frequent source of complaints followed by communication but there has been a decreasing number of these seen over the years 2016-2020. Our teams continue to strive towards better communication, collaborative care and earlier resolution with people who use our services and this is evidenced in the data regarding complaints. We are proud that there has been a decrease for the fourth consecutive year in complaints related to clinical issues. Appointments and waiting times are also a frequent source of complaints but this has also decreased in most areas. Small pockets of challenge in meeting waiting times persist in Solent NHS Trust. Our teams work closely with commissioners where this is the case to make improvements – many of which are reflected in the Quality account priorities. It is disappointing that Attitude of staff has seen an increase in the number of complaints received when compared to the last two financial years. The introduction of widespread early resolution meetings, improved staff training and support and the Community Engagement strategy will look to address this.

Service	Learning from Complaints
Adults Portsmouth	Following concerns raised about the lack of empathy of staff when communicating with families the "This is me" document has been introduced to remain with a patient throughout their care and ensure families are fully involved. The aim is to improve communication with staff.
Adults Portsmouth	Quality improvement project focusing on end of life management of symptoms including the development of improved communications within the teams.
Adults Portsmouth	Mouth swabs to be carried as part of standard equipment and staff training regarding the importance of mouth swabs refreshed.
Adults Portsmouth	Concerns raised regarding complexity of forms sent out to patients. Bladder & Bowel Team to contact AI team in relation to paperwork sent to patients prior to assessment appointment.
Sexual Health	Due to patients reporting a lack of appointments, an online patient portal has been implemented to replace the online booking system.
Child and Family Services	Patients reported there was a delay in receiving reports following their assessments. Protected time was reinstated for staff to complete their reports.
Adults Southampton	Staff across inpatient wards, have received additional information on sight and hearing loss as well as tips to support verbal and non-verbal communication to improve knowledge. Information also shared at Healthcare Governance meeting.

Adults Southampton	Specialist Tissue Viability team to train community nurses in use of vacuum pump to ensure adequate provision during weekends.
Child & Family Services	In response to concerns regarding lack of responsiveness of service, the service have changed processes. They continue to strive to improve the responsiveness of the service from feedback, including; taking self-referrals from families, enabling them to share their concerns directly. In addition, when children and young people miss sessions, the team now contact the family by phone and letter to offer another appointment, rather than immediately discharging the referral.
Child & Family Services	Services now have a leaver's process where any member of staff leaving for a prolonged period of time hands over their work.
Child & Family Services	Following concerns that the flu vaccine had been given despite parents declining vaccination, new E – consent programme to be introduced to reduce human error.
Sexual Health	Following complaint regarding post vaccination injury, an injection site revision guide was added to service's monthly newsletter for all staff.
Adult Mental Health	Following concerns regarding staff attitude, the following actions have been taken within service: • Planned training sessions for the CRHT, as part of regular skills slots, pulling on themes from within the feedback received. • Further considerations underway include suitable training topics such as understanding the complaints process, responding to complaints, and managing difficult interactions (including staff experiences of difficult interactions)

Community Engagement Strategy

In July 2019 we embarked on a further and an even more ambitious programme of community engagement building on the strategy published in 2018. Our approach to community engagement is based on the principles of inclusion and collaboration. We strive to ensure that people from the wide range of communities we serve, are able to be actively involved in their local community and mental health services in the way they wish, the aim being to improve access, improve experience and ultimately, to reduce health inequalities. The key achievements for this year have been:

Reducing Health Inequalities

The design and implementation of two projects to reduce health inequalities; one in Portsmouth City supporting people from the - BAME groups access mental health services and another in Southampton Nicholstown Surgery to improve access to preventative services. The programmes are based in the community, working with members of the local community to deliver change and to enable communities to sustain change.

Community Partners Programme

In January 2020, we launched an innovative programme to encourage members of our local community to be actively involved in the development, design, improvement and monitoring of the services we provide. We have recruited over 40 individuals and groups, with a reach to over 1900 people, to support our local ambition of involving people who use our services in everything we do. We have representation from a wide range of groups and communities, including mental health advocates, parent carers, service users and families, community support groups, LGBTQ+ community and children and young people.

Community partners:

- Have joined our Learning from Experience Panel
- Are leading the development of experience of care measures based on what people have told us matter most
- Will be hosting a system wide event in April 2020 to explore how we can better understand how to capture people's experience of using multiple services
- Are supporting the development of the Solent Strategy 2020 – 2025

2020 – 2025 – the next steps

We have made significant changes and improvements in the ways and the frequency we engage with our community but we believe we still have some way to go. We want to better understand how we can effectively engage with our local community, as this is fundamental to developing services which consistently provide great care. In January 2020 we started a programme of exploration with our local communities to further develop our approach to engagement. We have so far worked with over 30 community groups, and many individuals to understand what great engagement looks like and will publish our next steps strategy in late spring 2020.

Experience of Care

People who use our services have told us that they have a positive experience of care most of the time, but we do recognise that sometimes we get it wrong and we have committed to better understand what it is like to receive care and treatment with Solent NHS Trust. To understand peoples' experiences we need to hear their stories about what we do well and what we could do better. In 2019/20 we have increased the ways in which people can tell us about using our services, introducing more focus groups, conversations and using social media, in addition to more traditional surveys. We have started to integrate the information we have about people's experience of care which has helped us identify priorities for change.

We explored who was providing feedback about their experience and identified that that this is not a fair representation of the community we serve (see table below)

 So we have:

1. Commissioned a new feedback system provider which is able to provide much more accessible ways of people sharing their stories with us
2. Formed a service user led group to design new ways in which we measure experience of care.
3. Will report who provides feedback each quarter.

Gender

- Female 68%
- Male 32%
- Prefer not to say 0%

Disability

- Hearing 6%
- Learning 2%
- None 63%
- Other 14%
- Physical 9%
- Prefer not to say 2%
- Speech 1%
- Visual 3%

Ethnicity

- Asian 4%
- Black 2%
- Chinese 0%
- Mixed 3%
- White 91%

Age

- 0-24 23%
- 18-75 65%
- 76-85 7%
- 86+ 5%
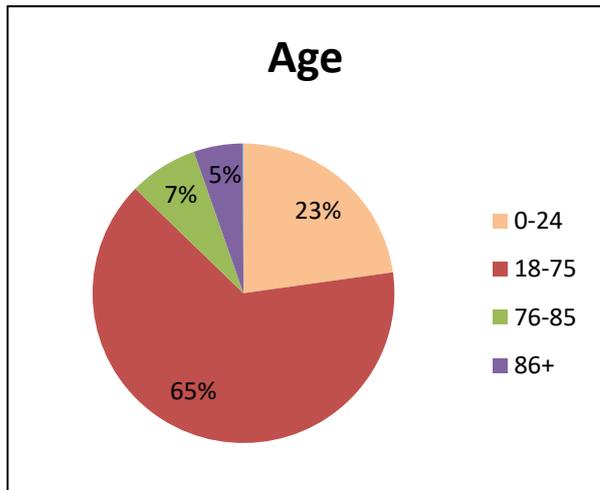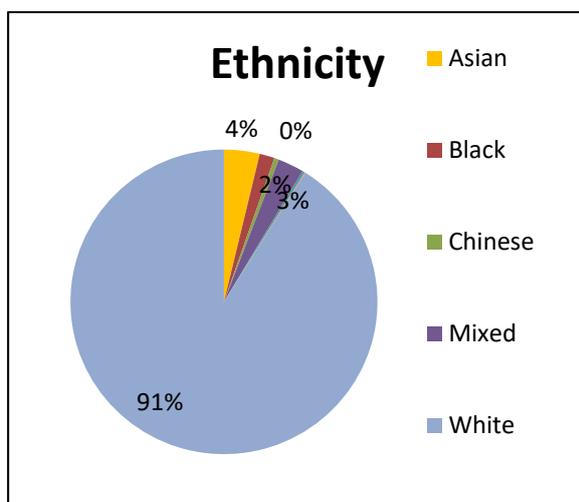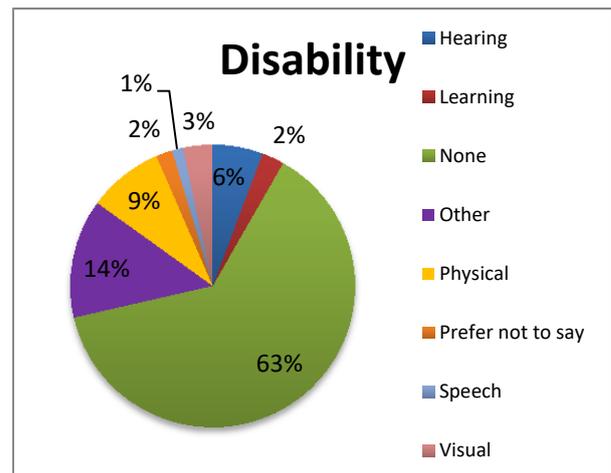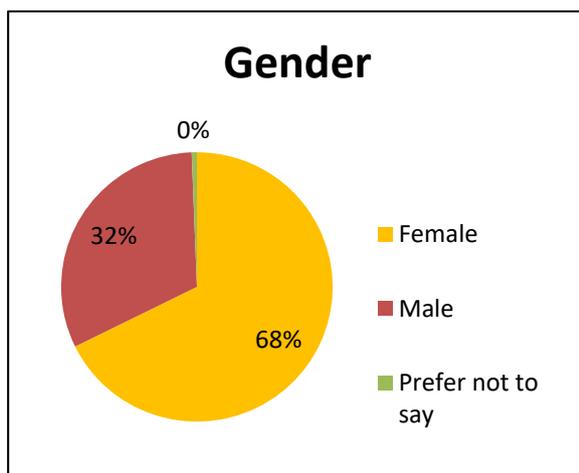
Understanding what really matters most …

October – December 2019

NHS Solent NHS Trust

The Gift of Feedback

⭐ Over 10000 people shared their experience of care ⭐

97% of people reported a positive experience of care, average satisfaction of 95%

2% people had cause to raise a concern

How did people feedback?

- 4067 used the " I Statement " local Suvey
- 5510 used the Friends and Family Test
- 196 took part in the national community Mental Health Survey
- 421 contacted PALs and told them about their great care
- 41 contacted PALs and made a compaint

What did they tell us we do really well?	What do we need to improve?
Feeling safe Treated with Dignity Confident in care	Information calls Carer Support Telephone
Supported to reach Personal goals Treated with kindness	Waiting for.. Care Environment Care Continuity

---

Key Learning from complaints:
Complex and emotional complaints are difficult to resolve for both the person raising the concern and the teams concerned.
Action:
A focussed panel will be held in March to explore those complaints which have been reopened or taken repeated efforts to come to resolution.

Volunteers – members of the Solent Team

Solent NHS Trust is proud to have a well-established and vibrant volunteer community, with over 150 volunteers offering us the gift of time and experience to a wide range of our services. Our volunteers are key members of the team and actively influence how their roles evolve. They are pivotal in designing new roles as they see the need arise, constructively challenging us to think about how volunteers can make an even greater contribution to supporting patient, families, carers and staff. Our current patient experience volunteers identified an opportunity for them to further their support to improve the experience of care of people who use our services by becoming trainers for the new feedback system, which is being rolled out across the Trust. We continue to seek advice from our current and prospective volunteers about the potential for new and innovative roles. We currently offer 13 core volunteering opportunities ranging from shop assistants to meet and greet roles, gardening and Memory Café volunteers, working in partnership with Admiral Nurses. We are currently recruiting volunteers to support our growing engagement events activity.

Supporting people to secure employment and entering higher education

We actively support people who are seeking a volunteering role to support them in their aim to secure paid employment. Placements are offered for a minimum of six months and during that time our volunteers have access to a range of learning and development opportunities. Here are a few of our success stories:

Donna – joined the Patient Experience Team as a volunteer – and is now employed by Solent, at Highpoint Headquarters.

Jamie – joined Snowdon Ward as a volunteer and is now a Healthcare Support Worker on Snowdon Ward.

Magdalena – joined the Patient Experience Team as she wanted to improve her English (she is Polish). She left the PE Team just before Christmas and now runs her own business from home.

Toby – joined us as a member of the Young Shapers Team, to support us understand the needs of children and young people who use our services. Toby is now a Youth Participation Worker, which he combines with his University studies.

Learning Disabilities Improvement Standards

People with learning disabilities, autism or both, and their families and carers, should expect high quality care across all services provided by the NHS. They should receive treatment, care and support that are safe and personalised; and have the same access to services and outcomes as their non-disabled peers. In June 2018 NHS Improvement published four standards and improvement measures NHS trusts need to meet; in meeting these standards we can demonstrate we are delivering high quality services for people with learning disabilities, autism or both.

The delivery of our new Learning Disability Strategy, which includes achieving continual improvement against these standards, was one of our quality improvement priorities for 2019/20. Solent NHS Trust's Learning Disability Strategy is a 3 year plan to make sure all of its services can meet the needs of its patients with a learning disability. This will help all NHS services make reasonable adjustments so that people with a learning disability can get the same help as everyone else. Some examples of reasonable adjustments that services can make include:

- Longer appointments

- First/last appointments

- Accessible information

- Easy read letters

- Visits to clinical areas before treatment

The core ambitions of the strategy are:

✓ To ensure all patients with a learning disability receiving care from Solent NHS Trust are not disadvantaged by having a learning disability. This requires the consideration and delivery of "Reasonable Adjustments".

✓ Our staff will feel competent and confident in supporting patients with a learning disability and in making "Reasonable Adjustments".

✓ We will develop "grab guides" for clinicians in collaboration with NHS Improvement.

✓ We will seek to positively engage with our patients with a learning disability in a proactive manner to seek feedback on our care delivery and work with them to co-produce service improvements.

✓ We will reach into the existing learning disability forums to ensure we are effectively engaging in reducing health inequalities faced by people with a learning disability.

✓ We will ensure that we are transparent and accountable in our performance and delivery against a co-produced "quality charter", designed with our patients who have a learning disability.

✓ We will engage with people with a learning disability as members of our communities as well as being potentially patients of ours. This will include looking at employment and volunteering possibilities, as well as recognising that many of our staff may have family or friends with a learning disability and that we can signpost to external resources and supports.

✓ We will ensure that our services are aware of, and engaged in, national and regional initiatives to reduce health inequalities for people with a learning disability.

We launched our strategy with an awareness campaign *"See me not my disability"* in which we asked people to not assume things about patients with a learning disability, but to check with them first. This includes:

Don't Assume: **THAT I UNDERSTAND YOU**: *check*

Don't Assume: **YOU KNOW WHAT'S BEST FOR ME**: *check*

Don't Assume: **THAT I FEEL SAFE**: *check*

Don't Assume: **THAT I GIVE MY CONSENT**: *check*

Don't Assume: **THAT MY CARER CAN SPEAK FOR ME**: *check*

Don't Assume: **HOW I'M FEELING**: *check*

Achievements in 19/20 include

- The Learning Disability Strategy was written and approved by the Board. Andrew Strevens is the Corporate Sponsor

- The Strategy referenced the NHSI Learning Disability Improvement Standards and we submitted our data into the 1st annual benchmarking audit. The feedback from this has helped inform our Strategy delivery plan

- We have introduced a Learning Disability Strategy implementation group and have written a clear 3 year action plan based upon the 4 themes of the Improvement Standards; Respecting and Protecting Rights; Inclusion and Engagement; Workforce Engagement; and, Specialist Learning Disability Services

- The group has sought to manage the required activity by initiating 4 Task and Finish sub-groups: Communication; Staff & Patient Engagement; Staff Training; and, Clinical Systems and Processes

- A launch of the Strategy was included in the Trust's celebration of Nursing event

- An audit process of each service's conformity to the Improvement Standards has commenced. This will help services develop clear action plans in order to improve their support to patients with a Learning Disability

- Links have been made with the Local Learning Disability Partnership Boards to better hear the views of people with a learning disability on Solent's services.

- A Learning Disability on-line awareness training resource has been developed by Solent NHS Trust staff for use across SHIP. This is currently awaiting approval.

- A process for reducing medication for people with a Learning Disability, under the STOMP strategy, has been introduced within adult specialist services.

- We have submitted our data for the 2nd annual benchmarking audit of the Learning Disability Improvement Standards

- Developed a communication plan for across the 3 years of the action plan

- Improved patient flagging within patient record systems

- Linked with Solent GP services to support accreditation as Learning Disability "GP Champion Practices"

Actions to be moved across to 2020/21:

- Introduce STAMP into children's services

- Developing Quality Checking activity across Solent NHS Trust services

An overall summary of our performance against each standard and improvement measure is below:

Standard 1: Respecting and protecting rights All trusts must ensure that they meet their Equality Act Duties to people with learning disabilities, autism or both, and that the wider human rights of these people are respected and protected, as required by the Human Rights Act	
Improvement Measures	**Our Performance**
Trusts must demonstrate they have made reasonable adjustments to care pathways to ensure people with learning disabilities, autism or both can access highly personalised care and achieve equality of outcomes.	The Trust seeks engagement with people with a learning disability and their carers in a number of ways: it has a strategy for producing accessible information; it has an adapted patient feedback process; a number of services have developed adapted responses to this patient group (e.g. sexual health services have worked with our learning disability service to develop a special clinic, "Shield", for people with a learning disability); specialist dental services have developed a feedback group of people with a learning disability to help them improve their service response; our AGM has provision for people who use Makaton to engage; there is expert by experience training available; the learning disability service has a range of engagement processes that can be supported

Standard 1: Respecting and protecting rights All trusts must ensure that they meet their Equality Act Duties to people with learning disabilities, autism or both, and that the wider human rights of these people are respected and protected, as required by the Human Rights Act	
	across other services
Trusts must have mechanisms to identify and flag patients with learning disabilities, autism or both from the point of admission through to discharge; and where appropriate, share this information as people move through departments and between services.	Flagging that a patient has a learning disability, across all patient record systems used within the Trust, is being harmonized and being clearly linked to the provision of reasonable adjustments in care provision.
Trusts must have processes to investigate the death of a person with learning disabilities, autism or both while using their services, and to learn lessons from the findings of these investigations.	• A monthly Learning from Death's panel is held and chaired by the Chief Medical Officer. The panel discuss any deaths which were reported as Serious incidents (SI), learning from any Coroner's court cases and Mortality review papers for each clinical division. • The Trust has developed a Mortality dashboard which covers all services with the exception of Special care Dentistry and Sexual Health services. Teams identify through their Mortality review process cases which are appropriate for a clinical judgment review (also known as structured clinical judgment tool). • The Trust has developed a learning database which monitors and tracks specific changes that need to be implemented to improve future outcomes (this is separate from action plans). This includes cases where learning has been identified from deaths. • In line with this the Trusts Specialist Learning Disability service are fully engaged with the Learning Disabilities Mortality Review (LeDeR) programme
Trusts must demonstrate that they vigilantly monitor any restrictions or deprivations of liberty associated with the delivery of care and treatment to people with learning disabilities,	This is monitored through Mental Capacity Act (MCA) and Depravation of Liberty (DoLS) audit processes

Standard 1: Respecting and protecting rights All trusts must ensure that they meet their Equality Act Duties to people with learning disabilities, autism or both, and that the wider human rights of these people are respected and protected, as required by the Human Rights Act	
autism or both.	
Trusts must have measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism or both.	The Trust promotes anti-discriminatory practice by providing reasonable adjustment options such as: • Providing accessible information to aid patient understanding • Providing staff with the appropriate skills and support to take an individualised approach to communicating with people • Involving family carers from pre-admission onwards • Involving family carers in care decisions as appropriate • Ensuring that staff have been trained in MCA and DoLS and know how to implement these policies • Ensuring there is a protocol in place which details when best interest decisions are required • Providing information for people with learning disabilities and family carers regarding their rights under the Mental Capacity Act (MCA) • Having a flagging system highlighting a patient has a learning disability, to help identify additional support may be required • Ensuring that reasonable adjustments are put in place regarding appointment times and length e.g. offers of first or last appointments of the day • Supporting staff to use Hospital Passports or similar where these are in place

Standard 1: Respecting and protecting rights All trusts must ensure that they meet their Equality Act Duties to people with learning disabilities, autism or both, and that the wider human rights of these people are respected and protected, as required by the Human Rights Act

	• Ensuring staff know how individuals express pain and discomfort and act accordingly • Using good practice guidance on dysphagia and ensuring there is accessible information about food choices • Identify, analyse and learn from incidents involving people with learning disabilities

Standard 2: Inclusion and engagement Every trust must ensure all people with learning disabilities, autism or both and their families and carers are empowered to be partners in the care they receive

Improvement Measures	**Our Performance**
Trusts must demonstrate processes that ensure they work and engage with people receiving care, their families and carers, as set out in the NHS Constitution.	The Trust seeks engagement with people with a learning disability and their carers in a number of ways: it has a strategy for producing accessible information; it has an adapted patient feedback process; a number of services have developed adapted responses to this patient group (e.g. sexual health services have worked with our learning disability service to develop a special clinic, "Shield", for people with a learning disability); specialist dental services have developed a feedback group of people with a learning disability to help them improve their service response; our AGM has provision for people who use Makaton to engage; there is expert by experience training available; the learning disability service has a range of engagement processes that can be supported across other services
Trusts must demonstrate that their services are 'values-led'; for example, in service design/improvement, handling of complaints, investigations, training and development, and	We ensure our clinical services have a strong focus on the Trust values through a number of processes such as:

Standard 2: Inclusion and engagement Every trust must ensure all people with learning disabilities, autism or both and their families and carers are empowered to be partners in the care they receive	
recruitment.	- Patient feedback - Analysis of complaints, concerns and compliments - Learning from adverse events - In its staff training and development opportunities - Within its governance structures - In its public engagement strategy
Trusts must demonstrate that they co-design relevant services with people with learning disabilities, autism or both and their families and carers.	The Trust's Learning Disability services facilitate a number of such forums related to both service developments and/or clinical pathways using experts by experience. It is an expectation that all service development activity has a clear engagement strategy
Trusts must demonstrate that they learn from complaints, investigations and mortality reviews, and that they engage with and involve people, families and carers throughout these processes.	Complaints, investigations, incidents and mortality reviews, are agenda items at all governance meetings which in turn report to the Quality Improvement & Risk Group and the Quality Assurance Committee (Board sub-committee)

Standard 3: Workforce All trusts must have the skills and capacity to meet the needs of people with learning disabilities, autism or both by providing safe and sustainable staffing, with effective leadership at all levels	
Improvement Measures	**Our Performance**
Based on analysis of the needs of the local population, trusts ensure staff have the specialist knowledge and skills to meet the needs of people with learning disabilities, autism or both, as well as those who support them.	All clinical areas have a "Learning Disability Resource Pack" that supports staff to deliver effective care. More formal training is under development and will be shared across the local TCP (SHIP). Autism training is currently being explored
Staff must be trained and then routinely updated in how to deliver care to people with learning disabilities, autism or both who use their	The Trust has implemented its Learning Disability Strategy that reflects the Learning Disability national standards and directly addresses staff

Standard 3: Workforce All trusts must have the skills and capacity to meet the needs of people with learning disabilities, autism or both by providing safe and sustainable staffing, with effective leadership at all levels

services, in a way that takes account of their rights, unique needs and health vulnerabilities; adjustments to how services are delivered are tailored to each person's individual needs.	competence and confidence in supporting patients with a Learning Disability
Trusts must have workforce plans that manage and mitigate the impact of the growing, cross-system shortage of qualified practitioners with a professional specialism in learning disabilities.	Workforce plans are in place within the Trust's Specialist Learning Disability Services. This includes supporting apprenticeships, involvement in "return to practice" initiatives, review of skill mix, and, participation in the "Training Nurse Associates"
Trusts must demonstrate clinical and practice leadership and consideration of the needs of people with learning disabilities, autism or both, within local strategies to ensure safe and sustainable staffing.	A workforce plan is currently in place that reflects the clinical demands upon services

Standard 4: Specialist learning disability services Trusts that provide specialist learning disabilities services commissioned solely for the use of people with learning disabilities, autism or both must fulfill the objectives of national policy and strategy

Improvement Measures	Our Performance
Trusts must have plans for the development of community-based intensive support, including treatment and support for people accessing mental health services and the criminal justice system.	The Trust's Specialist Learning Disability Service already has an Intensive Support Team which is effective in supporting those in crisis. Funding for a focused forensic practitioner role has been secured from the local CCG
Trusts use the care and treatment review (CTR) and care and education treatment review (CETR) to ensure a stringent assessment is made if admission is anticipated or requested, and that discharge arrangements ensure no individual stays longer than necessary.	The Trust's Specialist Learning Disability Service is actively involved in the CTR's/CETR's of its patients. It hosts regular meetings to review the care arrangements and discharge options of those patients
Trusts have processes to regularly review the medications prescribed to people with learning disabilities, autism or both. Specifically, prescribing of all psychotropic medication should be considered in line with NHS England's programme stopping over medication	The Trust's Specialist Learning Disability Service have engaged with our Pharmacy service in the delivery of a STOMP initiative

Standard 4: Specialist learning disability services Trusts that provide specialist learning disabilities services commissioned solely for the use of people with learning disabilities, autism or both must fulfill the objectives of national policy and strategy	
programme STOMP.	
Trusts providing inpatient services have clinical pathways that adhere to evidence-based assessment and treatment, time-limited interventions and measurable discharge processes to ensure inpatient episodes are as short as possible	The Trust has no specialist inpatient services
Trusts have governance processes for measuring the use of restraint and other restrictive practices, including detailed evidence-based recommendations to support the discontinuation of planned prone restraints and reduction in unwarranted variation in use of restrictive practices. They can demonstrate that alternative approaches are being deployed	The Trust has no specialist inpatient services

Patient Led Assessment of the Care Environment (PLACE)

What is PLACE?

Good environments matter. Every NHS patient should be cared for with compassion and dignity in *a clean, safe environment*. PLACE assessments provide opportunities for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced. Introduced in April 2013, PLACE is the system for assessing the quality of the patient environment. The assessments primarily apply to hospitals providing NHS-funded care in both the NHS and private/independent sectors. The assessments, which focus on the environment and *not* clinical care, take place every year, and results are published to help drive improvements in the care environment.

National Review

PLACE guidance was reviewed between 2018 and 2019. The question set has been significantly revised, and guidance amended. It is important to note, therefore, that the results of the 2019 assessments will not be comparable to earlier reports.

Local PLACE

Solent NHS Trust provides services from a variety of different sites. St Mary's Hospital is owned and run by the Trust, and we provide services from Jubilee House, Western Community Hospital, Royal South Hants Hospital and St James Hospital. This report includes a summary of overall outcomes of

the report. The detailed report is available at (https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2019)

Involving local people

Assessment teams are a collaboration between staff and patient assessors, with Patient Assessors making up at least 50 per cent of the assessment team. Anyone who uses the service can be a Patient Assessor, including current patients, their family and visitors, carers, and patient advocates. The assessments give patients and the public a voice that can be in the drive to give people more influence over the way their local health and care services are run and in the way in which they are held to account. The Trust was delighted to be supported by Healthwatch Portsmouth and Southampton during the assessments.

PLACE 2019 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%
Trust Overall Average	96.36%↓	94.98 ↑	99.22%↑	92.02% =	89.50%↑	92.74%↓	88.04%↑	87.13%↑

The 2019 PLACE Report was published in February 2020. The report comprises 8 domains (see table 1). Our local assessment reported our care environments as being above the average in 5 domains, about the same in 1 and below the 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.

Safeguarding

The Trust endorses everyone's human right to live their life free from abuse and harm. Solent's Safeguarding team support the organisation to fulfill it's safeguarding duties and responsibilites, completing targetted work with clinical teams to embed safeguarding
frameworks, such as making safeguarding personal and hearing the voice of the child.

The team provide expertise and promote professional curiosity, challenge and collaboration. Staff are empowered to fulfil their safeguarding responsibilities through:
- Education
- Supervision
- Responsive and expert advice and support

Quarterly reports, demonstrating compliance with regulations, are submitted to the Safeguarding Steering Group, the Quality Improvement and Risk Group (QIR), Assurance Committee, the Board and the commissioners.

Solent NHS Trust is an active partner and is represented at the Portsmouth and Southampton Safeguarding Childrens Partnerships, (SCP), and the Portsmouth, Southampton and Hampshire Local Safeguarding Adults Boards, (SAB), for Hampshire, Southampton, Portsmouth and the Isle of Wight and works collaboratively with partner agencies at a strategic and operational level.

Business Priorities and Quality Improvements for 2019/20

Objective/Improvement for 2019/20	Outcome
The Safeguarding team will respond to 90% of requests for advice within one working day	The target was achieved as demonstrated by an internal audit conducted by the team
The Safeguarding team will revise and develop the mandatory safeguarding training program provided to staff in order to deliver a comprehensive training offer.	The training offer was reviewed. New training now provided includes Domestic abuse and integrated safeguarding children and adults training (level 2).
Embed Making Safeguarding Personal (MSP) within adult services to allow adults' voices to be heard and listened to within safeguarding activity	Various activities to promote MSP have been completed throughout the year. An audit in Q4 will demonstrate the effectiveness of the training activities and illustrate areas for development in 2020/21
To further strengthen the Think Family Approach to Safeguarding so that silo working is reduced and collaborative working is achieved	Integrated training has been developed, policies are reviewed and adopted the Think Family approach to safeguarding. The Think Family Protocol is endorsed by Solent. The Safeguarding Strategy 2020/23 includes an objective to further embed the Think Family approach throughout the Trust

Improvements during 2019/20

During this period the safeguarding team has implemented the following quality improvements:

- Provision of large scale Safeguarding Adults Level 3 training to increase compliance in line with the Adult Safeguarding – Roles and Competeneices for Healthcare Staff, (2018). This equips staff with the skills and competencies to reduce the risk of harm to adults at risk.
- A pathway for new training requirements for Level 3 Safeguarding Children training, (Safeguarding Children and Young People - Roles and Competencies for Healthcare Staff, 2019) has been developed to inform staff what training they are required to complete.
- The Safeguarding training programme has been updated to include integrated Safeguarding Children and Adults at Risk Level 2 training, which demonstrates the "Think Family" approach to safegaurding. New Domestic Abuse training, (joint adult and children) has been implemented to support staff to develop their knowledge and skills in supporting people experiencing domestic abuse. Provision of new courses ensures training remains up to date and responsive to National guidance and legislation.
- From Quarter 1 the Named Nurse for Safeguarding Children has provided 8 weekly safeguarding supervision to the senior nursing leads working at Band 8A she also provides supervision to the Family Nurse Practitioners and Family Nurse Supervisors. The new arrangements facilitate local knowledge of policies, safeguarding trends and learning to be incorporated into the supervision that is provided. Safeguarding supervision is also provided to the Quality and Safety team in recognition that they are involved with the review of safeguarding and other serious incidents as well as dealing with some challenging situations. The Safeguarding Specialist Nurses also provide supervision groups for Health Visitors delivering the ECHO programme in Portsmouth which supports a safeguarding and restorative model of practice.
- The Named Nurse for Safeguarding children has launched bi-monthly tutorials to provide an opportunity for practitioners to develop individual safeguarding portfolios, to develop their knowledge and skills to improve outcomes for children and families. Commissioners,

- Safeguarding Children Partnerships including Local Authorities have requested these to share learning across the safeguarding arena.
- The Safeguarding Adults team have provided additional learning opportunities by supporting the programme of "skills slots" at in-patient Older People Mental Health Units, and facilitating a workshop for the neuro-rehabilitation team. These sessions help staff to develop understanding of safeguarding related to their client group.
- The Named Nurse has provided a Child (Sexual) Exploitation lecture to public health students at Surrey University, some of whom are Solent NHS Trust sponsored.
- A Safeguarding Adults Facilitator secondment opportunity was introduced in Quarter 1, which provides an opportunity for front line staff to develp their safegaurding knowledge, skills and competencies whilst increasing the range of clinical expertise within their team. The secondee is enabled to share their specialist knowledge within their service area to enhance safeguarding practice.
- Three members of the Safeguarding team have commenced restorative supervision training so that the approach can be embedded within safeguarding supervision groups.
- A Trust Was Not Brought/Did Not Attend Policy was ratified to provide guidance to staff on appropriate action to take when a child or adult as risk are not brought to appointments.
- Audits of the safeguarding advice line demonstrated that the 2018/19 buisness objective to answer at least 90% of advice calls within one day was achieved
- A service evaluation of the impact of the safeguarding champions demonstrated that champions felt increased confidence with safeguarding since becoming a champion, with the majority providing examples of how this had also benefitted colleagues. 89% of the champions who responded provided clear examples of how being a champion had positively impacted on outcomes for service users.

Plaudits and Compliments

The Safeguarding Team's "So Safe" newsletter and tutorials has received widespread acclaim. The content has been rated so highly that issues have now been requested by commissioners and Children's Social Care,

NHS England's Head of Safeguarding has praised Solent's Safeguarding Champions, identifying that the number and diversity of the Champlions is not replicated anywhere else in the UK.

Safeguarding Children Practice Reveiws and Safeguarding Adults Reviews

The Safeguarding Team have fulfilled all requests for Safeguarding Adult Reviews and Child Practice Reviews during the year. Actions from all cases are reported via the Safeguarding Steerging Group to the QIR and Assuarance Committee.

A pathway for sharing learning from Safeguarding Case Reviews and Safeguarding Adult Enquiries has been embedded into practice to ensure that learning is disseminated and easily accessible to all staff across the Trust, with the aim of informing service improvements. As part of safeguarding month, the leads for adults and children delivered case review lunch time learning which was available to all staff.

Themes from the reviews include adult mental health, self neglect and substance misuse for adults and transition from child to adult service, escalation of concerns and safeguarding supervision for the child

practice reviews. Learning from the cases has informed service improvments including the development of a transitions policy to ensure that children and families experiences of moving from child to adult services are smooth consistent and continue to meet the childrens' needs.

Business Priorities and Quality Improvements for 2019/20

The Safeguarding Strategy 2020/23 will be lauched in April 2020. The five key areas of focus have been set with the aim of improving the quality of safegaurding practice across the Trust and will promote postive outcomes for the communities we servie. The objectives are:

- **Objective 1: Safeguarding is Everyone's Responsibility.** Safeguarding will be embedded throughout the Trust so it truly becomes everyone's responsibility. It will be the golden thread that runs throughout governance structures, training and care delivery
- **Objective 2: Training.** Safeguarding training will be provided in line with National requirements. It will be responsive to local learning and meet the needs of staff, by being offered in a variety of formats across a range of topics
- **Objective 3: Whole family approach** to safeguarding will be a central theme in all safeguarding activity, throughout the Trust
- **Objective 4: The voice of the child and adult** at risk will be heard and used to inform decision making
- **Objective 5: Feedback** will be sought to enable our safeguarding team to remain responsive to the needs of our colleagues, children, young people, adults at risk and the communities we serve

In addition to implementing the business objectives for the Safeguarding Strategy ,the Safeguarding team have set a quality objective for 2020/21 to undertake a review of the specialist safeguarding supervision that they provide, to ensure that the supervision is responsive and effective, thereby improving staff knowledge and confidence of safeguarding. This will improve the quality of safeguarding practice to improve outcomes for children and families.

Same Sex Accommodation Breaches

The Trust has not had any Same Sex Accommodation breaches in 2019/20 (to date).

Tissue Viability

The revised definitions and the associated changes to the reporting process for pressure ulcers described in 2018/19 have been embedded - into practice. A comprehensive training programme has been delivered to meet the educational needs of the nurses and allied health professionals.

Areas of development and improvement in 2019/20 have included:

- The Tissue Viability team in Southampton has introduced advanced compression bandaging techniques which will enhance wound healing. The service has shared this innovative practice at national level at conference and published in peer review journals.
- Teams from Adults Services Portsmouth and Adult Services Southampton have been working with NHSE/I on a pressure ulcer collaborative. Our project has considered Pressure ulcer risk assessment. The current risk assessment tool in use is the Waterlow risk assessment tool, which it has been identified, allows for inconsistency and variation in risk scoring. The team has therefore considered the Purpose T risk assessment tool which has been developed to be used generically in both acute and community settings. The aim of the project was to

pilot the Purpose T risk assessment tool to gain better consistency in scoring and therefore recognising the patients at risk, to guide further actions post assessment due to pathways and to give clear guidance when re-assessments should be carried out. The outcome of the pilot is that:
- o overall staff feel Purpose T is an effective assessment tool and helps with clinical interventions.
- o confidence in using the tool is positive but more training is required.

Moving forward the plan is to finalise pathways, work with Systm1 IT to upload Purpose T template and pathways onto Systm-1. We will also provide education and support to all community teams in using the tool and pathways. Once Purpose T goes live it will be re-evaluated six months post implementation.

- QI project undertaken to improve the competency sign off for nurses attending Tissue Viability Training Modules. PDSA model used to structure the project. New streamlined competencies and revised module training book produced. This updated model has been rolled out to the other TV competency booklet. Attendees of the training now receive email reminders to ensure prompt return of competency sign off.
- Introduction of Toe Pressure Doppler Machines to the Leg Clinic has improved the quality of our assessments and facilitated the implementation of timely and effective care. The procedure is available for housebound patients and will reduce the number of referrals to secondary care for vascular assessment.
- Approximately eighteen months ago Portsmouth Tissue Viability team went to Dragons Den and obtained funding for a Dopplex ATP ankle and toe pressure kit. This has enabled the team to perform lower limb assessments on complex patients reducing the need for referrals to the vascular team and enabling prompt and appropriate care to the patients.

To continue responding to the needs of our patients and delivering high quality care, we are involved in a national project which is undertaking a needs analysis for patients with wounds and lymphoedema. With new information about the requirements of our community, we can review pathways and ensure resources go to the right place. We will also gain insight into the workload burden for staff across all services and see what training opportunities should be made available.

Communications – Staff Awards

Recognising the success of individuals, teams and services plays an important part in raising morale and developing a culture in which employees can feel valued and acknowledged for their work and achievement. In addition, sharing success widely will build and reinforce the Trust's reputation and brand.

Throughout 2019, the Communications Team has worked with services to promote award success through media and social media channels. This has included Pam Campbell appearing in the Nursing Times, Daily Echo and on ITV Meridian following her NHS Parliamentary Award, our Queen's Nurses featuring in the Portsmouth News, our Freedom to Speak

Up Award being covered in the Daily Echo and our Diabetes Tool being featured in the Portsmouth News and the Nursing Standard. A summary of those awarded during 2019/20 are detailed below:

- Digital recruitment – Solent won award for "best use of online recruitment in the public sector" at the Onrec Awards.
- Queen's Nurse - Four Solent nurses awarded Queen's Nurse title.
- Pam Campbell – National lifetime achievement award at NHS Parliamentary Awards.
- Diabetes tool – Solent NHS Trust awarded by the Wessex Academic Health and Science Network for developing a new diabetes tool to improve care and safety for housebound patients.
- Freedom to Speak Up Solent NHS Trust was presented with a certificate as the best performing combined mental health, learning disability and community trust in the country following annual NHS staff survey results.
- Excellent Teamwork Award - Brooker Award for Dementia Services led by Patient Representative - Kate Legg and Mary Ramsay (Volunteer) at the Patient Experience in Quality Improvement Awards.
- Patient Experience and Communications Award - Patient Representatives for QI Patient Training Programme - Paula Marsh, Roger Stevens & Alice Roath at the Patient Experience in Quality Improvement Awards.

During 2020, we are taking a more strategic and centralised approach to entering individuals and teams for regional and national awards, to optimise recognition and showcase our great work. This means the Comms Team identifying those awards that we can support corporately and, where necessary, providing assistance from helping to complete the nomination form, to maximising any resulting media and/or social media coverage.

Annex 1: Statements from Commissioners, Healthwatch and Overview and Scrutiny Panel

The NHS Improvement letter dated 29th January 2020 *"Quality Accounts: reporting arrangements for 2019/20"* stated that Quality Accounts should be shared with commissioners and local scrutineers including the local authority Overview & Scrutiny Committee and Healthwatch organisations.

Discussions have been held with all relevant CCGs and Healthwatch organisations, following which a draft version of the Quality Account was shared, with all parties, on 26th March 2020 requesting further comments. The draft Quality Account was sent to the following stakeholders for comment:

Portsmouth City CCG

Southampton City CCG

West Hampshire CCG

Portsmouth Healthwatch

Southampton Healthwatch

Hampshire Healthwatch

Following feedback received, changes were made to the Quality Account prior to finalising. Responses received from stakeholders are set out in the following pages.

Healthwatch Portsmouth commentary on the Solent Quality Review 2019/20

(We do note that the version we saw had missing sections, missing milestones all highlighted in yellow)

Our commentary to add to the Quality Review document:

"The overall layout of the document is much better this year than previous years. We are pleased to see the Trust's themes evident in the document with evidence of their practical implementation and embedding into practice. The Healthwatch Portsmouth Board has asked whether the document is written for staff or the public due to the language and style contained within the Review?

Our considered opinion is a positive portrayal of Solent NHS Trust on its journey towards excellent Patient, Carer, Family and Staff involvement in the future design of services and engagement with services towards a positive outcome.

Good to see Priority One is "Involving communities" and at Healthwatch Portsmouth (HWP) although we have been involved in a Trust strategic level group we are not 100% sure that this priority has made its way to the workforce and is still with senior management leading the process. Broad brush priorities needs further detailed underpinning to have real relevance to Patients, Carers, Families and -Staff.

We were unsure of patient group involvement in priorities or whether it is just service led. Thinking specifically of Children & Families, with no mention of Pathological Demand Avoidance (PDA), HWP has had a number of people asking about whether the service offers any support for this group of patients.

With Mental Health Services, HWP has always held a watching brief since its inception of this service, we are very interested to learn about Collaborative Assessment & Management of Suicidality (CAMS) from this document and no other source? We would ask is this evidence based or research led and has it been a collaborative process of implementation with patients, carers and families? We are especially interested in Priority 2 the "High Quality Risk Assessments" and will be watching carefully on an independent audit of outcomes in this area, and offer our assistance with this if required.

We felt the Primary Care section was very service led with little reference to patient engagement and involvement.

Under the Sexual Health section we note under the SARC referrals within Priority 2 – Safe (& experience) that there is maybe a need to consider the current Covid-19 situation in forward planning as we feel from current data that need may increase.

Complaints & Concerns: We would have expected that there would be some Disability and BAME breakdown in the figures/graphs- what is the uptake from BAME? We assume perhaps it is very low and this is the reason why you want to go out to engage in improving access – low uptake seems hidden away, but not said explicitly. The figures all round are surprisingly low. We wonder how Solent's figures compare to other Trusts of a similar size and range and demographic?

"Complaints relating to the attitude of staff saw an increase, nearly double of the amount received in 2018-19, following a decrease in previous years."

"It is disappointing that Attitude of staff has seen a small increase in the number of complaints received."

These statements are contradictory- which is it? Healthwatch, the public, our members, our volunteers and the Board just want you to get it right.

We ask what is happening to address this i.e. staff attitudes in primary care and AMH? – rather than how it is being managed.

There is no mention of roll out training to support patients carrying the "This is me" document.

 "The Complaints policy was reviewed and training provided to service leads on the management of the local resolution meetings." We note that in Adult Mental Health (AMH) there has been a noticeable amount of work to improve LRM management and patient engagement in resolution.

Complaints that make it to Portsmouth IHCAS are dominated by AMH.

We see a long list of audits, and ask are these published and if so are they publically accessible? Is there a group that leads on this and are patients/carers participants on this group, how are the audits and the need defined from Serious Incidents, from Learning from Death Panels or complaints?

We were pleased to see the role of Family Liaison Manager highlighted in the report and we look forward to inviting the incumbent post holder to a future Healthwatch Portsmouth Board meeting to hear more about this innovative role. We note that Incident Reporting seems positive and that the Duty of Candour process is starting to embed but we wonder how many frontline staff are aware of this, what is the uptake of training and is it something all staff need to complete. Healthwatch

Portsmouth has never seen the Duty of Candour flowchart used in the report and would be interested to support its promotion.

Accessible Information, we feel this must be embedded into process from referral (and noted within this) to the very first assessment by service and as well as asking is this fully embedded throughout the Trust we'd ask how is it promoted?

We note there is only a brief mention of the STP and as it's in shadow mode now we wonder why this pivotal factor is hardly mentioned.

We are very pleased to see that the complaints trend is downwards.

We look forward to seeing the section on Patient Led Assessment of the Care Environment (PLACE) as Healthwatch Portsmouth fully supported the process Trust wide in the Autumn of 2019 and utilised our Board members and volunteers to participate in Portsmouth."

Healthwatch Southampton Comments on Solent NHS Trust Quality Account 2019/20

Healthwatch Southampton welcomes the opportunity to make formal comment on the draft of Solent NHS Trust Quality Account 2019/20. In Southampton, Solent NHS Trust provide in-patient care at the Western and Royal South Hants hospitals as well as providing GP practice surgeries, Child and Adolescent Mental Health Services (CAMHS), outpatient clinics and community services. We will therefore limit our comments to those parts of the quality accounts that deal with these topics.

Like our colleagues in Healthwatch Portsmouth, we wonder just how useful and accessible this document is for the general public. However, as we have tried to keep abreast of the issues, we found the document to be complete with no serious omissions in respect of services provided in Southampton. It is generally well set out and logical in its approach.

We were pleased to have been consulted on an early version of the Quality Account and that our detailed comments led to some changes and improvements in the final version.

As in previous years, we like the introduction by the Chief Executive and Chief Nurse and Chief Medical officer which gives a good overview of the attitude towards quality by the Trust. The early section dealing with the progress against priorities for improvement 2019-20 sets the priorities for improvement for 2020-21 into context.

It is good to see that progress has been made on all the priorities set last year and although we will not comment in detail on each of the priorities established for 2019-20, it is clear that the Trust has made good progress overall and has maintained a focus on improving quality.

Putting the Trust wide priorities for 2020-21 before the service line priorities makes good sense.

We are especially pleased that the Trust has decided to publish 6 Trust- wide priorities to coincide with the six strategic quality goals. This clearly identifies the emphasis now being placed on these goals.

Priority 1 is similar to the previous year's priorities nevertheless we support the intention. It is most important that the Trust understand and acts on what matters to people who use their services. The

three elements listed in the target on completion are important especially that community engagement should be embedded in the culture of the Organisation.

It is important that Duty of Candour remains a Trust-wide priority. Learning and improving is obviously important and although details are included in the service delivery priorities, it is right that the Trust sees this as a core priority. Given the current situation with Covid-19, technology is likely to become an especially important priority and one which will increase in importance both for the Trust but importantly for the patient. We look forward to seeing progress with this.

Priority 5 understandably places a lot of emphasis on people with learning difficulty. We are pleased that this is to be managed by the Learning Disability Strategy delivery board and the delivery of the outcomes monitored.

With the current situation with Covid-19, priority 6 is especially important and vital. Caring for staff at all levels has always been important but none more so than at present and for the foreseeable future.

The priorities listed for Adult Services in Southampton are all supported. Admission prevention services are welcomed and cooperation with SCAS should improve the situation. All efforts to improve services for diabetic patients are welcomed. The introduction of Whiteboards has been effective in an acute environment so there is every reason to hope they will help DTOC and LOS at the RSH. Improving prescribing pathways for Community Specialist Services, especially stoma patients is welcomed. Improved patient facing literature is important and very sensible to involve patients in the design. In addition to those priorities listed, we hope that the Trust will work with commissioners to improve the waiting time for speech and language therapy.

In the commentary regarding Children and family services, we are pleased to note that significant work has remained on going throughout 2019/20 which sought to reduce the waiting lists across the service and that work to reduce waits within CAMHS will remain a priority during 2020/21. This is an area where Healthwatch Southampton has received many concerns from anxious parents.

Our early comments on primary care services appear to have been considered in this final version. Clear development and career frameworks are obviously important in providing good staff experience which in turn leads to better patient experience. We are also pleased that the latest version includes reference to the PPG, and we trust that efforts will be made to ensure that the PPG is effective. Estate rationalisation is an obvious need for efficient operation. However, it is an emotive subject with the patients involved and involving patients from the outset is vital. Healthwatch Southampton has received numerous concerns from the public about similar moves from other practices. We fully support the increased use of digitalisation as a means of improving patient access and experience.

We are pleased that Solent NHS Trust participated fully in the relevant National audits and enquiries. The fact that Solent NHS Trust were once again named as the most research active Care Trust by the National Institute for Health Research is very commendable. The CQC ratings for the various domains and services is applauded and comments received by Healthwatch Southampton are generally in accord with these findings. Duty of Candour is most important to the public and we are pleased to read the detail about training and the fact that Solent NHS Trust are proposing greater involvement of patient representatives.

The Trust has shown good leadership in its approach to the Accessible Information Standard. It is pleasing that the number of formal complaints continues to fall but have some concern that complaints about staff attitude, especially in primary care, have risen.

We look forward to continuing an effective relationship with the Trust and will do what we can to help the trust achieve its objectives.

Harry F Dymond MBE
Chair Healthwatch Southampton

NHS
Southampton City
Clinical Commissioning Group

Sue Harriman
Chief Executive
Solent NHS Trust
Highpoint
Bursledon Road
Southampton
SO19 8BR

NHS Southampton City CCG
NHS Southampton HQ
Oakley Road
Millbrook
Southampton
SO16 4QX
Tel: 02380 725 630
www.southamptoncityccg.nhs.uk

20 July 2020

Dear Sue

Solent NHS Trust Quality Account 2019/20

As the lead commissioner NHS Southampton City Clinical Commissioning Group (CCG) is pleased to comment on Solent NHS Trust's Quality Account for 2019/20. The CCG and the associate NHS West Hampshire CCG have continued to work with the Trust as part of the local health system, in monitoring the quality of care provided to the local populations, and in identifying areas for improvement and system wide learning.

The Quality Account demonstrates the Trust's ambitious vision, values, and commitment to quality. It also shows the commitment to learning and making improvements where needed.

The CCG congratulates the Trust on their achievements and quality improvement initiatives, which include:

- The launch of a Community Partners Programme to enable the community to be involved in all the Trust does.
- Children and Young People's Discovery Programme: to co-design an approach to enabling the voice of children and young people to be heard.
- The launch of the Trust's three year Learning Disability strategy with key standards and goals.

The Quality Account provides details of progress made against the 2019/20 priorities and although they have not specifically been defined as 'achieved' or 'not achieved' within the report the updates on progress have been presented in a clear and understandable format. Further information on the impact of the initiatives on patients would be welcome. Details of engagement with key stakeholders including patients and staff is included, however the Quality Account would have been further strengthened through specific examples of patient stories.

The CCG is pleased to note that the Trust also continued with a number of other quality improvement activities during the year including;

- Continued developments and compliance against Accessible Information Standards.
- Review and refinement of the Trust's complaints management process.
- Design and implementation of projects to reduce health inequalities and improve access to preventative services in primary care.

The Quality Account continues to provide details and transparency of the learning from deaths reviews undertaken and results of local clinical audit initiatives.

The CCG commend the Trust's achievement of elements within their 2019/20 priorities and look forward to seeing these continue to be embedded in practice during 2020/21. The CCG also supports the new initiatives identified for 2020/21 such as;

- Supporting vulnerable people by involving service users and their families and working with partners to make sure everyone has equal access to healthcare services.
- To improve the delivery of personalised care and supportive self-management.
- To develop the offer for children and families service delivery to include Remote Consultation
- To develop client involvement in their treatment plan, developing choice within the pathway of care delivery.

Whilst acknowledging the positive results over the last year (2019/20) in the context of the Covid-19 pandemic there may be some challenges to setting and achieving key milestones for the quality improvement initiatives planned for 2020/21. The CCG thank the Trust for their part in the system response to COVID-19 management and look forward to working together during 2020/21 to build on the quality initiatives developed as part of our system learning.

The CCG's opinion is that the Quality Account for 2019/20 meets the minimum national expected reporting requirements and provides details of levels of achievement.

The CCGs look forward to continued close working and the Trust's ongoing commitment to work with system partners to further progress improvements in the quality of services and care provided to the people of Southampton and West Hampshire.

Yours Sincerely

James Rimmer
Managing Director

CC: Stephanie Ramsey – Director of Quality and Integration / Chief Nurse
Carol Alstrom – Associate Director of Quality / Deputy Chief Nurse

NHS Southampton Headquarters Oakley Road Southampton SO16 4GX
Tel: 023 8029 6904 Fax: 023 8029 6960
www.southamptoncityccg.nhs.uk

Page | 120

NHS

Portsmouth

Clinical Commissioning Group

CCG Headquarters
4ᵗʰ Floor
1 Guildhall Square
Portsmouth PO1 2GJ

Tel: 023 9289 9500

By Email

24 July 2020

Sue Harriman
Chief Executive
Solent NHS Trust

Dear Sue,

NHS Portsmouth Clinical Commissioning Group (Response in 19/20 Quality accounts)

Thank you for giving NHS Portsmouth CCG the opportunity to comment on the draft Quality Account for 2019-2020. It would be remiss not to acknowledge that at the time it was nearing finalising, the global situation changed quite dramatically and it is to your credit that the report has been delivered ahead of the revised time scales and acknowledged the impact Covid-19 has had on the healthcare landscape. As we move forward through the coming months the fluidity of the situation will no doubt place further challenges on yourselves and the system. However, based on the content of this draft Quality Report, providing best Quality Care continues to be at the heart of your services. This should help map the way through these currently uncharted territories.

Following our review, we are assured that the Trust's Quality Account is clearly set out and meets the mandated requirements of national guidance. You have sought to take information from a wide variety of sources including patient and carer feedback, staff surveys, complaints, safety incident including learning from death and experience. There has also been commended progress in looking at obtaining feedback and engaging with those who are underrepresented including users of Children's and Families services and the BAME community.

We recognise the progress made against the other priorities for improvement especially in areas such as the Learning Disability Strategy, the ongoing QI leadership programme, community engagement and the Freedom to Speak Up communication strategy. It is hoped that there can continue to be improvement in the recording of clinical supervision which hasn't reflected the actual number delivered. Also it is expected that there continues to be improvement in the monitoring and tracking of SI Action Plans, in particular those in mental health, to show that the learning has been implemented.

Nationally, obtaining frontline staff feedback has been a challenge as well as from those patients who use mental health services. It is hoped that renewed effort using a variety of methods to improve these on a local basis bring the desired responses.

Recruitment and retention of staff, especially in some areas of Mental Health, continues to be a challenge and it is reassuring to see that the development and support of the workforce remains a priority through the report. The Adults Portsmouth Service Line has already made great progress in this area and we look forward to seeing the outcome on staff retention rates next year as well as the effect of changes in Children's and Families and Mental Health.

Covid-19 has brought some new ways of working and the exploration of those that can remain, such as remote consultation will be an interesting development.

The 100% take up of national clinical audits as well as undertaking 108 local clinical audits reflects positively on the Trusts desire to learn and to use for Quality Improvement projects. The Quality Improvement Programme continues to deliver changes for the benefit of patients and staff.

Congratulations to the trust for being again named as the most 'research active' Care Trust by the National Institute for Health Research in 2019. The move to new premises and use of the academy's own website to communicate research findings will surely bring further long term benefits to the trust, its patients and staff.

The Trust aspires to continuous improvement through an open and honest approach to quality and safety. You have met regularly with us to allow this and we look forward to continuing this positive and proactive relationship to ensure the continued improvement in the delivery of a safe and quality service. We are satisfied with the information contained in this draft report.

Yours sincerely

Dr Linda Collie
Chief Clinical Officer & Clinical Leader, NHS Portsmouth CCG

Annex 2: Statement of Directors' Responsibilities for the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare a Quality Account for each financial year.

NHS Improvement has issued guidance to NHS Trust boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS Trust boards should put in place to support the data quality for the preparation of the quality account.

In preparing the quality account, directors are required to take steps to satisfy themselves that:

1. the content of the quality account meets the requirements set out in the NHS Improvement Letter 'Quality Accounts: reporting arrangements for 19/20" dated 29 January 2020 and the Detailed Requirements for Quality Accounts 2019/20

2. the content of the quality account is not inconsistent with internal and external sources of information including:

   – board minutes and papers for the period 1 April 2019 to 24 May 2020

   – papers relating to quality accounted to the board over the period 1 April 2019 to 24 May 2020

   – feedback received from Portsmouth, Southampton and West Hampshire Clinical Commissioning Groups

   – feedback received from Southampton, Hampshire and Portsmouth Healthwatch organisations

   – the Trust Friends & Family Test results which are submitted to NHS England monthly and Staff Friends & Family Test results which are submitted quarterly

   – the 2019 NHS Staff Survey Results published

   – the Head of Internal Audit's annual opinion of the Trust's internal control environment
   – the quality account presents a balanced picture of the NHS Trust's performance over the period covered

3. the performance information reported in the quality account is reliable and accurate

4. there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice

5. the data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

6. the quality account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality account.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality account.

By order of Solent NHS Trust Board

19th June 2020   Chair
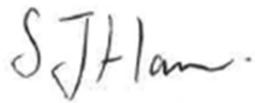
19th June 2020   Chief Executive Officer

Appendix 2

Full Accounts

Solent NHS Trust

Annual accounts for the year ended 31 March 2020

Statement of Comprehensive Income for year ended 31 March 2020

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	4	179,541	171,897
Other operating income	5	21,256	21,222
Operating expenses	7	(198,997)	(189,949)
Operating surplus from continuing operations		**1,800**	**3,170**
Finance income	10	122	94
Finance expenses	11	(141)	(152)
PDC dividends payable		(2,361)	(2,240)
Net finance costs		**(2,380)**	**(2,298)**
Other gains / (losses)	12	4	(1)
Surplus / (deficit) for the year from continuing operations		**(576)**	**871**

Other comprehensive income

Will not be reclassified to income and expenditure:

	Note	2019/20 £000	2018/19 £000
Impairments	14.3	(1,271)	(191)
Revaluations	14.3	317	419
Total comprehensive income / (expense) for the period		**(1,530)**	**1,099**

Adjusted financial performance (control total basis):

	2019/20 £000	2018/19 £000
Surplus / (deficit) for the period	(576)	871
Impairments (excluding IFRIC 12 impairments)	999	753
Remove I&E impact of capital grants and donations	(137)	(254)
Remove 2018/19 post audit PSF reallocation (2019/20 only)	(207)	0
Adjusted financial performance surplus	**79**	**1,370**

Statement of Financial Position as at 31 March 2020

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	15	2,509	2,102
Property, plant and equipment	14	92,534	86,869
Receivables	20	1,036	1,837
Total non-current assets		96,079	90,808
Current assets			
Inventories	19	292	346
Receivables	20	15,668	15,973
Cash and cash equivalents	24	15,172	15,665
Total current assets		31,132	31,984
Current liabilities			
Trade and other payables	26	(25,355)	(25,770)
Borrowings	28	(9,181)	(7,985)
Other liabilities	27	(2,712)	(1,221)
Total current liabilities		(37,248)	(34,976)
Total assets less current liabilities		89,963	87,816
Non-current liabilities			
Borrowings	28	0	(1,410)
Other liabilities	27	(83)	(104)
Total non-current liabilities		(83)	(1,514)
Total assets employed		89,880	86,302
Financed by			
Public dividend capital		17,445	12,337
Revaluation reserve		6,441	7,622
Income and expenditure reserve		65,994	66,343
Total taxpayers' equity		89,880	86,302

The notes on pages 5 to 27 form part of these accounts.

The financial statements on pages 1 to 4 were approved by the Board on 19 June 2020 and signed on its behalf by:

Chief Executive: Date: 19/06/20

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2019 - brought forward	12,337	7,622	66,343	86,302
Deficit for the year	0	0	(576)	(576)
Other transfers between reserves	0	(227)	227	0
Impairments	0	(1,271)	0	(1,271)
Revaluations	0	317	0	317
Public dividend capital received	5,108	0	0	5,108
Taxpayers' equity at 31 March 2020	17,445	6,441	65,994	89,880

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	6,435	7,625	65,246	79,306
Impact of implementing IFRS 9 on 1 April 2018	0	0	(5)	(5)
Surplus for the year	0	0	871	871
Other transfers between reserves	0	(231)	231	0
Impairments	0	(191)	0	(191)
Revaluations	0	419	0	419
Public dividend capital received	5,902	0	0	5,902
Taxpayers' equity at 31 March 2019	12,337	7,622	66,343	86,302

Statement of Cash Flows for the year ended 31 March 2020

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus		1,800	3,170
Non-cash income and expense:			
Depreciation and amortisation	7	3,722	4,084
Net impairments	14.3	999	753
Income recognised in respect of capital donations	5	(232)	(310)
(Increase) / decrease in receivables and other assets		931	(1,454)
Decrease in inventories		54	48
Increase in payables and other liabilities		2,475	1,916
Net cash flows generated from operating activities		**9,749**	**8,207**
Cash flows from investing activities			
Interest received		122	94
Purchase of intangible assets		(318)	(231)
Purchase of property, plant, equipment and investment property		(12,880)	(6,140)
Sales of property, plant and equipment and investment property		15	1,100
Receipt of cash donations to purchase assets		232	291
Net cash flows used in investing activities		**(12,829)**	**(4,886)**
Cash flows from financing activities			
Public dividend capital received		5,108	5,902
Movement on loans from the Department of Health and Social Care		0	(250)
Capital element of finance lease rental payments		(214)	(267)
Interest on loans		(137)	(137)
Interest paid on finance lease liabilities		(4)	(15)
PDC dividend paid		(2,166)	(2,490)
Net cash flows generated from financing activities		**2,587**	**2,743**
Increase / (decrease) in cash and cash equivalents		**(493)**	**6,064**
Cash and cash equivalents at 1 April - brought forward		**15,665**	**9,601**
Cash and cash equivalents at 31 March	24	**15,172**	**15,665**

Notes to the Accounts

1   Accounting policies and other information

1.1   Basis of preparation
The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1.1 Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2   Going concern
These accounts have been prepared on a going concern basis and at the time the accounts were prepared the country was in the midst of the Covid-19 pandemic.

Prior to Covid-19 the Trust was engaged in contract negotiations with NHS and local authority organisations to provide continuing services throughout 2020-21 within an agreed breakeven control total. Whilst negotiations have been put on hold to focus on the current unprecedented situation, the Trust will continue to receive income from commissioners to support the care being provided during 2020-21.

In March 2020 NHSE&I announced revised arrangements for NHS contracting and payment to apply for the first four months of the 2020/21 year due to the Covid-19 pandemic. The contracting arrangements for the rest of 2020/21 and beyond have not yet been definitively announced but it remains the case that the Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21. The Trust can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned.

Local Authority commissioners have confirmed similar arrangements for contracting and payment as NHSE&I for the first four months of 2020/21. Discussions indicate that these arrangements will continue for the remainder of the year, however this is not yet finalised. If contract arrangements reverted back to activity based payments there may be a reduction in income received however not to the extent that it would significantly impact the adoption of the going concern concept.

NHSE&I have confirmed that the financial statements of NHS providers will be prepared on a going concern basis unless there are exceptional circumstances where the Trust is being or is likely to be wound up without the provision of its services transferring to another entity in the public sector, there are no exceptional circumstances in which this may be the case.

The Trust has prepared a cash forecast modelled on the expectation that the revised contracting and payment arrangements will remain in place until October 2020. The cash forecast shows sufficient liquidity for the Trust to continue to operate but interim support can be accessed if it were required. There are no other material uncertainties included within the cash flow, for example income that is contingent of meeting targets such as Provider Support Funding or Financial Recovery Funding as the Trust is forecasting to achieve a breakeven position without any such funding.

These factors all support the adoption of the going concern concept.

1.3   Acquisitions and discontinued operations
Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.4   Interests in other entities
Subsidiaries
The Trust has no subsidiaries.

Associates
The Trust has no associates.

Joint arrangements
The Trust has no joint arrangements.

1.5   Charitable Funds
Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact.

As the corporate Trustee of Solent NHS Charity, the Trust has the power to exercise control. However the transactions of the charity are immaterial and have not been consolidated. Details of the transactions with the charity are included in Note 37, Related Party Transactions.

1.6   Critical accounting judgements and key sources of estimation uncertainty
In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.7   Critical judgements in applying accounting policies
The Trust has made critical judgements in applying accounting policies. Any critical judgements made are detailed in the relevant accounting policy.

1.8   Sources of estimation uncertainty
Other than the valuation of non current assets the Trust has made no assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, which may cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

1.9   Revenue
Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services. Income relating to patient treatment plans that are part-completed at the year end are apportioned across the financial years on the basis of percentage of treatment completed at the end of the reporting period compared to expected total treatment planned.

At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)
The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Grants and donations
Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.10   Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The schemes are not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes: the cost to the Trust is taken as equal to the employer's pension contributions payable to the schemes for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the schemes except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Employees that are not eligible to join the NHS Pensions Schemes can join the National Employment Savings Scheme (NEST). NEST is a defined contribution workplace pension scheme and the expense is recognised in the SOCI. The expenditure recognised in SOCI for the financial year to 31 March 2020 was £32,013 (financial year to 31 March 2019 £8,974).

1.11   Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.12   Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

• Land and non-specialised buildings – market value for existing use.
• Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

1.13 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust, where the cost of the asset can be measured reliably and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at cost. Software that is integral to the operation of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are capitalised when they meet the requirements set out in IAS 38.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Where no intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

1.14 Depreciation, amortisation and impairments
Freehold land, assets under construction or development, and assets held for sale are not depreciated.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, on a straight line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets in the course of construction are not depreciated until the asset is brought into use.

At each financial year-end, the Trust checks whether there is any indication that its property, plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

1.15 Donated and grant funded assets
Donated and grant funded property, plant and equipment and intangible non-current assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment and intangible non-current assets.

1.16 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their existing carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.17 Private Finance Initiative (PFI) transactions

The Trust has no PFI transactions.

1.18 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.19 Investment properties

The Trust has no investment properties.

1.20 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.21 Carbon Reduction Commitment scheme (CRC)

The Trust is not part of the Carbon Reduction Commitment Scheme.

1.22 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.23 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recognised as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter, the asset is accounted for as an item of property, plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the Statement of Financial Position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.24 The Trust as lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.25 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020.

1.26 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 32 but is not recognised in the Trust's accounts.

1.27 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.28 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.29 Financial assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights to receive cash flows from the assets have expired or the asset has been transferred.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial assets at amortised cost

Financial assets at amortised cost are those held with the objective of collecting contractual cash flows and include cash equivalents, contract and other receivables, rights under lease arrangements and loans receivable.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the gross carrying amount of a financial asset.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset and recognised in the Statement of Comprehensive Income as a financing income.

Financial assets measured at fair value through other comprehensive income

The Trust has no financial assets at fair value through other comprehensive income.

Financial assets at fair value through income and expenditure

The Trust has no financial assets at fair value through income and expenditure.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

Allowances for trade receivables and lease receivables are calculated at the Expected Credit Loss on day 1. This approach means the provision is calculated as the percentage risk that the debtor will not pay, multiplied by the best estimate of how much will not be paid. From historical data the number of days from invoice date to payment date and non-payments is converted to a percentage of total invoices raised for a period (month). The historical default rate is then applied to all invoices raised and as they age resulting in the amortised cost. A review of aged debt is then carried out and, where a debt is not fully provided for, a judgment is made based on internal knowledge which may result in the debt being provided for in full.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.30   Financial liabilities
Financial liabilities are recognised on the statement of financial position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health and Social Care are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial liabilities in respect of assets acquired through finance leases are recognised and measured in accordance with the accounting policy for leases described above.

Financial liabilities are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial liabilities at amortised cost
Financial liabilities at amortised cost are those held where cash flows are solely payments of principal and interest. This includes trade and other payables, obligations under lease arrangements and loans payable.

After initial recognition, these financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the financial liability to the amortised cost of a financial liability.

Financial liabilities at fair value through income and expenditure
The Trust has no financial liabilities at fair value through income and expenditure.

1.31   De-recognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.32   Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated and grant funded assets,
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility,
(iii) any PDC dividend balance receivable or payable, and
(iv) PDC funded assets purchased in response to Covid-19.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.33   Value added tax
Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.34   Foreign exchange
The Trust's functional and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

1.35   Third party assets
Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in Note 36 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.36 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.37 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.38 Research and Development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SOCI on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.39 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20

1.40 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases and IFRIC 4 determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

2   Operating Segments

In 2019/20 Trust activity was organised into eight service lines. Details of the eight service line are as follows;

Mental Health Services	Inpatient and Community Mental Health and Substance Misuse services for people who require specialist assessment, care and treatment by a dedicated multidisciplinary team, learning disabilities.
Adults Portsmouth	Specialist Palliative Care, Rehab and re-ablement, community nursing, end of life and continuing healthcare inpatient unit, elderly frail inpatient unit, occupational therapy, physiotherapy, speech and language therapy, pulmonary rehab and home oxygen, care home support, heart failure, admission avoidance and supported discharge services.
Children's East	Children's nursing, child and adolescent mental health, health visiting, paediatric medical, paediatric therapies and school nursing.
Children's West	Children's nursing, child and adolescent mental health, health visiting, paediatric medical, paediatric therapies and school nursing.
Adults Southampton	Neuro rehab services, specialist palliative care, rehab and re-ablement, community nursing, neuro inpatient unit, elderly frail inpatient unit, occupational therapy, physiotherapy, speech and language therapy, care home support, heart failure, admission avoidance, stoma care and supported discharge services.
Primary Care & LTC	TB, homeless healthcare, GP services, pain, rheumatology, physiotherapy, specialist physiotherapy, translation and interpretation services and podiatry.
Sexual Health Services	Gum, reproductive health, HIV outpatient services, sexual health promotion, termination of pregnancies, vasectomy services, sexual assault referral centre.
Dental	Specialist dental care, GA's, Prisons and Oral Health.

Each service has its own senior management team. The Chief Operating Decision Maker (COMD) of the Trust is the Trust Board which is required to approve the budget and all major operating decisions. The monthly performance report to the COMD reports the performance of each services operating contribution towards infrastructure and overhead costs against approved budgets. The financial information below is consistent with the monthly reporting.

	2019/20			
	Revenue	Employee Benefits	Other Operating Costs	Operating surplus / (deficit)
	£000s	£000s	£000s	£000s
Mental Health Services	29,697	(19,300)	(2,724)	7,673
Adults Portsmouth	20,909	(14,543)	(2,415)	3,951
Children's East	16,833	(11,995)	(809)	4,029
Children's West	24,418	(16,138)	(1,406)	6,874
Adults Southampton	31,105	(21,578)	(2,964)	6,563
Primary Care & LTC	15,884	(11,563)	(1,347)	2,974
Sexual Health Services	25,927	(7,494)	(13,347)	5,086
Dental	11,160	(6,481)	(1,792)	2,887
Total Services	**175,933**	**(109,092)**	**(26,804)**	**40,037**
Infrastructure	7,196	(7,363)	(21,718)	(21,885)
Corporate Costs	17,788	(21,101)	(8,193)	(11,506)
Depreciation, amortisation, impairment & financing	0	0	(7,222)	(7,222)
Operating surplus/(deficit)	**200,917**	**(137,556)**	**(63,937)**	**(576)**

	2018/19			
	Revenue	Employee Benefits	Other Operating Costs	Operating surplus / (deficit)
	£000s	£000s	£000s	£000s
Mental Health Services	30,421	(19,151)	(3,242)	8,028
Adults Portsmouth	20,452	(15,350)	(2,212)	2,890
Children's East	16,131	(12,156)	(813)	3,162
Children's West	23,326	(15,879)	(1,486)	5,961
Adults Southampton	30,818	(20,157)	(3,128)	7,533
Primary Care & LTC	16,199	(11,493)	(1,274)	3,432
Sexual Health Services	26,409	(6,976)	(13,967)	5,466
Dental	10,664	(5,975)	(2,047)	2,642
Total Services	**174,420**	**(107,137)**	**(28,169)**	**39,114**
Infrastructure	7,167	(7,094)	(22,557)	(22,484)
Corporate Costs*	11,530	(12,141)	(8,012)	(8,623)
Depreciation, amortisation, impairment & financing	0	0	(7,136)	(7,136)
Operating surplus/(deficit)	**193,117**	**(126,372)**	**(65,874)**	**871**

The two financial years are not directly comparable due to movement of costs between service lines, infrastructure and overhead costs.

*Revenue and employee benefits within corporate costs have been grossed up to include the additional employer pension contributions of £5,827k, paid by NHS England on the Trust's behalf in 2019/20.

3   Income generation activities

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. None of the activities which generate income had full costs which exceeded £1m.

4   Operating income from patient care activities

4.1 Income from patient care activities (by nature)

	2019/20 £000	2018/19 £000
Mental health services		
Block contract income	35,941	35,222
Community services		
Community services income from CCGs and NHS England	112,350	109,851
Income from other sources (e.g. local authorities)	23,924	24,361
All services		
Private patient income	201	310
Agenda for Change pay award central funding*	0	1,939
Additional pension contribution central funding**	5,827	0
Other clinical income***	1,298	214
Total income from activities	**179,541**	**171,897**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***Other clinical income includes £417k in respect of COVID-19 income from NHS England and £645k in respect of local authority pay award.

4.2 Income from patient care activities (by source)

	2019/20 £000	2018/19 £000
Income from patient care activities received from:		
NHS England	28,222	23,184
Clinical commissioning groups	126,959	121,877
Department of Health and Social Care	0	1,941
Other NHS providers	1,194	943
Local authorities	22,730	23,428
Non-NHS: private patients	201	225
Injury cost recovery scheme	19	85
Non NHS: other	216	214
Total income from activities	**179,541**	**171,897**
Of which:		
Related to continuing operations	179,541	171,897

	2019/20 £000	2018/19 £000
5 Other operating income		
Other operating income from contracts with customers:		
Research and development	1,592	2,219
Education and training	5,186	3,913
Non-patient care services to other bodies	2,454	2,061
Provider sustainability fund (PSF)	1,710	3,621
Other contract income	8,113	8,156
Other non-contract operating income		
Financial recovery fund (FRF)	949	0
Receipt of capital grants and donations	232	310
Rental revenue from operating leases	1,020	942
Total other operating income	**21,256**	**21,222**
Of which:		
Related to continuing operations	21,256	21,222

Other contract income includes sessional room hire, car parking and catering.

6   Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20	2018/19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	793	1,385

6.1   Transaction price allocated to remaining performance obligations

	31 March 2020	31 March 2019
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
Within one year	0	494
Total revenue allocated to remaining performance obligations	0	494

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

7   Operating expenses

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,875	4,929
Purchase of healthcare from non-NHS and non-DHSC bodies	1,508	1,172
Staff and executive directors costs	137,558	126,333
Remuneration of non-executive directors	80	70
Supplies and services - clinical (excluding drugs costs)	9,575	9,239
Supplies and services - general	1,974	1,709
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	8,534	9,299
Inventories written down	48	0
Consultancy costs	440	319
Establishment	4,762	5,384
Premises	14,362	15,273
Transport (including patient travel)	603	465
Depreciation on property, plant and equipment	3,208	3,469
Amortisation on intangible assets	514	615
Net impairments	999	753
Movement in credit loss allowance: contract receivables / contract assets	(178)	(201)
Audit fees payable to the external auditor		
audit services- statutory audit	61	53
Internal audit costs	69	69
Clinical negligence	490	465
Legal fees	215	91
Insurance	2	5
Research and development	900	1,391
Education and training	1,381	730
Rentals under operating leases	5,141	5,713
Redundancy	0	544
Car parking & security	79	79
Hospitality	7	6
Losses, ex gratia & special payments	0	206
Other	2,790	1,769
Total	198,997	189,949
Of which:		
Related to continuing operations	198,997	189,949

Other expenditure includes external contractor costs, VAT partial exemption liability. Included in operating expenses is £417k of COVID 19 expenditure.

8   Operating leases
The Trust occupies properties using operating lease arrangements with NHS and non NHS organisations.

8.1   Trust as a lessee
This note discloses costs and commitments incurred in operating lease arrangements where the Trust is the lessee.

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	5,141	5,713
Total	5,141	5,713

	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due:		
- not later than one year;	5,142	5,613
- later than one year and not later than five years;	7,337	8,555
- later than five years.	1,728	2,301
Total	14,207	16,469
Future minimum sublease payments to be received	0	0

8.2 Trust as a lessor
This note discloses income generated in operating lease agreements where the Trust is the lessor.

	2019/20 £000	2018/19 £000
Operating lease revenue		
Minimum lease receipts	1,020	942
Total	1,020	942

	31 March 2020 £000	31 March 2019 £000
Future minimum lease receipts due:		
- not later than one year;	1,020	955
- later than one year and not later than five years;	1,118	1,731
- later than five years.	1,229	1,991
Total	3,367	4,677

9 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	103,799	99,867
Social security costs	9,667	9,177
Apprenticeship levy	502	489
Employer's contributions to NHS pensions	19,169	12,842
Pension cost - other	32	8
Termination benefits	0	544
Temporary staff (including agency)	4,665	4,240
Total gross staff costs	137,834	127,167
Recoveries in respect of seconded staff	0	0
Total staff costs	137,834	127,167
Of which		
Costs capitalised as part of assets	276	290

9.1 Retirements due to ill-health
During 2019/20 there were 2 early retirements from the Trust agreed on the grounds of ill-health (3 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £192k (£112k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

9.2 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Employees that are not eligible to join the NHS Pensions Scheme can join the National Employment Savings Scheme (NEST). NEST is a defined contribution workplace pension scheme and the expense is recognised in the SOCI. The expenditure recognised in SOCI for the financial year to 31 March 2020 was £32,013 (financial year to 31 March 2019 £8,974).

10 Finance income

Finance income represents interest received on assets and investments in the period.

	2019/20 £000	2018/19 £000
Interest on bank accounts	122	94
Total finance income	122	94

11 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2019/20 £000	2018/19 £000
Interest expense:		
Loans from the Department of Health and Social Care	137	137
Finance leases	4	15
Total interest expense	141	152
Total finance costs	141	152

12 Other gains / (losses)

	2019/20 £000	2018/19 £000
Gains on disposal of assets	4	0
Losses on disposal of assets	0	(1)
Total gains / (losses) on disposal of assets	4	(1)
Total other gains / (losses)	4	(1)

13 Auditor disclosures

13.1 Other auditor remuneration
The Trust has no other auditor remuneration.

13.2 Limitation on auditor's liability
The limitation on auditor's liability for external audit work is £2m (2018/19: £2m).

14.1   Property, plant and equipment - 2019/20

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2019 - brought forward	13,715	72,383	8,168	3,970	70	4,995	536	103,837
Additions	0	18	10,034	334	0	560	0	10,946
Impairments	(40)	(2,622)	0	0	0	0	0	(2,662)
Reversals of impairments	(5)	397	0	0	0	0	0	392
Revaluations	0	317	0	0	0	0	0	317
Reclassifications*	0	14,404	(15,993)	162	0	225	1,093	(109)
Disposals / derecognition	0	(171)	0	(163)	(30)	0	(35)	(399)
Valuation/gross cost at 31 March 2020	13,670	84,726	2,209	4,303	40	5,780	1,594	112,322
Accumulated depreciation at 1 April 2019 - brought forward	0	9,378	0	3,074	58	4,025	433	16,968
Provided during the year	0	2,211	0	275	1	630	91	3,208
Reclassifications	0	(154)	0	0	0	0	154	0
Disposals / derecognition	0	(171)	0	(163)	(19)	0	(35)	(388)
Accumulated depreciation at 31 March 2020	0	11,264	0	3,186	40	4,655	643	19,788
Net book value at 31 March 2020	13,670	73,462	2,209	1,117	0	1,125	951	92,534
Net book value at 1 April 2019	13,715	63,005	8,168	896	12	970	103	86,869

*Total reclassifications of (£109k) for property, land and equipment in this note are linked to the total reclassifications of £109k in note 15.1 Intangible non-current assets 2019/20. This is due to reclassification of assets under construction from tangible to intangible assets during the year.

Asset financing:	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2020								
Owned - purchased	13,670	73,306	2,071	819	0	1,036	951	91,853
Finance leased	0	0	0	128	0	45	0	173
Owned - donated	0	156	138	170	0	44	0	508
NBV total at 31 March 2020	13,670	73,462	2,209	1,117	0	1,125	951	92,534

Revaluation reserve balance for Property, plant and equipment

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
At 1 April 2019	525	7,097	0	0	0	0	0	7,622
Movements	(85)	(1,096)	0	0	0	0	0	(1,181)
At 31 March 2020	440	6,001	0	0	0	0	0	6,441

Additions to assets under construction in 2019/20	£000
Buildings excluding dwellings purchased	9,865
Plant & machinery purchased	67
Information technology purchased	102
Total	10,034

14.2   Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	14,665	69,620	1,184	3,816	70	4,969	451	94,775
Additions	0	7	9,315	154	0	27	85	9,588
Impairments	(1,350)	(692)	0	0	0	0	0	(2,042)
Reversals of impairments	345	753	0	0	0	0	0	1,098
Revaluations	55	364	0	0	0	0	0	419
Reclassifications	0	2,331	(2,331)	0	0	0	0	0
Disposals / derecognition	0	0	0	0	0	(1)	0	(1)
Valuation/gross cost at 31 March 2019	13,715	72,383	8,168	3,970	70	4,995	536	103,837
Accumulated depreciation at 1 April 2018 - brought forward	0	7,013	0	2,821	55	3,183	427	13,499
Provided during the year	0	2,365	0	253	3	842	6	3,469
Accumulated depreciation at 31 March 2019	0	9,378	0	3,074	58	4,025	433	16,968
Net book value at 31 March 2019	13,715	63,005	8,168	896	12	970	103	86,869
Net book value at 1 April 2018	14,665	62,607	1,184	995	15	1,786	24	81,276

Asset financing:	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019								
Owned - purchased	13,715	62,973	8,168	655	12	766	103	86,392
Finance leased	0	0	0	156	0	204	0	360
Owned - donated	0	32	0	85	0	0	0	117
NBV total at 31 March 2019	13,715	63,005	8,168	896	12	970	103	86,869

14.3   Property, plant and equipment
The Trust received donated assets from NHS England and League of Friends in the year.

Land and buildings are held at revalued amounts. A full revaluation exercise was carried out on these assets in March with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by Covid-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

For non-specialised in use (operational) assets including the land element of the depreciated replacement cost valuation of specialised assets, the valuer stated that there has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of Covid-19. Their basis of valuation is however current value in existing use, having regard to comparable market evidence and early commentary as it exists regarding direction of travel tends to suggest and support a downward movement in value. It is too early at this stage to accurately evidence this impact and it is the valuers opinion at the date of valuation on the information then available that the assessed impact falls within normal valuation tolerances.

The impact of the full valuation exercise is:

	Land £000	Buildings excluding dwellings £000	Total £000
Increase to revaluation reserve	0	317	317
Decrease to revaluation reserve	(30)	(1,241)	(1,271)
Impairment charge to SOCI	(10)	(1,381)	(1,391)
Reversal of impairment charge to SOCI	(5)	397	392
	(45)	(1,908)	(1,953)

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	5	95
Plant & machinery	5	25
Transport equipment	10	10
Information technology	2	10
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

15   Intangible non-current assets

15.1   Intangible non-current assets - 2019/20

	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	4,818	211	5,029
Additions	145	667	812
Reclassifications	109	0	109
Valuation / gross cost at 31 March 2020	5,072	878	5,950
Amortisation at 1 April 2019 - brought forward	2,927	0	2,927
Provided during the year	514	0	514
Amortisation at 31 March 2020	3,441	0	3,441
Net book value at 31 March 2020	1,631	878	2,509
Net book value at 1 April 2019	1,891	211	2,102

Revaluation reserve balance for intangible non-current assets
The Trust does not hold any revaluation reserves for intangible non-current assets. No revaluation of intangible assets was carried out in the period.

15.2   Intangible non-current assets - 2018/19

	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	4,701	33	4,734
Additions	0	295	295
Reclassifications	117	(117)	0
Valuation / gross cost at 31 March 2019	4,818	211	5,029
Amortisation at 1 April 2018 - brought forward	2,312	0	2,312
Provided during the year	615	0	615
Amortisation at 31 March 2019	2,927	0	2,927
Net book value at 31 March 2019	1,891	211	2,102
Net book value at 1 April 2018	2,389	33	2,422

15.3   Intangible non-current assets

	Min life Years	Max life Years
The economic lives of the intangible assets range from:		
Internally generated information technology	5	10

16   Analysis of impairments and reversals

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	999	753
Total net impairments charged to operating surplus / deficit	999	753
Impairments charged to the revaluation reserve	1,271	191
Total net impairments	2,270	944

No impairment on donated assets included above.

17   Investment property
The Trust has no investment property.

18   Commitments

18.1   Capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	3,494	3,566
Intangible assets	220	7
Total	**3,714**	**3,573**

18.2   Other financial commitments

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement) for ICT services. The payments to which the Trust is committed are as follows:

	31 March 2020 £000	31 March 2019 £000
Not later than 1 year	4,804	4,867
After 1 year and not later than 5 years	1,416	1,618
Total	**6,220**	**6,485**

19   Inventories

	31 March 2020 £000	31 March 2019 £000
Drugs	165	169
Consumables	127	177
Total inventories	**292**	**346**

Inventories recognised in expenses for the year were £3,637k (2018/19: £3,681k restated). Write-down of inventories recognised as expenses for the year were £48k (2018/19: £0k). 2018/19 movement was restated to exclude pass through drugs which are not managed through the Trust's inventory system.

20.1   Trade receivables and other receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	12,695	14,154
Allowance for impaired contract receivables / assets	(875)	(1,150)
Prepayments (non-PFI)	2,739	1,313
PDC dividend receivable	0	175
VAT receivable	758	1,216
Other receivables	351	265
Total current trade and other receivables	**15,668**	**15,973**
Non-current		
Prepayments (non-PFI)	1,036	1,837
Total non-current trade and other receivables	**1,036**	**1,837**
Of which receivable from NHS and DHSC group bodies:		
Current	9,897	11,114

20.2   Allowances for credit losses - 2019/20

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April 2019 - brought forward	**1,150**	**0**
New allowances arising	401	0
Changes in existing allowances	10	0
Reversals of allowances	(589)	0
Utilisation of allowances (write offs)	(97)	0
Allowances as at 31 Mar 2020	**875**	**0**

Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April 2018 - brought forward	0	1,346
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,351	(1,346)
New allowances arising	818	0
Reversals of allowances	(1,019)	0
Allowances as at 31 March 2019	1,150	0

21 NHS LIFT investments

The Trust has no NHS LIFT investments.

22 Other financial assets

The Trust has no other financial assets.

23 Other current assets

The Trust has no other current assets.

24 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20 £000	2018/19 £000
At 1 April	15,665	9,601
Net change in year	(493)	6,064
At 31 March	15,172	15,665
Broken down into:		
Cash at commercial banks and in hand	33	20
Cash with the Government Banking Service	15,139	15,645
Total cash and cash equivalents as in SoFP	15,172	15,665
Total cash and cash equivalents as in SoCF	15,172	15,665
Patient's money held by the Trust, not included in above	3	3

25 Non-current assets held for sale

	2019/20 £000	2018/19 £000
Balance at 1 April	0	1,100
Assets sold in year	0	(1,100)
Balance at 31 March	0	0

The assets sold in 2018/19 financial year were the land and buildings of the area at St James Hospital, Portsmouth, known as Oakdene.

26 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	5,551	4,377
Capital payables	2,293	3,733
Accruals	13,469	13,897
Social security costs	1,392	1,311
Other taxes payable	686	671
PDC dividend payable	28	8
Other payables	1,936	1,773
Total current trade and other payables	25,355	25,770
Other payables includes pension liability.		
Of which payables from NHS and DHSC group bodies:		
Current	6,679	6,143

27   Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	2,712	1,221
Total other current liabilities	2,712	1,221
Non-current		
Deferred income: contract liabilities	83	104
Total other non-current liabilities	83	104

28   Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Loans from Department of Health and Social Care	9,131	7,786
Obligations under finance leases	50	199
Total current borrowings	9,181	7,985
Non-current		
Loans from Department of Health and Social Care	0	1,345
Obligations under finance leases	0	65
Total non-current borrowings	0	1,410

29.1   Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from Department of £000	Finance leases £000	Total £000
Carrying value at 1 April 2019	9,131	264	9,395
Cash movements:			
Financing cash flows - payments and receipts of principal	0	(214)	(214)
Financing cash flows - payments of interest	(137)	(4)	(141)
Non-cash movements:			
Application of effective interest rate	137	4	141
Carrying value at 31 March 2020	9,131	50	9,181

29.2   Reconciliation of liabilities arising from financing activities - 2018/19

	Loans from Department of £000	Finance leases £000	Total £000
Carrying value at 1 April 2018	9,359	531	9,890
Cash movements:			
Financing cash flows - payments and receipts of principal	(250)	(267)	(517)
Financing cash flows - payments of interest	(137)	(15)	(152)
Non-cash movements:			
Impact of implementing IFRS 9 on 1 April 2018	22	0	22
Application of effective interest rate	137	15	152
Carrying value at 31 March 2019	9,131	264	9,395

30   Other financial liabilities

The Trust has no other financial liabilities.

31   Finance leases

31.1   Finance lease obligations as lessor

The Trust has no finance lease receivables as lessor.

31.2 Finance lease obligations as lessee
Obligations under finance leases where the Trust is the lessee.

	31 March 2020 £000	31 March 2019 £000
Gross lease liabilities	50	298
of which liabilities are due:		
- not later than one year;	50	233
- later than one year and not later than five years;	0	65
Finance charges allocated to future periods	0	(34)
Net lease liabilities	50	264
of which payable:		
- not later than one year;	50	199
- later than one year and not later than five years;	0	65

32 Provisions

The Trust has no provisions.

At 31 March 2020, £7,865k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (31 March 2019: £9,703k).

33 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	(17)	(16)
Net value of contingent liabilities	(17)	(16)

Contingent assets
The Trust has no contingent assets.

34 Financial Instruments

34.1 Financial risk management
Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups, Local Authorities and NHS England and the way those Clinical Commissioning Groups, Local Authorities and NHS England are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations. The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk
Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk
The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

34.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	11,831	11,831
Cash and cash equivalents at bank and in hand	15,172	15,172
Total at 31 March 2020	27,003	27,003

Carrying values of financial assets as at 31 March 2019	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	13,269	13,269
Cash and cash equivalents at bank and in hand	15,665	15,665
Total at 31 March 2019	28,934	28,934

34.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	9,131	9,131
Obligations under finance leases	50	50
Trade and other payables excluding non financial liabilities	23,076	23,076
Total at 31 March 2020	32,257	32,257

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	9,131	9,131
Obligations under finance leases	264	264
Trade and other payables excluding non financial liabilities	23,780	23,780
Total at 31 March 2019	33,175	33,175

34.4 Maturity of financial liabilities

	31 March 2020 £000	31 March 2019 £000
In one year or less	32,257	31,765
In more than one year but not more than two years	0	1,396
In more than two years but not more than five years	0	14
Total	32,257	33,175

35 Losses and special payments

	2019/20		2018/19	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	1	0	0	0
Stores losses and damage to property	0	0	2	206
Total losses	1	0	2	206
Special payments				
Ex-gratia payments	1	1	0	0
Total special payments	1	1	0	0
Total losses and special payments	2	1	2	206

The Trust received no gifts in 2019/20.

36 Third party assets

The Trust held £2,749 cash and cash equivalents at 31 March 2020 (£3,289 at 31 March 2019) which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

37 Related party transactions

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

These entities are:

	Payments to Related Party £000s	Receipts from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
NHS England	35	26,227	40	4,856
Clinical Commissioning Groups				
NHS Portsmouth	0	59,777	94	1,153
NHS Southampton	12	41,318	158	487
NHS West Hampshire	0	9,758	254	271
NHS South Eastern Hampshire	0	6,189	25	136
NHS Fareham & Gosport	0	5,524	14	117
NHS North East Hampshire & Farnham	0	1,559	1	14
NHS North Hampshire	10	2,275	9	4
NHS Trust and Foundation Trust				
Hampshire Hospitals Foundation Trust	1,529	46	664	1
Portsmouth Hospitals NHS Trust	2,578	1,552	546	578
University of Southampton NHS Foundation Trust	2,150	1,666	1,203	289
Southern Health NHS Foundation Trust	871	3,062	227	504
Isle of Wight NHS Trust	124	14	126	7
Local Authorities				
Hampshire County Council	0	6,786	990	348
Portsmouth City Council	800	7,362	181	868
Southampton City Council	155	8,369	257	807
NHS Business Services Authority	0	0	0	0
NHS Resolution	490	587	354	942
NHS Property Services Ltd	4,347	45	2,483	47
Community Health Partnerships	2,463	0	508	0
Solent NHS Charity	0	5	0	2

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with HM Revenue and Customs and NHS Pensions Agency.

The income from NHS Resolution is related to insurance claims and costs incurred under the NHS Injury Cost Recovery Scheme

The Trust has also received revenue from Solent NHS Charity of which the NHS Trust Board is the Corporate Trustee.

38   **Events after the reporting date**

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers. Outstanding interim loans totalling £9,131k as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months.

39   **Better Payment Practice code**

	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	28,737	62,278	27,822	54,799
Total non-NHS trade invoices paid within target	26,951	58,021	25,115	45,438
Percentage of non-NHS trade invoices paid within target	93.8%	93.2%	90.3%	82.9%
NHS Payables				
Total NHS trade invoices paid in the year	1,598	16,355	1,381	14,880
Total NHS trade invoices paid within target	1,318	13,945	1,139	13,971
Percentage of NHS trade invoices paid within target	82.5%	85.3%	82.5%	93.9%

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

40   Breakeven duty rolling assessment

	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Operating income	193,935	192,146	187,756	187,240	178,854	180,675	187,219	193,119	200,797
Breakeven duty in-year financial performance	1,863	776	1,858	(6,274)	(5,062)	(2,084)	737	1,370	286
Breakeven duty cumulative position	1,863	2,639	4,497	(1,777)	(6,839)	(8,923)	(8,186)	(6,816)	(6,530)
Cumulative breakeven position as a percentage of operating income	1.0%	1.4%	2.4%	(0.9%)	(3.8%)	(4.9%)	(4.4%)	(3.5%)	(3.3%)

The breakeven duty in-year financial performance total for 2019/20 includes £207k in respect of 2018/19 post audit PSF income.

41   Capital cost absorption rate
The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets based on the pre audited accounts and therefore the actual capital cost absorption rate is automatically 3.5%.

42   External financing
The Trust is given an external financing limit against which it is permitted to underspend:

	2019/20 £000	2018/19 £000
External financing limit (EFL)	17,777	11,122
Cash flow financing	5,387	(679)
External financing requirement	5,387	(679)
Under spend against EFL	12,390	11,801

43   Capital Resource Limit
The Trust is given a capital resource limit which it is permitted to underspend:

	2019/20 £000	2018/19 £000
Gross capital expenditure	11,758	9,883
Less: Disposals	(11)	(1,101)
Less: Donated and granted capital additions	(232)	(310)
Charge against Capital Resource Limit	11,515	8,472
Capital Resource Limit	11,667	10,015
Under spend against CRL	152	1,543