

Agenda

Solent NHS Trust In Public Board Meeting

Date: Monday 5th October 2020

Timings: 9:30 – 13:25

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	09:30	5mins	Chairman's Welcome & Update	Chair	To receive
			<ul style="list-style-type: none"> • Apologies to receive 		
			Confirmation that meeting is Quorate <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> • a minimum of two Executive Directors • at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair 	Chair	-
			Register of Interests & Declaration of Interests	Chair	To receive
2	09:35	30mins	Patient Story - Tissue Viability Service	Chief Nurse and Acting Deputy CEO	To receive
3	10:05	30mins	Staff Story – Occupational Health	Acting Chief People Officer	To receive
4	10:35	5mins	*Previous minutes , matters arising and action tracker	Chair	To approve
5	10:40	5mins	Safety and Quality first & feedback from Board to Floor Visits <ul style="list-style-type: none"> • Including Board to Floor Six-Monthly Summary Report 	Chair	Verbal update To receive
6	10:45	5mins	Freedom to Speak Up Including <ul style="list-style-type: none"> • Any matter to raise to the Board • Freedom to Speak Up Annual Report 	Chief Nurse and Acting Deputy CEO	Verbal update To receive
---	10:50	10mins	Break		
Strategy & Vision					
7	11:00	20mins	Chief Executive's Report	Acting CEO	To receive

8	11:20	15mins	Performance Report <i>Including:</i> <ul style="list-style-type: none"> • Operations • Workforce • Quality • Financial • Research • Self-Declaration 	Executive Leads	To receive
9	11:35	15mins	Diversity & Inclusion Update Including: <ul style="list-style-type: none"> • Diversity & Inclusion Annual Report 2020 - including: Diversity and Inclusion strategic project plan (Items 9.1.1, 9.1.2 & 9.1.3) • Workplace Disability and Equality Standard Report – including: Action Plan (Items 9.2.1, 9.2.2 & 9.2.3) • WRES Report – including: Action Plan (Items 9.3.1, 9.3.2 & 9.3.3) 	Chief Nurse and Acting Deputy CEO	To approve
10	11:50	10mins	Emergency Planning and Resilience Annual Report	Chief Operating Officer-Southampton	To receive
11	12:00	15mins	Break		
12	12:15	15mins	Alongside Communities: the Solent approach to engagement and inclusion 2020-2025	Chief Nurse and Acting Deputy CEO	To approve
13	12:30	10mins	Environmental Sustainability Briefing/ Strategy	AD Estates	To receive
14	12:40	10mins	Health & Safety Annual Report including Statement of Intent	AD Estates	To receive
15	12:50	5mins	Same Sex Accommodation Declaration	Chief Nurse and Acting Deputy CEO	To approve
16	12:55	10mins	Covid-19 Learning: Summary of reports to WOD Committee, Finance & Infrastructure Committee and the Quality Assurance Committee	Acting CEO	To receive
17	13:05	5mins	Annual Board Report and Statement of Compliance for NHS England	Chief Medical Officer	To receive
Reporting Committees and Governance matters					
18	13:10	10mins	Workforce and OD Committee - Exception report from meeting held 10th September	Committee chair	To receive

19			Community Engagement Committee – Update <i>from meeting held 21 September</i>	Committee chair	To receive
20			Mental Health Act Scrutiny Committee – <i>No meeting held since last report. Next meeting 27th November 2020</i>	Committee chair	To receive
21			Audit & Risk Committee – Exception Report from <i>meeting held 6th August 2020</i> Including: <ul style="list-style-type: none"> • EY Annual Audit Letter (item 20.2) • Committee Terms of Reference (item 20.3) • Committee Annual Report (appendix 1) 	Committee chair	To receive
22			Quality Assurance Committee- Exception Report <i>from meeting held 24th September 2020</i> Including: <ul style="list-style-type: none"> • Experience of Care Annual Report (incl. Complaints) (item 22.2) • Q1 Safeguarding Report (item 22.3) • Q1 Patient Safety Report (incl. Learning from Deaths) (item 22.4) 	Committee chair	To receive
23			Governance and Nominations Committee – verbal <i>update from meeting 25 September</i>	Committee chair	To receive
24			Non Confidential update from Finance & Infrastructure Committee– non confidential verbal <i>update from meeting 25 September</i>	Committee chair	To receive
25			Charitable Funds Committee – Exception Report <i>from meeting held 6th August 2020</i>	----	----
Any other business					
26	13:20	5mins	Reflections <ul style="list-style-type: none"> • <i>lessons learnt and living our values</i> • <i>matters for cascade and/or escalation to other board committees</i> 	Chair	-
27			Any other business & future agenda items <ul style="list-style-type: none"> • <i>Staff survey</i> • <i>Flu vaccination</i> 	Chair	-

28	13:25	---	<p>Close and move to Confidential meeting</p> <p>The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows:</p> <p>“that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)</p>	Chair	-
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Date of next meeting:

- **7th December 2020**

Minutes

Solent NHS Trust In Public Board Meeting

Monday 03rd August 2020

Virtual Zoom Meeting

Chair: Catherine Mason, Trust Chair (CM)	
Members: Sue Harriman , Chief Executive (SH) Andrew Strevens , Chief Finance Officer and Deputy CEO (AS) David Noyes , Chief Operating Officer Southampton and County Wide Services (DN) Helen Ives , Chief Organisational Effectiveness and People Officer (HI) Jackie Ardley , Chief Nurse (JA) Suzannah Rosenberg , Chief Operating Officer, Portsmouth (SR) Jon Pittam , Non-Executive Director (JPi) Mike Watts , Non-Executive Director (MW) Stephanie Elsy , Non-Executive Director (SE) Gaurav Kumar , Non-Executive Director (GK) Thoreya Swage , Non-Executive Director (TS)	Attendees: Rachel Cheal , Associate Director of Corporate Affairs and Company Secretary (RC) Sam Stirling , Corporate Affairs Administrator (SS) Benjamin Jones , Podiatry- Patient Story (BJ) (item 2) Mark Donalds , Podiatry Patient (MD) (item 2) Lia Wadsworth , Practice Nurse- Staff Story (item 3) (LW) Beth Carter , Head of Infection Prevention Control (BC)- shadowing JA Erin Power , Interim Head of AHPs (EP)- shadowing JA Jas Sohal , Associate People Director (JS)- shadowing HI
Judgements and decisions have been made in the context of a Level 3 (regional) incident	
1	Chairman's Welcome & Update, Confirmation that meeting is Quorate, Register of Interests & Declarations of Interests
1.1	There were no members of the public in attendance of the virtual meeting. CM welcomed BC, EP and JS who were shadowing the meeting. No apologies were received and the meeting was confirmed as quorate. CM noted formal thanks to Jonathan Prosser for his work as the interim Medical Director.
1.2	The Board were asked to declare any new interests. There were no further updates to note.
2	Patient Story – Podiatry Service
2.1	JA welcomed MD and BJ to the In Public Board meeting. <ul style="list-style-type: none"> • BJ provided an overview of his role and emphasis on ensuring patient mobility. • MD shared his story and the difference made to his life by providing insoles to assist with walking.
2.2	CM queried amputation trend in the South. BJ commented on challenges, particularly from a Portsmouth health and economic standpoint.
2.3	JA asked if the Trust could have done anything differently. MD emphasised prompt service, despite Covid-19 challenges.
2.4	CM queried replacement insoles required. BJ explained minimum 18 month use and confirmed effectiveness in terms of value for money.

2.5	SH asked about the teams experiences through Covid-19 and potential issues going forward. BJ highlighted challenges and the need to adapt to fast paced change. Waiting list challenges were emphasised and BJ commented on usefulness of appointing additional support to continue to assist with innovative pathways and consider potential research opportunities.
2.6	The Board reflected on potential improvements and MD commented on challenges providing feedback to the Trust. CM thanked BJ and MD for joining. <i>BJ & MD left the meeting.</i>
3	Staff Story
3.1	HI welcomed LW and highlighted the usefulness of sharing staff experiences of redeployment to an acute setting during Covid-19. <ul style="list-style-type: none"> • LW provided an overview of current practice nurse role and shared learning since redeployment, including disparity between skill set of practice nurses. • The Board were briefed on the process for obtaining an honorary contract, training sessions attended and allocation of nurses. • LW shared experiences of first shift on a Covid-19 Intensive Care Unit and explained patients cared for.
3.2	The Board reflected on Covid-19 acute setting, learning applied and positive example of system working.
3.3	JA asked about support systems in place for staff and LW confirmed formal and informal support available, as well as a supportive team and senior sister.
3.4	AS thanked LW for her hard work and queried effective transition back to Solent. LW emphasised logistical challenges and the Board discussed potential learning in relation to the support structures in place.
3.5	TS queried how different ways of working within the acute sector could be applied to secondary care. LW emphasised differences however commented on effective team working which could be applied across the practice nurses.
3.6	MW asked if LW felt differently about her role or the NHS as a result of this experience. LW explained pride at being a nurse for the NHS however commented on improvements that could be made in relation to communication in her current role and usefulness of being involved in decision making. SH reflected on differences expected for the second wave of Covid-19.
3.7	HI highlighted areas of focus, including practice nurse teams and support and upskilling pathways.
3.8	The Board discussed the strong level of teamwork demonstrated and importance of consideration aligned to redeployments. CM thanked LW for sharing her story. <i>LW left the meeting.</i>
4	*Minutes of the meeting held 1st June 2020, matters arising and action tracker
4.1	The minutes of the last meeting were agreed as an accurate record.

4.2	<p>It was agreed that action numbers AC001850 and AC001851 remain on the tracker with an update to be reported to the October Board meeting.</p> <p>The following action was confirmed as complete: AC001952</p>
5	Safety and Quality First and Feedback from Board to Floor Visits
5.1	<p>Feedback was provided from recent virtual Board to Floor visits held on 28th July:</p> <p><u>Brooker Ward</u></p> <ul style="list-style-type: none"> • SE shared discussions with staff and confirmed full review of issues raised in relation to IT and remote consultations. • CM commented on positive culture of providing honest feedback and raising necessary issues. • TS highlighted effective engagement with patients and utilisation of staff skills. • Regarding remote consultations, JA confirmed full QIA to agree appropriate pathway and confirmed full discussion and oversight by the Mental Health Act Scrutiny Committee. <p><u>Adelaide Health Centre/Lower Brambles</u></p> <ul style="list-style-type: none"> • JPi commented on usefulness of staff feedback regarding the stand up of Adelaide Health Centre for Covid-19. • Positive engagement in relation to future planning of the Western Community Hospital design and set up was highlighted. • Challenges of a virtual visited and potential improvements were discussed. JA confirmed that a video of Adelaide Health Centre had been filmed and would be circulated. • GK commented on positive teamwork demonstrated and importance of ensuring Board to Floor visits were held. • JA emphasised long term support required which was highlighted by the services. <p>It was confirmed that two Board to Floor visits would be arranged per month from September, with the introduction of all other Executive Directors.</p> <p>The Board noted the updates provided.</p>
6	Freedom to Speak Up Matters
6.1	<p>JP informed of Freedom to Speak Up Annual Report review at the August Audit and Risk Committee. The Board formally thanked Pam Permalloo-Bass for leadership and confirmed that the role had been re-appointed.</p>
Strategy & Vision	
7	Chief Executive's Report
7.1	<p><u>Freedom to Speak Up</u></p> <p>The Board were informed that the Trust has been rated 'best in class' for its positive speaking up culture for the second year in a row. SH highlighted the importance of maintaining momentum and striving for constant improvement.</p> <p>It was confirmed that Trust-wide communications would be circulated to share positive messages.</p>

7.2	<p><u>Risk Assessments and BAME Staff members</u></p> <p>SH provided an overview of intensive work taking place for Covid-19 risk assessments of vulnerable/at risk staff. It was confirmed that 80% of risk assessments for Black, Asian or Minority Ethnic (BAME) groups had been completed.</p> <p>HI highlighted constant guidance changes and informed of new requirement to risk assess staff over 60 years old.</p>
7.3	<p>SH informed the Board that a BAME Advisory Group had been established to ensure constructive and inclusive discussions. SH explained considerations of the term ‘BAME’ and confirmed that reflections/amendments would be shared as appropriate.</p>
7.4	<p>The Board were briefed on commencement of ‘Vitamin D Testing’ for eligible at-risk staff groups.</p>
7.5	<p><u>Infection Prevent and Control</u></p> <p>It was confirmed that SH would be taking on the leadership role as the Director of Infection Prevention and Control (DIPC), to support BC and provide oversight during this time.</p>
7.6	<p><u>Wheelchairs</u></p> <p>SH informed the Board that Southampton City Clinical Commissioning Group (CCG) had notified the Trust of full competitive tendering exercise for the Wheelchair Service across Southampton and South West Hampshire and confirmed that the new contract had been let to Millbrook Health Care Limited (current provider), commencing 1st April 2021.</p> <p>SH acknowledged past concerns and emphasised that the Trust had engaged with the retendering process and remains committed to internally monitoring and escalating incidents and concerns relating to Solent’s patients to the CCG in accordance with established processes. JA commented on rigorous considerations held and highlighted additional internal management resource that the Trust has invested in to improve performance over the last 12 months.</p> <p>Considering previous challenges the Trust raised in respect of the wheelchair contract, SE questioned what assurance can be given that the new contract will deliver. SH commented that the CCG have conducted a full tendering process and informed the Board that a request has been made by the Trust for the contract specification to assist with understanding of the arrangements. DN similarly recognised concerns and reiterated the importance of full monitoring and scrutiny going forward. JA highlighted the reporting structure for the escalation of issues, including review of early indicators and incident reporting.</p> <p>MW acknowledged the monitoring processes however queried assurance regarding performance and service delivery. JA stated that there have been no recent incidents raised by clinicians.</p> <p>SE commented on longstanding Board Assurance Framework risk in relation to indirect commercial relationships and asked how the Board could be assured of appropriate completion of the procurement process. HI provided an overview of the Commercial process and emphasised the responsibility and ownership lying with the CCG.</p> <p>JP highlighted the need to understand whether the change in contract has incorporated additional service capacity. SH highlighted the importance of further discussion within the confidential Board meeting regarding assurance and next steps.</p> <p>Action- It was suggested that a letter be sent to the CCG expressing concerns raised and inviting CCG colleagues to attend a future meeting with the Board- consideration to be given by the Executive (SH/DN/JA).</p>

7.7	<p><u>NHS England Phase 3 Letter</u> SH reported that the 'phase 3' letter had been received from NHS England and emphasised balanced position whilst safely attempting to reinstate key critical services. Challenges regarding risk management of waiting lists, winter pressures and mass vaccination programmes were highlighted.</p> <p>Ongoing work to develop System plans in accordance with Phase 3 requirements were acknowledged and it was confirmed that full discussions would be held at Confidential Board.</p>
7.8	<p>Significant bed capacity pressures were shared and SH explained joint whole system decisions to allow coordinated approach within the community.</p> <p>SH informed the Board of the recovery plan review being undertaken at ICP level, with local level consideration of requirements and potential financial implications. It was agreed to consider this further within the confidential meeting.</p>
7.9	<p><u>BAME Staff Groups</u> TS reflected on BAME terminology and SH confirmed that the Trust would be led by the decisions of the BAME Advisory Group.</p> <p>TS queried balance between staff exercising their right not to complete risk assessments with health and safety requirements. HI informed of written communication to emphasise joint responsibility of health and safety.</p>
7.10	<p><u>Recovery, restoration and System working</u> Regarding waiting list challenges, TS asked about potential support from the private sector. It was confirmed that DN and SR were currently in the process of reviewing options.</p>
7.11	<p>Regarding the Southampton Systems update, JP queried Board review of the framework of priorities agreed by the Hampshire and Isle of Wight Integrated Care System (HIOW ICS) on longer term recovery plans.</p> <p>SH informed of ongoing review into recovery and restoration planning and confirmed consideration at a future Board meeting.</p>
7.12	<p>JP asked about the management of waiting list and DN provided an overview of triage processes and ongoing monitoring. It was confirmed services have been asked to undertake a gap analysis/risk audit to formally record and document key areas of patient risk currently arising from the Covid crises, and what mitigations are in place/plans to rectify. The reports will be presented to the QIR Group.</p>
7.13	<p>The Board noted the Chief Executives Report.</p>
8	<p>Performance Report</p>
8.1	<p><u>Operations</u></p> <ul style="list-style-type: none"> • AS highlighted service impact in relation to decline of discharge referrals and emphasised attempts to increase response, as demonstrated in the metrics provided. • Ongoing national waiting list challenges and diagnostic targets were shared. • Improvements in statutory and mandatory training and incident reporting was confirmed. • The Board noted the NHS Single Oversight Framework.

8.2	<p><u>Workforce</u></p> <ul style="list-style-type: none"> • HI reported upward trend of absences due to Covid-19. • It was confirmed that absence due to stress had decreased, largely attributed to flexible working arrangements. • HI commented on potential considerations required to amend 4% absence target. • The Board were informed of publication of the National People Plan and HI summarised the key considerations.
8.3	<p><u>Quality</u></p> <ul style="list-style-type: none"> • JA acknowledged effective Infection Prevention and Control leadership and ongoing work across the organisation. • The Board were informed of collaboration with University of Southampton to implement and evaluate the ‘Creating Learning Environments for Compassionate Care (CLECC)’ intervention in the Mental Health service. • JA explained changes within the Chief Nurse Directorate and appointment of new Lead Freedom to Speak Up Guardian. • The Board were informed of learning review following High Risk Incidents reported in May and June and JA assured of changes to the End of Life process. • TS highlighted typographical error within the report (“Gillian Barrie Syndrome” incorrect). Action- JA to amend.
8.4	<p><u>Finance</u></p> <ul style="list-style-type: none"> • AS reported on the status of the capital development programme at the Western Community Hospital I and highlighted request for additional funds. • The Board were informed of £600k backlog maintenance that would be included as part of the plan for this year.
8.5	<p><u>Research</u></p> <ul style="list-style-type: none"> • The Board noted the update. • SH highlighted involvement in new Covid-19 research activity, with further details being shared at Confidential Board.
8.6	<p>The Board noted the NHS Provider Licence– Self Certification 2020/21.</p>
8.7	<p><u>Operational update- Southampton</u></p> <ul style="list-style-type: none"> • DN informed of emphasis on recovery. The Board were informed of positive management of critical and urgent care across the system and effective partnership working. • The Board were briefed on review of implications in relation to discharges and considerations of appropriate resources. Escalation to QIR and Assurance Committee was confirmed. • DN reported that Adelaide Health Centre was reverting to its original purpose, following Covid-19 response. It was confirmed that Community Nursing was continuing with bed occupancy as required. • Ongoing work with the Council in relation to integrated discharge was discussed. • Success of rehab and admission avoidance was highlighted. • DN provided an overview of support for resetting services across the Southampton Care Group and timelines for expected restoration. <p><i>DN left the meeting.</i></p>

8.8	<p><u>Operational update- Portsmouth</u></p> <ul style="list-style-type: none"> • SR reported pressure in the PRRT service due to high caseload. • It was confirmed that Adults Portsmouth Clinical Director interviews were taking place this week. • SR highlighted an increase in demand for mental health inpatient units and assured of full review taking place. • The Board were informed of on-site reopening of the Positive Minds service. <p><i>DN re-joined the meeting.</i></p>
8.9	SE queried relationships between frontline staff and partners and potential challenges regarding local authority funding. DN and SR commented on improved relationships and assured the Board that there were no additional financial issues to highlight currently.
8.10	SE asked about Brexit considerations and DN explained that plans remained in place and the working group reconvened.
8.11	The Board noted the Performance Report.
9	Emergency Planning Resilience and Response to Covid-19
9.1	DN provided an overview of control arrangements for Covid-19. The Board were briefed on the Gold Command structure and changes since the initial stages of the pandemic. DN commented on the usefulness of Gold Command for effective communication and monitoring.
9.2	DN informed the Board of alignment to and involvement in Southampton and Portsmouth local city outbreak plans and highlighted localised response expected going forward.
9.3	Identification of arrangements for reset and recovery planning was noted and DN explained learning considerations.
9.4	It was agreed that an overview of the recent reports given to Finance & Infrastructure Committee, WOD Committee and future report to the Quality Assurance Committee is given by the respective executives at the October Board. The Board noted the Emergency Planning Resilience and Response to Covid-19 report. The October Board to receive an overview Covid-19 review.
10	Infection Prevention and Control Board Assurance Framework
10.1	SH briefed the Board on framework requirements and the importance of full review at this level of the Trust. Assurance regarding full oversight by the Infection Prevention Control Committee was highlighted. SH commented on rigorous review of mitigations in place where gaps had been identified.
10.2	The Board formally thanked BC for leadership and the entire Infection Prevention and Control team for their hard work.
10.3	JA reported submission to CQC and Region and confirmed a review is being undertaken by the regulators. The Infection Prevention and Control Board Assurance Framework was noted.

Reporting Committees and Governance matters	
11	Workforce and OD Committee Exception report from meeting held 21st May, & 16th July 2020
11.1	The Board noted the May Workforce and OD Committee Exception Report.
11.2	<p><u>July report</u></p> <ul style="list-style-type: none"> • MW reported discussions regarding limited assurance of timeframes for the E-Rostering Internal Audit action. It was confirmed that actions were in place to address. • Regarding Covid-19 Risk Assessments, the Committee acknowledged the anxiety of at-risk staff and were informed of on-going work programmes. • Feedback was shared by an observer who praised the effectiveness of the Committee. • JPi commented on the usefulness of understanding risks and mitigations of the E-Rostering Internal Audit action. MW highlighted reasons for the delay and the importance of establishing a clear and deliverable time plan. HI shared need to optimise programmes in place and the financial challenges regarding appropriate resource investment. It was agreed to provide the deep dive report into the E-rostering Internal Audit Recommendations to the November Audit & Risk Committee meeting. Action- HI. <p>The July Workforce and OD Committee Exception Report was noted.</p>
12	Community Engagement Committee
12.1	There was no meeting held since the last report.
13	Mental Health Act Scrutiny Committee – Exception Report from meeting held 20th July 2020
13.1	<ul style="list-style-type: none"> • TS reported discussions held regarding reading rights within 48 hours of admission and training issues being reviewed. • Extensive updates to the TOR were presented, including the removal of DoLs oversight at the meeting, which will instead report to the Quality Assurance Committee going forward. • An improved support structure for Associate Hospital Managers was highlighted, including established training programme. • The Committee Annual Report was received and confirmed that the objectives for 2020-2021 would be identified with the new Chief Medical Officer. <p>The Mental Health Act Scrutiny Committee Exception Report was noted.</p>
14	Audit & Risk Committee – Exception Report from meeting held 19th June 2020
14.1	The Board noted the Audit & Risk Committee Exception Report.
15	Quality Assurance Committee- Exception Report from meeting held 21st May and 20th July 2020
15.1	The Board noted the May Quality Assurance Committee Exception Report.
15.2	<p><u>July Report</u></p> <ul style="list-style-type: none"> • TS provided an overview of quarterly reports presented to the Committee and assured of continuous monitoring of the various quality measures. • It was confirmed that JA was reviewing the 2020-2021 objectives and virtual approval would be sought outside of the meeting.

15.3	<p>The following Annual Reports were recommended to the Board:</p> <ul style="list-style-type: none"> • Infection Prevention Control Annual Report • Safeguarding Annual Report <p>The Board noted the Reports.</p>
15.4	<p>The Board noted the Safe Staffing report. It was agreed to provide additional queries to JA outside of the meeting.</p> <p>The July Quality Assurance Committee Exception Report was noted.</p>
16	Governance and Nominations Committee- Exception Report from meeting held 5th June 2020
16.1	<p>Committee discussion regarding Board Development was highlighted. Delays due to personnel changes were confirmed and CM assured of continuation in due course.</p> <p>The Governance and Nominations Committee Exception Report was noted.</p>
17	Finance & Infrastructure Committee - non-confidential update
17.1	<ul style="list-style-type: none"> • AS informed of Committee consideration of the CAMHS Provider Collaborative. • An overview was provided of reports presented to the Committee in relation to Covid-19 responses. • A briefing on the 'Green Plan' was presented and AS confirmed that this would be submitted to a future Board meeting. • Discussions regarding the ICT contract were held and AS reported that the Digital Strategy would be further discussed at a future Board Workshop.
17.2	<p><u>Finance & Infrastructure Committee TOR</u> TS queried reference to control totals and AS confirmed relevance despite breakeven position.</p> <p>The Board approved the Committee TOR.</p>
17.3	<p><u>Scheme of Delegation</u> It was agreed to remove reference to DoLs, following updates to the Mental Health Act Scrutiny Committee TOR. Action- RC.</p> <p>The Scheme of Delegation was approved by the Board, subject to amendment.</p>
17.4	The Board noted the Committee Annual Report.
18	Board Terms of Reference- Annual Review
18.1	<p>SE queried the longevity of the Community Engagement Committee, having originally been established as a time-limited committee. It was agreed that due to the significance of the community engagement agenda that the Committee remain operational and it was acknowledged that the revised Community Engagement Strategy will be presented to the next meeting.</p>
18.2	<p>The following amendments were suggested:</p> <ul style="list-style-type: none"> • Item 1.2- update to 'Quality Assurance Committee' • Amend STP to ICS throughout • Add Diversity and Inclusion <p>The Board Terms of Reference were approved subject to amendment.</p>

19	Charitable Funds Committee
19.1	There was no meeting held since the last report.
Any other business	
20	Reflections
20.1	SH reflected on the length of the virtual meeting and suggested review to ensure appropriate breaks at future meetings.
20.2	The Board were informed that SE was now in her second term as a Non-Executive Director.
20.3	The date of the virtual Annual General Meeting (AGM) was confirmed as follows: <ul style="list-style-type: none"> o Thursday 24th September, 16:00-17:00
21	Any other business and future agenda items
21.1	No other business was discussed and the meeting was closed.
22	Close and move to confidential meeting

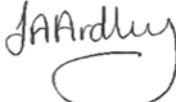
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Overall Status	Source Of Action	Date Action Generated	Minute Reference/ Additional URN	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
On Target	Board meeting - In Public	02/04/2020	6.1	AC001850	BOD1- WRES and D&I Strategy	MW queried inclusion of amendments to the strategy that were requested at the Workforce and OD Committee. Action- JA to review outside of the meeting.	Jackie Ardley	The June Board agreed that the action remain on the tracker with an update to be reported to the October meeting. October 2020- included on the agenda.
On Target	Board meeting - In Public	02/04/2020	6.1	AC001851	BOD1- WRES and D&I Strategy	CM commented on the need for further work regarding the strategy objectives. SH agreed and highlighted the need for more in depth narrative. MW also queried full information from the Workforce and OD Committee included within the Roadmap. It was agreed that JA review and resubmit to a future Board meeting for approval.	Jackie Ardley	The June Board agreed that the action remain on the tracker with an update reported to the October meeting. October 2020- included on the agenda.
On Target	Board meeting - In Public	03/08/2020	7.6	AC002104	BOD1- CEO Report Wheelchairs update	It was suggested that a letter be sent to the CCG expressing concerns raised and inviting CCG colleagues to attend a future meeting with the Board- consideration to be given by the Executive (SH/DN/IA)	Sue Harriman, David Noyes, Jackie Ardley	October 2020- CCG colleagues invited to attend September 2020 Quality Assurance Committee; update to be provided at the Board meeting.
On Target	Board meeting - In Public	03/08/2020	11.2	AC002105	BOD1- WOD Committee Exception Report (July)	JPI commented on the usefulness of understanding risks and mitigations of the E-Rostering Internal Audit action. MW highlighted reasons for the delay and the importance of establishing a clear and deliverable time plan. HI shared need to optimise programmes in place and the financial challenges regarding appropriate resource investment. It was agreed to provide the deep dive report into the E-rostering Internal Audit Recommendations to the November Audit & Risk Committee meeting. Action- HI.	Helen Ives	October 2020 - included on the agenda cycle for the November Audit & Risk Committee
On Target	Board meeting - In Public	03/08/2020	17.3	AC002106	BOD1- Finance & Infrastructure Committee update- Scheme of Delegation	Scheme of Delegation- It was agreed to remove reference to DoLs, following updates to the Mental Health Act Scrutiny Committee TOR. Action- RC.	Rachel Cheal	October 2020- complete.

Board and Committee Cover Sheet

Item No.	5		
Presentation to	In Public Board Meeting		
Title of Paper	Board to Floor 6 monthly update		
Purpose of the Paper	The purpose of this paper is to provide a brief overview of the Board to Floor visits, in the period March – August 2020.		
Author(s)	Gina Winter-Bates, Associate Director Quality and Governance	Executive Sponsor	Jackie Ardley, Chief Nurse
Date of Paper	September 2020	Committees/Groups previously presented	N/A
Action Required	For decision?	N	For assurance? Y
Recommendation	Board are asked to note this report		

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

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

Purpose:

The purpose of this paper is to provide a brief overview of the Board to Floor visits, in the period March – August 2020.

Background:

Board to Floor visits provide an opportunity for staff to speak directly with Board members about their experience of working for the Trust. They also provide an opportunity for members of the Trust Board to discuss any potential patient safety or issues of concern from staff, and on occasions patients and visitors with frontline colleagues. These have been established within Solent for some time and have always presented a great face to face opportunity for staff and board members to discuss the area in which they work and how it feels to work there.

In March 2020 Solent suspended the Board to Floor process in response to the Level 4 national emergency caused by the Covid 19 global pandemic. There were no board to floor visits between March and June 2020, either face to face or virtually as the service lines sought to respond rapidly to the anticipated pressure that the pandemic would create. The value of the board floor visits was clear but many activities across Solent were curtailed during this time. Decisions within the trust to suspend activities were based on the principles to:

- protect patients from infection
- protect staff from infection
- reduce the spread of Covid 19 in the community
- reduce all non essential activities in order to support staff to focus on the delivery of care to patients most in need.

In June 2020 it became apparent that the anticipated surge in Covid 19 had been less severe than initially planned for and board to floor was re-established. However, the requirement to protect patients and staff from infection remained an issue and these were set up as 'virtual' meetings with minutes being taken rather than notes.

From June 2020 these were then undertaken in a different format via the remote MS Teams tool. This enabled Board members to support the core service teams and units once the initial anticipated surge of Covid 19 cases was no longer considered a risk. This format will continue in line with Government guidance but will remain under review for the foreseeable future.

The visits, initially set up as a pilot, in this period have been led by the Chief Nurse and have been supported by Non Executive directors. They have virtually 'visited' three clinical areas across the organisation to facilitate, enable and provide a direct source of access for staff to request information or highlight specific actions needed.

New guidance has been issued to staff about the expectation and offer that Board to Floor presents.

Examples of findings and actions taken as a result of these visits.

Service Line	Findings and Actions
<p>Adult Mental Health</p> <p>June 2020</p>	<p>Brooker Ward, The Limes Unit</p> <ul style="list-style-type: none"> • Thanks and congratulations were offered to staff for their rapid and effective response to Covid 19 – made more challenging due to a client group who were not cogniscent of the need for PPE and changes to visiting. Staff responded well and improvised to maintain communication and safety for patients and their families. Excellent team work was noted and staff supported were put in place and were effective • Senior support had been provided to the ward which was appreciated and aided communication and will be considered in future waves • Adjustments were made for high risk staff and those from a BAME background. • Face to face medical review was reduced. This led to unnecessary patient transfer to QAH and some medication issues. • IT issues throughout the period were an issue in developing consistent communication • Due to the type of patients in this ward areas, staff highlighted the adaptations that sometimes had to be made in use of PPE to aid care and communication. Staff were supported to have regular antibody testing. • The team are developing plans in how to involve relatives more in care.
<p>Adult Southampton</p> <p>July 2020</p>	<p>Lower Brambles (Adelaide Ward)</p> <ul style="list-style-type: none"> • The team highlighted that initially plans had been put in place to provide a 72 bedded ward for Covid 19 patients. When the initial anticipated ‘surge’ did not occur the unit was utilised to re-house Lower Brambles ward ot undertake some essential upgrading of facilities at the RSH site. The ward space has been adapted to provided dining and TV areas for patients on Lower Brambles. • Excellent team work in a new environment was noted and multi-professional working was really supporting patients to return home. Also changes in practice were

	<p>in place due to high numbers of patients suffering extreme fatigue at this time. This is made easier by the co-location with therapy services at Adelaide.</p> <ul style="list-style-type: none"> • The team are working on plans to continue the excellent therapy/nursing working pattern when Lower Brambles returns to RSH. • Support for re-opening of the Adelaide gym to be escalated to support therapy work. • At time of visit there were no 'step -down' Covid 19 patients being transferred from UHS. • Although staff anxiety was high initially support in place within service has seen this reduce • Impact on delivery of some primary care services (GP/ podiatry/MSK) was noted as the space was being used for inpatients. • Changes made within the system during wave 1 of Covid 19 included discharging patients that were 'medically optimised' rather than 'medically fit' which has impacted on the acuity and readiness of patients for discharge, length of stay and readmission to UHS.
<p>Adult Portsmouth</p> <p>August 2020</p>	<p>Spinnaker Ward, St Mary's Campus</p> <ul style="list-style-type: none"> • The ward staff in attendance were from a range of professional and grade backgrounds. They detailed many of the changes that the ward had undergone in March – April 2020 including moving from a Consultant led service to a Consultant Nurse/GP supported model and changes related to Covid 19 preparedness. They also noted that they had been responsible for providing end of life care which was not normally their remit. They felt that they had coped with this but emotionally it had been a challenging time for them. • The ward manager discussed the advantages of specialist staff being relocated to St Mary's site during Covid 19 planning. This had aided in co-working and improved communication between specialities • Staff assessed as being 'at high risk' were enabled to work from home in shielding and reported feeling well supported and involved during this time. • Early anxieties amongst staff seem to be have reduced and staff felt that the support offered by Solent was 'amazing' – things such as lunches, redeployed staff and support to prepare for Covid 19, had been in place.

	<ul style="list-style-type: none"> • Staff also highlighted how they had adapted care to ensure that a relative could safely visit when their partner was dying. Thanks were offered to all of the staff for the excellent patient care that they provided at this time. • Staff noted that the ward also received donations such as TVs from Tesco but despite this the staff felt that the loss of the activities in which patients normally participate was a concern. They suggested that a projector for wider group activities, during social distancing might improve this interaction between patients. • Staff expressed how well they had all pulled together to get through some tough times but they were very proud of this. • Staff expressed the view that co-location with Jubilee House and Spinnaker ward would be a key wish for them as it would aid staffing, joint working and support for patients.
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Conclusion

These visits have provided welcome opportunities to have open and honest conversations between front-facing staff and Board members and to describe good work as well as the challenges that services face.

The visits, whilst virtual, have afforded board members insight into the daily workload of the services and an opportunity to effectively escalate any issues which may have been unresolved locally.

Whilst continued social distancing regulations remain in place this format of Board to floor will need to remain virtual via MS Teams. Whilst not as easily accessible to staff this pilot does demonstrate that a virtual model has enabled Board members to meet a range of staff and discuss issues in an open and supportive way.

The plan for the next 6 months is that this format of Board to floor will continue with a wider range of board members. Clear guidance for ward/team leaders to share with their staff is in place and the teams are encouraged to have attendees from all backgrounds, grades and professions, where possible. The documentation and scope of these visits has been changed from note taking to minuted sessions to ensure that the time allowed for the visit can be dedicated to discussion whilst a note taker focuses on capturing the discussion. This has ensured that all types and grades of staff rather than purely clinicians have the opportunity to meet with Board members; this broad spectrum look has ensured that multiple voices are heard and reviewed.


The new format will be undertaken twice a month in Q3-4 to broaden the number of services visited and will be reported on in the next Board report. Actions will also be logged and follow up on actions will be recorded via Verto.

The Board is asked to receive and note the report and the changes that have been implemented since the last board report.

Board and Committee Cover Sheet

Item No.	6		
Presentation to	Trust Board		
Title of Paper	Freedom to Speak Up Annual Report - 2020		
Purpose of the Paper	To provide an annual update.		
Author(s)	Pamela Permalloo-Bass, Lead F2SU Guardian Jo Pinhorne, F2SU Guardian	Executive Sponsor	Jackie Ardley, Chief Nurse
Date of Paper	August 2020	Committees/Groups previously presented	FTSU Oversight Committee
Summary of key issues/messages	The Freedom to Speak Up Annual Report covers key themes identified, organisational cultural improvements and our progress on top performing results, second year in a row, on our positive speaking up culture nationally.		
Action Required	For decision?	N	For assurance? Y
Recommendation	The Trust Board are required to: <ul style="list-style-type: none"> Note the report 		

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

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

1. Introduction of Freedom to Speak Up in the NHS

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

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

1.1 Freedom to Speak Up at Solent NHS

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

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

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

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

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

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

2. Assessment of issues

From Q1 to Q4 a total of 44 staff contacted the Freedom to Speak Up Guardians with concerns. All cases were supported and resolved internally. In addition, other engagement activities have been undertaken to raise awareness of Freedom to Speak Up and to further embed Freedom to Speak Up within Solent NHS Trust.

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

- Dealing with difficult behaviours within teams.

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

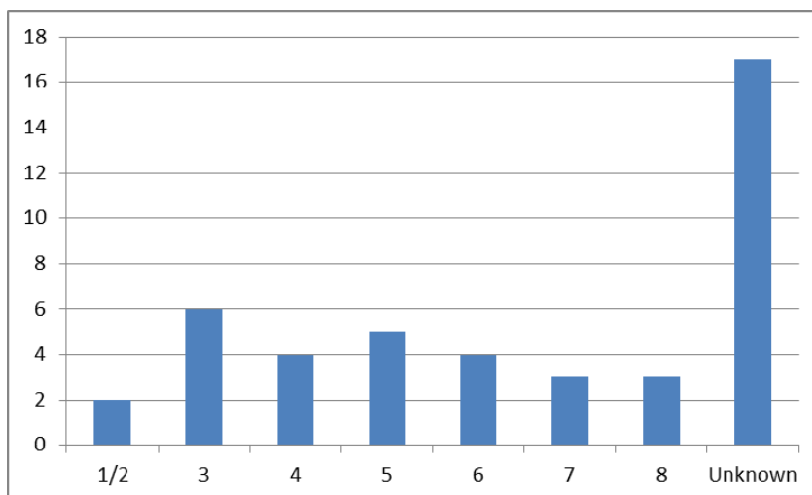
As a result of staff speaking up the organisation has continued to develop a positive learning culture. Organisational improvements include:

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

2.1 Q1 to Q4 - April 2019 to March 2020 FTSU Cases:

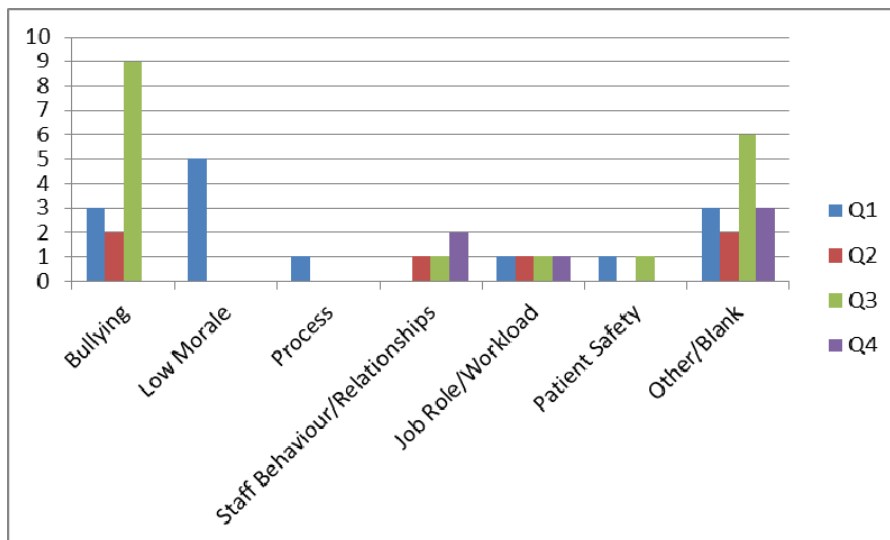
Agenda for Change bands:

The graph below shows the variation of staff represented in their agenda for change bands. The distribution of staff from all levels is broad indicator that all levels of the organisation have accessed FTSU.



FTSU Themes:

The graph below shows the variation of themes raised over the 4 quarter periods.



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

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

4. Action taken to improve FTSU culture

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

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

The CQC inspection report 2018/19 highlighted hot spots where some members of the workforce were unaware of FTSU; as a result we have developed and delivered bespoke sessions that dovetail into the CQC observations. We have adopted a soft PR approach, identifying support with members of the workforce who are unaware of the speaking up process.

The FTSU Guardians records all their cases with bi monthly FTSU meetings. Through regular communications the FTSU Guardians assess their effectiveness of the speaking up process and handling of individual cases, whilst retaining individual confidentiality and anonymity. The FTSU Guardians will also discuss and assess any information or instances where people who have spoken up may have suffered detriment. Recommendations for improvement would then be led by the Lead FTSU Guardian for discussion at the FTSU Oversight meeting(s). Information on actions taken to improve the skills, knowledge and capability of the workforce to speak up and to support others to speak up and respond to the issues they raise effectively would be discussed and actioned accordingly.

4.1 Feedback from FTSU cases 2020

"I felt listened to and so glad the NHS has people like you we can talk to"
"The Guardian was empathetic, supportive and a great listener"

“The FTSU service was the only space were we felt truly listened to, we were offered guidance and on-going support. It was reassuring to know someone was there helping us.”

4.2 Feedback from Staff Inductions 2020

“Well done for engendering a positive speaking up culture, it’s incredible work!”

5. Further areas of work for 2020 - 2021

- Induction and handover to incoming Lead Freedom to Speak Up Guardian
- FTSU will conduct an annual audit of cases at the end of Dec 2020. The audit will then be reported to the Audit and Risk Assurance Committee in the Spring of 2021.
- The FTSU will ensure each Guardian is regularly updated for their learning & development.
- Update and refresh the FTSU power-point presentation and vlog to be used for a variety of online workshops, seminars and events.
- As our process matures we will update the FTSU log case data to analyse trends relating to AfC band, protected characteristics such as gender, age, ethnicity etc. We will also assess different divisions without compromising on anonymity which we can use to triangulate data.

6. Solent NHS Freedom to Speak Up National Index 2019 and 2020

Solent NHS Trust has been presented with an award by NHS England Chief Executive Simon Stevens for its positive speaking up culture.

The Trust was invited to the Freedom to Speak Up event at Westminster on Tuesday 8 October 2019 by the National Guardian’s Office where it was given a certificate for its work.

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.

They can help raise any concerns and provide colleagues with confidential advice and support. The Guardians help ensure the Trust is an open and transparent place to work where everyone is encouraged and enabled to speak up safely.

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.

Sue Harriman, Chief Executive at Solent NHS Trust, said: “I am very proud that Solent has been acknowledged by our own colleagues in its staff survey as being a workplace that gives staff the freedom and confidence to speak up.

“I’m delighted that Solent has been recognised with this national award for the work we have been doing around Freedom to Speak Up and we are committed to continuing to make Solent a great place to work.”

July 2020 Update

In July 2020 Solent were notified for the second year in a row, the Trust is the best performing combined mental health, learning disability and community trust in the country. We also had the second highest FTSU index score nationally – again for the second successive year.

The report states, there is a very strong correlation between Trusts that have a positive speaking up culture and Trusts that are rated highest by the CQC. We believe that creating this culture really

provides us with solid foundations for us to move from 'good' to 'outstanding' in our CQC ratings.

6. Recommendations :

Board to note the report

6.1 Author:

Lead Freedom to Speak Up Guardian – Pamela Permalloo-Bass

Interim Lead Freedom to Speak Up Guardian – Jo Pinhorne

CEO Report – In Public Board

Date: 28 September 2020

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

****In light of the Level 3 (regional) incident contemporary updates will be provided where appropriate in relation to our continued response****

Section 1 – Things to celebrate



MiniHealthHeroes revealed

We worked with children's book illustrator and author, Nick Sharatt, inviting him to judge the MiniHealthHeroes colouring competition entries. The competition was created to recognise the fantastic support that the children and young people of Solent staff gave to them during the lockdown. Chief Nurse Jackie Ardley visited each of the category winners to present them with their certificate, medal and prize. Pictured is one of the winners, Ella-Mai with Jackie.

Time to Shine Day

In August, we held a day of Q&As, cultural dance classes and mindfulness sessions to celebrate the launch of the newly redesigned Shine magazine. The interactive Zoom sessions were really well attended by members of the public and staff, receiving lots of positive feedback, with the hope to repeat a similar event in the future.

COVID-19 work in national spotlight



We showcased the great work of staff during COVID-19 in national media. The first, on ITV Meridian (pictured), featured our integrated Learning Disability service and the Art Invisible group talk about art, lockdown friendship and digital communications. Service users Cassie, Josh and Danny shared their experiences. The second story, on BBC Radio 4's Inside Health series, highlighted the work of physiotherapist, Matt Arding, in helping COVID-19 patient, Ros, undergo intensive rehab treatment so she could return home.



Western consultation launched

In mid-August, a consultation was launched for members of the public to have their say on a new state-of-the-art 50-bed, rehabilitation unit planned for the Western Community Hospital. The press release was covered by the [Daily Echo](#) (print and online) as well as shared on our social media channels.



National Suicide Prevention Day

To mark Suicide Prevention Day (10 September) we featured a blog post by Andriana Petropoulaki a Contact Officer at Solent Mind, the collaborating organisation of our Portsmouth wellbeing service, PositiveMinds. Talking about her own mental health journey, Andriana explains in the article why it's more important than ever to reach out. The blog was shared on our social media, with coverage appearing in the [Portsmouth News](#).

Section 2 – Internal matters (not reported elsewhere)

Appointments and Leadership changes

Sue Harriman, CEO, was offered and accepted a national secondment role working with NHS England and Improvement (NHSE/I) on the COVID-19 Vaccination programme, commencing 28 September 2020. It is anticipated that the secondment will last between 4-6 months and we are incredibly proud that Sue was asked to contribute to the national effort to combat COVID-19.

As a consequence, formal deputising arrangements have been enacted as follows:

- Andrew Strevens to lead Solent as Acting Chief Executive Officer (CEO)
- Jackie Ardley, our Chief Nurse, will step up to Acting Deputy CEO. Jackie will continue in her role as Chief Nurse, providing excellent leadership to nurses and allied health professionals across the Trust.

In addition:

- Helen Ives, Chief People Officer, will be joining Sue on secondment and it is an accolade for Solent, and our reputation, that our strong leadership has been recognised at a national level. Jas Sohal (Helen's deputy) will step up into the role of Acting Chief People Officer. Jas will continue building on the great foundations we have in Solent, particularly focusing on our staff's health and wellbeing, and how they feel whilst at work, which, continues to be a key priority for us in Solent.
- Gordon Muvuti will be further supporting the Executive team, in his role as Director of Partnerships and in recognition of the need to continue to grow the important partnerships we

are forming

- Gordon Fowler will also be stepping up on an interim basis, to take the lead for finance along with additional responsibility for commercial, estates and facilities management, in the role of Acting Chief Finance Office.

These changes are underpinned by supporting and acting up arrangements within our leadership team, which has been informed by a thorough approach to succession planning and leadership development. Right across the organisation we have amazing teams, with great strength and depth of leadership. Associated governance changes regarding Board and Committee membership and adjustments to our supporting governance framework (our Standing Orders, Standing Financial Instructions and Scheme of Delegation) have been agreed by the Governance and Nominations Committee.

We are also pleased to welcome Dr Jonathan Lake as the new Clinical Director of Adults Portsmouth Services. Dr Lake is a well-respected Portsmouth GP and his appointment signals a strong intention to explore opportunities to join up primary and community care services in the City.

In addition, Non-executive Director (NEDs) colleagues have been invited to join the 'Seacole Group' – a network for NHS NEDs from Black, Asian and Minority Ethnic backgrounds. We are delighted that this invitation has been accepted by two of our colleagues and we look forward to sharing learning.

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

We have continued to play a key role in our wider system response to the COVID-19 crises. Thankfully, in our region the current impact, while clearly very regrettable, is low and the numbers of infections are relatively modest. This has enabled us to proportionately adjust our incident response position and of course start to recover our service offers in line with our system recovery and reset plans. We continue to monitor the situation very closely and have a close eye on the risks that a second wave could have locally. We will adjust our contingency arrangements to deal with any such upturn – as described in separate board papers.

COVID-19 Research involvement

In March 2020, many research studies open in Solent had to pause as a result of the pandemic. We were asked to prioritise Urgent Public Health Studies related to COVID. The table below gives a summary of the COVID-19 related research that we are currently involved in.

Study	Description	Target Group	Status
ISARIC/CCP* - Understanding the clinical features of COVID-19 and response to treatment	Surveillance study collecting clinical data on inpatients who have or recently had COVID.	In-patients who are COVID positive (includes those discharged to Solent care for rehab)	Open 10 Participants recruited to date
Rapid appraisal of perceptions of COVID-19	A rapid evaluation of healthcare workers' perceptions of care delivery in the context of the COVID-19 pandemic (UCL, part of the quality assurance for the SOLENT-eval)	Healthcare workers, particularly those in higher risk groups.	Complete 20 participants

Psychological impact of COVID-19	Survey assessing the psychological impact of COVID, early on in the pandemic. There will be a new phase in the Autumn.	Any – online survey for staff or service users	Phase 1 complete Phase 2 to commence in November 2020 287 participants recruited to date
SARS-COV2 immunity and reinfection evaluation (SIREN)* -	Measuring the impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers. Biweekly antibody and antigen tests over 12 months.	Staff who come into contact with patients.	Open (from 21 st September) 60 staff have expressed interest. Further recruitment planned
Vaccine Development Programme	Hampshire hub for development of COVID vaccines. Solent research nurses are working on this trial. Solent Estates supporting new hub mobilisation and management.	Any –public recruitment	Open
PRINCIPLE* - A trial of interventions against COVID-19 infection in older people in primary care	Initial trial to test effectiveness of hydroxychloroquine in treatment of COVID. Study team are looking at different interventions to test via primary care.	COVID positive patients presenting to primary care.	Paused.
COVID-19 in care homes (VIVALDI) -	Understanding SARS-CoV-2 infection, immunity and its duration in care home staff and residents in the UK	Care home staff and residents	In set up.

<p>COVID related studies currently recruiting at Solent</p> <p>*Urgent Public Health study</p>	<ul style="list-style-type: none"> ▪ ISARIC/CCP* - Understanding the clinical features of COVID-19 and response to treatment (Recruited to date 10) ▪ PRINCIPLE* - A trial of interventions against COVID-19 infection in older people in primary care (Recruited to date 0, anticipating 2nd wave) ▪ Rapid appraisal of perceptions of COVID-19 - A rapid appraisal of healthcare workers' perceptions of care delivery in the context of the COVID-19 pandemic (Recruited 20) ▪ SARS-COV2 immunity and reinfection evaluation (SIREN)* - Measuring the impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers (60 staff have expressed interest) ▪ Solent research nurses have also assisted in early stage vaccine trials in Wessex
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COVID-19 Risk Assessments

As previously reported the Department of Health and Social Care and NHS England and Improvement, required us to report on the completion of COVID-19 Risk Assessments for people for whom the adverse outcome of COVID-19 is known to be the greatest.

As at the 2nd September (Reporting Deadline) the Trust's performance against the targets stood at:

- All staff had been offered the chance to complete a risk assessment either with their Manager, will a colleague or Peer or as an individual
- 95% of all willing and available "higher risk" staff had completed a risk assessment
- 37% of all staff had completed an assessment
- 100% of BAME staff.

Some staff have exercised their right not to complete a risk assessment and others are absent from work and unable to complete a risk assessment for legitimate reasons such as maternity or adoption

leave and/or other non-COVID related absence.

The risk assessment approach is being reviewed and we will be implementing a new on-line version for staff to complete in early October. This risk assessment has been developed by the Faculty of Occupational Medicine and helps assess an individual’s vulnerability to COVID-19. It takes into account the potential outcome if someone gets COVID, and it is based on published evidence for the main risk factors such as age, ethnicity and effect of long-term conditions. It works by “translating” the risk associated with each risk factor into years which are added to (or subtracted from) an individual’s actual age. This then gives a single overall measure of vulnerability, which is appropriate for people with no underlying medical conditions or multiple medical conditions.

COVID-19 Staff Testing

COVID-19 Antigen Testing: (AGT)

AGT has continued to be offered symptomatic staff in Portsmouth and Southampton. We have seen a significant increase in requests for testing since the schools returned. We have provided alternatives to staff who need tests for family or householder members so that there is less reliance on the Occupational Health Team.

COVID-19 Antibody Testing (ABT)

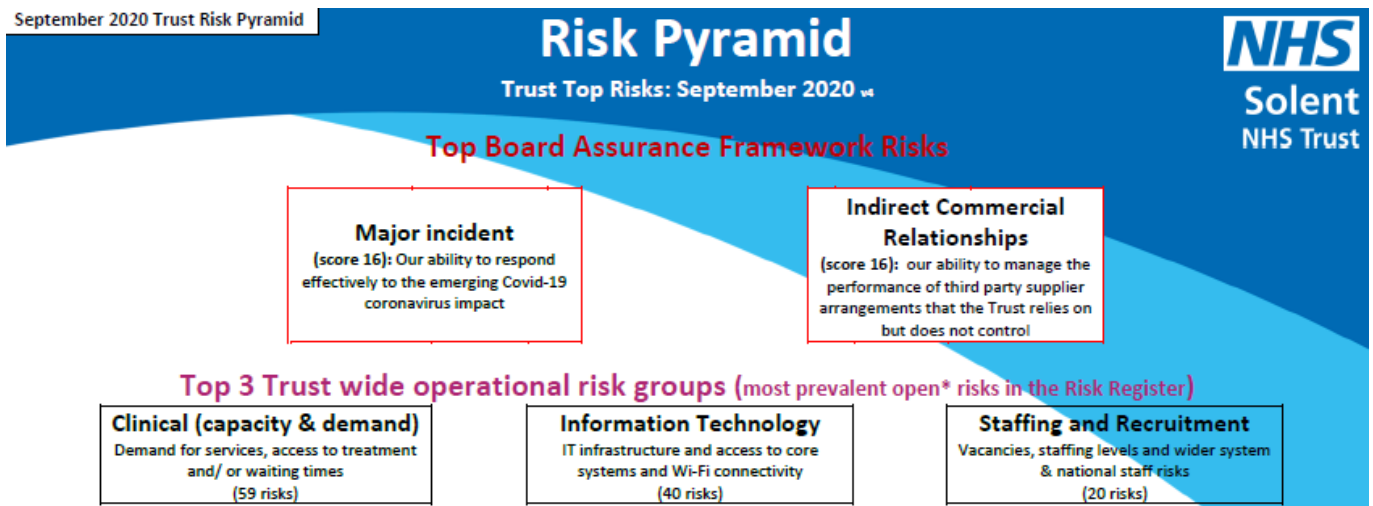
ABT commenced on 8 June and demand has significantly reduced over the last few weeks but we continue to offer testing when requested.

Vitamin D Testing

We have extended our offer of Vitamin D testing to BAME colleagues and will continue to offer this over the coming winter months.

Operational Risk Register / Board Assurance Framework

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



There is no change to the Trust’s overall risk profile. Clinical (capacity and demand), staffing and recruitment, and IT remain the most prevalent risk groups on the Risk Register.

Since the outbreak of the pandemic, risks relating to COVID have been captured. The 4 top themes of these risks are:

- Changes to care and delivery profiles during COVID response e.g. video consultations rather than face to face, seeing urgent cases only and moving to working from home.
- Capacity, demand and back logs during recovery/ reset.
- Staff wellbeing and safety, and
- Impact on external dependencies e.g. medical equipment spares.

All these risks have controls and mitigations in place.

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

BAF number	Concerning	Lead Sponsor	Raw score	Mitigated score (Current score)		Target score
61	Major incident and external environmental impact on the organisation (COVID-19)	David Noyes	20	20 External	8 internal	16
				16 overall↔		
63	Indirect Commercial Relationships	David Noyes	20	16 External	6 Internal	12
				16 overall↔		
55	Workforce Sustainability	Jas Sohal	20	16 External	6 Internal	9
				12 overall ↔		
58	Future organisational function	Andrew Strevens	20	12↔		6
53	Financial Sustainability	Gordon Fowler	25	12 ↑(previously 9)		6
59	Business as Usual - Demand and Capacity	David Noyes & Suzannah Rosenberg	16	12↔		6
57	Quality Governance, Safety and Professional Standards	Jackie Ardley	16	12 ↔		6
65	COVID-19 Recovery and re-set	Dan Baylis	16	12 ↔		9 - by end Q4, 6 - by Q3 21/22

NHS People Plan [Link to BAF#55 – Workforce sustainability](#)

On 30 July 2020 NHS Employers published the People Plan 2020/21 [We are the NHS: People Plan 2020/21](#) . The plan sets out guidelines for providers and systems within the NHS, as well as actions for NHS England and NHS Improvement and Health Education England throughout the coming months and year. Actions within the plan fall under four themes:

- Looking after our people
- Belonging in the NHS
- New ways of working and delivering care
- Growing the workforce

We have been assessing our own performance against the plan as well as collaborating with other HIOW

providers to form a system level plan to focusing on areas where collaboration across HIOW can have greater impact. The HIOW People Plan will be presented to the HIOW People Board for approval on 28 September 2020.

Solents' Great place to work strategy aligns with the NHS People Plan and we can already demonstrate great performance for well-being and inclusion. We provide our people with comprehensive health and wellbeing support whether physical or emotional. This has been further improved by the increased use of technology in 2020, enabling us to reach out and support more of our people than ever before.

Key activities include:

- Preparations underway for employee influenza vaccination programme: Oct – Feb.
- The H&WB Forum have been focused over the past couple of months in establishing and increasing the profile of local (Team level) Wellbeing Champions.
- We have 60 certificated Mental Health First Aiders and have 2 staff booked in October on training to become MHFA Instructors, enabling Solent to provide inhouse MHFA training and support for future.
- Client Wellbeing behavioural change intervention programmes are now coming back online. Individuals can access a personal intervention programme to help them work on specific wellbeing goals and behaviour changes they want to make.
- We have continued to focus on promoting a positive message around people with their own lived experience, with the development of a Lived Experience online journal under development.
- Our "Leading with Heart" programme launched in September 2020, facilitated by our Executive Team.

Our positive progress against our Diversity & Inclusion Strategy & Plan continues;

- We continue to bring focus to special events and months.
- COVID-19 has highlighted a number of inequalities for our staff in relation to ethnicity, long term conditions and age and the CEO and CPO have led employee zooms to openly discuss the challenges and Solent's response and measures put in place to support staff.
- We are piloting an initiative to support managers and staff to positively approach observations and disclosures as a result of the recent heightened awareness of the lived experience of our BAME staff and have scoped an ethnicity specific coaching Programme.
- Roger Kline, an eminent authority on diversity shared his research in the context of Solent WRES performance to our Board and Senior Leaders.

[Information regarding the operations of our care groups is shown within the Performance Report.](#)

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

CQC Provider Collaborative Review

We were recently informed that the CQC will be undertaking a new programme of work during October 2020, to review how providers are working collaboratively in response to COVID-19. Hampshire and Isle of Wight ICS has been selected as one of eight areas to undertake the review; which will be looking specifically at how providers are collaborating to develop urgent and emergency care services together, in light of COVID-19. The virtual review will commence the week of the 19 October and will gather the views of people using services as well as interview providers within the ICS. It is anticipated that the

Insight report will be published in November.

HLOW STP update [Link to BAF#58 – Organisational Function](#)

The Phase 3 (Recovery and Restore) operational plan and workforce submissions are being made on 21 September, with financial plans being submitted on 5 and 22 October on a STP basis. Our operational, finance and HR teams have been heavily involved throughout this process. It has been a difficult process with financial guidance and envelopes being published on 16 September, and with a clear emphasis on restoring acute activity. We have pushed the case for the investment in mental health and community services with our partners and will be involved in the decision making on resource allocation within the STP.

We have responded to both the Portsmouth CCG and the wider Hampshire CCGs consultations on future form and governance following our recent Board workshop.

Portsmouth and South East Hampshire (PSEH) System

Pressure continues to achieve high daily discharge numbers from QA Hospital. There have been instances over the last month when Portsmouth Hospitals University NHS Trust have reached Opel 3 status. Solent services are working collaboratively and flexibly with Social Care and other system partners to achieve the required system flow.

The PSEH Recovery and Restoration Plan is well developed, feeding into the overarching Hampshire and IOW Integrated Care System (ICS) ICS Plan.

Solent and Southern Health NHS Foundation Trust are working well together on the mental health programme in the Integrated Care Partnership and linking to the wider ICS programme. Portsmouth & IOW Mental Health services are planning an operational workshop to look at sharing good practice and identify opportunities for peer support

Southampton and South West Hampshire System Update [Link to BAF#65 – COVID recovery](#)

We have continued to play a full and active role both in the Southampton and South West ongoing incident management cycle, and the system reset and recovery plans. We have formulated a number of (fully costed) suggestions which reflect how some relatively modest investments into the out of hospital system could both ease the pressure on our Acute sector colleagues but also deliver good outcomes for our population closer to home. These ideas have all been fed into the system recovery planning cycle for consideration.

System Estate modernisation [Link to BAF#27 – Estates](#)

We have been delighted to hear of the agreement to proceed with modernisation works at both Hythe and Andover where a number of our services operate out of (Hythe – Special Dental, Podiatry, bladder and bowel; Andover – Special Dental and Sexual Health). The improvements will undoubtedly enhance our patient experience.



Andrew Strevens
Acting CEO

Board and Committee Cover Sheet

Item No.	8		
Presentation to	<i>In Public Board Meeting</i>		
Title of Paper	Trust Board Performance Report – August 2020		
Purpose of the Paper	The purpose of this paper is to provide a bi-monthly overview of performance against the NHS Improvement Single Oversight Framework, key contractual requirements and operational indicators of quality, our workforce, finance and service hotspots.		
Author(s)	Sarah Howarth	Executive Sponsor	Andrew Strevens
Date of Paper	24/09/2020	Committees/Groups previously presented	TMT
Action Required	For decision?	N	For assurance? Y
Recommendation	<i>The Board is asked to:</i> <ul style="list-style-type: none"> • <i>Receive the report</i> 		

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


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

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1.1 Operational Performance Dashboard

Month: Aug-20

Indicator Description	2019/20 Performance (equivalent period)		Current Performance	Capability	Variance	
	Internal / External	Threshold				
Community / Mental Health	Accepted Referrals (in month)	22,091	23,264			
	Attended Contacts (in month)	106,589	97,525			
	Discharged Referrals (in month)	19,970	11,719			
		Internal / External	Threshold			
	DNA'd Appointments (in month)	I	8%	5.2%		
	Rapid Response 2 hour compliance - Portsmouth	E	90%	91%		
	Rapid Response 2 hour compliance - Southampton	E	90%	96%		
Community Inpatients	Occupancy Rate (in month)	I	92%	81.6%		
	DTOC Rate (in month)	E	4.5%	3.1%		
Mental Health Inpatients	Occupancy Rate (in month)	I	85%	60.9%		
	DTOC Rate (in month)	I	4.5%	8.3%		
Waiting List Performance	Waiting List Size - RTT (month end)	I	1,071	626		
	Referral to First Appt < 18 weeks	I	95%	95%		
	Referral to First Appt < 52 weeks	I	100%	100%		

Performance Hotspots

High Priority

- COVID-19 Recovery Planning
- Special Care Dentistry GA Waiting Times
- PSEH System Capacity
- Pulmonary Rehab Waiting Times
- Community Physiotherapy Waiting Times
- Adult Speech and Language Therapy Waiting Times

Medium Priority

- 6 Week Diagnostic Target Compliance
- Clinical Supervision Reported Compliance
- Statutory and Mandatory Training Compliance

Improving / Positive

- Vasectomy Waiting Lists
- Completion of Estates Refurbishments (Oakdene / Lower Brambles)
- Planned Closure of Adelaide Health Centre Ward

1.2 Chief Operating Officers' Commentary and Performance Subcommittee Exceptions

Restoration and Recovery

We continue to work within our local STP on all relevant Restoration and Recovery workstreams, with a specific focus on Capacity and Demand modelling being undertaken to inform resource requirements during the winter months, and a second wave of COVID-19.

At Solent we do have concerns regarding the deterioration of our waiting lists and are carefully scrutinising these for hotspot areas on a regular basis. Specific information on these areas is detailed within the commentary below but a summary of the waiting list position as at end August 2020 can be seen in the table below:

	Weeks Waiting						Total Patients Waiting
	0-4	5-10	11-17	18-26	26-52	>52	
Primary Waits							
Adult SALT (Southampton)	12	17	8	9	23	0	69
Adult SALT (Portsmouth)	97	46	23	13	23	0	202
Pulmonary Rehab (Portsmouth)	46	71	44	155	294	0	610
Community Physiotherapy (Portsmouth)	87	39	31	50	4	0	211
Secondary Waits							
Dental GAs (Paediatric)	29	28	1	0	485	50	593
Dental GAs (Adult)	6	1	0	0	34	11	52
Secondary Care Psychological Therapies (Portsmouth)	30	22	31	42	80	11	216
CAMHS Neurodevelopmental (Portsmouth)	11	16	13	22	99	30	191

We have developed a trust-wide waiting list report within our new self-service, PowerBI tool which will allow waiting lists to be shared transparently across the organisation. This will enable all services to manage and review their waiting lists, in near real-time, for the first time. There will initially be a period of data quality validation, but within a few weeks this will provide a clear oversight and central tool for management and reporting of waiting lists.

Despite the many challenges around waiting lists, the CAMHS service in Southampton have improved their access and waiting times significantly over the past six months (from a total waiting list size of 93 in March 2020, to 16 in August 2020), showing the impact of targeted investment and action within a specific service. It is hoped that a similar improvement will be seen for the CAMHS Neurodevelopmental pathway in Portsmouth (as reported in the table above) following confirmation that Portsmouth CCG want to provide additional support to improve this position.

As part of the Quality, Improvement and Risk Group, a review of all incidents resulting from the impact of COVID-19 on services is currently being undertaken and will report through to Assurance Committee.

Southampton Care Group

The Southampton Care Group have formulated a number of suggestions which reflect how some relatively modest investments into the out of hospital system could both ease the pressure on our Acute sector colleagues but also deliver good outcomes for our population closer to home. These ideas have been fed into the system recovery planning cycle for consideration. Our approach has been to conduct an analysis of risk/gaps in provision, followed by a milestone plan to map out the restoration of services following national guidance, and then to formulate ideas which could make an impactful difference to the local system, all coherent with both Trust and local system strategy.

Adults Southampton

Following the refurbishment work undertaken, Lower Brambles ward at the Royal South Hants will re-open from 24 September with 19 beds immediately available, with a surge capacity of up to 24. Consequently, we have adjusted our admissions to run down the bedded capability at Adelaide Health Centre (AHC), so that it can be returned to its original purpose. Using the learning from the conversion of AHC however, we are able to hold a contingency plan to re-create the bedded capacity there at 14 days' notice, should the need arise. We have agreed a set of indicators and warnings to support a decision should the situation dictate.

Primary Care/MSK, Pain and Podiatry

As the Trust use of AHC is adjusting, we have already been able to restore services out of the first floor; naturally as soon as the switch back to Lower Brambles is complete, we will be returning the facility to original purpose. We have been able to re-establish our services in the rehab centre at PHT and are on track to re-start hydrotherapy (at the pool at PHT) from October, following some maintenance work which was opportune to conduct.

Countywide Care Group

Special Care Dental Service

We remain concerned about the growth in waiting lists in our Special Care Dental service, despite doing as much as we are able in the circumstances. There are currently 61 patients who have been waiting for a General Anaesthetic procedure for more than 52 weeks. Following a pause in our ability to undertake General Anaesthetic procedures, this is now starting to resume, for paediatric cases in particular; recovery for Adults is taking longer. Without an increase in theatre capacity, the service will be unable to bring the waiting list down to a manageable level. We continue to triage and prioritise our waiting lists, and our commissioners are fully briefed (and understand) the situation. COVID-19 infection prevention protocols mean that we are unable to see as many patients through our clinics as pre-COVID and we are now starting to experience growth in referrals as general dentistry provision resumes.

Sexual Health

The most notable impact of COVID-19 for the Sexual Health Service has been on the waiting lists for vasectomy. We have explored the potential to use independent sector support to reduce the waiting lists, but our commissioners were not inclined to support this, therefore we will tackle the issue using existing resources.

Portsmouth Care Group

Adults Portsmouth

The Portsmouth and South East Hampshire (PSEH) system is already busy resulting in PRRT reaching its winter caseload capacity. Additional bedded capacity is available in Jubilee East Wing (10) and Hamble House (13) to cope with a second COVID wave and PSEH system leaders will need to decide whether to fund and mobilise this provision.

Following the partial cessation of some services during COVID-19, waiting lists have been impacted across many services. Areas of particular concern are as follows:

Pulmonary Rehab

Due to the nature of service delivery (face to face group sessions) and the high risk factors for the patient cohort seen within this service, the waiting list for Pulmonary Rehabilitation has grown exponentially over the past 6 months (610 patients waiting as at 31 August, 2020). The service is currently unable to deliver face to face sessions, which many patients are choosing to opt for instead of a remote consultation, meaning they will continue to wait for an undefined period until it is safe to resume this method of service delivery. The service is meeting with the local CCGs shortly to discuss options to manage this and ensure the safety of their patient cohort.

Community Physiotherapy

The Community Physiotherapy service is also experiencing an increase in demand, resulting in a lengthy waiting list. The majority of patients waiting are low risk and tend to be under the care of other services provided by Solent (PRRT, Community Nursing etc.). The service plan to meet with the local CCGs and propose a potential option to deliver some of the service elements usually delivered by Community Physiotherapy through other teams to mitigate the need for patients to be on the waiting list when already being cared for.

Speech and Language Therapy (SALT)

The waiting times for patients requiring the SALT service have been increasing steadily for the past few months, with a handful of patients all waiting around 45 weeks. These particular long waiters are young patients requiring stammer support. The service has one specific specialist in this area who has been unavailable for some time. The service is in discussion with the Children's Therapy service to see if they can share resource to treat these patients. More generally, the support the service provides to Care Homes should now start to reduce, following the provision of a support pack to Care Home staff.

Adult Mental Health

Work is almost complete on the Oakdene ward (The Limes) refurbishments to enable the decant of Hawthorn Wards to complete the environmental improvements and backlog maintenance. MH services are back to pre-COVID capacity but are not yet seeing a surge in referrals.

6 Week Diagnostic Target

Solent continues to closely monitor performance against the 6-week performance for diagnostic procedures, following a reduction in service provision during the national lockdown. Performance has been fairly stable for the past 3 months at around 80% compliance; however, this is significantly below the 99% target. This has not yet been flagged on the Single Oversight Framework (section 1.3) as the impact on performance has only been seen for the past 4 months. This position is reflected nationally across all diagnostics providers. We continue to work closely with our third-party provider to ensure

appropriate levels of service provision are reintroduced to reduce the backlog of patients waiting, as well as ensuring appropriate clinical triage is taking place to minimise the risk to patient safety.

Clinical Supervision and Statutory and Mandatory Training

Clinical Supervision compliance has dipped slightly following a peak in mid-July, with performance down to 70% as at Sept 24, 2020 (from 77%). Conversations continue to highlight the importance of recording supervision activities accurately through both the Performance and Quality Governance Frameworks. Performance levels vary greatly across service lines, and appropriate challenge has been put to the service line management teams accordingly. As reported previously, we are confident appropriate supervision is taking place, however the challenge is been around the recording of it in a centralised way.

Similarly, to Clinical Supervision, there has been a decrease in the compliance for Statutory and Mandatory Training since July, with performance now at 78%. There are concerns around the accuracy of the information, with some staff reporting inappropriate courses showing on their compliance matrices. Service line management teams continue to monitor locally and provide verbal assurance of compliance rates being higher than those reported. Actions have been assigned to the People and OD Directorate to investigate and provide sufficient resolution if an accuracy issue is confirmed.

Local Performance (Operational Performance Dashboard, section 1.1)

Narrative is provided for items of significant negative exception and for any items which have newly been identified as a significant positive exception. The RAG ratings for these metrics are set to show as green where actual performance is within a 5% threshold of the same period in the previous year.

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

Discharged Referrals (in month)

The number of discharged referrals in month has been flagged as a 'Fail' against the capability rating this month again as the number of discharges per month has been consecutively lower than the previous year. The lower levels of discharged patients this financial year are an indication of the reduced routine caseload management processes than services usually undertaken, as a result of the focus on urgent referrals and the COVID-19 response.

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

Occupancy Rate (in month) – Community and Mental Health wards

Occupancy Rates for our inpatient wards have been highlighted as a 'Pass' on the capability rating as a result of occupancy rates remaining below the 95% threshold consistently for a number of months. This is an indication that safe levels of occupancy have been maintained within our inpatient facilities.

Waiting List Size - RTT (month end)

The overall size of the RTT waiting list has been lower than that seen in the equivalent period in 2019/20 for the past 6 months. This has flagged a 'Pass' on the capability rating as this demonstrates less patients waiting for services. This reduction is mainly attributable to the impact of COVID-19 and services who paused the acceptance of referrals during lockdown. There is a concern that as services resume business as usual, a backlog of referrals will be received by our services. Therefore, this metric will be monitored closely over the coming months.

1.3 NHS Improvement Single Oversight Framework

Month: Aug-20

Indicator Description		Internal / External Threshold	Threshold	Current Performance	Capability	Variance
Quality of Care Indicators						
Organisational Health	Staff sickness (rolling 12 months)	I	4%	● 4.8%		
	Staff turnover (rolling 12 months)	I	14%	● 12.7%		
	Staff Friends & Family Test - % Recommended Employer	I	80%	*	*	*
	Proportion of Temporary Staff (in month)	I	6%	● 6.7%		
Caring	Written Complaints	I	15	● 15		
	Staff Friends & Family Test - % Recommended Care	I	80%	*	*	*
	Mixed Sex Accommodation Breaches	E	0	● 0		
	Community Friends & Family Test - % positive	E	95%	● 94.2%		
	Mental Health Friends & Family Test - % positive	E	95%	● 66.7%		
Effective	Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	E	95%	● 100.0%		
	% clients in settled accommodation	I	59%	● 74.8%		
	% clients in employment	E	5%	● 6.0%		
Safe	Occurrence of any Never Event	E	0	● 0		
	NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	● 0		
	VTE Risk Assessment	E	95%	● 87.0%		
	Clostridium Difficile - variance from plan	E	0	● 0		
	Clostridium Difficile - infection rate	E	0	● 0		
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	E	0	● 0		
	Escherichia coli (E.coli) bacteraemia bloodstream infection	E	0	● 0		
	MRSA bacteraemias	E	0	● 0		
	Admissions to adult facilities of patients who are under 16 yrs old	E	0	● 0		

Operational Performance					
Maximum 18 weeks from referral to treatment (RTT) – incomplete pathways	E	92%	● 95.2%		
Maximum 6-week wait for diagnostic procedures	E	99%	● 80.0%		
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	E	0	● 0		
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50%	● 25.0%		
Data Quality Maturity Index (DQMI) - MHSDS dataset score**	E	95%	● 91.6%		
Improving Access to Psychological Therapies (IAPT)					
- Proportion of people completing treatment moving to recovery	E	50%	● 56.8%		
- Waiting time to begin treatment - within 6 weeks	E	75%	● 100.0%		
- Waiting time to begin treatment - within 18 weeks	E	95%	● 100.0%		

Use of Resources Score					
Use of Resources Score	E	2	2		

* Data collection paused during COVID-19 pandemic response
 ** Data reported 3 months in arrears due to NHS Digital publication timescales

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

1.4 Regulatory Exceptions

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

Significant negative exceptions on this month's Single Oversight Framework (section 1.3):

Staff Sickness

The staff sickness indicator shows that without significant intervention, the target will not be achieved. Following a peak of sickness absence in May 2020, sickness rates have reduced for the past 4 consecutive months, down to 4.8% in August, the lowest rate seen since October 2019. Further narrative on Workforce metrics can be found in the Workforce Dashboard Commentary (section 2.1).

Proportion of Temporary Staff (in month)

The proportion of temporary staffing used has flagged as a 'Fail' against the Capability rating this month following 6 consecutive months above target. This period reflects the time in which COVID-19 has been prevalent and the subsequent impact this has had on staffing demands and availability. Further narrative on Workforce metrics can be found in the Workforce Dashboard Commentary (section 2.1).

Data Quality Maturity Index (DQMI) – Mental Health Services Dataset (MHSDS) Dataset Score

The DQMI score has been identified as a 'Fail' on the capability rating, as a result of non-achievement of the target. The 2019/20 year-end target of 95% was a challenging target for the Trust, with performance in April 2019 at just 72%. Following an iterative process throughout the year to improve individual fields within the dataset, performance increased by 20% during the year, resulting in 92% achievement at year-end. Although short of target, this was a positive achievement for the Trust. It is, however, acknowledged that further focus is required to continue to improve this score.

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

Written Complaints

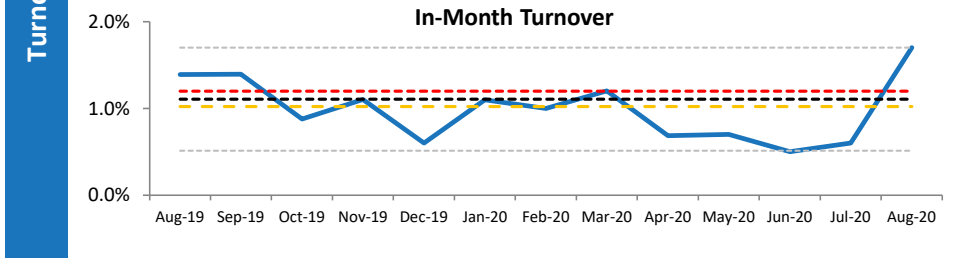
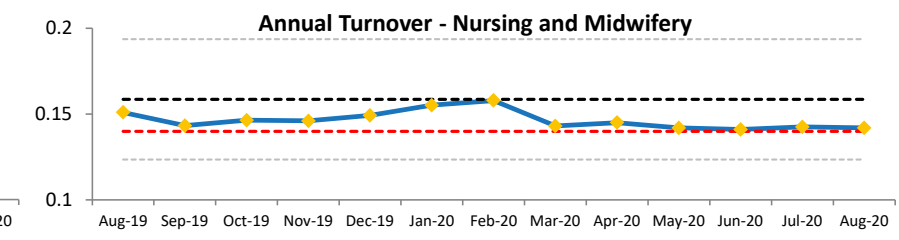
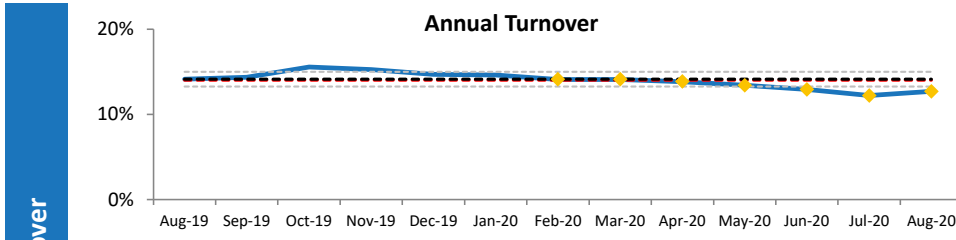
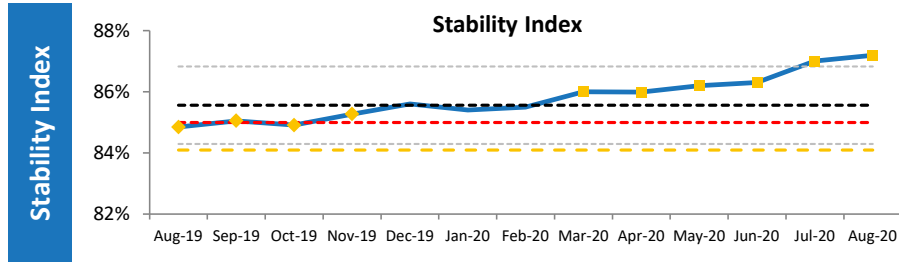
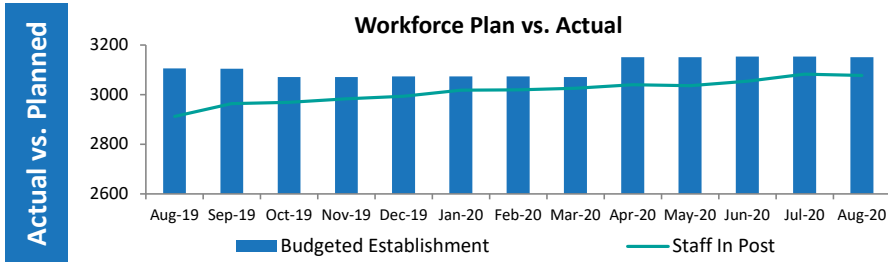
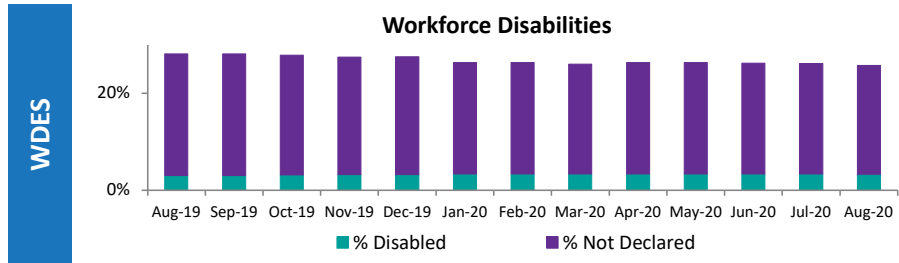
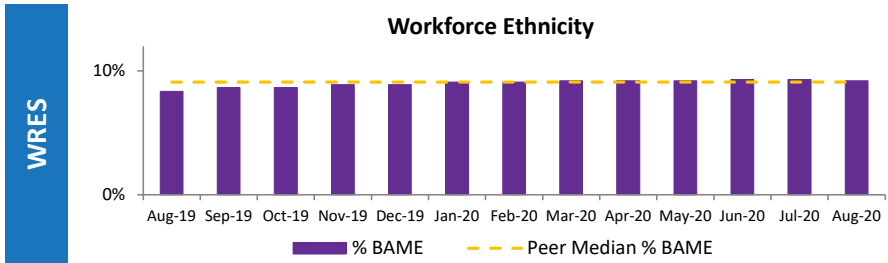
The number of written complaints received in month has achieved a 'Pass' on the Capability rating for the first time. This is reflective of the nationally implemented, temporary change to the acceptance criteria for complaints as a result of COVID-19, which has resulted in low numbers of complaints being received by Solent services. More information on complaints can be found within the Chief Nurse Commentary (section 3.2).

2.1 Workforce Integrated Performance Report

Month: Aug-20

Planning

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



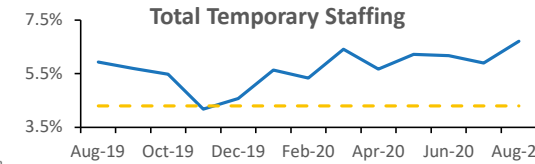
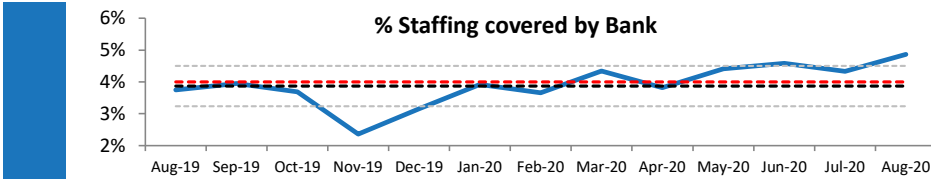
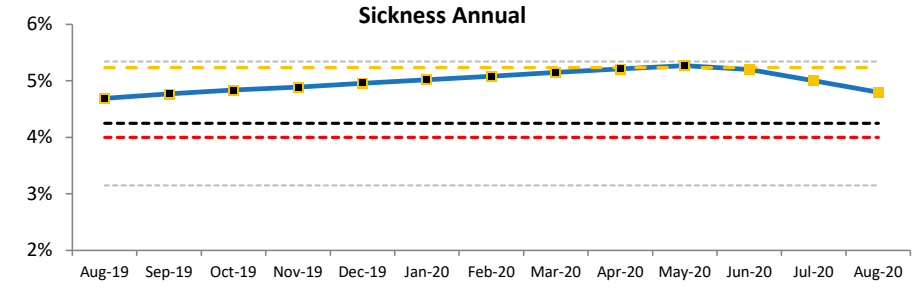
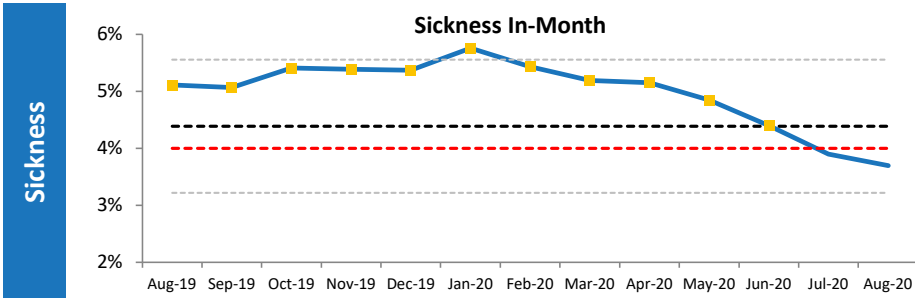
Overall, our performance against the current workforce plan is positive, however it should be noted that Budgeted Full Time Equivalent (FTE) in post for August is based upon a temporary plan whilst we await confirmation of Solent, regional and system workforce plans and associated funding (due September 2020). A workforce planning exercise took place during August and we are awaiting a formal response from the STP which will determine the ultimate direction of our workforce plan. Stability and turnover have improved in recent months (in part due to the "COVID effect"). Evidence would suggest that people are not changing roles as frequently as usual due to the unfamiliar circumstances of 2020 and the uncertain future of the economy. A specific challenge with retention in AMH is reflected in the risk register, an intervention has been put in place and an update presented to July WOD Committee.

Deployment

Key: — Data - - - - Target - - - - Mean - - - - Upper / Lower Control Limit

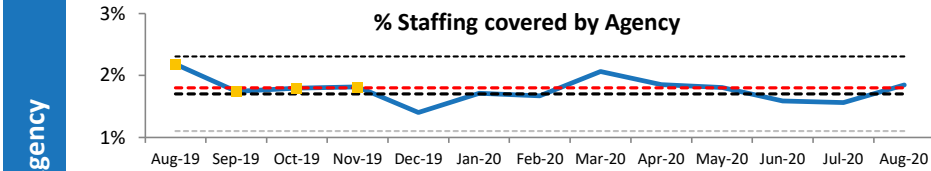
Month: Aug-20

◆ 6 Points Above/Below Mean ■ Rising/ Falling Trend (6 points) - - - - Peer Median

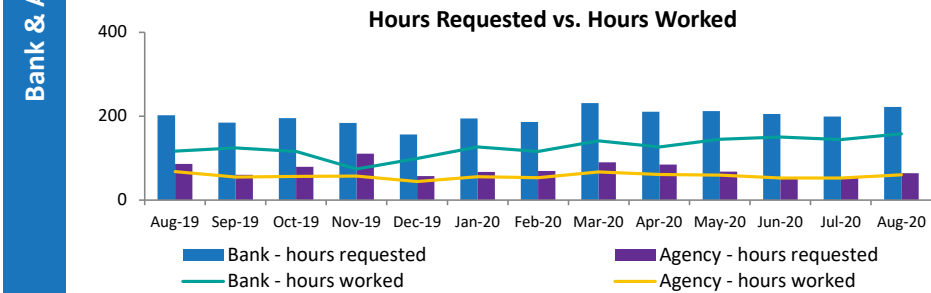


Rostering

Current Position: 1 / 4



Rolling sickness absence year on year remains 1% higher than in 2018 and 2019. Sickness levels reduced in July and August 2020 as is typical for the summer season. Detailed trend analysis in 2019 revealed a number of hotspots, which were provided with additional support to achieve an improvement. COVID related sickness has not significantly impacted overall sickness absence rates, we saw a monthly increase of just 1% during the peak of the outbreak. COVID sickness will not be recognised in formal sickness management and additional support is in place for those suffering long term COVID symptoms such as extended sick pay and phased return.

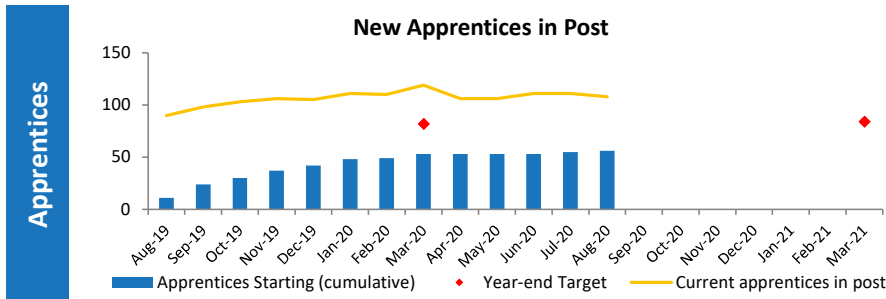
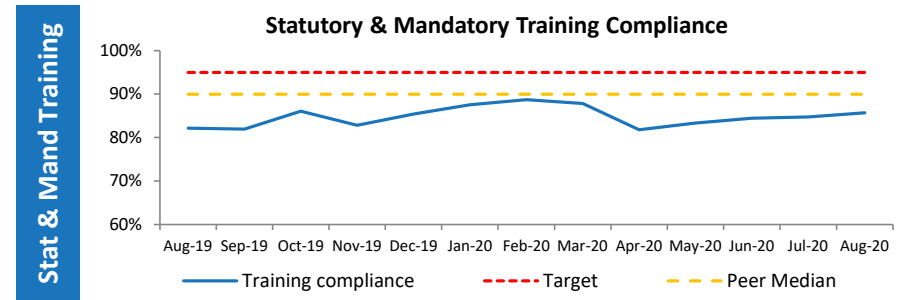
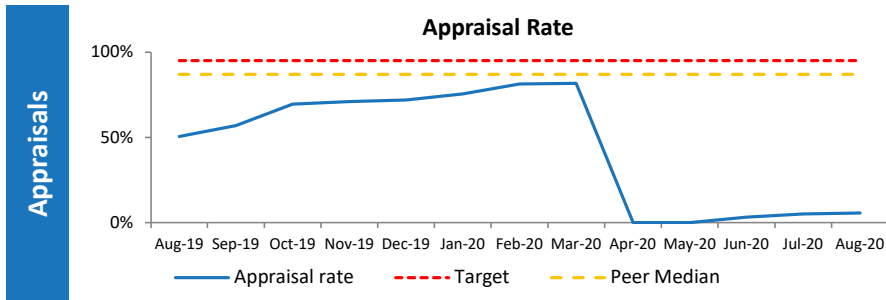


The most significant impact of COVID has been availability of staff rather than sickness. Absence due to self-isolation has required cover in patient facing services, as has the ongoing risk assessment process where some staff have needed to remain away from work or be redeployed due to their individual risk rating. The total additional staffing for August 2020 is 5.9%. Use of bank is, on average 0.1% higher since March 2020 and Agency use remains broadly the same although a reduction of 0.4% has been noted since March 2020. Overall the pattern for additional resource requirements changed during the outbreak because of services closing and redeployment, meaning that the overall impact on demand for additional staffing was somewhat mitigated. Solent Bank recruited a number of additional temporary staff to provide capacity for our COVID response. We have not had to fully utilise this additional capacity but are working with individuals to keep them engaged. We have received an internal audit report regarding our overall rostering capability and effectiveness, with actions agreed originally due by June, which will now be delivered in later in 2020.

In Month Cost: Bank - £324985 Agency - £258168

Development

Month: Aug-20



The statutory and mandatory training rate in Aug 20 was 86% against a target of 90%. Mandatory and Statutory Training compliance is discussed at Performance Review Meetings, with the e-learning system cited as an obstacle to success (progress to procure and implement a new system was delayed as we focused on our response to COVID). Reporting of training has moved onto BI which enables managers to monitor their teams performance in real time. 700 sessions of upskilling training were completed between March and June 2020, these were undertaken via a combination of face to face and virtual environments. Appraisals for 2020/21 were initially paused at the outset of the pandemic but have been re-started with a focus on wellbeing in June with a view to full completion by November 2020. The requirement to provide evidence of completion of 2019/20 appraisal objectives to ensure staff move to their next pay step point has been deferred until 2021/22. Work to implement Manager Self Service in October 2020 continues and will support the implementation of this change, ensuring staff can record appraisals effectively.

Engagement

Friends and Family Test (FFT)

Percentage of Staff who would recommend Solent as an Employer

80%

Q2 2019/20

Please note: Collection of Staff FFT has been paused during 2020/21 due to the COVID-19 pandemic.

Staff Survey

Percentage of Staff who would recommend Solent as an Employer

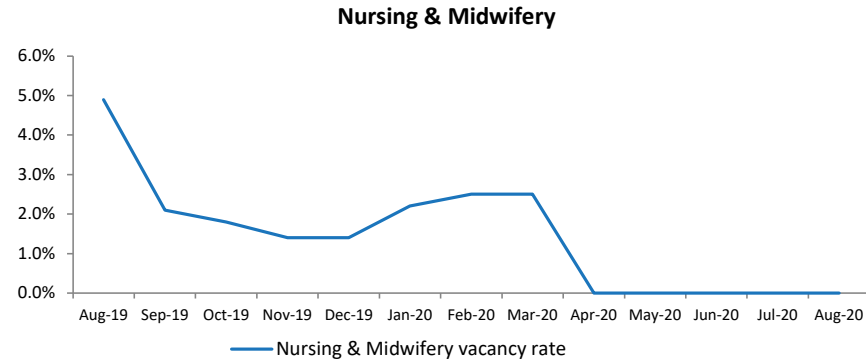
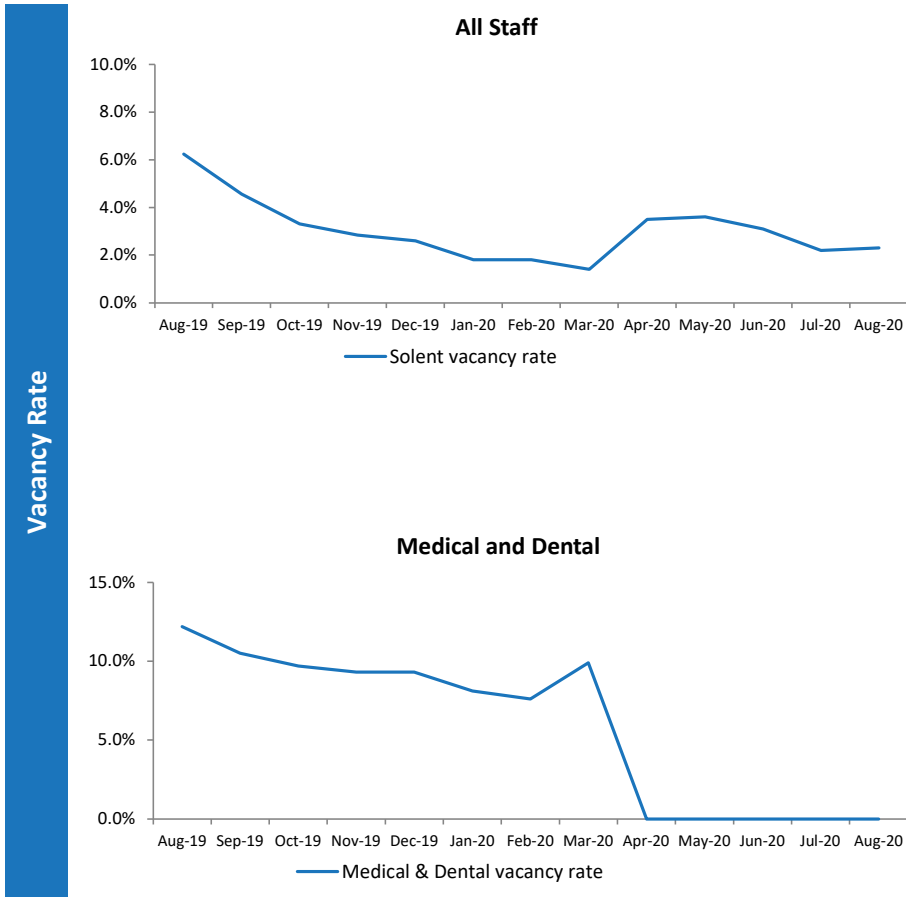
69%

2019/20

A new Learning Management System (LMS) procurement exercise has re-started and implementation will commence in late 2020 with a view to going live in April 2021. This will be a significant boost for morale, and will significantly strengthen our learning and development infrastructure. An Apprenticeship Academy model is planned to be in place in 2021 and we aim to increase the number of apprentices to 5% above target (35 across disciplines in 2020/21); we will be seeking to utilise apprenticeships as a structured pathway into the Trust, for career development, and this pipeline will also support succession planning and talent management.

Acquisition

Month: Aug-20



The trust wide vacancy rate for August 2020 was 2.3% (based upon 2019/20 budget), showing continued reduction. Due to the impact of COVID-19, permanent budgets were not allocated to individual service lines or occupational groups and we are therefore unable to report this information at present. We have no adverse turnover rates and are therefore comfortable with our vacancy rates at present. Stability and turnover have improved generally in recent months (in part due to the "COVID effect"). Evidence would suggest that people are not changing roles as frequently as they might due to unusual circumstances and the uncertain future of the economy) this has improved our vacancy rate. We are currently exploring a couple of options to create a pipeline of Mental Health Nurses in collaboration with International Global Learners Programme (CNO led) and are interviewing send of September.

There are pockets across the Trust with higher vacancy rates, such as our Mental Health services with a vacancy rate in excess of 9%. Mitigations are in place (including block booked Agency staff and introduction of recruitment and retention premia) and detailed in the risk appraisal presented to WOD Committee earlier in 2020. We have also recently introduced a recruitment and retention premia for ANPs in general practice to assist long term challenges in recruiting advanced skill nurses into the service.

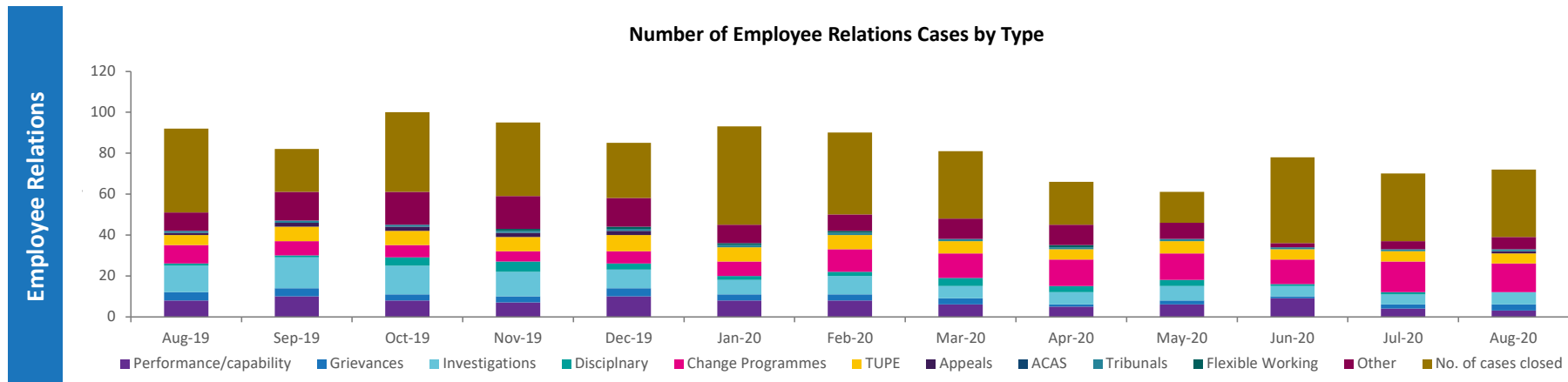
Leadership and Culture

Month: Aug-20

Learning	<p>The Leadership and Development Strategy was agreed in December 2019. Resources within the team have been refocused to deliver on Leadership and development, working on the core leadership offer, embedding a culture of growth and development and ensuring this dovetails with the Just Culture we are embracing for people practices.</p> <p>Work is underway on the procurement of a new LMS with two systems being demonstrated by providers from our procurement framework. To ensure a collaborative process, these sessions will be attended by staff from across the Trust to ensure that whichever system is selected is fit for purpose and user friendly. It is expected we will implement the new LMS in April 2020.</p> <p>Work on Improving People Practices continues with the POD team, utilising Manager and staff Forums to ensure that all areas or gaps are picked up and will be addressed in the delivery of this programme.</p>
Engagement	<p>Solent NHS Trust has been named joint best performer in the Health Service Journal (HSJ) top 5 Mental Health and LD Trusts in relation to whether people said they would be happy with the standard of care at their organisation should a family or friend need treatment. 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. Service led engagement action plans will be confirmed at the end of August.</p> <p>Preparation for 2020 staff survey has commenced with an intention to utilise our power BI tool to streamline the analysis process and provide communicable results to services sooner in the cycle than we have been able to, to date. This then enables services to spend more time enacting positive change led by staff feedback.</p>
Leadership	<p>The research we commissioned on the 'State of the Nation' review which is an independent look at our values, leadership and culture was reported at the March Workforce & OD (WOD) Committee. Our Leading with Heart programme attracted the Award for Excellence in Professional Practice by the Division of Occupational Psychology, for our team who worked closely to develop the programme. We are now taking our next step to offer our middle management community a Leading with Heart intervention, with sessions being scheduled for these cohorts.</p>
Inclusion	<p>We continue to work towards our Diversity and Inclusion Objectives for both 2019/20 and looking forward to 2020/21. Work continues across the D&I and POD teams to turn the data we have into intelligence and create meaningful interventions in the coming year to bring about positive change. In the next 6 months we will create a deep dive of the reporting of our diversity data, the impact of this in our understanding of the data and what our approach to people practice are, with this having been highlighted in previous WRES returns.</p> <p>We will continue to bring focus to special events and months. COVID-19 has highlighted a number of inequalities for our staff in relation to ethnicity, long term conditions and age. We are piloting an initiative to support managers and staff to positively approach observations and disclosures through a Lived Experience Network which is run by our Occupational Health team which welcomes stories for people with any protected characteristics. Roger Kline, an eminent authority on diversity has shared his research in the context of Solent WRES performance to our Board and Senior Leaders.</p>
Wellbeing	<p>Preparations underway for employee influenza vaccination programme: Oct – Feb.</p> <p>The Welfare pathway remains in place to support employees at different stages of the pandemic and into recovery phase. The H&WB Forum have been focused over the past couple of months in establishing and increasing the profile of local (Team level) Wellbeing Champions. This has involved the creation of a dedicated Champion page where people can find Champions profiles, support resources to share with teams, how to join etc.</p> <p>In recognition of the high demand for Mental Health support, 5 Mental Health First Aid (MHFA) courses were run between July – Sept. This means we will have around 60 certificated MHFA's. 2 staff booked in October on training to become MHFA Instructors, enabling Solent to provide inhouse MHFA training and support for future. MHFA Network launches in Sept to ensure continued support, implementation in practice and continued momentum for local mental health support at team level. Work is underway to explore appropriate MHFA training packages specifically for managers.</p> <p>Client Wellbeing behavioural change intervention programmes are now coming back online. Individuals can access a personal intervention programme to help them work on specific wellbeing goals and behaviour changes they want to make.</p> <p>We have continued to focus on promoting a positive message around people with their own lived experience and whilst delayed due to COVID, the programme has been reviewed and is back online, with the development of a Lived Experience online journal under development.</p>

Change and Employee Relations

Month: Aug-20



Across the year we have seen a decrease in the overall Employee Relations (ER) cases from August 2019 to August 2020 with 76 cases currently being managed by the team as at 31 August 2020 . We are managing a number of complex cases and have 14 cases of organisational change and 5 TUPE projects.

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

In the context of policy reviews, we are part way through a review of current polices to place people at the centre of our response and to focus on promoting informal resolution. We are currently reviving our work to establish a Just Culture, through a leadership development and manager skills programme with the first workshop to be held 16 September. This programme will ensure that those involved in ER cases are appropriately equipped with the right skills to reflect Solent's values when handling challenging circumstances.

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

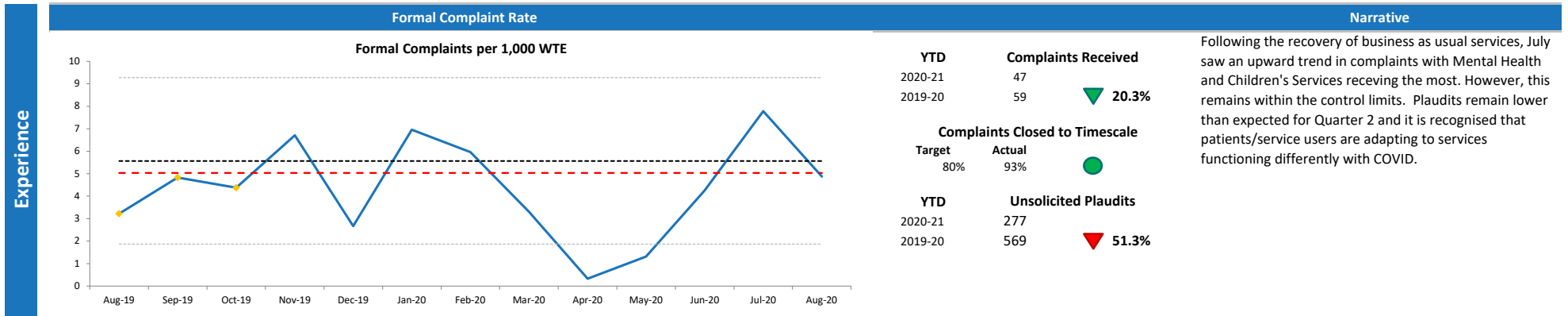
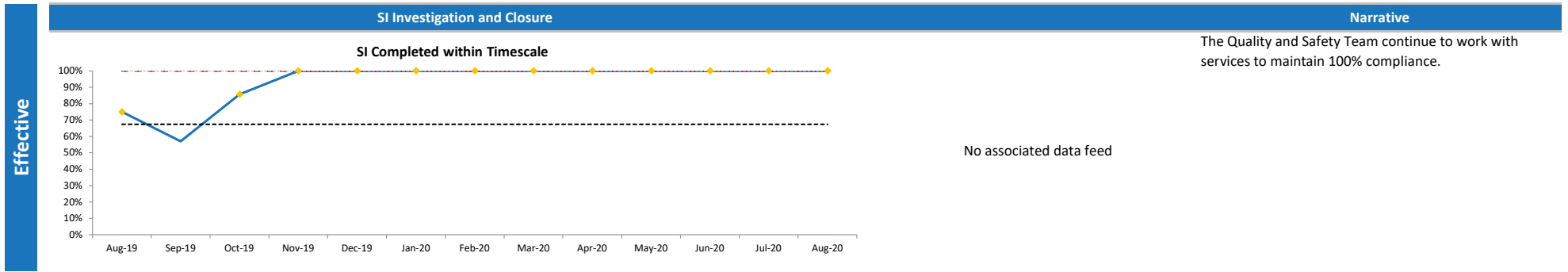
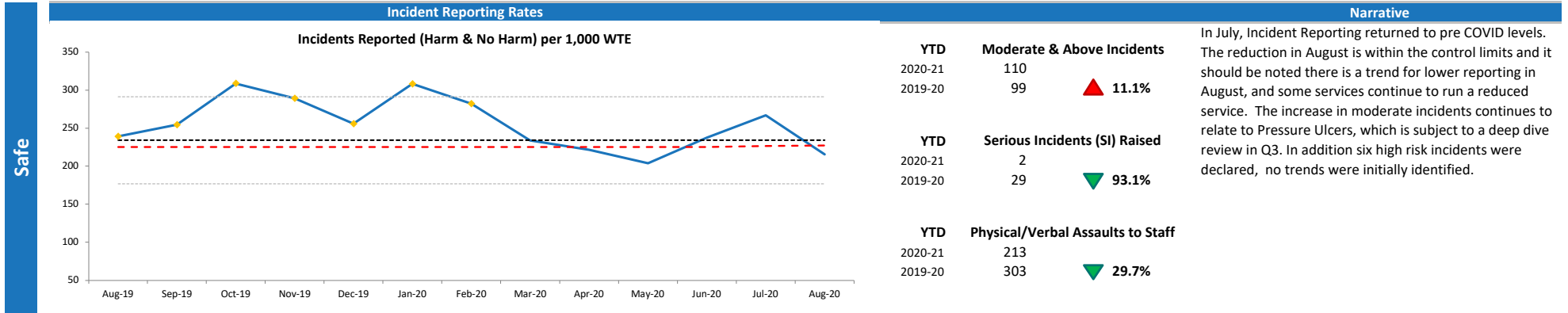
Notes

Month: Aug-20

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

3.1 Quality Performance Dashboard

Month: Aug-20



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

3.2 Chief Nurse Commentary

Current Events to Note

During July and August, we have continued to engage with the CQC on all relevant matters and an engagement meeting is scheduled for October 2020. We continue to await confirmation of dates for the inspection planned prior to the pandemic.

Following submission of the Trust's Infection Prevention & Control (IPC) Board Assurance Framework to NHSE/I and the CQC, and a discussion with the CQC regarding the effectiveness of the trust's IPC measures, we have received positive feedback and confirmation that they are assured at this time. A task and finish group has been established to take this work forward and actions identified to address the gaps. The group will report on progress through the IPC group on to QIR and Quality Assurance Committee.

The IPC team continue to support services as new guidance relating to COVID-19 becomes available. The updated guidance in relation to PPE was published on 20 August 2020 and following review it has been confirmed that all Solent services, except for a specific patient group within Specialist Dental services, fit within the medium risk pathway. This has been communicated to services and we continue to follow national guidance. The demand on IPC team within Solent remains high, as well as additional support being provided to colleagues within our local CCG and care home settings.

Concerns were raised regarding the need to re-test patients admitted to our community wards 7 days post admission. In order to provide assurance an audit of all inpatient wards was completed, the results demonstrated 100% compliance. This will continue to be monitored to ensure continued compliance.

In August, Brooker Functional ward reported a possible outbreak of Diarrhoea and vomiting (D&V). There were 2 patients and 2 members of staff exhibiting symptoms. The ward team responded promptly and appropriately, isolating the patients in line with policy. As a precautionary measure the ward was closed to admissions for 48 hours.

We are delighted that Dr Lindsay Cherry, has been successful in her application to be seconded to the STP to the role of AHP Clinical Advisor for Primary Care. This is a very exciting development giving Dr Cherry the opportunity to influence the workforce and education developments for new primary care roles.

We have received confirmation that the regular national PLACE collection will not be going ahead in 2020. Approval to amend the position this year has been granted by Sir Simon Stevens. Trusts can if undertake local assessments using a PLACE-lite approach and we will be considering our position and will report our decision once taken.

Freedom to Speak Up

We are pleased to confirm that Dan Winter-Bates joined the Chief Nurse Directorate in late August as the new Independent Lead Freedom to Speak Up Guardian. Dan will be working with the national and local teams to build on the fantastic work completed to date, taking steps to further embed the positive speaking up culture across the trust.

Information Governance (IG) Team

The Information Governance team have recently transferred from ICT to the Quality, Risk, Safety and Governance arm within the Chief Nurse Directorate. Following the transfer, the team have plans in place to hold a series of workshops to review existing working practices and processes with the aim of improving efficiency, communication and strengthening the team's impact and presence both internal and external to the trust.

To support the above, the team are now working to implement a new Ulysses module for Subject Access Requests (SARs) and Freedom of Information (FOIs) as well as an increased focus on the trusts IG Training Compliance by increasing the variety of training methods available to teams.

Non-Emergency Patient Transport (SCAS)

The Chief Nurse Directorate have successfully established links with South Central Ambulance Service (SCAS) as the provider of non-emergency patient transport, facilitating discussions between Service Lines and Service Provider to address any operational issues. Service lines have been encouraged to escalate issues or concerns via this forum along with details of plans to return to business as usual. Recognising the demand placed on these services post COVID is high, this forum has enabled Solent to discuss potential plans around the re-introduction of routine services ensuring effective non-emergency patient transport provision is in place.

Hampshire Equipment Stores (HES) Pilot

The Children's Service Line escalated concerns to the Chief Nurse Directorate concerning equipment provision; specifically, the impact on clinical capacity and delays in equipment provision. Following engagement with HES alongside our commissioning colleagues, a new pilot was launched in May 2020. Feedback from services 2-3 months into pilot reports a significant saving in clinical time when requesting equipment. It is anticipated that this will result in an improved experience for children and their families following the 6-month review in November 2020. Both Solent and HES have reported improved relationships following engagement.

Complaints Update

In July and August 2020, the Trust received a total of 23 formal complaints, an increase of 7 from the last two months although slightly lower than the same period last year, with 26 complaints received in July/August 2019. The data shows that Mental Health and Children's services continue to receive the highest numbers of combined complaints and service concerns:

Service Line	July 2020	August 2020
Adults Portsmouth	0	0
Adults Southampton	1	0
Child and Family	3	5
Primary Care	1	1
Sexual Health	0	0
Adult Mental Health	6	4
SPA	0	0
Special Care Dentistry	1	1
Corporate	0	0
Infrastructure	0	0
Total	12	11

The team are continuing to log new complaints and respond to complaints and concerns in the usual process. All complaints that were paused due to COVID-19 have now been responded to.

Of the complaints received during July - August 2020, the themes relate to Communication (8; 4

Mental Health, 3 Children's Services, 1 Primary Care), Clinical care (7; 4 Children's Services, 1 Mental Health, 1 Special Care Dentistry and 1 Primary Care), Staff attitude (7; 5 Mental Health, 1 Special Care Dentistry and 1 Adults Southampton) and a further complaint relating to Confidentiality (Primary Care).

Two service concerns were escalated to formal complaints during this period, at the request of the complainants. The team de-escalated 1 complaint to a service concern (with agreement from the complainant) following resolution with the services directly.

63 service concerns were received this period, an increase from May-June (39), in line with the amount received prior to the pandemic. Most of these concerns were for Primary Care and related to difficulties in contacting the Solent GP Surgery. A strategy meeting has been held regarding this and the service will undertake a deep dive. Two Professional Feedbacks were received, 1 for the Crisis Team within Mental Health, which is still ongoing and the other for Primary Care relating to Podiatry referral rejection forms, which has been responded to.

A total of 13 complaints have been closed during this period. One complaint was withdrawn, 4 upheld, 5 partially upheld and 3 not upheld. As at the end of August, the team have 28 open complaints. Five complaints have been reopened, one was closed due to the family not being able to attend a local resolution meeting for several months and the others due to unresolved issues.

The PHSO returned to usual practice from the 01 July 2020, and we currently have one case that is in the preliminary assessment stage.

Incident Updates

The number of incidents reported in July and August returned to pre-COVID levels. The numbers for 2020 are up 9% on 2018 and down 6% on last year. In July and August this year, 2.7% of all incidents reported were classed as moderate. This compares to 2.6% in 2019 and 2.8% in 2018. However, the percentage is down 0.5% compared with May and June 2020 (3.2%). The number of incidents classed as minor is also down in this period, with 32.2% reported in July/August 2020 compared with 35.1% in May/June 2020. This trend will be monitored to ensure appropriate incidents continue to be reported.

In August a deep dive into Pressure Ulcers was started, partly due to the differing numbers of Pressure Ulcers being reported in Portsmouth Community Services compared to Southampton. Plans are in place to complete the deep dive in October 2020 and the outcome will be reported through to Quality Improvement & Risk (QIR) group.

There were 6 high risk incidents declared in July and August, 2 in Mental Health and one each in Adults Portsmouth, Sexual Health Services, Children's Services and Corporate. The incidents are varied but include a patient fall, an emergency involving a member of staff, the inappropriate disclosure of a staff members address, recruitment processes and an unexpected death. Following the successful trial of completing Serious Investigation reports within Ulysses, these High-Risk Incident investigations will also be recorded and submitted using the Ulysses system. Once the investigations are complete the learning for all six will be shared at the Serious Incident/High Risk Incident and Learning from Deaths panel.

Serious Incident (SI) Update

During July and August no Serious Incident investigations were declared. However, there were two notable investigations that remained ongoing during this period. Firstly, Adults Southampton submitted an investigation following a series of multi-disciplinary reviews, across several service

providers which identified extensive system wide learning regarding out of hours care provision. A second investigation by Mental Health Services was extended as the patient's family raised a formal complaint about the conclusions of the original report. This SI is due to be submitted for CCG approval in September 2020.

The outcomes and learning from these investigations have been shared and discussed at the Serious Incident and Learning from Deaths panels in July and August. The recent move to a combined Serious Incident and Learning from Deaths Panel will be extended for the remainder of 2020. The themes and learning identified will be reported in the Learning from Deaths Quarterly Report including SI's, Incidents and Patient Safety. An extension was requested and granted by the relevant CCG for one Serious Incident in July and August as noted above.

The first two Serious incident Investigation reports completed entirely on Ulysses have been submitted within the agreed timescales.

Friends and Family Test (FFT)

Since April 2020, the FFT question about whether people would recommend the service they have used to their friends and family has been replaced by a new question and revised response categories (detailed below). The revised question continues to seek feedback from the respondent regarding their recent experience of the service, removing the specific link to a recommendation to friends and family.

The team are working to roll out the new question, linking with service lines to discuss preferable methods for providing feedback. We will continue to report FFT responses during this time whilst we complete the roll out of the new question format.

The previous question asked:

We would like you to think about your recent experience of our service. How likely are you to recommend this service to friends and family if they needed similar care or treatment?'

With the following response categories available:

- (a) Extremely likely, (b) likely, (c) neither likely nor unlikely, (d) unlikely, (e) extremely unlikely
- (f) don't know

The new question asks:

We would like you to think about your recent visit/appointment or stay. Overall, how was your experience of our service?

With the following response categories available:

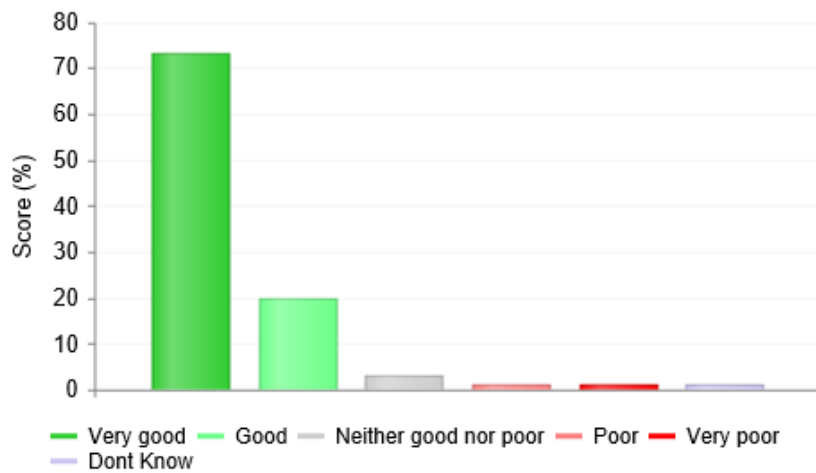
- (a) Very good, (b) good, (c) neither good nor poor, (d) poor, (e) very poor (f) don't know

Overall, 95% (375) of those who responded to the FFT question were happy with the experience or service they received.

2% (6) of those who responded to the FFT question were not happy, with the general theme being 'lack of communication, staff unhelpful and waiting time'.

Month	Number of responses	Recommend	Not recommend	Issues re “not recommend”
July 20	174	166	3	“lack of communication, unhelpful and waiting time”.
August 20	220	209	3	

The graph below shows the results received during July and August by the revised FFT response categories.



4.1 Chief Finance Officer Commentary

Month 5 Results

The Trust is reporting an in month and YTD adjusted breakeven position, although the YTD underlying deficit is £503k, compared to a YTD shadow budget deficit of £2,082k. The deficit is funded by NHSE via the top up mechanism implemented in response to COVID-19.

Income is greater than the shadow budgets predominantly due to the reimbursement of COVID-19 expenditure and top up payments.

Actual spend (excluding COVID-19 costs) is lower than the shadow budgets as a result of reduced service provision in many services. Normal levels of spend are expected to resume as services reset.

COVID-19 Expenditure

The Trust has incurred additional revenue and capital expenditure as a result of COVID-19. Total revenue expenditure, including spend in March 2020, linked to COVID-19, reached £5.3m. Expenditure included additional staffing, ICT equipment and software to enable remote working, estates maintenance and repairs costs as well as costs to support additional capacity in wards, Grab and Go bags for frontline staff and additional Personal Protective Equipment (PPE).

COVID-19 capital projects total £1.7m covering work from March to August of which £0.9m has been approved and £0.8m is awaiting approval. COVID-19 capital work tailed off in the last two months as expected.

Capital

The Trust's Capital Resource Limit (CRL) for 2020/21 increased to £9.5m following reversal of Sustainability and Transformation Partnerships (STP) stretch in July and additional Critical Infrastructure Risk PDC funding, partially offset by the removal of sales proceeds for Westwood House which is unlikely to materialise this financial year.

Following a slow start, capital projects activity (excluding COVID-19) has increased month on month with Southampton Community Nursing Hub (East) nearing completion and Orchards Ward Improvements and Western Community Bed Optimisation projects progressing in line with expectations. Eastleigh Hub work is slightly delayed due to recent flooding. Office 365 roll out project is also delayed but expected to catch up in M6.

Cash

The cash balance was £30.8m at 31 August. The balance increased by circa £14m in April when one month's worth of block payments was received in advance. The block contract income is forecast to continue until February 2021 with no CCG or NHSE income due in the following month resulting in the cash balance dropping to circa £14m from March 2021 onwards.

Aged Debt

The Trust's total debt was £5.4m at the end of August. 91+ day overdue debt at the end of month was £0.5m with £0.3m bad debt provision made against it.

5.1 Research and Improvement Commentary

<p>Total recruitment since 1st April 2020</p>	<ul style="list-style-type: none"> ▪ 523 participants recruited to National Institute of Health Research (NIHR) portfolio studies since 1st April 2020 ▪ Recruited across 8 studies <ul style="list-style-type: none"> - Psychological impact of COVID-19 – Understanding how the COVID crisis effected mental health and behaviour. - The PROMISE Study – Understanding the effectiveness of Headspace, a mindfulness-based self-care engagement App. - University of Cambridge NHS health data consent survey (CLIMB) – Understanding patients’ preferences regarding the handling of their healthcare data. - Exploring the cause and prevalence of memory problems in mental health (CAP-MEM) – Understanding associations between mental health and the autonomic nervous system - The PrEP Impact Trial – Measuring the effect of PrEP medication for avoiding infection with human immunodeficiency virus (HIV). - COVID-19 ISARIC/Clinical Characterisation Protocol (CCP) for Severe Emerging Infections – Understanding the clinical features of COVID-19 and response to treatment - SYMPACT – Exploring the interaction between symptom burden and burden of treatment in patients with chronic heart failure - Neurological long-term conditions - Assessing baseline factors, critical events and fatigue in long-term neurological conditions
<p>COVID related studies currently recruiting at Solent</p> <p>*Urgent Public Health study</p>	<ul style="list-style-type: none"> ▪ ISARIC/CCP* - Understanding the clinical features of COVID-19 and response to treatment (Recruited to date 10) ▪ PRINCIPLE* - A trial of interventions against COVID-19 infection in older people in primary care (Recruited to date 0, anticipating 2nd wave) ▪ Rapid appraisal of perceptions of COVID-19 - A rapid appraisal of healthcare workers’ perceptions of care delivery in the context of the COVID-19 pandemic (Recruited 20) ▪ SARS-COV2 immunity and reinfection evaluation (SIREN)* - Measuring the impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers (60 staff have expressed interest) ▪ Solent research nurses have also assisted in early stage vaccine trials in Wessex ▪ Psychological impact of COVID-19 (Recruited 287 in 1st wave, this study expected to re-commence in October/November)
<p>COVID related studies in feasibility</p>	<ul style="list-style-type: none"> ▪ COVID-19 in care homes (VIVALDI) - Understanding SARS-CoV-2 infection, immunity and its duration in care home staff and residents in the UK
<p>Other studies with status impacted by COVID</p>	<ul style="list-style-type: none"> ▪ 2 studies, closed due to COVID-19 ▪ 2 studies, follow up on hold due to COVID-19 ▪ 17 studies, recruitment on hold due to COVID-19 ▪ 3 studies, set-up on hold due to COVID-19

6.1 NHS Provider Licence – Self Certification 2020/21 – September 2020

Condition G6 – Systems for compliance with licence conditions:

Requirement

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.



Response

The Board is not aware of any departures or deviations with Licence conditions requirements. The effectiveness of internal control systems and processes are reviewed on an annual basis and documented within the Annual Governance Statement as presented to the Audit & Risk Committee and incorporated within the Annual Report. In addition, assurance to the Board is supported by opinions from Internal Auditors and External Auditors.

Annually the Trust declares compliance against the requirements of the NHS Constitution

Condition FT4 – Governance Arrangements:

Requirement

- 1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.



Response

The Board is not aware of any departures from the requirements of this condition. The Board considers and adopts corporate governance standards, guidance and best practice as appropriate.

Requirement

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



Response

The Board is not aware of any departures from the requirements of this condition. The Board considers and adopts corporate governance standards, guidance and best practice as appropriate, including that issued by NHSI.

Requirement
 

3 The Board is satisfied that the Licensee has established and implements:

- (a) Effective board and committee structures;
- (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
- (c) Clear reporting lines and accountabilities throughout its organisation

Response

The Board is not aware of any departures from the requirements of this condition. On an annual basis the Trust has implemented a process of governance reviews (via the Governance and Nominations Committee) including;

- Reviewing composition, skill and balance of the Board and its Committees
- Reviewing Terms of Reference
- The completion of an Annual Report for each Board Committee incorporating a reflection on the achievement of objectives and business conducted in year. A mid-year review of each Committee is also conducted.

The Composition of Committees is also kept under constant review to take into consideration and periods of unscheduled /planned leave, the impact of vacancies effecting quoracy as well as any recommendations made following Internal Auditors (or other external review). All NED positions are substantively filled. We currently have an interim Medical Director in post with the permanent Medical Director commencing in August 2020.

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

Requirement

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



- (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
- (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
- (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;
- (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
- (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
- (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
- (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
- (h) To ensure compliance with all applicable legal requirements.

Response

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

For 2020/21 all providers will be supported to produce a breakeven position, with all reasonable expenditure reimbursed. Full year financial guidance has not been finalised, although confirmation has been received that the measures implemented for months 1-4 will be extended into months 5 and 6. Guidance is expected very shortly for months 7-12 (as at 14 September 2020).

Internal control processes have been established and are embedded across the organisation as outlined within the Annual Governance Statement. The agreed annual Internal Audit programme deliberately focuses on key areas where testing may identify the need for strengthened controls.

We continue to regularly consider and monitor our governance processes in light of the ongoing National COVID-19 situation.

Requirement

5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:



- (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
- (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
- (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
- (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
- (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
- (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Response

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

The Trusts' goals; Great Care, Great Place to Work and Great Value for money, demonstrate the organisations focus and emphasis on 'quality' being the overriding principle for everything we do.

The Board's agenda has a notable weight towards quality of care, supported by data and information owned and presented by the Executive Directors.

There is clear accountability for quality of care throughout the organisation from executive leadership by the Chief Nurse working with the Chief Medical Officer.

Concerning Board level capability – All NED positions are substantively filled. The permanent Chief Medical Officer commenced in August 2020. The Chief Executive starts a secondment to the national team as of 28 September 2020 and Solent has implemented its succession planning; the CFO and deputy CEO will become the acting CEO for the period of the secondment (4-6 months). The current deputy CFO will become the acting CFO. Qualifications, skills and experience are taken into consideration, along with behavioural competencies as part of any recruitment exercise for Board vacancies.

Established escalation processes allow staff to raise concerns as appropriate.

Requirement

6

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



Response

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

Details of the composition of the Board can be found within the public website.

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

Board and Committee Cover Sheet

Item No.	9.1.1		
Presentation to	Trust In Public Board		
Title of Paper	Diversity & Inclusion Annual Report 2020		
Purpose of the Paper	To provide regulatory assurance under the Equality 2010 Public Sector Equality Duties (PSED).		
Author(s)	Pamela Permalloo-Bass Associate Director of Diversity & Inclusion Kate Sonpal Head of Diversity & Inclusion	Executive Sponsor	Jackie Ardley, Chief Nurse
Date of Paper	September 2020	Committees/Groups previously presented	Workforce and Organisational Committee Community Engagement Committee
Summary of key issues/messages	<p>This paper provides one of the regular six-monthly Diversity & Inclusion updates to the Solent NHS Trust Board.</p> <p>The Trust has a statutory obligation under the Equality Act 2010 PSED to publish a range of monitoring information relating to patients and staff. This report is one of the ways in which the Trust fulfils its obligations under the PSED, CQC Well Led domain and NHSE&I workforce standards and our moral responsibility as a health care provider and employer.</p> <p>Its comprehensive information provides progress in relation to the EDS2 (Equality Delivery System2) NHSE&I workforce standards: WRES, WDES, SOM and Gender Pay Gap.</p> <p>Key achievements 2019-20:</p> <ul style="list-style-type: none"> Over the last year Solent NHS has significantly increased its capacity to deliver outcomes and foster positive relationship with different protected characteristics. Examples of this work include; BAME, LGBT+, Disability and MultiFaith Resource Groups We have adapted Solent D&I work themes through the pandemic to assess and support highlighted health inequalities in various protected groups. We have utilised D&I expertise to ensure that Solent NHS is at the forefront of positive improvements in the field of D&I One of the top performing NHS trusts for our Diversity & Inclusion based on staff survey results 2019 and 2020 		
Action Required	For decision?	N	For assurance? Y
Recommendation	The Trust Board are required to: <ul style="list-style-type: none"> Review the D&I Annual Report 		

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

Level of Assurance (tick one)	Significant		Sufficient	X	Limited		None	
Assurance Level	Sufficient							
Executive Sponsor Signature								

Diversity & Inclusion Annual Report 2020

Authors:
Pamela Permalloo-Bass – Associate Director Diversity & Inclusion
Kate Sonpal - Head of Diversity & Inclusion

Driving Diversity & Inclusion at Solent NHS

1.0 Introduction

This paper provides one of the regular six monthly Diversity & Inclusion updates to the Trust Board.

The Trust has a statutory obligation under the Equality Act 2010 to publish a range of monitoring information relating to patients and staff. This report is one of the ways in which the Trust fulfils its obligations.

This report provides the board with an update and progress report in relation to the EDS2 (Equality Delivery System2, NHSE workforce standards, Gender Pay Gap and contributes to meeting our PSED [Public Sector Equality Duties]). By publishing our annual data on the Trusts main functions in relation to Diversity & Inclusion we are adhering to our Public Sector Equality Duties (PSED) obligations and our moral responsibility as a health care provider and employer.

1.1 D&I Strategy 2020 onwards

We have created a Strategy which will drive us forward to our commitment to an inclusive culture across the organisation to ensure that all members of our staff, patients, carers, volunteers and visitors feel valued when they connect with our services.

- We want to make it easy for our diverse communities to access our services.
- We want to recruit and retain 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 opportunities to our diverse workforce.

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

- Modelling the behaviours from our HEART values to promote a positive inclusive culture in the organisation
- Providing the resources required to deliver on organisational Diversity & Inclusion.
- Having oversight to ensure that our PSED (Public Sector Equality Duties) are being effectively implemented.

Our Strategic Diversity & Inclusion Lead has a key role in:

- Helping to raise the profile of Diversity & Inclusion internally and externally at Solent NHS.
- Providing expertise and senior leadership to the Trust Board and Executives.
- Supporting senior leaders to develop inclusive cultures within their divisions.

The Trust is engaged with the Diversity & Inclusion agenda and has embedded NHS England's workforce standards and engaged with third sectors organisations, regional & national networks, to learn and share best practice.

(Appendix 1 – Solent D&I Strategy)

1.2 D&I Objectives

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

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

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

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

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

Delivering on Standards for Diversity & Inclusion

2.0 NHS Standards - EDS2 Progress

In July 2019, we reviewed our performance against the EDS2 criteria and guidance in order to ensure that the Trust was engaging with its service users and workforce. The evaluation showed that the Trust is developing or achieving on all of the goals. The achieving areas are “Better health outcomes for all” and “Improved patient access and experience.” The areas of “A representative and supported workforce” and “Inclusive Leadership” are the areas that are in the developing bracket and there are plans underway in order to improve these ratings.

Since the evaluation was written, the Trust has developed further its LGBT+ and BAME resource groups and established both a multi-faith and disability resource group. There is more detail about these later in the report. It is anticipated that the creation and activities of all these groups, who are supported by the Head of Diversity and Inclusion, will improve the ratings for goals 3 and 4.

Solent NHS Trust has a Diversity and Inclusion Strategic group that meets quarterly to ensure that we are meeting our PSED and EDS2 requirements and adhering to the NHS standards. This group has been refreshed to ensure that it has representative membership with clear, strategic aims. (**Appendix 2 -EDS2**)

2.1 NHSE Workforce Race Equality Standard (WRES)

The WRES was launched in 2015 as a tool to measure improvements in the workforce for Black Asian and Minority Ethnic (BAME) staff through a set of 9 indicators. It is hoped that progress through these indicators will result in improvements for all staff. A valued and supported workforce is known to provide better care for patients and service users.

Solent’s latest WRES data shows that 79.5% of BAME staff believes that the Trust provides equal opportunities for career progression or promotion which is above the national 2018 figure of 72%.

There is also positive data for BAME staff accessing non-mandatory training and CPD with the relative likelihood of white staff accessing training compared to BME staff being 0.64. This is a decrease from the previous year.

The WRES action plan is focusing on the areas that clearly require improvement: increasing amount of BAME staff, especially at senior levels and decreasing the reported incidences of bullying and harassment of BAME staff. This action plan is available on SolNet <https://www.solent.nhs.uk/our-story/equality-diversity-and-inclusion/monitoring-diversity-and-inclusion/>

2.2 NHSE Workforce Disability Equality Standard (WDES)

The WDES is a set of 10 specific metrics that compare the experience of disabled and non-disabled staff. Solent's ESR data from 2019/20 shows that 3.4% of our staff are disabled. However, this is not a true reflection as 24.2% responded as unknown/null and this category includes those who have not disclosed a disability (prefer not to say).

Data from the anonymous staff survey (2019) reveals that 17.7% of staff stated that they have 'physical or mental health condition, disability or illness that has lasted or is expected to last for 12 months or more.' Therefore, one of the actions arising from the WRES action plan is to encourage more staff to declare any disability via ESR allowing for any reasonable adjustments to be implemented as well as support from their line manager.

The WDES data indicates that disabled staff are less likely to be entered into the disciplinary process than non-disabled staff; however, the staff survey results 2019 show that disabled staff face higher rates of bullying, harassment and abuse from colleagues, managers and patients. Added to this is the fact that 29% of disabled staff said that they felt pressure from their managers to come to work, despite not feeling well enough to perform their duties, which is nearly twice as many as the 15% of non-disabled staff.

Based on this data a WDES action plan has been written to address these issues <https://www.solent.nhs.uk/our-story/equality-diversity-and-inclusion/monitoring-diversity-and-inclusion/>

2.3 Gender Pay Gap 2020

The Gender Pay Gap report from 2019-20 shows that there is still a gap in salary between male and female employees, currently the average hourly rate of pay for men is £18.58 and £15.93 for women. This is a percentage variable of 14.3% which is down from last years of 15%. The gap for average bonus payments is 49.7% (an increase on last year of 6.8%) in favour of male employees. However, it is worth noting that the hourly rate is based on "ordinary" pay, which excludes any salary sacrifice schemes therefore influencing the metric. **(Appendix 3 – Solent Gender Pay Gap Report March 2020)**

2.4 Sexual Orientation Standard (SOM)

Patient's sexuality is not gathered in a consistent manner across the Trust. Before the outbreak of Covid-19 addressing this in partnership with the LGBT+ staff resource group was a core part of the Diversity and Inclusion action plan. However, this work has had to be temporarily paused and will be resumed in June 2020.

Analysing Diversity & Inclusion Workforce Data at Solent NHS

3.0 Occupations by Ethnicity

Currently, 11.5% of the workforce identify as coming from a BAME background. This is reflective of the BAME population of Southampton (14.2%) and the BAME population of Portsmouth (11.7%) *2011 Census data for people over 18. There is a lack of BAME staff at senior levels. Only 5.4% of all staff at Band 8a and above are

from a BAME backgrounds and only 4 out of 38 staff are from a BAME backgrounds at band 8D. It is clear that the Trust needs to increase the amount of BAME staff especially at senior levels and this is a key focus of the WRES action plan <https://www.solent.nhs.uk/our-story/equality-diversity-and-inclusion/monitoring-diversity-and-inclusion/>

The data shows that 5.4% staff identify as White Other (Irish, Polish, other European, unspecified). This does not reflect of the population of Portsmouth and Southampton. This shows that further work is required to increase representation within the Trust. **(Appendix 4a and b)**

3.1 Age of workforce

The majority of the staff working for the Trust are aged between 46-50 which is 14.1% of the workforce, followed by those aged 51-55, 13.5% of the workforce and for those aged 56-60, 12.4% of the workforce. The lowest age group that is represented is those who are aged 71 or over 0.77% and for those aged 20 or younger 0.76% of the workforce. This suggests that the Trust needs to have plans in place to support an ageing workforce. **(Appendix 5)**

3.2 Sexual Orientation

Of our workforce, 75.5% of the our staff describe themselves as heterosexual/straight, 24% chose not to answer, 1.2% identified as gay or lesbian, 0.7% as bisexual and less than 1% identify as a sexual orientation that was not listed.

The Trust introduced NHS rainbow badges for staff. Currently over 1000 people have signed up to the campaign to promote LGBT+ awareness. These staff have pledged to carry a responsibility to share positive messages of inclusion for both staff and patients. A resource group for LGBT+ staff and allies was established in 2019 to support staff and to support the organisation further champion LGBT+ organisational improvements. In February 2020 the LGBT resource group formally launched its inaugural LGBT+ History Month event, which was attended by the Trust Board. **(Appendix 6)**

3.3 Occupation by Gender

The Trust has predominately more female staff than male staff. In total, Solent employs 4608 women and 755 men. The largest amount of women are at band 3, 19% of the workforce, closely followed by band 6, 18.7% of the workforce. The majority of male staff are band 2, 22.3% of the workforce, then band 3, 18.7% of the workforce. **(Appendix 7)**

4.0 NHS Jobs – applications, shortlisted and appointed

During the period April 2019 to March 2020, 5.6% of all applicants who applied for jobs at the Trust this year identified as disabled; 6.1% of all people who were shortlisted identified as disabled and out of those 6% were appointed. Although not all applicants declared their disability it is clear that there needs to be a focus on improving the recruitment of those who identify with a disability, this is one of the aims of the DisAbility Resource Group and the WDES action plan.

In 2019/20 19.8% of all applicants identified as BAME; 14.2% of all those shortlisted were BAME and 10.8% of staff appointed were from a BAME background. This percentage is slightly lower than the local population.

(Appendix 8)5.0 Staff Training on Mandatory Equality, Diversity and Inclusion

The latest figures for mandatory equality, diversity and inclusion training from March 2020 indicate a completion rate of 88.9%. This is a drop from the previous 3 months (92.1%, 91.2% and 90%) and may be reflective of the staff response to the Covid-19 outbreak. However, the Solent Staff Survey Results 2019 illustrates that Solent is one of the top performers in this indicator.

6.0 Patients (Different Protected Characteristics) April 2019 – March 2020

Patient ethnicity data is collected using SystemOne. Ethnicity data is also gathered using all systems, but this data has not yet been validated. SystemOne data shows that 47% of patients seen class themselves as white or white other, 3% are Asian or Asian British, 1% are Black or Black British, 1.6% are other and 39.4% are not known. .

In total 43% of patients seen during this reporting period were men, 56% women.

27% of patients seen were aged 18 or under, 19% between aged 19-30, 20% aged between 31 – 50, 16% aged between 51 – 70 and 16% aged 71 – 106.

It is clear that a programme of work needs to commence that enable better reporting of different protected characteristics of our patients.

7.0 Complaints April 2019- March 2020

During this reporting period there were 151 complaints received by the Trust. Protected characteristics are not routinely recorded by the complaints team. Having reviewed the data there is one complaint where as part of a wider grievance a patient felt that a staff member had been racist. This complaint was partially upheld by the Trust.

Diversity & Inclusion Activities at Solent NHS

7.0 Key Diversity & Inclusion Activities 2019-20

7.1 The Trust appointed a Head of Diversity and Inclusion in 2019 to ensure that the programme of work for diversity and inclusion receives sufficient senior, strategic support. The 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.

7.2 The Head of Diversity & Inclusion supported the launch of the community partners programme in January 2020. This event brought 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.

7.3 Four staff resource groups have been established; BAME, Multi-faith, LGBT and DisAbility. Their purpose is to support staff and act as a resource.

7.4 The BAME group supported Black History Month in October 2019 with Don John, founder of Black History Month Southampton, coming to speak to staff at Solent NHS Trust.

7.5 Pamela Permalloo-Bass (Strategic Lead for Diversity and Inclusion) and Catherine Mason (Chair of Trust Board) were featured on Unity Radio to talk about inclusive recruitment for the position of a Non-Executive Director

different employment opportunities at Solent NHS. This resulted in a successful appointment and an on-going working relationship with Unity 101.

7.6 The Disability Resource Group launched in 2020 by holding a Schwartz Round called “What is reasonable anyway?”. This was extremely successful and had a huge amount of positive feedback as well as increasing group membership. A series of “In the hot seat with...” sessions were planned to run throughout the year, but this has had to be put on hold due to the outbreak of Covid-19 and will run as an online series later in the year. The Group has also linked with [“Hidden Disabilities”](#) to source sunflower lanyards and pin badges that will be available to staff in the Trust with hidden disabilities.

7.7 LGBT History Month in February was used to launch the LGBT Resource Group. They held a Schwarz Round entitled “To thine own self be true”, and presented to the Trust Board. This was followed by Solent Stories where LGBT staff and allies acted as “human books” and told their stories and answered any questions. This well attended event opened up honest conversations amongst staff and further demonstrated the Trust’s commitment to diversity and inclusion.

7.8 The Multi-Faith Group was established in 2019 and has already made a significant amount of progress. Working with the Trust Chaplain and Solent Estates they have managed to ensure that there are multi-faith rooms in the majority of Solent’s main sites: Highpoint; St Mary’s Community Hospital; Western Community Hospital; Jubilee House and Royal South Hants. These rooms can also be used for self-reflection and are available for all staff.

7.9 All of Solent Resource Groups have their own SolNet webpage and also a social media presence; they are all supported by the Community Engagement Communications Officer.

7.10 The Trust attended several local events over the year including Southampton and Portsmouth Pride and Southampton Mela. The Mela is an international festival which focuses on families and the local community and celebrates different South Asian cultures.

7.11 Pawan Lall is participating in the WRES Experts National programme led by WRES NHSE. This programme aims to equip NHS organisations with in-house expertise to increase workforce equality. Pawan is receiving sponsorship and support for this from a senior member of staff in the Trust and has spoken to the Trust board about her experience of taking part in the “Stepping Up” Programme.

7.12 A pilot project has been running in Portsmouth, which aims to improve the mental health of residents by listening to the stories of those with lived experience. The project is providing a rich narrative about what it is like to experience mental health problems and issues with well-being within that community. However there are some early recommendations that are arising from the project such as the need to work with community leaders and other agencies for continued support; to train community leaders to be able to recognise mental illness in its initial stages for early intervention and continued engagement.

7.13 The Nicholstown surgery in Southampton has a high BAME patient and community population in comparison to the rest of Hampshire. This project is led by Andrew Smith, Business Manager for Primary Care. Andrew has started the initial listening exercise to understand the needs of this population through his engagement work. The first stage of the project is to scope the issues and prepare the groundwork for meaningful engagement. This is not about reinventing the wheel but making sure that the community engagement is valuable to all parties.

Andrew has completed a deep dive into local public health information has been undertaken that has highlighted a number of key areas of enquiry for the community engagement programme.

This includes:

- Identification that 70% of the practice population live within a single postcode area identifies as SO14 0**.
- The local area where the practice is situated is identified as significantly more religious than the general population. There is an understanding that this could have an effect on the way communities engage with healthcare.
- The local population has some of the worst health outcomes in the city. This includes the highest mortality from preventable illness in the city and a ward where the mortality is lower than the city average as well as the England average.
- This is a local population where children and young people are significantly affected by poor outcomes both in education and healthcare.

8.0 Diversity & Inclusion Reporting Structure

The People and Organisational team and Community Engagement team work closely with the Strategic Lead, and Head of Diversity and Inclusion to ensure all staff are treated equally and given the opportunity to progress in their career, especially those staff that have protected characteristics. The diagram below shows how Diversity and Inclusion feeds into the Trust Board. **(Appendix 12)**

9.0 Equality Analysis

Work is underway to revise the current Equality Analysis when writing/revising policies and making major decisions, to ensure it meets PSED legal duties and has the additional benefits of ensuring that decisions impact in a fair and considers all protected characteristics groups. Currently the Trust is trialling an Equality Analysis template that is undergoing iterative revision. There is additional work underway to secure an online training package on how to conduct an Equality Analysis so that staff are confident and competent when completing one.

10 Multi- Faith Chaplaincy

The Solent NHS Chaplain provides Chaplaincy, Spiritual and Pastoral Care across the Trust for patients, their carers and staff members. Emma D'aeth Solent Trust Chaplain provides spiritual and pastoral care strategy in line with national guidelines.

She will:

- Supports and co-ordinates spiritual, religious and pastoral needs of patients, carers, staff and visitors irrespective of faith or belief.
- Visits patients when requested within 24 hours and usually sooner. Visits wards on a weekly basis across the Trust.
- Support staff by regular visits, participation in Schwartz rounds, one to ones, working closely with colleagues in Occupational Health and local inter faith communities.
- Acts as a resource for religious and pastoral needs for staff, offering support after difficult situations and End of Life Support, including signposting for bereavement care.
- Encourages and supports the Multi Faith Resource group in faith networking and celebrating diversity in religion and belief.

10.2 Future Development of the Chaplaincy Service

- Develop a pastoral care team of trained volunteers to work in appropriate areas.
- Provide training and educational programmes for all staff in relation to spirituality, pastoral and religious care; these include-loss and bereavement, spiritual assessments, communication skills around End of Life Care.
- Develop with Head of People and OD policy on religious identity within the NHS.
- Create a culture relevant holistic approach to the vocation of caring.

Responding to Covid -19 Diversity & Inclusion at Solent NHS

10.0 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. 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.

10.1 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.

10.2 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.

10.3 We have recreated an organisational D&I response with regularly reviewed and amended actions on a weekly basis. This is being led by the D&I team with support from the BAME Resource Group and D&I colleagues. Key actions have included an updated risk assessment for staff that are at higher risk; BAME, pre-existing health conditions and males over 50.

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0800 013 2319

or email:

snhs.solentfeedback@nhs.net

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Diversity & Inclusion Strategic Project Plan August 2020 to July 2021

Diversity & Inclusion Objectives : (Please note separate detail action plans underpin each objective below)	Action(s) required	Reporting	Lead Accountable Person Support Lead(s)	Key Partners / Service Lines	Review Date	Progress Comment Rag Rating
1. Public Sector Equality Duties – Solent NHS Annual Report Using the Equality & Human Rights Commission guidance for PSED, ensure Solent NHS reporting within the Equality Act 2010 2. EDS2 - The Equality Delivery System v2 3. NHSEI Workforce Standards 3.1 WRES - Workforce Race Equality Standard	1.1 Agree dates for PSED Annual reporting 2021 with Company Secretary. 1.2 Project plan contents for report.	Trust Board	Lead - Head of D&I - Kate Sonpal Support – Associate Director of D&I – Pamela Permolloo-Bass; Leon Herbert	HR Consultants Engagement and Inclusion team Head of Comms ESR Team	Feb 2021	
	2.1 Review EDS2 in 2021 2.2 Engage with internal and external stakeholders	Trust Board	Lead – Lead Diversity and Inclusion Covid-19 – Leon Herbert	Head of Diversity and Inclusion – Kate Sonpal, Engagement and Inclusion Team	March 2021	
	3.1 Have a tangible impact in relation to all national equality standards.	Diversity and Inclusion Strategic Group; WOD Committee; Community Engagement Committee	Lead – Head of D&I – Kate Sonpal Support – Associate Director of D&I – Pamela Permolloo-Bass;	Staff resource Groups	March 2021	
	3.1.1 Start work on increasing BAME representation to 14% in line with national and local data across the following areas: <ul style="list-style-type: none"> • Band 8-9 – clinical & non- clinical roles • Band 7 – Clinical & non-clinical roles • Executive role(s) 3.1.2 Improve opportunities for application, shortlisted to appointment for BAME people. 3.1.3 Improve our recruitment engagement with BAME communities in areas Solent NHS delivers services.	Diversity and Inclusion Strategic Group; WOD Committee; Community Engagement Committee	Lead - Head of D&I and Associate Director Diversity & Inclusion Support – Associate Director of People - Jas Sohal	Race Equality Solent Taskforce BAME Resource Group WRES Expert AD Community Engagement & Inclusion team Clinical and Operational Directors	March 2021	

Diversity & Inclusion Strategic Project Plan August 2020 to July 2021

3.2.WDES – Workforce Disability Standard	3.1.4 Using the 'Model Employer' NHSi WRES guidance to develop a 10 year Race Equality Workforce Plan.						
	3.2.1 Working with ESR & HR improve language and cultural environment to enable our workforce to accurately report disability including hidden. 3.2.2 Accessible Information Act – incorporate Solent NHS deliverable plan as part of the D&I Objectives 3.2.3 Create a Survey Monkey test hear the views of staff experiences with disabilities including hidden. 3.2.4 Review staff survey data to identify further hot spot area.	Diversity and Inclusion Strategic Group; WOD Committee; Community Engagement Committee	Lead - Head of D&I – Kate Sonpal Support - Accessible Information Assistant – Sanna Rothwell	Disability Resource Group Head of OH OWLES group Clinical and Operational Directors	March 2021		
	3.3 SOM – Sexual Orientation Monitoring	3.3.1 Develop an action plan 3.3.2 Organise a series of meetings with service lines and support services to discuss how to proceed and implement SOM sensitively and proportionately.	Diversity and Inclusion Strategic Group	Lead – D&I Lead - Andrew Smith Support – Engagement and inclusion team	Learning & Development Team; LGBTQ+ Staff Resource Group; data analysts	March 2021	
	3.4 Gender Pay Gap	3.4.1 Using Solent NHS Gender Pay Gap Report April 2020 – identify key priorities. 3.4.2 Start working on Gender Pay Gap Report for April 2021 3.4.3 Using the 'Lean In' model (or similar) work with AD of OD to develop open sessions for women.	Diversity and Inclusion Strategic Group; WOD Committee;	Lead – Associate People Director, Jaz Sohal Support - Head of D&I, Kate Sonpal	Clinical and Operational Directors	March 2021	
4.Comms & PR	4.1.1 Design criteria & shortlisting for D&I Solent NHS Annual Award 2021 4.1.2 Promote diversity and inclusion through comms and other promotional ideas	Diversity and Inclusion Strategic Group; WOD Committee; Community Engagement Committee	Lead – Associate D&I Director – Pamela Permalloo-Bass Support - Head of D&I Head of Comms, Ophelia Matthias	Clinical and Operational Directors	March 2021		

Diversity & Inclusion Strategic Project Plan August 2020 to July 2021

5.Processes & Systems	5.1.1 Equality Analysis templates to review, adapt into word / online versions. 5.1.2 Equality Analysis online training tool for staff.	Diversity and Inclusion Strategic Group	Lead - Head of D&I - Kate Sonpal	External provider Marshalls ACM; IT team	March 2021	
6. Data collection	6.1.1 Using a variety of national guidance, improve the language on our current D&I workforce monitoring form. 6.1.2 Review internal D&I data collection systems; ESR, NHS Jobs	Community Engagement Committee; WOD Committee	Lead – Associate Director of Business and Information – Alastair Snell External Senior Data Analyst	Head of D&I, Workforce team, engagement and inclusion team	March 2021	
7. National Programmes	7.1.1 Work with WRES NHSi England to identify further learning and development opportunities for Solent	Community Engagement Committee; WOD Committee	Lead - Associate Director of D&I- Pamela Permalloo-Bass Support – Pawan Lall- WRES Expert	BAME Resource Group; WRES Workforce Group	March 2021	
8. Covid-19 Health Inequalities	8.1.1 Reviewing PHE health inequalities recommendations 8.1.2 Building on Nichols Town Project outcomes 8.1.3 Building relationships and working with local healthcare partners	Diversity and Inclusion strategic Group	Lead – D&I Lead -Leon Herbert Support - Associate Director of D&I Pamela Permalloo-Bass; Head of D&I – Kate Sonpal	BAME Resource Group; D and I strategic group and external partners	March 2021	
9. Hate Crime and Impacts of Discrimination	9.1.1 Reviewing internal systems of incident reporting 9.1.2 Developing a steering group 9.1.3 Partnership working with Hampshire Police, Hampshire PCC and Community safety Partnership	Diversity and Inclusion strategic Group	Lead – D&I Lead -Leon Herbert Support - Associate Director of D&I Pamela Permalloo-Bass; Head of D&I – Kate Sonpal	Resource Groups	February 2021	
10. D&I Networking	10.1.1 Identify key national partners for networking and shared learning opportunities: <ul style="list-style-type: none"> • NHS Employers • Building Inclusion – Leadership Academy • Inclusive Leadership – Kings Fund 	Community Engagement Committee; WOD Committee	Lead - Associate Director of D&I- Pamela Permalloo-Bass, Support -Head of D&I – Kate Sonpal	WRES Expert- Pawan Lall	March 2021	

Diversity & Inclusion Strategic Project Plan August 2020 to July 2021

11. Clinical D&I bespoke project	11.1.1 Exploring BAME GP Network 11.1.2 Looking at internal incident reporting for patient	Diversity and Inclusion strategic Group	Lead – D&I Lead -Fatou Mbow Support - Associate Director of D&I Pamela Permalloo-Bass, Gina Winter Bates	BAME Resource Group; Solent GP Surgeries; Quality and Governance Team	January 2021	
12. Inclusive Chaplaincy	12.1.2 Lead and facilitate the Multifaith Resource Group 12.1.2 Review the use of multifaith/refection rooms 12.1.3 Lead on Multifaith Zoom calls for the Trust	Lead Chaplain Nick Fennimore	Lead – Solent Chaplain Emma D’aeth Support - Associate Director of D&I Pamela Permalloo-Bass, Head of D&I – Kate Sonpal	Multifaith Resource Group; Diversity and Inclusion strategic Group; External multifaith contacts	March 2021	

Board and Committee Cover Sheet

Item No.	9.2.1		
Presentation to	Trust In Public Board		
Title of Paper	Workforce Disability Workforce Standard Report 2020		
Purpose of the Paper	Review WDES Annual report data submission		
Author(s)	Pamela Permalloo-Bass Kate Sonpal	Executive Sponsor	Jackie Ardley, Chief Nurse
Date of Paper	2 nd September 2020	Committees/Groups previously presented	Workforce and Organisational Committee Community Engagement Committee
Summary of key issues/messages	<p>Since our last WDES submission in August 2019, we are proud of the following:</p> <ul style="list-style-type: none"> • One of the top performing NHS trusts for our Diversity & Inclusion based on staff survey results 2019 and 2020 • Increased expertise within the Diversity & Inclusion team to include clinical experience, substantive post holder in D&I, specialist in hate crime, discrimination and developing the capacity of our growing our Disability staff resource group • The Associate Director, Pamela Permalloo-Bass is regularly contacted through her external networks to share Solent Diversity & Inclusion innovative work practices around this agenda • Soft launch of sunflower lanyard scheme for invisible disabilities with formal launch in September 2020 • "In the hot seat with..." sessions for staff enabling people to learn from lived experience of staff with disabilities <p>Our current position on WDES workforce data shows that we will be focussing on the following this forthcoming year:</p> <ul style="list-style-type: none"> • Improving staff disability declaration rates • Decreasing the amount of bullying and harassment of staff with a disability • Improving rates of presenteeism amongst staff with a disability 		
Action Required	For decision?	Y	For assurance?
Recommendation	The Trust Board are required to: <ul style="list-style-type: none"> • Review data and narrative- to note the report 		

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

Level of Assurance (tick one)	Significant		Sufficient	X	Limited		None	
Assurance Level	Sufficient							
Executive Sponsor Signature								

Workforce Disability Equality Standard Report 2020

Kate Sonpal
Pamela Permalloo-Bass

Workforce Disability Equality Standard

1.0 Introduction

The Workforce Disability Equality Standard (WDES) compares the workplace and career experiences of disabled and non-disabled staff using a set of ten specific metrics. The metrics are gathered from ESR data, the staff survey and Board representation. Solent NHS Trust has produced an action plan based on this data that will further improve experiences for disabled staff year on year.

Over the last 12 months the Diversity & Inclusion team have supported the development of a Disability Resource Group. As a direct result of this group the following has been achieved;

- Development of a Disability Resource Group microsite, Twitter feed and WhatsApp Group for members
- Soft launch of sunflower lanyard scheme for invisible disabilities with formal launch in September 2020
- “In the hot seat with...” sessions for staff allowing people to learn from the lived experience of staff with disabilities

Key findings from 2020 WDES data

2.0 The following data has been extracted from National Staff Survey Report and ESR data from 2019-2020:

- The likelihood of staff with a disability being appointed to a job compared to non-disabled staff has increased from 1.56 to 1.20 showing slight progress from the previous year.
- Solent has no reports of staff with a disability being entered into the formal disciplinary process during this reporting period.
- Rates of bullying and harassment of staff with a disability by managers is 12.6% compared to 5.6% of non-disabled staff; by other staff is 15.8% compared to 9.7% of non-disabled staff, and from patients and service users 29.15% compared to 19% of non-disabled staff. All of these results are under the benchmark group median.
- Reporting of abuse for both staff with a disability and non-disabled staff has increased from last year (59.7% of disabled staff and 62.2% of non-disabled staff).
- 87.7% of staff with a disability believe that Solent provides equal opportunities for career development and promotion compared to 93.1% of non-disabled staff. This is a slight increase from last year for both groups of staff.
- 27.8% of staff with a disability feel under pressure to attend work when not well compared to 13.1% of non-disabled staff.
- 48.3% of disabled staff were satisfied that their work was valued by the organisation compared to 59.4% of non-disabled staff. This shows a very slight increase in dissatisfaction for disabled staff from last year (49.1%).

- 83.3% of disabled staff felt that adequate adjustments have been made for them to be able to work which is above the national benchmark of 76.9% and an increase on last year's figure of 79.3%.

2.1 Solent strives on offering opportunities for all staff, examples of personal development for staff with disabilities have included the following:

- The Chair of the Disability Resource Group was a member of a Diversity and Inclusion interview panel for the Lead Freedom to Speak Up Guardian selection process.
- The Disability Resource Group members have acquired skills in the development of a disability conference.
- Career and development opportunities are promoted to all staff Resource Group members. The Vice-Chair of the Disability Resource Group has recently been promoted internally within Solent.

Summary

3.0 Progress has been made on last year's metrics and examples of our work are described below:

- Formation of the Disability Resource Group which in addition to being open to all staff offers an individual 1:1 support service where staff with a disability can access help and advice.
- Health and well-being screening tool that is offered to all new members of staff
- Health and well-being practitioners who can offer support and promote wellbeing
- Mental Health First Aid training instructor training
- Daily Zoom calls for all staff have been running since the outbreak of Covid-19 in addition to twice weekly Zoom calls for managers, supporting staff health and wellbeing. External coaches have been commissioned to provide additional support.
- The Disability Resource Group offers a safe space for staff to share their views
- Zoom calls for staff shielding due to Covid-19
- OWLeS (Optimising Lived Experience of Staff) Group and Lived Experience Network

3.1 We have created an action plan for 2020 – 21 which highlights further improvements for career progression and creating increased positive experiences of staff with disabilities through:

- Improving staff disability declaration rates
- Decreasing the amount of bullying and harassment of staff with a disability
- Improving rates of presenteeism amongst staff with a disability

3.2 Disability Resource Group members were involved in the redevelopment conversations regarding accessibility at Western Community Hospital. This is an example of the meaningful contribution and impact of the Disability Resource Group and shows how far Solent had progressed in its WDES journey.

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WDES Action Plan 2020


Objective	Action(s) required	Lead Accountable Person and Support Leads	Key Partners/Service Lines	Review Date
1. Improve staff disability declaration rates	<p>1.1 Form Reasonable Adjustments working group to be a sub group of Disability Resource Group with a focus on sharing success stories; working with Comms team and using the “Closing the Gap” campaign.</p> <p>1.2 Recruitment Working Group to be set up to demonstrate that Solent is an inclusive employer and increase trust re disability reporting on ESR.</p> <p>1.2 Educate staff on how ESR data used and stored using the “Closing the Gap” campaign.</p> <p>1.4 Start “In the hot seat with” open access sessions</p> <p>1.5 Plan for Disability Conference in July 2021</p> <p>1.6 Promote peer support opportunities through closed Facebook group, and accessing 1:1 support through disability group inbox.</p> <p>1.7 Build into appraisal process a section to explore “what support is required for you to be at your best when at work” for all staff</p>	<p>Lead – Kate Sonpal (Head of D&I)</p> <p>Support Leads – Pamela Permalloo-Bass (Strategic D&I Lead), Erin Power (Educator in Practice), Kim Milne (Principal Workforce Analyst)</p>	HR team Trust Board L&D team	August 2021
2. Decrease rates of bullying and harassment of disabled staff	<p>2.1 Continue to promote the role of Freedom to Speak Up Guardians</p> <p>2.2 Compare staff survey results and Freedom to Speak Up data.</p> <p>2.3 Support the Disability Resource Group, including “In the hot seat with” open access sessions to educate and provide peer support</p>	<p>Lead: Erin Power (Educator in Practice)</p> <p>Support Leads: Kate Sonpal (Head of D&I), Dan Winter-Bates (Lead FTSU Guardian), Leon Herbert (Covid-19)</p>	Disability Resource Group, HR team	August 2021

	<p>2.4 Reduce stigma associated with disability through Disability Resource Group events and Disability conference planned for July 2021</p> <p>2.5 Liaise with Leon Herbert who is leading on a project to reduce hate crime within the Trust</p>	Diversity and Inclusion Lead)		
<p>3. Reduce the percentage of disabled staff who feel under pressure to return to work when not feeling well enough to perform their duties</p>	<p>3.1 Promote the benefits of regular 1:1's between managers and staff ensuring that health and wellbeing is a core component of this.</p> <p>3.2 Promote "Access to Work" amongst staff to help ensure that reasonable adjustments are explored for staff with disabilities.</p> <p>3.3 Staff to be encouraged to use the Disability Resource Group as a safe space to share experiences of presenteeism, think about what would have helped and share learning.</p> <p>3.4 Educate staff about invisible disabilities through induction, Disability Resource Group events, Schwartz rounds, online resources and introduction of sunflower lanyards and pin badges.</p> <p>3.5 Build into appraisal process a section to explore "what support is required for you to be at your best when at work" for all staff</p>	<p>Lead: Kate Sonpal (Head of Diversity and Inclusion)</p> <p>Support Leads: Disability Resource Group</p>	Occupational Health HR team	August 2021
<p>4. Implement quarterly internal monitoring of WRES data</p>	<p>4.1 Division Leads to upload WDES data on a quarterly basis (March, June, September and December).</p>	<p>Lead: tbc</p> <p>Support: Head of D & 1, Kim Milne (Principal Workforce Analyst)</p>		Ongoing

Board and Committee Cover Sheet

Item No.	9.3.1		
Presentation to	Trust In Public Board		
Title of Paper	Workforce Race Equality Standard Report 2020		
Purpose of the Paper	Review WRES Annual report data submission		
Author(s)	Pamela Permalloo-Bass Kate Sonpal	Executive Sponsor	Jackie Ardley, Chief Nurse
Date of Paper	2 nd September 2020	Committees/Groups previously presented	Workforce and Organisational Committee Community Engagement Committee
Summary of key issues/messages	<p>Since our last WRES submission in August 2019, we are proud of the following:</p> <ul style="list-style-type: none"> • One of the top performing NHS trusts for our Diversity & Inclusion based on staff survey results 2019 and 2020 • Increased expertise within the Diversity & Inclusion team to include clinical experience, substantive post holder in D&I, specialist in hate crime, discrimination and developing the capacity of our growing BAME staff resource group • The Associate Director, Pamela Permalloo-Bass is regularly contacted through her external networks to share Solent Diversity & Inclusion innovative work practices around this agenda • Our CEO Sue Harriman and Chief Nurse Jackie Ardley, have openly discussed and raised the profile of Black Lives Matters through zoom calls, leadership events and through the Trust Board • WRES NHSE&I team have visited Solent Trust on 2 occasions over the last year to share and learn <p>Our current position on WRES workforce data shows that we will be focussing on the following this forthcoming year:</p> <ul style="list-style-type: none"> • Decreasing incidences of bullying and harassment of BAME staff • Increasing BAME staff in senior positions as described in the Solent NHS 10 year WRES Aspirational Goals. • Supporting BAME staff through the Covid-19 pandemic 		
Action Required	For decision?	N	For assurance? Y
Recommendation	<p>The Trust Board are required to:</p> <ul style="list-style-type: none"> • Review data and narrative- to note 		

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

Level of Assurance (tick one)	Significant		Sufficient	X	Limited		None	
Assurance Level	sufficient							
Executive Sponsor Signature								

Workforce Race Equality Standard Report 2020

Kate Sonpal
Pamela Permalloo-Bass

Workforce Race Equality Standard

1.0 Introduction

Evidence shows that a motivated and inclusive workforce results in better patient care and increased patient satisfaction and safety. The Workforce Race Equality Standard (WRES) is a set of 10 indicators that are used to measure workforce race equality and has been mandated through the NHS standard contract since 2015-16. The metrics for indicators 1 – 4 are taken from ESR data, 5 – 8 from the NHS staff survey results and metric 9 from Trust Board.

The intention is that all NHS organisations should demonstrate progress on the WRES indicators year on year.

Key findings from 2020 WRES data

2.0 Workforce

All workforce data has been taken from the ESR records dated 1st April 2019 to 31st March 2020. The data covers staff categorised under the Agenda for Change. There were 3638 members of staff, of which 9.2% were from a BAME background. This figure is less than our local demographic BAME communities. The BAME population in Southampton and Portsmouth are 14.2% and 11.7% respectively.

There is a higher percentage of BAME staff in band 2 and 3 non-clinical roles. There are very few BAME staff at senior levels with only one BAME staff member in a 8D clinical role and one BAME staff member in an 8D non-clinical role at the time the data was collated, with no BAME staff in a band 9 or VSM role.

2019			2020		
White staff	BAME staff	Ethnicity Unknown	White staff	BAME staff	Ethnicity Unknown
91%	8%	0.9%	90%	9.2%	0.8%

Table 1a. Ethnicity of staff

Clinical	White	BAME	Non-Clinical	White	BAME
Under band 1	0%	0%	Under Band 1	0%	0%
1	0.07% (3)	0%	1	0.4% (17)	0.02% (1)
2	3.2% (137)	0.62% (26)	2	6.1% (255)	0.8% (34)
3	7.9% (333)	0.57% (24)	3	7.5% (314)	0.5% (19)
4	4.2% (177)	0.3% (14)	4	2.3% (97)	0.1% (6)
5	8.3% (347)	1.4% (59)	5	2.4% (98)	0.19% (8)
6	15.1% (630)	1% (44)	6	1.3% (53)	0.1% (6)
7	8.6% (361)	0.5% (21)	7	1.3% (56)	0.04% (2)
8a	3.14% (131)	0.16% (7)	8a	0.8% (35)	0.04% (2)
8b	1% (42)	0.04% (2)	8b	0.4% (20)	0.04% (2)
8c	0.2% (9)	0.02% (1)	8c	0.3% (12)	0%
8d	0.2% (9)	0.02% (1)	8d	0.3% (13)	0.02% (1)
9	0.02% (1)	0%	9	0.04% (2)	0%
VSM	0.02% (1)	0%	VSM	0.04% (2)	0%
Medical	White	BAME			
Consultants	0.84% (35)	0.4% (20)			
<i>Of which senior medical manager</i>	0%	0%			
Non consultant career grade	1.3% (50)	0.04% (21)			
Trainee Grades	0.38% (16)	0.2% (7)			
Other	0.4% (15)	0.1% (6)			

Table 1b. Breakdown of staff banding and ethnicity

Solent intends to focus on increasing BAME senior leaders, encouraging existing BAME staff to progress in their NHS careers and identifying whether there are barriers with progression. There are already plans in place to offer coaching sessions to BAME staff.

A session with the local radio station Unity101 is being scheduled and will feature a section on recruitment and community engagement. As part of this broadcast we are planning to ensure BAME

staff highlight the benefits of working at Solent, and how the Trust is striving to improve on diversity and inclusion.

Close working partnership with the HR & OD team and Diversity and Inclusion. Currently, when policies are revised they will be circulated for further consultation with all four staff resource groups; BAME, LGBT+, multifaith and disability.

2.1 Shortlisting

The relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 1.40, compared to last year’s figure of 1.35. This shows that the gap has increased, albeit by an a small percentage.

2.2 Formal Disciplinary Process

The data shows that BAME staff are slightly more likely to be entered into the formal disciplinary process than white staff (1.80% compared to 1.16%). Although this is a slight decrease from last year (relative likelihood for BAME staff 1.5 this year compared to 2.14), in reality it only accounts for a decrease of one member of BAME staff. The data shows that BAME staff are still more likely to be entered into the formal disciplinary process.

2019			2020		
White staff	BAME staff	Ethnicity Unknown	White staff	BAME staff	Ethnicity Unknown
37	7	1	38	6	0

Table 2 Breakdown of staff entered into formal disciplinary process by ethnicity.

Further work is required to ascertain whether there are any service lines that are entering staff disproportionately into the formal disciplinary process and if this is the case investigate further. On a wider scale HR Consultancy were planning to review the entire formal disciplinary process, which will be led by the AD for People and OD.

2.3 Non Mandatory Training and CPD

WRES data for this year shows that there has been an increase in white staff accessing non-mandatory training and CPD compared to BAME staff. 50.95% of white staff accessed these opportunities compared to 41.63% of BAME staff. This shows limited progress from 2019 data where the relative likelihood of BAME staff accessing mandatory training and CPD was 0.64 compared to this years figure of 1.22. Although this is only a slight change it needs to be addressed before it further deteriorates.

2.4 Harassment, bullying and abuse

The number of BAME staff facing abuse from patients, relatives or the public has decreased from 31.2% in 2018 to 25.5%. This number is also under the national median for combined mental health/learning disability and community mental health Trusts which stands at 33.5%. 18.2% of BAME staff experienced

harassment, bullying and abuse from staff in the last 12 months. This is a minimal decrease from 2019, but still under the national median of 24.5%.

2018				2019			
White staff	National median for white staff	BAME staff	National median for BAME staff	White staff	National median for white staff	BAME staff	National median for BAME staff
22.3%	25.8%	30.3%	31.2%	20.4%	25.4%	25.5%	33.5%

Table 3 Percentage of harassment, bullying and abuse faced by staff by patients

2018				2019			
White staff	National median for white staff	BAME staff	National median for BAME staff	White staff	National median for white staff	BAME staff	National median for BAME staff
15.2%	21%	19.8%	25.7%	14.4%	20.2%	18.2%	24.5%

Table 4 Percentage of staff experiencing harassment, bullying and abuse by staff

Although slight progress has been made it is evident that there is still a long way to go, especially as there will be staff who do not disclose harassment and abuse. The BAME resource group has significantly increased its membership and is a safe space for staff to share their experiences and to support escalation of issues. Solent has recently employed a hate crime specialist who is working on a multi-stakeholder project to improve the recording of hate crime, discrimination and harassment within the Trust, identify best practice and develop a robust action plan with tangible outcomes.

2.5 Career progression or promotion

The percentage of BAME staff that do not feel that they have equal opportunities for career progression or promotion in comparison to white staff is well above the national median.

2018				2019			
White staff	National median for white staff	BAME staff	National median for BAME staff	White staff	National median for white staff	BAME staff	National median for BAME staff
91.6%	87.5%	79.5%	75.7%	92.6%	87.2%	82.4%	71.8%

Table 5 Percentage of staff who believe that the Trust provides equal opportunities for career progression or promotion

The Trust is working hard to ensure that training and job opportunities are disseminated to all staff resource groups. A pilot programme has recently commenced where members of the staff resource group have the opportunity to sit on diversity and inclusion panels at the assessment centre for senior roles, therefore giving staff the opportunity to develop their skill set and increase their confidence.

2.6 Discrimination at work

Limited progress has been made on this metric and BAME staff are more than twice as likely to be discriminated by their manager/team leader or colleague than white staff.

2018				2019			
White staff	National median for white staff	BAME staff	National median for BAME staff	White staff	National median for white staff	BAME staff	National median for BAME staff
4.3%	5.7%	9.2%	12.6%	4.2%	5.5%	9.5%	13.2%

Table 6 Amount of staff experiencing discrimination at work from manager/team leader or other colleagues

The BAME resource group is a safe space for people to share their experiences and learn from others. The Occupational Health Team are working on a Solent digital journal that will allow staff to write about their lived experiences including race. It is hoped that sharing experiences widely will give people to confidence to challenge and educate other. Ongoing promotion of Freedom to Speak Up for BAME staff continues, which enable staff the opportunity to raise concerns in a confidential and safe enviroment.

2.7 Board Membership

The Trust has 13 Board member, 2 of which are from a BAME background. Out of the 11 voting Board members 2 are BAME. Last year’s data shows that there was only 1 Board member from a BAME background.

2019		2020	
White Board Members	BAME Board Members	White Board Members	BAME Board Members
91.7%	8.3%	84.6%	15.4%

Table 7 Ethnicity of Board membership

Board diversity is important in order to avoid group think, it allows more nuanced discussions. Solent is proud to have its Chief Nurse as its Board level non-BAME champion to provide sponsorship as recommended in the 5 ambitions of BAME Networks by NHS England (*BAME staff networks in NHS Organisations, 2020*).

The Trust Board is dedicated to improving diversity and inclusion and recently heard several BAME staff speak about their lived experience, both personal and professional as part of the Black Lives Matter Movement. The Diversity & Inclusion team has invested further to include a Solent GP seconded one day a week to the Diversity & Inclusion team to work on Covid-19 and the impact on the BAME community.

Summary

3.0 Summary

Although progress has been made since last year there is still a lot of work to be done. As a result of this years WRES data the previous action plan has been updated (see Appendix 1). The priority areas that require focus are:

- Decreasing incidences of bullying and harassment for BAME staff
- Increasing the amount of BAME staff in senior positions as described in the Solent NHS 10 year WRES Aspirational Goals.

-
- Supporting BAME staff through the Covid-19 pandemic

The final objective is not specifically related to the WRES data. However, data has shown that BAME staff are disproportionately affected by Covid-19 so it is imperative that this is included in our action plan. Solent is committed to looking after its BAME community, workforce and patients.

As part of the wider Engagement & Inclusion and HR & OD piece, work is underway to include within the strategy work that that will build on the WRES and the NHS People Plan 2020/21.

Solent's BAME Resource Group is growing in membership, as well as supporting staff, the group will lead on accelerating progress on the WRES. In addition to this group, Solent has developed a WRES Taskforce Group, chaired by the Assistant Director of Diversity and Inclusion which is creating strategic and sustainable change across the Trust.

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WRES Action Plan 2020-21

Vision: To develop methods and resources to support a more diverse, representative workforce to reduce health inequalities, improve care and empower under-represented staff.

Objective: Increase the experience and number of BAME (Black, Asian and Minority Ethnic) staff in Solent NHS Trust.


Diversity & Inclusion Objectives:	Action(s) required	Lead Accountable Person Support Lead(s)	Key Partners / Service Lines	Review Date
1. Decrease the incidences of bullying and harassment of BAME staff	1.1 Develop a robust system for recording incidences of race-related bullying and harassment 1.2 Develop an action plan for reducing incidences with tangible outcomes 1.3 Share examples of best practice 1.4 Continue to promote the BAME resource group as a safe space for BAME staff	Lead – Leon Herbert Support – Kate Sonpal, Pawan Lall, BAME Resource Group	Multifaith Group	Aug 2021
2. Increase amount of BAME staff in leadership positions	2.1 Work with the BAME resource group and HR recruitment team to review recruitment policy to ensure transparency and inclusivity 2.2 Active promotion of employer friendly working practices. 2.3 To aspire to always have a BAME staff member on interview panels 2.4 Develop and deliver career development training/coaching sessions for BAME Staff 2.5 Mentoring of senior BAME staff by Board members 2.6 Have a slot on Unity radio promoting Solent as a great place to work	Lead – Pawan Lall Support – BAME resource group, Community Engagement team,	Communications Team L&D team	Aug 2021
3. Decrease the amount of incidences of discrimination at	3.1 Promote the roles of Freedom to Speak Up Guardians at the BAME Resource Group. 3.2 Quarterly meetings between Head of Diversity and Inclusion and	Lead – Kate Sonpal Support –Dan Winter Bates, L & D	Community Engagement and Experience Team	Au

<p>work for BAME staff</p> <p><i>Need to be aware that a culture of openness, honesty and speaking up is promoted in the trust so an increase in reported incidences may be as a result of the success of the Freedom to Speak Up programme</i></p>	<p>Lead Freedom to Speak up Guardian to review amount and nature of discrimination cases reported</p> <p>3.5 Review of incidences of discrimination across directorates and target specific training where need identified with audit conducted pre and post training to measure impact.</p> <p>3.6 Promote Solent Lived Experience Digital Journal</p> <p>3.7 Share and learn good practice from other organisations.</p>		L&D team	
<p>4. Support BAME staff and Community through Covid-19 crisis</p>	<p>Link in with actions on Covid-19 Solent Organisational Plan</p>	<p>Lead: Kate Sonpal (Head of D&I) Pawan Lall (BAME resource group co-chair)</p> <p>Support: Pamela Permalloo-Bass (Strategic D&I Lead), Maria Oyegbile (BAME Resource Group co-chair), Ophelia Matthias (Comms Officer) and Andrew Smith (Operations manager)</p>	<p>Community Engagement Team, Occupational Health and Communications Team</p>	<p>Ongoing</p>

Board and Committee Cover Sheet

Item No.	10.1		
Presentation to	Trust Board		
Title of Paper	Emergency Planning Resilience and Response annual report		
Purpose of the Paper	The aim of this paper is to provide insight and assurance to the Board on the emergency planning, response and processes to respond to incidents and that the plans and training for those plans are in place. This is to enable the organisation to respond and maintain resilience during any threats or risks to the delivery of care and management of the trust.		
Author(s)	Elaine Peachey,	Executive Sponsor	David Noyes, Chief Operating Officer- Southampton
Date of Paper	2/9/20	Committees/Groups previously presented	--
Summary of key issues/messages	To provide an oversight of the EPRR operational response including the command and control, information flows, business continuity planning and use, recovery and reset and the training offered provided		
Action Required	For decision?	N	For assurance? Y
Recommendation	That the board are assured of the EPRR processes are in place to maintain the NHSE level of full compliance with the EPRR standards.		

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

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

ANNUAL REPORT FOR EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

OCTOBER 2020

1. Introduction

As all NHS-funded organisations are expected to meet the requirements of the Civil Contingencies Act (2004), the Health and Social Care Act (2012), the NHS Standard Contracts, and the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR), this report identifies work undertaken to ensure that the Trust is compliant with these statutory requirements. The report therefore outlines the current position of emergency preparedness, resilience and response through the key activities that have taken place during the last year 2019-2020.

2. Requirements and Principles of EPRR

2.1. The Civil Contingencies Act (2004) outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at the local level. As a category one responder, the Trust is subject to the following civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning;
- put in place emergency plans;
- put in place business continuity management arrangements;
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- share information with other local responders to enhance coordination;
- cooperate with other local responders to enhance coordination and efficiency.

Category 2 responders for health are Clinical Commissioning Groups (CCG's) who have a lesser set of duties but are expected to co-operate and share relevant information with other category 1 and 2 responders. They are likely to be involved in planning of the response especially with incidents such as the covid-19 response and any incidents that affect their own sector. Outside health category 2 responders who may offer support are transport providers, highways agency, telecommunications providers and the health and safety executive.

The need to prepare, plan and exercise for a Major Incident is not only a statutory requirement under the CCA, but also a requirement under the NHS England Emergency Preparedness Framework, and a requirement for the NHS Standard Contract (SC 30).

3. Assessment of Risk

The Emergency Preparedness Framework clearly outlines the requirement for risk assessment to underpin emergency preparedness. Solent NHS Trust has clear and effective risk processes in place and contributes to the review and updating of not only our own but also the Local Resistance Forum community risk register, as part of the work undertaken by the Local Health Resilience Partnership (LHRP).

In accordance with the national and local risk assessments of the highest risk, Solent NHS Trust is in 2019/20, planning and testing the trust resilience in the event of an incident resulting in long term electricity loss and also reviewing existing plans for incidents such as adverse weather and pandemic flu. HIOW also added to their risk register a new risk 'Human and animal disease' as the covid-19 pandemic was found to be very different from the assumptions used to assess the impact of a flu pandemic.

Local potential business continuity risks are also included in the trust risk register and reviewed regularly and as part of the normal business continuity management process.

4. Emergency Preparedness Plans

Although in previous years we have always focused on developing and refining the Solent NHS Trust Emergency Preparedness plans, events this year have necessitated a different approach. However following the response to covid-19 in 2020, along with all NHS organisations all relevant plans will be reviewed to include specific information in responding to an incident over many months with significant impact (and this has already commenced). Any lessons identified from the response and or recovery phases will also be included in the updates.

The key areas for further review will be

- Incident Response plans
- Psychosocial care following a mass casualty event (as part of the system wide planning group LHRP) will now include information regarding response to a major incident which is not a mass casualty event
- Winter preparedness and contingency plans
- Adverse weather and travel disruption planning

The emergency planning lead will also work with the Infection Prevention team to review outbreak plans and the flu pandemic plans.

5. Business Continuity Management

Business continuity plans were used well throughout the year and were instrumental in the preparations to the covid -19 response in March 2020.

For the last few years our contingency plans included a risk based, prioritised (RAG) list of services and the capability/capacity that the trust could mobilise in the event of an extreme set of circumstances over and above normal system business continuity. This conceptual work and the principles we had applied certainly proved invaluable in configuring our response to Covid-19. The contingency plans we had created (originally in 2017) had been incorporated into Trust business continuity plans and hence embedded in service response planning, which we judge was of great benefit in implementing a very similar response for covid-19.

At the start of the covid-19 outbreak, services were given the predicted infection rates and evidence from the experience of other well developed European countries, and asked each of our service lines to review their business continuity plans against assumptions of a reduction of 20%, 30% and up to 50% of their staff. While (to date) we haven't seen impact as high as 50%, in the first few weeks in several areas we did approach 30% absence, and so again this proved to be very worthwhile planning.

Solent NHS Trust has continued throughout the year to work in partnership with the acute Trusts and CCG's to provide not only a response to the expected challenges and surge management but also a response to the unexpected actions required due to covid-19.

Business continuity plans were also reviewed as part of the preparation for a possible impact following the UK's move away from the European Union

6. Events and planning

6.1 Brexit preparations

The original preparations for a 'no deal' Brexit took place in spring 2019, the work then recommenced in August 2019, building upon the work already completed to assure NHS England that we were prepared for the sudden impact that a no deal Brexit could have on services and staff.

Our preparations for a possible 'no deal' Brexit scenario were suspended in January 2020 when the agreement was made for the UK to continue to remain under the EU trade agreements for an interim period. Solent NHS trust was well prepared for a "no deal" scenario, but of course time has moved on. Therefore, Brexit planning update meetings will commence again in October 2020 to ensure this is considered alongside any planning and preparation for winter. The group will focus on supply chain, equipment and staff resilience. We are however assured that we are in a good position regarding planning and preparation and have the ability to manage and react to challenging situations.

6.2 Covid-19 pandemic

As we are to date still responding to the everchanging effects of covid-19 major incident the AEO was, and still is the Incident Commander supported by the other executive directors leading the response to the incident.

The ICC has been operating since February 12 when daily sitreps that were collected from all services and reported regionally with any issues affecting services. Week commencing March 17 and directly in response to the changing picture nationally, the virtual ICC commenced dial in three times a day (9.00, 12.00, 1800) on Monday, Wednesday and Friday.

The week commencing March 23 these meetings changed to daily meetings twice a day (11.00 and 16.30) five days per week in response to the predicted peak in the virus. At weekends the 'gold' calls commenced on March 28 once per day at 10.00am and these meetings continue to date.

As locally we appeared to have moved beyond the peak and there were no issues identified on May 18 the decision was taken to reduce the weekday meetings to three days per week again on Monday, Wednesday and Friday. Further improvements in the impacts of covid-19 meant that we were able to reduce further these calls to Monday and Friday only at 11.00am on May 26 and these continue to date.

Both the timings and the number of days that the gold meetings occur remain under constant review and are flexed in response to any changes and to take account of staff welfare going forward at an appropriate level.

During gold meetings situation reports from all services were discussed and actioned and information was shared across the organisation by the incident director. Gold command meetings facilitated the organisation to:

- Apply a level of authority in order to centrally manage resources
- Make rapid progress to Integrate services to both configure a response to manage the predicted size and shape of anticipated demand and continue to provide essential patient care
- Recognise and share good practice
- Have a shared understanding of the challenges
- Jointly identify solutions to issues
- Share changes in all guidance and national information

The incident co-ordination centre (ICC) is still in place although has been scaled down to Monday only for the full gold command meeting and Friday for escalations to gold command only (virtually). There is also a sitrep call at weekends and bank holidays chaired by the on call director.

The Gold command meetings followed the EPRR framework with a standardised agenda including all possible areas that may be affected such as staffing, PPE, safety, care provision. The attendance list included the AEO and executives, EPRR representative, decision loggist, minute taker and senior representation from all service lines and corporate services. Both the attendance and the frequency of the meetings remained under constant review. In order to prevent burnout, as soon as the peak passed, the meetings were changed to three times a week for the full team and then further reduced to twice a week. At the weekends the on call leads dialled in to the incident on call director and updated with any issues identified, these calls continue.

The AEO also attends the Hampshire IOW Health and Social Care cell which is part of the local resilience forum. The meetings were initially twice weekly however more recently these meetings have reduced to once a week.

Information flow

Data and information was vital to the support to and the assurance from the organisation during the response and we used a number of ways to achieve this through the gold command meetings using the communications team and the various methods of communication such as social media, national media and the allocation of specific projects as they were required.

The Business Intelligence dashboard, rapidly formulated by the Performance team, provided an online tool with visualisation of Solent NHS data giving access to multiple data sets and a one stop shop for clinical, workforce, finance and quality data. This provided a strong, high level, command support tool for Gold. The early implementation of this system was very successful and is an integral part of the organisation particularly the Covid-19 response.

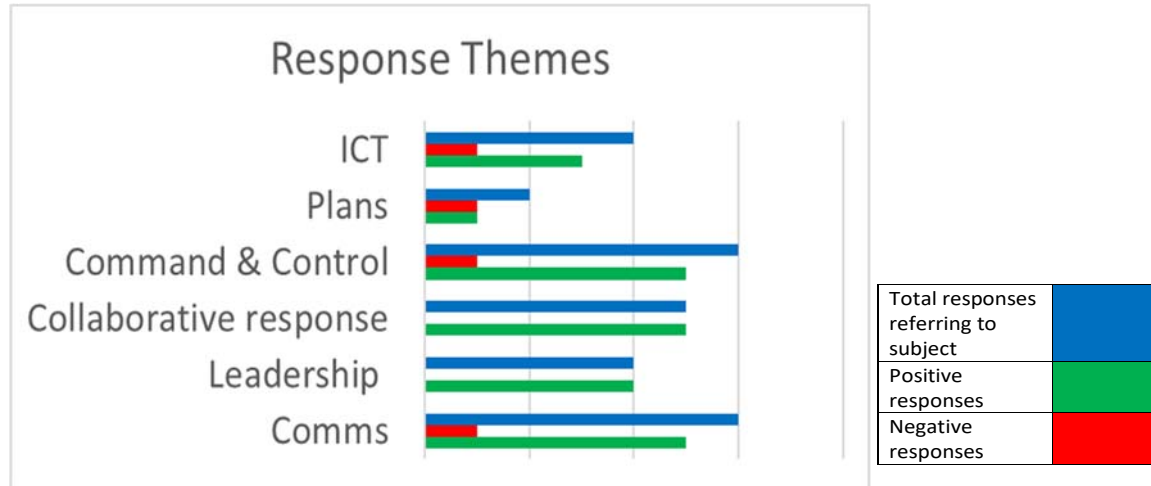
Interim learning

Although the incident continues feedback was sought and collated regarding the EPRR response to Covid-19 and the results were themed as part of the analysis.

These results will be analysed thoroughly, and actions have been put in place to ensure the learning is taken forward to improve any future response. The table below shows the themes, the total

number of times they were mentioned (blue line) and then whether the comment was positive (green line) or negative (red line).

It is clear that the majority of responses were positive, and all comments will be used in the final debrief report.



7. Put in Place Arrangements to Warn and Inform the Public.

Solent NHS Trust has continued to work in partnership with other health providers and commissioners to provide information to both staff and the public. Throughout the year the following information been placed on the staff web site when required, for covid-19 this was originally daily but this has now moved to twice weekly unless required.

- severe weather warnings,
- flood warnings
- Brexit planning information and
- Covid-19 documents

This information allows staff to stay informed and to plan for adverse incidents in a timely manner.

8. Co-operate with Other Providers

Co-operation between organisations is fundamental to robust emergency preparedness. Solent NHS Trust continues to participate as a member of the Local Health Resilience Partnership (LHRP), represented by the Chief Operating Officer. This cooperation has been particularly evident in the covid-19 response with agreements and joint working on projects such as the community testing service.

The Emergency Planning Lead (EPL) also regularly attends local health resilience meetings and feeds back relevant information to the emergency planning group. The EPL also works in partnership with the two local community Trusts, (Southern Health Foundation Trust and Dorset Healthcare) and also with the Portsmouth and Southampton acute trusts to ensure all work undertaken is consistent across the area and that there is a greater understanding of EPRR within the organisations. Working together in this way supports the requirements of the Civil Contingencies Act and allows for joint learning and the sharing of EPRR documents and work plans.

As part of the system response to covid-19 Solent NHS trust have worked by providing mutual aid to other providers if required and have participated in the management of the community testing which provides clinicians to deliver testing at a drive through site and also a car service that is used to visit those identified as requiring a test and unable to leave their home.

9. Training and Exercising

A number of training events planned this year were deferred until a later date however the following training will be on offer for the remainder of the year.

Internal Training			
Date	Group	Overview	Learning identified
Various	All appropriate services	Covid-19 outbreak process and planning for inpatient areas, roles and responsibilities and the escalation process	How to respond to a local outbreak within inpatient areas
Various	On call managers	Responding to an incident, the incident co-ordination centre and the role of the decision loggist.	This is primarily aimed at on call managers who have recently participated in the rota hover it will be open to anyone who would like an update on incident response
Various	Corporate services	Major incident response including the who, why and how Solent NHS trust responds to an incident including a better understanding of how the why system works when the response is system wide	Commercial team will be the first team to attend although other services will be offered the training bespoke to their service
Various	All service lines	Mini scenario-based testing of current BCP's and winter impacts	To ensure BCP's retested following updates and the response to the current major incident

It is important to note that although the training completed so far is below expected all staff have developed skills responding to a major incident and the use of plans during the current crisis.

Further training will be available as soon as possible and can be tailored to service/individual needs.

10. Core Standards

Having achieved full compliance in 2019/20 under the NHSE Assurance regime, we have not yet received a formal request for evidence to support the assurance process for this year however unofficially we are aware that we will not have to submit a full evidence pack given our performance over the last year and the fact that we were already assessed as fully compliant. We may need to submit a report about our response to covid-19 including any lessons learnt but will likely not be required to submit a full evidenced assessment for 2020/21.

We have been able to demonstrate a very smooth and well led response to the covid-19 pandemic and will continue to do so through the coming months by remaining a well prepared and agile organisation.

11. Work plan

- Continue to work on the possible impact of the Brexit preparation programme
- Continue with annual review and testing of Business Continuity plans.
- Continue to work as part of the response and recovery phases to the ongoing incident
- Continue to offer further training particularly in incident management skills and knowledge, including familiarity with the Incident Coordination Centre (ICC) related procedures and offer training to teams who do not normally participate in on call.
- Further develop the current training programme at all command and control levels.
- Work with IT to establish a more robust communication system and look at the use of new technologies in emergency planning and business continuity.
- Review all the learning from the response to covid-19 and ensure all actions are complete
- Review and condense the incident response plans and action cards

It should be noted that a number of the above activities will also contribute to the Trust's ability to play its part in cooperating with and supporting other responders in a multi-agency response to a major incident such as another covid19 local outbreak or national spike or a mass casualty event.

12. Summary

The impact of Covid-19 locally and nationally has been genuinely unprecedented. However, as an organisation we have always taken a planning approach of planning for the worst. As the board are aware, last year the Trust achieved full compliance against the NHS England EPRR assurance framework which meant that we were in a strong position to adapt or use existing plans throughout the response and on to the recovery phase. Clearly, no plan ever really covers all the bases, but our processes, conceptual approach and ability to implement and adapt plans has served us well.

The internal 'Gold command' has retained a strong command and control structure enabling internal staff to escalate issues and then receive information and direction.


Services have used their business continuity plans effectively particularly in the early days when they needed to identify which services could be stopped and which if any could be scaled down or made available in a different way.

It is clear that, despite the huge challenges and the often very dynamic nature of the crises, Solent NHS trust's EPRR framework and arrangements have held up well during this incident. There will, of course, be lessons learnt, and we will continue to seek to improve and review our plans during the recovery phase.

Board and Committee Cover Sheet

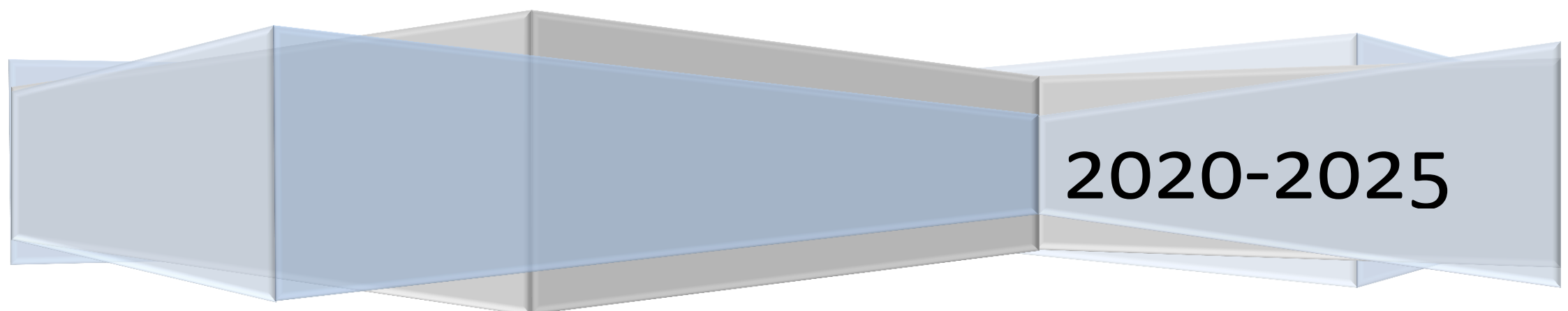
Item No.	12.1		
Presentation to	Trust In Public Board		
Title of Paper	Alongside Communities – the Solent approach to engagement and inclusion		
Purpose of the Paper	To present the strategy for approval		
Author(s)	Sarah Balchin, AD Community Engagement and Experience	Executive Sponsor	Jackie Ardley, Chief Nurse
Date of Paper	24 September 2020	Committees/Groups previously presented	Community Engagement Committee
Action Required	For decision?	Y	For assurance? N
Recommendation	<ul style="list-style-type: none"> The Board is asked to approve the strategy The Board is asked to note the approved strategy will be supported by an accessible summary document. 		

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

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

Alongside Communities

The Solent Approach to Engagement and Inclusion



2020-2025

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“Communities are all around us, close at hand, awaiting the community building that will make the invisible assets within them visible in all their abundance.”

Cormac Russell, 2020

1. Introduction

Solent NHS Trust provides community and mental health services to people who live in Portsmouth, Southampton, Hampshire and the Isle of Wight. Our overall aim is **keeping more people healthy, safe and independent at or close to home**, and we believe this strategy will help us do that.

This is our engagement and inclusion strategy, a strategy developed in partnership with local people,¹ where we declare our vision and contribution as your local community and mental health services provider **to improve health and reduce inequalities in our local community**.

Here we describe our commitment to bring together three key things we know help improve health;

- Diversity and inclusion – applying a positive approach to improving access, experience and outcomes for all
- People participation – putting people central to decision making at all stages, phases and levels of their health care and health care provision as a whole.
- Community engagement – understanding what our local community does best, what they may need some help from us with and what we need to focus our expertise and energies on.

¹ Local people refers to people who live in Portsmouth, Southampton, Hampshire and the Isle of Wight. The term preferred by people we have spoken to as part of the strategy development.



Figure 1 The Solent approach to engagement and inclusion

We describe progress since our first commitment in 2018 to work more closely with local people, our approach to creating the 5 year strategy , and our ambitions for the future; ambitions based on our increasing understanding of the health ambitions of local people.

We hope it clarifies some of the key issues facing the NHS today related to health inequalities, and what our role could and should be in addressing those. It outlines what we aim to do based on feedback from local people, experts in the field and recently published information, guidance and policies like the NHS People Plan² to guide our way forward. Our people, the people who work with Solent NHS Trust and provide services are also members of our local community and are key to us achieving these shared ambitions. We will ensure our teams reflect our local communities, and have the knowledge, skills and support to provide accessible and effective care to every person who needs us.

² <https://www.england.nhs.uk/ournhspeople/>

But the essence of this document is that ***it describes what the local people have told us and asked of us*** moving forward during our conversations since the beginning of the year.

Here we set out a fundamental shift in the way we think, the way we act and the way we work. We shall adopt, a strength based approach recognising our communities and local people as having ***potential rather than having problems***. We shall work with individuals and groups to ***understand what our community are best placed to do, what it is they could do with some help from us on, and what it is they really need us to do***. We shall focus our energies and resources on what it is we do best and constantly check that what we are offering is to benefit local people. COVID-19 has challenged us in many ways, but has also ***shown us so very clearly the power of communities*** to respond, adapt, act and support. The strength of a local approach, working at a neighbourhood or street level, has contested our “system wide thinking” and we shall need to work together to focus on local improvements but system wide learning.

a. Our journey so far.

In July 2018 we stated our organisational commitment to engage with our local community to improve access, improve experience, improve health and reduce health inequalities. . Over the last 2 years we have started to better understand the health challenges and ambitions of local people and what part we, as the local community and mental health provider have to play in reducing those challenges and achieving those ambitions.

We have facilitated and supported work to improve the health and wellbeing of people experiencing social isolation^{3 4} military veterans with

³ Connecting People and Place, Dr Jon Bashford and Rahim Daya May 2020

additional mental health needs⁵ and members of the local gypsy romany traveller community.

We have established some great partnerships with community groups, the voluntary sector, local people and innovative and creative forums, all of whom have helped us develop this ambition to improve health and health inequalities.

We have engaged more and more patients and their families in the design of our services and our improvement projects.

We have learned much since the beginning of the year, including that to make a positive difference to the health of local people, we must go much further.

b. Our approach to developing the 5 year strategy.

In January 2020 we started our next steps. We asked local people to join us as critical friends and partners, to help us to really understand what we need to do to make our services more accessible to everyone, a better experience to use, more effective at improving their health and ultimately reducing the inequity of health⁶. We recognised that we also needed to know more about how others had made this change and so we sought advice from leaders in the field of communities engagement, health inequalities and diversity and inclusion⁷. At the same time COVID 19

⁴ Southampton Communicare: www.communicareinsouthampton.org.uk

⁵ Positive MINDS a partnership between the local NHS, Solent Mind, Portsmouth City Council and voluntary organisations: www.positivemindsportsmouth.org.uk

⁶ See Appendix 1 for contributors list

⁷ Cormac Russell, Managing Director – Nurture Development and faculty member Asset Based Community Development, Northwestern University, Chicago; Roger Kline, research fellow Middlesex university Business School and designer of national Workforce Race

showed us all in the most emphatic way, the impact of health inequalities on people, locally, nationally and internationally.

Our approach to gathering local people's views on what we should do next had to respond to lockdown and strict isolation of many people who use our services, their families and carers. Many support groups, a rich source of intelligence and feedback, were suspended but by connecting remotely we were still able to have the conversations we needed to have. We really benefited from taking time to build trusting relationships in the months leading up to the pandemic. Our social contacts with local people and groups helped us make our first really significant shift to reaching out to our communities. Between January and now we have expanded our partners programme from 40 individuals and groups, to over 100 and the number is still growing. With an estimated reach of over 10,000 people from a range of ages, backgrounds, faiths, cultures abilities and disabilities, we believe we have started to move towards understanding what our local community, including patients, families, carers , needs of us and how we can do just that.

2. Our ambitions for the future.

This document brings together what local people have told us matters to them, the national and international thinking about working with local communities and diversity and inclusion. It directly supports our organisation's strategy⁸ of **keeping more people healthy, safe and independent at or close to home**, the ambitions for diversity and inclusion⁹ and the vision of the Solent Academy for research and improvement¹⁰. It describes **a new integrated approach to engagement and inclusion**, developed in partnership with local people and will **shape the way we provide health services** to our local populations to improve health and reduce health inequalities. It will drive our ambition for engagement and inclusion being the way we do things here at Solent.

We have learned during this development process that the business of engagement and inclusion to deliver health improvements is a messy if exciting one. Our strategy reflects the complex and challenging nature of our ambitions and must be considered as a live document. Whilst we shall always retain our ambition to improve health and reduce health inequalities, the way we go about it will be flexible and responsive. The strategy will be supported by a comprehensive delivery plan, with progress reported to the Community Engagement Committee – a subcommittee of the Trust Board.

What we are describing here is quite a leap of faith and may feel counterintuitive to some, particularly those of us in the NHS! People have

⁸ <https://www.solent.nhs.uk>

⁹ <https://www.solent.nhs.uk/our-story/equality-diversity-and-inclusion>

¹⁰ <https://academy.solent.nhs.uk>

said that the NHS has over the years, moved into the space that has been historically occupied by local people, communities and faith groups and we now provide some services that may be better provided by others. Cormac Russell¹¹ describes a number of key things that underpinned the success of local projects and programmes in 35 countries.

- Start with what's strong, not what's wrong
- Discoverables not deliverables - coming **alongside communities** to work in a very different way
- Shift from **fixing or prescribing**, from "doing to, doing for" to "*doing with and doing by our communities*"
- Work with **small places**, or small groups of shared interest is best, and much more effective than large scale

These four things matter to local people, and are key to us making the changes needed.

Ambition 1 - Health Equality

Health inequalities are avoidable and unfair differences in health between different groups of people. Health equality is the absence of these differences. Health inequalities include lower life expectancy, and higher levels of ill health. But can also refer to how easy it is to access health care and then the experience of using those services, if either are difficult or poor, people are less likely to use them. Other risks to health include behaviours such as smoking, and wider causes of ill health including housing, employment, and income (sometimes referred to as wider determinants of health). Inequalities can and do lead to avoidable

¹¹ Rekindling Democracy 2020

deaths, with for example, people living in the most deprived areas three times more likely to die compared to those living in the least deprived.¹²

Whilst many things contribute to health inequalities, it is estimated that **20% of those are due to the way current health services are provided**, resulting in poorer access for those in most need.¹³ We know that the NHS can't and shouldn't try to address all inequalities on our own, but we are clear we want to take local responsibility and help create the conditions for better health. We believe there are two key opportunities for us:

1. The way we plan, develop and deliver services must be done in partnership with people who use services and those who support them with a focus on those with greatest health and care needs.
2. Our role as a local employer needs to be explicit, making clear our commitment to being a route to permanent employment, whether that be through volunteering, apprenticeships or focussed recruitment.

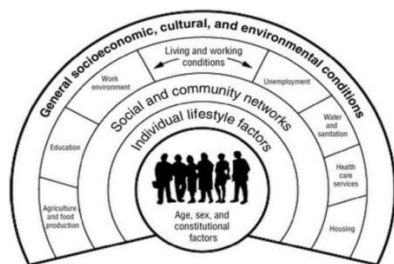


Figure 2 - Wider determinants of health

¹² <https://www.ons.gov.uk/peoplepopulationandcommunity>

¹³ <https://www.england.nhs.uk/blog/the-long-term-plan-for-tackling-health-inequalities/>

Our Aim

We aim to improve access to and experience of using the health services we provide to all members of our local community, promoting health and wellbeing and reducing health inequalities.

Our objectives

We shall:

- Make it easy for our diverse communities to access our services.
- Recruit and retain the right people from diverse communities, offering a local route to employment and career development
- Value and respect those who use our services and our people as individuals.
- Offer and provide learning and development opportunities to our diverse workforce to help them fulfil their greatest potential.
- Support people with caring responsibilities, those who work with us and those in the local community.
- Further develop our inclusive approach to volunteering, providing step up opportunities into employment.



Promoting health equality by offering opportunities – a story

Building partnerships to support young people from BAME community into employment.

Senate Roy is the Head Pharmacist at SK Roy Pharmacy and has been running his community-based pharmacy, in St Mary's Road Southampton, for nearly 30 years. He sees his role as being able to provide services tailored to the needs of the community. By focussing on preventative care and acute care, this dedicated service also helps patients with the correct and safe use of medicines. In addition, Roy also liaises with primary care agencies including GP surgeries and district nurses.



He explains the difficulties encountered in the community by BAME groups and the rapidly changing landscape, "The BAME community are

always looking for doors that might open and opportunities to help us because we are always trying to move forward. It can be a struggle because there is a lot of things against us. However, it has got a lot better since I was a youngster. It's all about creating opportunities. I have employed many people over the years who have been interested in working in primary care or in hospitals. We started them off here, when they were 16 years old, in a Saturday job - now they are nurses or doctors. We have an increased number of younger people applying to us than we have vacancies, so, unfortunately we have to turn lots of people away."

Roy also believes that having professional role models in communities is vital. He said, "I am a meek and humble person, I don't see myself as a role model, but people can still respect you. So, certainly, having the role model position of being a community pharmacist is important. Young people look to me to behave in a certain way."

Roy is a firm believer in working together to build and strengthen communities. He said, "I love the idea of partnering with Solent NHS Trust. One of the ways health organisations can help communities, is by offering apprenticeships and job opportunities for young people from the BAME communities. Any successes and gains we have in St Mary's Road, can rollout to the rest of Southampton. If we can get it right here, we can get it right anywhere."

"The BAME community are always looking for doors that might open and opportunities to help us because we are always trying to move forward. It can be a struggle because there is a lot of things against us. However, it has got a lot better since I was a youngster. It's all about creating opportunities."

Ambition 2 - People Participation

The involvement of people who use NHS services is key to the delivery of high quality, accessible care and treatment¹⁴. Active and meaningful involvement by people who use services, their families and carers has been shown to improve access to services, improve responsiveness at times of need and very importantly, increase the human face of health care. The NHS has long been criticised for developing and delivering services with little meaningful involvement of people who use those services, their families and carers. We have some great examples of involvement in local services, research and quality improvement so we have a strong foundation on which to build.¹⁵ We now want to move towards an even more wide ranging and far reaching approach where local people take the lead in key decisions and are actively involved in everything we do. There is a vast range of participation models available but we started with what we know best – asking local people.

They told us that they may wish to be involved in different ways, at different times, about different things. A model which defines how people can participate was thought to be too confining and rather an “opportunities to participate” approach was suggested. Rather than a level of participation a cyclical round is proposed which enables people to “jump on and jump off” as needed.

We have made significant improvements but we can and shall do more.

- Decisions about my care and treatment – to help me take as much responsibility as I wish to and can, for my own health
- Decisions about the service I use – to help you provide services which are based on what matters to me
- Quality monitoring of the service I use – to use my experience of using health care services to learn more about what you do well, and what you could do differently or better
- Special interest group membership – to share my personal lived experience of living with ill health, or that of a family member or someone I care for
- Formal consultations about service change
- Involvement in local and national guideline and policy development
- Consultation about national guideline and policy development
- Governance and quality groups – to help you develop ways of measuring and reporting which are meaningful and accessible to people who use your services
- Develop and lead groups aimed at improving understanding and learning from experience
- Learning and development – from sharing my personal experiences about what it is like to live with my health issue, right through to advising you on what learning you should be providing, when and to who.
- Research and quality improvement – to help you focus on researching and improving what is important to me, not only what is important to you.
- Board committees – to be actively involved in the decisions about what the Trust does, how and why.

Figure 3 - Opportunities to participate

Our Aim

We aim to ensure that patients, families, carers, local people and groups are integral to decision making in all aspects of their community and mental health trust.

¹⁴ NHS England – Patient and Public Involvement 2017

¹⁵ Engage Solent newsletter <https://online.flippingbook.com/view/142345/>

Our objectives

We shall:

1. Improve patients, families and carers involvement in decisions related to their care and treatment as they would wish.
2. Increase the active participation by broadening access and diversity, of patients, families, carers, local people and groups in the codesign and production of all services, patient led improvement
3. Introduce to our quality and procurement structures a further requirement for the voice of local people to be heard and acted on.

People participation - a story

Creative Snaps – local people developing our community media panel.



We are delighted to be working in Partnership with Creative Snaps. Creative Snaps is a social enterprise photography group with a aim to provide learning opportunities to the learning disabilities community.

The Creative snaps team have worked hard to develop their skills and understanding. Due to lots discussions, support and explanations the photography team have recently been

successful in applying to Companies house to register their business online.

Meet Sean Bick, Raymond Bateson and Olivia Parry. These three talented individuals have agreed to use their skills and expertise in photography and newsletter writing to work with the Solent NHS Trust as part of our community-based media panel. Solent's community media panel has been set up to make sure that the people in the community can help co create the stories we write and the images we use. We wanted to make sure that we included people who were interested in media, photography and writing and the team at Creative Snaps fitted the bill perfectly. They have lots of experiences in photography and have provide amazing photos for the Portsmouth Local Offer and other council run projects.

Raymond thinks he has the lots of experience which will help on the media panel. He said, "I have five years' experience as a receptionist for when I worked at the Kestrel Centre. I picked up skills such as answering the phones and speaking to people. So, I'm good at talking with people."

Ambition 3 - Community Engagement

The National Institute for Health and Care Excellence describes the term community engagement as covering a wide range of approaches to involve local communities in initiatives to improve their health and wellbeing and reduce health inequalities. This includes: needs assessment, community development, planning, design, development, delivery and evaluation.¹⁶

¹⁶ National Institute of health and Social Care Excellence 2016"

But we wanted to understand what community engagement meant to local people, people who we serve. So how do local people describe community engagement? To be honest they don't. When we asked, people spoke about the importance of community in the broadest sense, to them. That ranged from being with people who they share an interest with, faith or culture, or being part of a local neighbourhood. They shared previous experiences of "engagement" as being consulted with about a planned (and most often predesigned) change, but few felt that they were necessarily involved in the "why change" conversations. So rather than a model of engagement people have told us this should be about a set of principles, a developing culture of the ways things are done at Solent.

The key things are:

1. **"Get out of our (the communities) way"** – acknowledge the NHS doesn't know everything and leave local people and communities to do what they do well, and very often more effectively and efficiently.
2. **"Come to us and work with us"** - to understand what *our* local health ambitions are – your assumptions are not always right – we want to advise on you on our priorities and therefore your priorities
3. **"Offer us support in the places we need it"** – could be meeting spaces, access to governance advice, learning opportunities, how to write grant applications, how to influence commissioners, how to get our voices heard on NHS platforms – build a relationship where we are happy and confident to ask you

4. **"Refocus on what it is you do really well"** and get us involved in seeing how you are doing!

Our Aim

To build trusting relationships with local people and groups by underpinning the way we work with three key questions:

1. What are the community best placed to do?
2. What help could we offer if they ask?
3. What do we do best?

Our objectives

We shall:

1. Work in partnership with local communities, including the voluntary sector and other provider organisations, to better understand what we should be in the business of providing.
2. Further develop our community partners programme with a focus on those seldom heard, to increase our understanding of the needs of local people and how we may meet them.
3. Increase our visibility in the community, by ensuring conversations, groups, meetings including our Board and its sub committees, are held in local places.
4. Develop and introduce systems to guide service developments and reviews which are underpinned by the three key questions.
5. Consider every growth opportunity in the context of the three questions, ensuring any new service provision is based on what we need to do.

Community engagement – a story

Jackie's Story - a community partner

Jackie McLeish lives in Southampton and is a mum of one. She is an active member of the Black Heritage Association and lives life to the full.

Jackie was diagnosed with Schizophrenia and depression 28 years ago. In her blog she explains how the media portrayal of those who have schizophrenia can leave some people with a negative impression about the illness. She feels that this doesn't help the representation of black people because some people may already have a misconception that people from BAME backgrounds are also aggressive.

Even though Jackie hasn't used any of our Solent services, she enjoys being one of our community partners because she believes sharing her experiences can help others in the community. She thinks that all NHS Trusts can make small changes to better things for people from African and Caribbean backgrounds who use their services.

"When I first got diagnosed, I was really scared. I'd had a breakdown, which made me start to see, hear and smell things. I felt like I was being possessed and I wouldn't take the pills I'd been described. My mum and dad were both alive at the time of my diagnosis. However, although my mum was supportive, my dad found it difficult to accept. It didn't help that the media then, and even now, painted the picture of people with Schizophrenia being dangerous. I had a friend whose mum had Schizophrenia, so she was a great support because she understood. I kept my illness away from people as I didn't think it was their business."

"I think that there are lots of things that the NHS services could do to make things better for people using their services. For example, get to understand the ways in which some black people express themselves. Sometimes when I'm talking passionately about something my voice might rise in excitement. The problem is that sometimes staff would assume that I was getting upset and would offer me medication to calm down. That's why I like working with mental health workers from BAME backgrounds because I can just be myself and they understand me."

Jackie feels that by addressing the little preferences of people from different backgrounds will go some way towards tackling health inequality. If people feel their needs are being catered for, they may be more likely to access services earlier.

"I have also learnt to educate myself. Schizophrenia is part of who I am but it's not all of who I am, and I won't let it define me! "



3. What do we need to do to make this happen?

The delivery of our ambitions will be dependent on the support of many people, and the effective use of things we know guide change. We will work with patients, families, carers, those who support them and other local people. We will work with teams that provide our services, People and Organisational Development, Business Intelligence, Research and Improvement and Quality and Governance Teams. We aim to make this part of our culture, with everyone helped to understand, embrace and support these principles of engagement and inclusion.

a. Our Local Communities

We must continue to build trusting relationships with the people of Portsmouth, Southampton, Hampshire and the Isle of Wight. We shall reach out to be with the community, to be with people in the places they live and work to understand what they do best, we can understand what it is they do best, and where we may, if asked offer some help.

b. *The Solent People*

The people who work with Solent NHS Trust, from support services, clinical teams, senior leaders – simply everyone, are key to delivering this strategy. We shall continue to develop our workforce to better represent the local community, offering equity of career development providing focussed support for people for people who are under-represented in senior positions. We shall be guided by local people, the NHS People Plan, the Workforce Race Equality Standard the Workforce Disability Equality Standards. We shall develop our delivery plan in partnership with people who lead and provide services, alongside people from our communities,

to ensure we understand and can support our teams apply the principles in practice.

c. *Effective data collection, analysis and reporting*

High quality and reliable qualitative (non- numerical often observed or gathered through conversations or focus groups) and quantitative (numerical) data is essential to be able to measure the impact of any changes we make. Gaps in collection, analysis and reporting of numerical data, currently limit our ability to do this. This has been highlighted as a concern and we will now address this with the completion of a comprehensive data set for both the people who use our services, and our people, the members of team Solent.

d. *A Delivery Plan*

A comprehensive delivery plan will guide the implementation, monitoring and evaluation of the strategy. The plan will be designed in partnership with local people, voluntary sector organisations and people who provide services in Solent. As a long term strategy, our measures of success will be defined by people who use our services, and those who support them, combined with a logic model approach used to evaluate the impact of engagement activities.¹⁷ They will include qualitative and quantitative measures, ranging from early stage inputs, activities and outputs, to longer term outcomes and impacts.

¹⁷ Rekindling Democracy (2020) Cormac Russell , and his recommendations. Community Engagement: improving health and wellbeing and reducing health inequalities (2016) National Institute of Clinical and Health Excellence

e. Leadership, Delivery and Governance

The delivery of this strategy will be governed by an established structure of leadership and accountability, the aim being to ensure that at all times people are kept safe and feel supported. There will be clear systems, processes and controls for delivery and reporting, but without unnecessary bureaucracy which stifles innovation.

Leadership

The Executive Leadership role is the Chief Nurse, supported by the Associate Directors for Community Engagement and Experience, Diversity and Inclusion and Research and Improvement.

A non-executive director sponsors the strategy and chairs the Community Engagement Committee, the committee responsible for the strategy delivery, and reports directly to the Board with the Chief Nurse.

Support has been sought from the local community to advise on how they wish community leadership to be represented within our structure. It is acknowledged that no one community leader or partner is able to represent local people as a whole.

Delivery Structure

Delivery will be driven by the strategic plan developed and monitored in partnership with local people.

The Community Engagement Committee, a subcommittee of the Trust Board will be responsible for overseeing the delivery of the strategy. The committee will meet quarterly, receive report of progress and report by

exception, offering support, guidance and direction. Reporting to the Trust Board will be via the sponsoring non-executive director.

The terms of reference of the committee will be adapted to fulfil the need for:

- a) greater community representation and communications
- b) proactive service line involvement
- c) statutory partner input

The Associate Directors Community Engagement and Experience, Diversity and Inclusion, and Research and Improvement will be responsible for the operational delivery of the strategy and its associated programmes of work.

4. Summary

The Solent NHS Trust approach to engagement and inclusion is driven by the health ambitions of our local community, and our ambition to find our place to help create a place where people can improve health and experience less inequality. We have discovered that local people want us to work with them as partners, to recognise the exceptional knowledge, skills and expertise they have and to take our place alongside them to deliver change. We look forward to really making a difference and supporting people to receive the care and treatment they want, at or closer to home.

Acknowledgement

We have been privileged to work with many people in the development of this strategy. People from our local areas, people who provide Solent services and other experts have all given us the gift of their time, their thoughts and their challenges. We believe this has helped us get to where we are, to the place where we can describe our ambitions to improve health and reduce health inequalities by working in true partnership with our communities. This is just the beginning but our thanks go to every person who has supported and guided us, and we hope that you will continue to work with us as we put what local people have told us into practice.

Sarah Balchin, Associate Director – Community Engagement and Experience

September 2020

Appendix 1

Our approach to developing the strategy has been a bit like a snowball effect. Asking one person for their thoughts and ideas led us to many others. We started our conversations with the community with – what does great engagement look like to you? And how do you think we could achieve that? Our conversations with members of Solent teams, often started with – can you share what you are doing with engagement and what help, if any, you need from us?

This is a list of some of the people and groups that have contributed in some way, shape or form to setting out our ambitions.

Community partners and colleagues	Solent People
<p>Age UK Portsmouth – supporting older people</p> <p>Canoe Lake Leisure – providing space and support for community activities in Southsea</p> <p>Carers Centre, Portsmouth City Council – supporting unpaid carers of residents of Portsmouth</p> <p>Carers Centre, Southampton- supporting unpaid carers of residents of Southampton</p> <p>Citizens Advice Hampshire – providing people with knowledge and confidence to find their way forward</p> <p>CLEAR Charity – supporting refugees and asylum seekers in Southampton</p> <p>Communicare in Southampton – enriching the quality of life of lonely and isolated people</p> <p>Community First- developing and delivering community projects</p> <p>Cooperative Group – COOP in the community, connecting members and stores</p> <p>Creative Options offering support and training to people with mental health issues</p> <p>Cycling UK – promoting cycling to support health and wellbeing</p> <p>Dead Good Days- equipping people with insight and knowledge related to death and dying</p> <p>Different Strokes – helping young stroke survivors reclaim their lives</p> <p>Drop the Mask – to train volunteers and employees with mental ill health in all forms of media and IT</p> <p>Enable Ability – supporting disabled people meet their full potential and helping families and carers with respite</p> <p>Energise Me- championing physical activity in Hampshire and Isle of Wight</p> <p>Flow Observatory- user led hub campaigning for equality, respect and equality in the arts culture and society, lead for Portsmouth City of Sanctuary.</p> <p>Good Mental Health Cooperative – Portsmouth charity promoting mental health, wellbeing and recovery.</p> <p>Gospport Voluntary Action Group - Provides help and support to over 200 local, voluntary and community groups in the Borough.</p>	<p>Adult Mental Health Head of Operations</p> <p>Adults Portsmouth - Operations</p> <p>Director/Matron/ Inpatient Ops Manager</p> <p>Adults Southampton</p> <p>CAMHS Practitioner</p> <p>CAT (Clinical advisory Team)</p> <p>Childrens East – Senior Management Team/ CAHMS</p> <p>Community OT</p> <p>Community Physio</p> <p>Dental Services - Head of Quality and Professional Standards & Senior Dental Nurse</p> <p>Educators in Practice</p> <p>FiT (Frailty Interface team)</p> <p>Governance Leads</p> <p>Head of Quality and Professions</p> <p>Homeless Healthcare Team – Deputy Primary Care Manager/ Team Lead</p> <p>Lead Allied Health Professional</p> <p>Learning Disability Team</p> <p>MSK Team – MSK Operational Lead</p> <p>Podiatry – Business Development Manager</p> <p>Podiatry Team Leader</p>

<p>Hampshire & Isle of Wight Clinical Commissioning Group</p> <p>Healthwatch Portsmouth – represent people of Portsmouth, the aim being to improve health and social care</p> <p>Healthwatch Southampton - represent people of Southampton, the aim being to improve health and social care</p> <p>Holroyd Estate - Member of various groups city wide for years - takes the estate's issues to those groups and then gives feedback to the community.</p> <p>Homegroup - A housing association, social enterprise and charity with a turnover of over £367m and one of the UK's largest providers of high quality housing and integrated housing, health and social care.</p> <p>Medina Mosque</p> <p>MHFA Training - Mental Health First Aid (MHFA) is an educational course which teaches people the skills and knowledge to identify, understand and support a person who may be developing a mental health illness.</p> <p>NHS Southampton City Clinical Commissioning Group</p> <p>No Limits - A group for young people who need somewhere to go for information, advice and counselling. Youth Justice, Mental Health Services, the Health Authority, Social Services and the Youth Service came together to create this organisation.</p> <p>Parkinsons UK - Offer information, friendship and support to local people with Parkinson's, their families and carers.</p> <p>Portsmouth City Council</p> <p>Portsmouth City of Sanctuary - Portsmouth is a city proud to offer safety and sanctuary to anyone fleeing violence and persecution or who is vulnerable and isolated. It matters not whether those in need have been here five days or five decades.</p> <p>Portsmouth University Hospitals NHS Trust</p> <p>Re:Minds - a parent-led support group for families who have children/young people with autism or mental health issues and is based in Southampton.</p> <p>Royal Navy, Royal Marines Charity</p> <p>See Change Happen - A practice who specialise in providing Equality, Diversity and Inclusion advice and services to organisations and business. The primary focus is on LGBT+ support with a specialism and focus on transgender and gender non-conforming awareness.</p> <p>Solent Showcase Gallery - award winning community gallery, which forms part of Solent University.</p> <p>South East Hants Fareham & Gosport Clinical Commissioning Group</p> <p>Southampton Art in Health Forum - for people interested in the connections between art, creativity, health and wellbeing.</p>	<p>Portsmouth Discharge hub</p> <p>PRRT (Portsmouth rehab and reablement team)</p> <p>Recovery College</p> <p>Senior Matron for Quality</p> <p>Side by Side member(Solent Academy Research and Improvement patient group representative)</p> <p>Solent team members who are family carers</p> <p>Operations and Business manager</p>
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Southampton City Council

Southampton Collective - involved with The Arts in Health forum and also independently carry out creative work with people with mental health issues and dementia as well as with other community groups.

Southampton Council of Faiths - promote understanding between faiths in the city.

Southampton Voluntary Services - Southampton Voluntary Services is the umbrella body for local voluntary and community groups working in Southampton.

St Denys Community - a safe place for members of the BAME community to go to.

Stand Up Portsmouth - A support group for families of children with Special Educational Needs and/or Disabilities (SEND) in Portsmouth.

Theatre for Life - Providing education, support, theatre performances and projects regarding the art of theatre in Southampton.

Touch Network – telling stories, touching lives. Run by people with lived experiences whop used story telling as part of their recovery.

Wessex Voices

Yellow Door - a charity specialising in supporting people who have experienced, or are at risk of domestic or sexual abuse.

Additional patient and community representatives including:

Carers of older people

Carers of young people with enduring mental ill health

Domestic abuse survivors

Family carers of young adults with learning disabilities

Member of Primary Care Patient Participation Group

Mental Health Service Users

People living with long term health conditions

Stroke survivors and families

Item No.	13.1				
Presentation to	Trust Board – In Public				
Title of Paper	Environmental Sustainability Briefing/Strategy				
Purpose of the Paper	To provide a briefing for the board on the development of the Green Plan as required under the NHS Standard Contract				
Author(s)	Chris Box, Associate Director Estates and Facilities	Executive Sponsor		Andrew Strevens, Deputy CEO & Chief Finance Officer	
Date of Paper	21 September 2020	Committees/Groups previously presented		Extended Execs Finance & Commercial Group Finance & Infrastructure Committee	
Statement on impact on inequalities	Positive impact (inc. details below)	X	Negative Impact (inc. details below)		No impact (neutral)
Positive / negative inequalities	--				
Summary of key messages / findings	To note the requirement for a Green Plan under the terms of the NHS Standard Contract and the key steps in ensuring this is developed and approved. There are a number of key strands to achieving this that will involve wide engagement and support.				
Action Required	For decision?	No	For assurance?	Yes	
Summary of Recommendations	The Trust Board is asked to: <ul style="list-style-type: none"> Note the requirements for the development of a Green Plan in the briefing presentation Confirm support to the next steps as detailed in the briefing presentation 				

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

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



**Green Plan –
Environmental Briefing
for Trust Board – In
Public**

Item 13.2



Chris Box

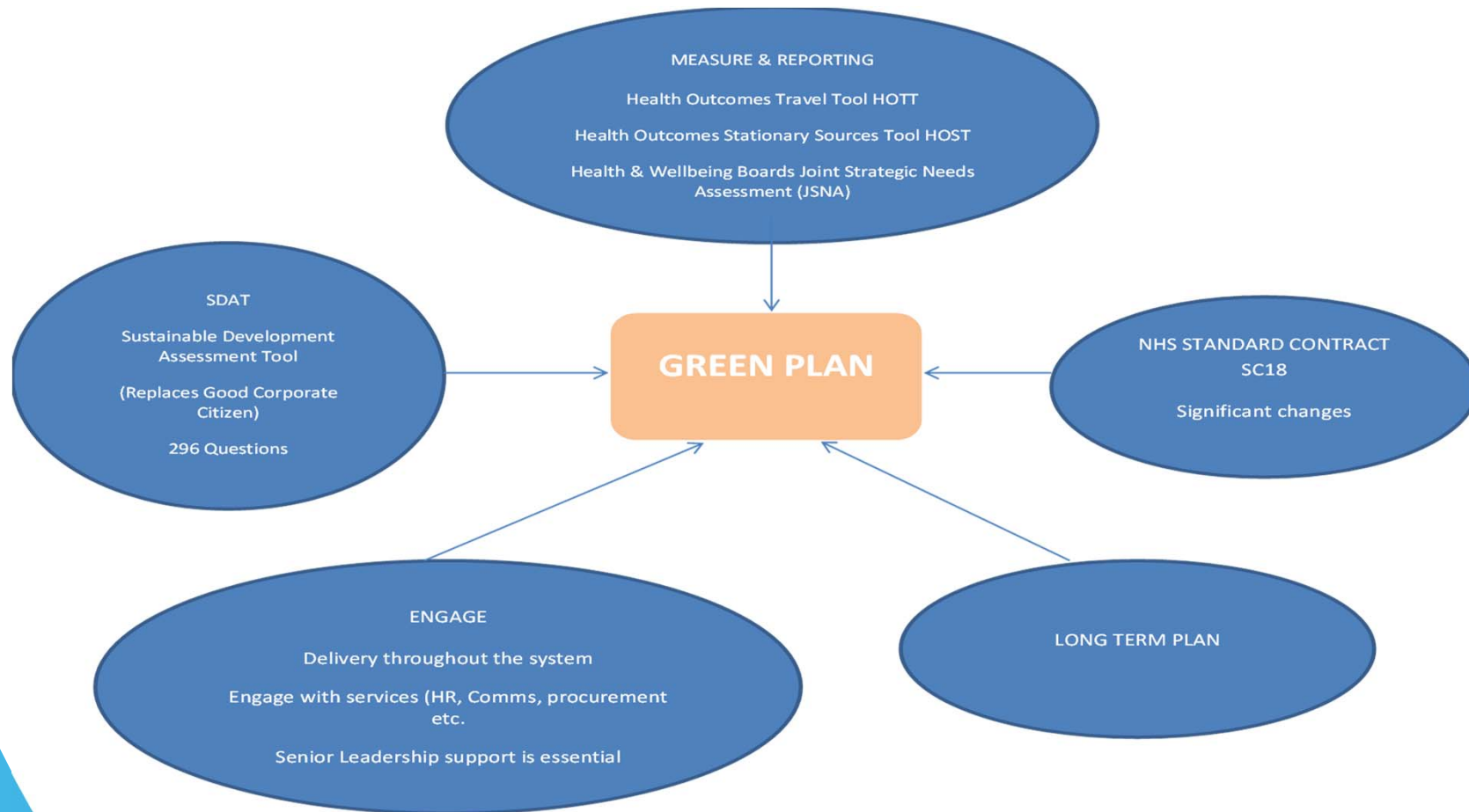
Associate Director Estates &
Facilities

Jo Warwick

Building and Environmental
Compliance Manager

28 September 2020

Key Inputs to the Green Plan



Green Plan

A Green Plan (formerly a Sustainable Development Management Plan - SDMP) is a mechanism for organisations to take a coordinated, strategic and action-orientated approach to sustainability. Green Plans form a key part of sustainable healthcare delivery to ensure services remain fit for purpose today and for the future.

A Green Plan is comprised of three key elements: Organisational Vision and Objectives, Action Plan and Measurement & Reporting.

The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care, the contract mandates that all healthcare services are required to have a Green Plan in place.

Solent NHS Trust Green Plan will be board approved, outlining the organisation's aims, objectives, and delivery plans for sustainable development. It will act as a live strategy document to ensure the trust implements and meets NHS Long Term plan deliverables.

Green Plan – Governance & Reporting






Approval: Green Plans are expected to be approved by the Board or Governing Body.

Reporting (Board and Commissioners): An annual progress review should be provided to the Board to ensure that implementation is on track. This may include a dashboard of key targets, compliance levels and anticipated or realised benefits/health outcomes e.g. pollution reduction.

Mid-term review: Green Plans typically should have a term of 3 to 5 years. It is recommended that Green Plans are reviewed half way through their life cycle. This review should consider whether the ambitions, content and context continue to be relevant.

Evaluation: At the end of its term, the Green Plan together with the process followed and progress against targets should be carefully examined and evaluated before a new Green Plan is developed.

How will Solent meet the Green Plan?

 Honesty	 Everyone counts	 Accountable	 Respectful	 Teamwork
<p>Capture as much historical information as possible</p>	<p>All services / departments to record and report on all requested areas of consumption / usage</p>	<p>Sustainability to be included as a standing item on all meeting agenda's</p>	<p>Collation of information must not breach any GDPR regulations.</p>	<p>Collaboration across services to share space, equipment and resources</p>
<p>Calculate base years fairly and honestly, pro-rata data that is available</p>	<p>Sustainability awards for: most improved department / service, innovation,</p>	<p>All staff are responsible to minimise consumption of utilities or products.</p>	<p>Collation of information must be fair, transparent and must not discriminate.</p>	<p>Furniture / equipment swap shop to appear on front page of intranet</p>
<p>Publish league tables to staff so they can see their own and other services achievements</p>	<p>Sustainability action team. Open forum for all staff to share ideas, good practices and work through challenges</p>	<p>Training provided for those in sustainability action team, staff recording and reporting data.</p>	<p>Regular communication to all staff of targets to achieve, progress so far, and areas to work on</p>	<p>Work with external contractors to reduce collection / delivery frequencies.</p>

Engagement

- Engagement is crucial to embed sustainability in the health and care system, helping people understand not just what needs to be done but also why it needs to be done.
- Without engagement the health system will not achieve its long term goals for reducing carbon emissions and the public will not understand why action is needed.
- Engagement and sustainability both need to be owned by boards and staff.
- Engagement and sustainable development programmes must also draw in service users, communities and the wider public, local councils, third sector and Health & Wellbeing Boards.
- Effective engagement is so important it forms a core part of the 'Leadership, engagement and development' module available through the Sustainable Development Unit.

Section 1: NHS Long Term Plan

NHS Long Term Plan Commitments

- **Reduce carbon footprint and environmental impact of providing care**
- **Reduce air pollution and contribute to a cleaner environment**
- **Reduce the use of single use plastics where appropriate and feasible**
- Ensure that prevention and wellbeing are the focus of all healthcare activities
- Develop sustainable clinical practices in all specialities and services
- Prepare and respond to the climate change, including weather events and supporting vulnerable people

NHS Long Term Plan

Climate Change Act Target

The legislation targets are based on baseline years long before the trust became into existence. Due to properties making up the largest proportion of scope 1, all of scope 2 and a large portion of Scope 3 we are unable to set a baseline before 2013. The trust has set their baseline year as 2015-16, due to changing ledgers and historical data being difficult to obtain. Targets will be rebased and pro-rata calculated from this data.

The trust became the owner of properties on 1st April 2013. We have classified our properties in the following categories:

Full control – these premises are those we either own or have full management control of the building

Influence – the trust have no control, but have a relationship with the landlord that can steer their decisions in terms of refurbishment, and the landlord can provide reliable data.

No In-put – the trust have no control and little influence over the landlord mainly due to the minimal space occupied within the building.

Solent NHS Trust will use **Full control** buildings to measure the carbon footprint for utilities but will include as many areas / buildings / services as possible across procurement and travel.

Carbon footprint will be established from 2013 but will not contain all areas of emissions.

NHS Long Term Plan

Reduce carbon footprint and environmental impact of providing care:

Climate Change Act Targets	Solent NHS Trust pro-rata Targets*
10% reduction from 2007 baseline by 2015	0% reduction from 2015 baseline by 2015
34% reduction from 1990 baseline by 2020	5.7% reduction from 2015 baseline by 2020
50% reduction from 1990 baseline by 2025	14.3% reduction from 2015 baseline by 2025
64% reduction from 1990 baseline by 2030	24% reduction from 2015 baseline by 2030
80% reduction from 1990 baseline by 2050	46.7% reduction from 2015 baseline by 2050

- Calculated by dividing reduction percentage by number of years to achieve the target x number of years from our baseline year of 2015 to target year.

Other areas of focus include:

- Prescribing of lower greenhouse gas emitting inhalers & their appropriate disposal
- Reducing carbon footprint from Anaesthetic agents

NHS Long Term Plan

Reduce air pollution and contribute to a cleaner environment

- Reducing NHS fleet emissions (including ambulances) and other specialist vehicles
 - We have engaged with The Energy Saving Trust (EST) who offer Department for Transport funded Green Fleet Reviews to all NHS Trusts. They work collaboratively with an organisation to recommend implementable measures to increase the sustainability of their fleet. Whilst currently limited this will increase with the insourcing of our estates maintenance in 2021.
 - In line with the Long Term Plan targets, these recommendations work to both reduce emissions from fleet as well as business mileage.
- Reducing outpatient appointments by a third
- Working with local government organisations to reduce emissions

NHS Long Term Plan

Reduce the use of single use plastics where appropriate and feasible

- Reducing single use plastics across NHS catering as well as clinical and supply chain domains
- Working to improve the disposal and recycling processes for plastics
- Developing innovation in plastics

The initial reductions are aimed at catering services but over time and where clinically appropriate this will look to include the most common clinical products

We have signed the trust up to a plastic reduction pledge and through the scheme, we have committed to:

- By April 2020, no longer purchase single-use plastic stirrers and straws, except where a person has a specific need, in line with the government consultation **Achieved**
- By April 2021, no longer purchase single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics
- By April 2021, go beyond these commitments in reducing single-use plastic food containers and other plastic cups for beverages – including covers and lids

Four data submissions to NHSE&I have been committed to in respect of our pledge

NHS Long Term Plan

To be Developed

- Ensure that prevention and wellbeing are the focus of all healthcare activities
- Develop sustainable clinical practices in all specialities and services
- Prepare and respond to the climate change, including weather events and supporting vulnerable people

Section 2: NHS Standard Contract Service Condition 18 – Sustainable Development

NHS Standard Contract Service Condition 18

Service Condition 18 of the NHS Standard Contract has significant changes in respect of sustainability development. One of the key changes is that the Sustainability Development Management Plan is being replaced with a Green Plan that has a much broader scope, there are four key areas:

18.1 In performing its obligations under this Contract the Provider must take all reasonable steps to minimise its adverse impact on the environment.

18.2 The Provider must maintain and deliver a Green Plan, approved by its Governing Body, in accordance with Green Plan Guidance and must provide an annual summary of progress on delivery of that plan to the Co-ordinating Commissioner.

18.3 Within its Green Plan the Provider must quantify its environmental impacts and publish in its 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.

18.4 As part of its Green Plan the Provider must have in place clear, detailed plans as to how it will contribute towards a 'Green NHS' with regard to NHS Long Term Plan commitments

NHS Standard Contract Service Condition 18

How will we deliver against the four key obligations?

18.1 Take all reasonable steps to minimise its adverse impact on the environment

- This will be achieved by adhering to the “Green Plan”, continued monitoring will ensure targets remain in sight and progress is being made to meet them.

18.2 Maintain and deliver a Green Plan and provide an annual summary of progress

- Trust Carbon footprint will be calculated annually in June this will be reported to Estates, Facilities and Sustainability Group and taken to the board in [Aug / Oct]. Monitoring of **Full Control** property Scope 1, 2 and 3 emissions will continue to take place monthly and reported to Estates, Facilities and Sustainability Group bi-monthly.

18.3 Quantify environmental impacts within annual report, to include: greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved.

Note:

- Display Energy Certificate (DEC) – ratings will influence where future projects will take place.
- Backlog maintenance and equipment replacement programmes will replace old inefficient plant / equipment with the most energy efficient new alternatives.

NHS Standard Contract Service Condition 18

18.4 As part of its Green Plan the Provider must have in place clear, detailed plans as to how it will contribute towards a `Green NHS' with regard to NHS Long Term Plan commitments

18.4.1.1 Reduce air pollution from fleet vehicles

- The trust do not currently own any vehicles, though it does have leased vehicles for dental services, rehab ward and pool cars. Ownership or leasing of additional vehicles will come into effect from 1st April 2021, with the in-house provision of the estate maintenance service.

18.4.1.2 Phase out oil and coal for primary heating

- Complete where the trust has **Full control** of the buildings

18.4.1.3 Develop and operate expenses policies for staff which promote sustainable travel choices

- Travel and Subsistence policy due for update Dec 2021 & will need to consider this commitment

Section 3: Sustainable Development Assessment Tool (SDAT)

SDAT - Modules

SDAT is an online self-assessment tool to help organisations understand their sustainable development work, measure progress and help make plans for the future. The self assessment tool has 296 questions.

It uses four cross cutting themes 'Governance & Policy', 'Core responsibilities', 'Procurement and Supply chain' and 'Working with Staff, Patients & Communities' – and is made up of ten modules;

- Corporate Approach
- Asset Management & Utilities
- Travel and Logistics
- Adaptation
- Capital Projects
- Green Space & Biodiversity
- Sustainable Care Models
- Our People
- Sustainable use of Resources
- Carbon / Green House Gas Emissions



Solent
NHS Trust

Next Steps


NEXT STEPS

- Clarify key actions and commitments
- Identify key senior leaders to support development and implementation
- Identify and confirm any additional resource required
- Engage closely with colleagues across the organisation – set up a ‘working group’
- Identify key actions and allocate relevant actions to an appropriate department e.g. HR, communications, procurement
- Confirm governance and reporting requirements
- Engage with local networks and forums
 - Our Building & Environmental Compliance Manager is a member of the HIOW STP Sustainability Sub Group recently set up to address the Green Plan at STP level
- Develop & share ‘Project’ Plan
- Develop Comms Plan
- Review Policies impacted by the Green Plan e.g. Travel & Subsistence HR48 (review due 12/21), Sustainability ESF001 (review due 09/20), Energy & Water FM01 (review due 01/21)
- Nominate SRO and Board Sponsor
- Update to Board in October 2020

THANK YOU
ANY QUESTIONS?

Item No.	14.1				
Presentation to	Trust Board – In Public				
Title of Paper	Health & Safety Annual report & Statement of Intent				
Purpose of the Paper	To inform the Trust Board of the activities undertaken in relation to Health, Safety & Welfare and the Health and Safety Group during the year 1st April 2019 – 31st March 2020 and provide assurance on how we are meeting our statutory requirements and best practices for health, safety, welfare, fire and security.				
Author(s)	Chris Box	Executive Sponsor	Andrew Strevens		
Date of Paper	21 September 2020	Committees/Groups previously presented	Extended Execs Finance & Commercial Group Finance & Infrastructure Committee		
Statement on impact on inequalities	Positive impact (inc. details below)	Negative Impact (inc. details below)	No impact (neutral)	X	
Positive / negative inequalities	--				
Summary of key messages / findings	<p>We have engaged and formally consulted with our employees and staff side representatives with regards to health and safety management. An improved reporting culture has been noted.</p> <p>No investigative proceedings were undertaken with regards to breaches of health and safety legislative requirements or the Environmental Protection Act by either the Health and Safety Executive or the Environmental Protection Agency in the period.</p> <p>The progress of the past year has only been possible through the collective efforts of the Compliance team and colleagues across the Trust.</p> <p>It has been another challenging year for all areas of health and safety compliance, the improved working relationships that have been developed are supporting all areas to provide assurance of the Trust position and commitment to comply with UK legislation.</p>				
Action Required	For decision?	No	For assurance?	Yes	
Summary of Recommendations	The Trust Board is asked to note the details within the annual report				

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

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



NHS
Solent
NHS Trust

Dave Keates
Health & Safety Manager



Great care at the heart of our community 



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Annual Report for Health, Safety and Welfare

For the year 1 April 2019 to 31 March 2020

Board Version

Section 1: Executive Summary

This report informs the Trust Board of the activities undertaken in relation to Health, Safety & Welfare and the Health and Safety Group during the year 1st April 2019 – 31st March 2020 and provides assurances on how we are meeting our statutory requirements and best practices for health, safety, welfare, fire and security.

The report has been produced using the Health & Safety Executive (HSE) guidance managing for health & safety (HSG65) and covers staff, patients, visitors and contractors

Other formal services involved in compiling this annual report are Accredited Security Management Specialist (ASMS), Fire Safety Advisor, Estate and Facilities Maintenance Manager

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

Section 2: Governance and Management Arrangements	
Solent have remained compliant with (section 2 (3) HASAWA	Green
Solent have remained compliant with section 2(2)(7) HASAWA	Yellow
Health and Safety Executive legislative consultations/changes	Green
Assessment and Inspections	Green
Section 3: Compliance and Assurance	
External Agencies and reporting of Incidents	Green
RIDDOR	Green
DoH Central Alert System (CAS)	Green
Section 4: Annual Security Management Report	
Strategic Governance	Green
Lockdown Procedures	Green
Crime Reduction Surveys	Green
Section 5: Annual Fire Management Report	
Fire Risk Assessments	Yellow
Compliance with The Regulatory reform (Fire Safety) Order 2005	Green
Section 6: Annual Estates Management Report	
Statutory and Mandatory Maintenance	Green
Backlog Maintenance	Yellow
Water Safety Management	Yellow
Asbestos Management	Green
Compliance	Yellow
Section 7: Risks and Issues	
Incident Reporting	Green
Slip, trip falls	Yellow
Manual Handling	Green

Key areas of focus within the report

Assure

Health and safety incident (refer to Page 22) identifies an overall increase of reportable incidents although these are almost all in the no harm category. Major, Permanent Harm and Catastrophic incidents remain at zero

Security incidents (refer to Page 14) Violence and Aggression “Patient to Staff” remains the highest reported category within Solent at 337 incidents in 2019/2020 this increase from 264 to 337 was caused by 2 x vexatious AMH patients responsible for several incidents each week.

Advise

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations RIDDORs (refer to page 10) have increased by 4 over the last year with slips trips and falls within the community the most reported area. No common location or activities identified when incidents took place. During the last month Covid RIDDOR reporting process developed to capture any unintended incident at work that leads to someone’s possible or actual exposure to coronavirus.

Proactive assessments have increased (Page 8, 9 and 10 ,) with the undertaking of medical gas compounds, workplace inspections, COSHH

Alert

A risk relating to falls on the risk register (refer to Page 24) relates to a lack of leadership/ clinical support to manage complex patients who are at risk of falling, lack of support and guidance to falls champions group/ meetings, difficulty in monitoring and implementing the falls CQUIN and the knock on effect this lack of support is having/will have on our at risk patients.

Whilst the trust performance is good; there remains room for further improvements. In the last 12 months 1219 health and safety incidents have been reported through Ulysses.

Section 2: Governance and management arrangements

Solent NHS Trust as an employer is required to appoint one or more competent persons with the necessary skills, knowledge, and experience to assist in helping it meet its legal duties. Solent NHS Trust meets this obligation; the Trust has a full time Health and Safety Manager and other competent persons are in place in regards to Estates Management, with specialist advisors for fire safety, local security management, and environmental management.

Solent have remained compliant with (section 2 (3) HSAWA) with the Chief Executive Officer (CEO) reviewing and endorsing Solent’s commitment to health and safety with the signing of the health and safety policy statement of intent and delegating executive lead responsibility of health and safety to the Chief Financial Officer/ Deputy Chief Executive.

A copy of the signed Health and Safety Statement of Intent can be found in Appendix A.

The Health and safety Group is compliant in fulfilling its requirements with the representation of both elected unionised representatives of employee safety and non-unionised employees in

accordance with the Safety Representatives and Safety Group Regulations, and the Health and Safety (Consultation with Employees).

The group is working effectively with an open culture where attendees are playing an active role in talking through decisions about health and safety to identify joint solutions to issues being raised.

The Health and Safety Group met quarterly on 23 April 2019, 23 July 2019, 22 October 2019 and 21 January 2020; as a consequence of the COVID-19 pandemic more regular meetings have been held with increased executive board members attending. The following are some examples of notable areas of work which have been led by the Health and Safety Group over the last year;

Below is a summary of some of the 30 actions that were completed during 2019/2020

Subject	Action Taken
Nitrous Oxide Being Used. Needs positive supply and extraction ventilation	Staff personal monitoring for nitrous oxide exposure undertaken for Solent operatives working at the facility. All monitoring outcomes were significantly below the 183 mg/m ³ (8 hour TWA) stipulated by the HSE. Test was replicated during winter months, further quarterly tests planned for the coming year
Law change on Corporate Manslaughter. Under a new guideline published by Sentencing Council, employers or managers convicted of gross negligence manslaughter will be facing longer prison sentences.	Corporate Manslaughter, implications of changes to legislation, training presented to Directors on 13 September.
Portable Appliance Testing (PAT) and confusion across Trust concerning who carries out PAT testing and what it is.	Estates and Facilities Standard Operating Procedure for PAT testing created
Contractors storing items in rooms. A piece of wire stored in a room by a contractor was accessed and used to endanger a member of Trust staff	SIRI investigation undertaken. Mitigation controls to doors were applied through Estates and Facilities teams a trial. Trial was successful and installed throughout
Fire resistance Mattresses. Trials undertaken	Matrons agreed to use of Crib 5 mattresses apart from 136 suite and two exclusion cells to use Crib 7, a higher fire resistance mattress
TB clinic at the RSH health and safety risk assessment by H&S manager and service lead	Risk assessment for the use of waiting area (sputum positive to Tuberculosis (TB) and coughing in the waiting areas) presented to (UHS) who were happy with the findings, all parties agreed and Solent briefed the HCAs who needed to be engaged with the process.
Use of Naloxone as per license each single pre filled syringe contains multiple doses and non-safer needle (non safer sharps) used throughout Solent, particularly within the substance misuse services and in each emergency bag	Nasal Naloxone was trialled in Homeless Healthcare where well received, now with DART/ medicines management and reviewing where Naloxone can be changed to the nasal one.

CAS Electrical Alerts In July NHS England NHS Improvement changed electrical alerts to be available through the NEDER system rather than the CAS system.	CAS Officer / CAS administrator chased progress with NHS England & NHS Improvement, received instructions to join the Future NHS Collaboration Hub to receive electrical alerts. Action complete
An issue identified with completion of incident forms relating to Falls Witnessed/Not Witnessed. In a significant number of cases the location of the fall is not recorded. If recorded and exactly in every case this would allow better analysis and could lead to solutions.	Discussion with those responsible for Ulysses system to improve the form completion. Safeguard team sent message out through Solent Comms. Falls champions made aware and worst offending area informed.
Skyguard App on Smartphone Trial of App Within the Trust	Trial has been concluded successfully. Presented on 7th January where the Chief Nurse approved the roll out of the Skyguard App to Solent NHS Trust with a phased approach. H&S Manager presented at QIR of the development on 13th January. Now operational usage figures are provided at each H&S group
Work Related Stress Two difficult but consistently sited causes of work related stress are constantly high volume workload and an increase in the number of complex cases being handled.	Escalation of this issue from the Health and Safety Group to the Workforce and People and OD Committee. Raised at committee level. Work continuing with Occupational health on tracking the cases of Stress and support packages
Fire Evacuation Chair training apprehensive about practical testing of the chairs. Assessed alternatives and recommend use of Evacuation Mats.	Evacuation Mats now installed after engagement with clinical inpatient areas. Training packages provided

There are 6 outstanding actions recorded on the action tracker from this year's Health and Safety Group programme and these will be carried forward to next year and will be actioned in quarter one 2020/2021, these outstanding actions carry minimal risk

Health and Safety Executive legislative consultations/changes during 2019/20, review outcome and action of the four key items are shown below:

Legislation	Review Outcome	Action taken
Amendment of the Ionising Radiations Regulations	Amended as follows: The definitions of "classified person", "controlled area" and "radiation passbook".	Shared with relevant service team
Fire Safety Regulations and Building Regulation	independent review of building regulations and fire safety to define clearer roles and responsibilities throughout the design and construction process, as well as during a building's occupation	No action taken awaiting final outcome
Revision of limit values in EH40/2005 "Workplace Exposure Limits - Carcinogens and Mutagens -	11 new occupational exposure limits values (OELVs) and amends 2 existing OELVs for substances to help protect workers from the ill-health effects of exposure to carcinogens and mutagens in the workplace	Applied directly onto the SyPol COSHH Assessments
Radiation Emergency Preparedness and Public Information) Regulations 2019 - Consultation on proposed Approved Code of practice	REPPIR was repealed and replaced as part of transposing the emergency preparedness and response requirements of the Basic Safety Standards Directive 2013 made under the Euratom Treaty. REPPIR 2019 is being made under the Health and Safety at Work etc.	No action taken awaiting final outcome

Note that the changes in Health and Safety legislation is a standing agenda item. Any impacts are reflected within organisational policies and/ or Standard Operating Procedures

Policies and Procedures developed or reviewed by the Health and Safety Manager and approved by relevant Groups during 2019/2020 were:

- Control of Substances Hazardous to Health (COSHH) Policy
- Policy for the safe handling and disposal of healthcare waste
- Medical Devices Policy
- Central Alert System (CAS) Policy
- Managing and Working with Asbestos Policy
- Control of Legionella Bacteria in Water Policy

The following policies are for review during 2020/2021

- Fire Safety Policy
- Physical Security Management Policy
- Hot Desk/Shared Desk Policy
- Health and Safety Policy

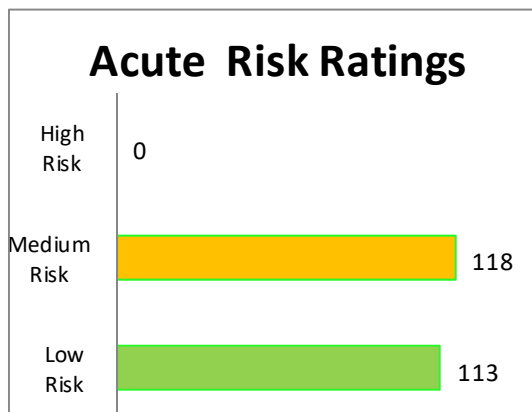
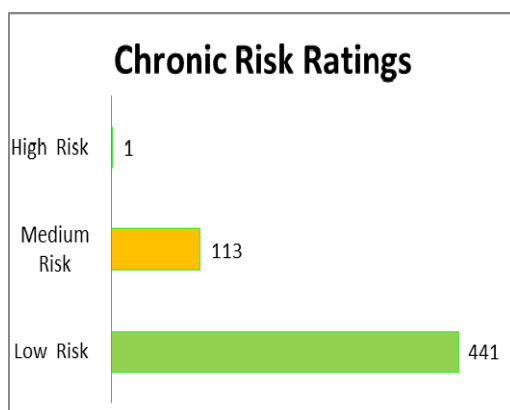
Assessments and Inspections

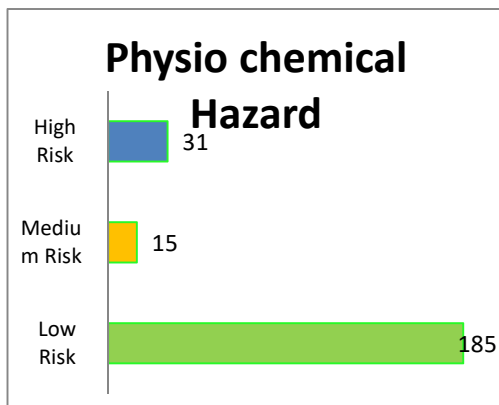
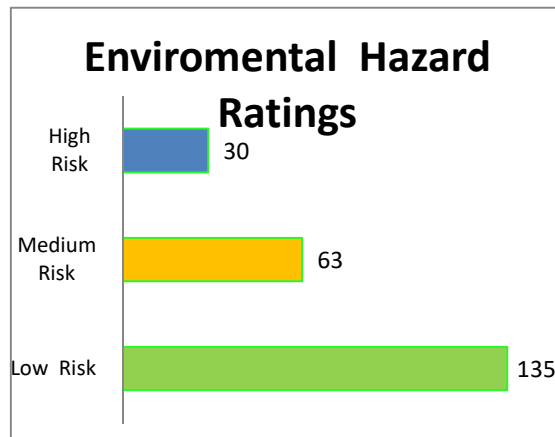
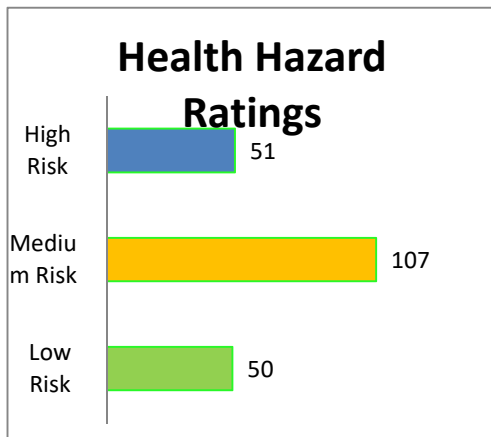
Control of Substances Hazardous to Health (COSHH)

During 2019/2020 the action was to reduce the total number of COSHH assessments down from the original 238 completed COSHH assessments, after engagement with service lines in establishing a reduction of the number of substances used the COSHH assessments were reduced down to 215

Due to the Coronavirus and the limited availability of our standard sanitizers, disinfectants etc. additional substances were sourced either through the NHS supply chain direct or from other manufacturers. These new substances were all assessed and the current total number of COSHH assessments sits at 228 giving a total reduction of 10 assessments from the previous year

Summary of COSHH hazard properties are shown below





Going Forward

The health and safety manager will engage with service lines directly to establish a reduction of the number of substances used, standardise substances and evaluate safer alternatives. Remove any additional substances used during the COVID when practical to do so, the aim is to further reduce the current substances in use.

Medical Gas External Storage Compound assessments

All of Solent's external medical gas storage compounds had a routine assessment against applicable NHS guidance and HSE legislative requirements on storage of medical cylinders to support the safe storage and security of assets.

In general all storage compounds were kept clean and subjected to regular housekeeping, identified by signage in accordance to the classification of the gas cylinders in storage, cylinder secured in correct position and segregated where necessary, undercover, light and secured.

An action tracker of remedial works was created and added to the Estates backlog maintenance programme. The initial actions taken this year were to bolster the current locking mechanisms with a 'puck lock' and shrouded padlock that was added to the compounds.

Health, Safety and Welfare Workplace inspections

A schedule of workplace health, safety and welfare inspections and a series of workplace inspection checklists covering relevant health, safety, welfare and environmental legislation which supports aspects of compliance with the Management of Health and Safety at Work

Regulations (MHSWR) and the Workplace (Health, Safety and Welfare) Regulations (WHSWR) have been created to meet the needs of Solent NHS staff working environments.

Each site and service within them was given a priority rating 1, 2, 3 and 4. Priority one (1) Sites cover Solent owned properties or fully managed leased and inpatient areas; Priority two (2) Sites cover clinical settings involving patients; Priority Three (3) Sites cover clinical services with no direct patient contact, schools Bi-Annually; Priority Four (4) Sites cover Odd Seasonal booking rooms or clinical administration offices and community day centres.

These assessments took place during 2019/2020. Note that due to the coronavirus this programme of inspections were temporarily suspended.

As of 31 March 2019 the Health and Safety Manager has completed:

- Priority One buildings -13 buildings have been completed with 37 individual inspections taking place with 4 buildings remaining of which two of those have been partially completed with 4 individual inspections having taken place. 26 individual inspections are outstanding
- Priority Two buildings- 10 buildings have been completed with 10 individual inspections taking place and 5 have been partially inspection with 6 individual inspections. 54 individual inspections are outstanding
- Priority Three buildings - 7 buildings have been completed with 7 individual inspections taking place 10 individual inspections are outstanding No priority 4 buildings have been inspected. 8 individual inspections are outstanding

All outstanding actions/ recommendations are tracked via the Health and Safety Workplace Inspections Remedial works Action Tracker; Common actions identified during the assessments include:

- Missing health and safety “What you Need to Know Law Poster”
- First aid arrangements (Named first aiders, first aid box contents)
- Digi code number renewals
- Disabled toilet door opening tool in the event of an alarm activation

A programme to complete the remaining inspections has been developed with completion by the end of March 2021.

Going forward.

- Health and Safety Manager to prioritise areas not assessed during 2019/20
- Feed any appropriate actions to the Estates Backlog Maintenance tracker
- Continue to work closely with services to aid the completion of the inspections
- Support managers who will be expected to take local remedial action in response to the assessment findings

Ligature assessments

Following a review of all mental health services within Solent 23 ligature assessments were identified and all were completed during 2019/ 2020 with the minimum attendance of at least an Estates representative, Health and Safety Manager, a senior person who works on the ward where the assessment relates to and another clinical person who does not work on the ward.

All findings were fed back to the Project Group for Ligature Risk Assessment and works are taking place with the Estates team to reduce these ligatures

In addition service line mitigating protocols have also been written and those agreed controls have been adopted in maintaining both public and patient safety.

Additional training undertaken by the Health and Safety manager during 2019/2020 was:

- Ligature point and ligature cutters
- Ligature assessment for new staff joining the assessment team
- Occupation health and wellbeing team training (bi monthly). H&S legislation covering noise management, lighting, temperatures, display screen equipment, manual handling, biological agents in accordance with Environmental Health Guidance Note EH40, workplace exposure limits
- Workplace inspection
- COSHH

Section 3: Compliance and Assurance

External Agencies and Reporting of incidents

The Health and Safety Manager can confirm that there were no investigative proceedings being undertaken in regards to breaches of health and safety legislative requirements or the Environmental Protection Act by either the Health and Safety Executive or the Environmental Protection Agency.





Solent NHS Trust has not received a visit from any external regulatory agency, either pre planned or as a result of a specific incident complaint during 1 April 2019 to 31 March 2020.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR applies to a set of reporting requirements for work activities in Great Britain; the main purpose is to provide reports, where appropriate, to the Health and Safety Executive and to Local Authorities.

Solent were 100% compliant with all reportable incidents under RIDDOR being reported within the stipulated time frame to the Health and Safety Executive

Tables below break down the incidents by subject/ affected personnel and % RIDDOR per total no of incidents reported in same year – 4 year comparison

Year	No of reportable RIDDOR's	Direction of change	% RIDDOR per Total No of incidents reported in same year.
2019/2020	9		0.74%
2018/2019	5		0.5%
2017/2018	4		0.4%
2016/2017	13		1.3%

Staff or member of Public	Location	Injuries	Incidents
Staff	Solent Property	Injury preventing the injured person	3

		from working for more than 7 days	
Staff	Community	Injury preventing the injured person from working for more than 7 days	6

No common trends were identified and no SIRI investigations were undertaken.

When a RIDDOR is identified the Health and Safety Manager continues to investigate all RIDDOR incidents providing support to who/whom and will continue to work with departments to further improve the quality of investigations undertaken and sharing of lessons.

RIDDOR awareness has improved with the provision of guidance of what is reportable under RIDDOR through the health and safety webpage.

Going Forward

Additional training will be organised with the Quality Safety Team and Data and Systems team about how to identify an incident where RIDDOR may apply.

Department of Health Central Alert System (CAS)

Solent NHS Trust receives safety notices and alerts from a number of agencies that require consideration and in many cases action by managers and employees. Methods of receiving alerts and notices are through the Medicines and Healthcare products Regulatory Agency (MHRA) Central Alert System (CAS). Internally these alerts are appropriately cascaded to Solent NHS Trust Services nominated points of contact to which the notices can be acted upon accordingly

The table below shows the numbers and breakdown of the type of alerts received via the Department of Health through the Central Alerting System (CAS) for 2019/2020

Year	Medical Devices Alerts	Estates Facilities Notices High Voltage	Estates Facilities Notices Low Voltage	Civil Emergency Messages	Patient Safety Alerts	Drug Alerts	Estates and Facilities Alerts	Dear Doctor Letter	NHS Improvement Alerts	Supply Disruption Alert
2019/2020	37	1	1	14*	5	54	2	1	3	20

* 10 of the Civil Emergency Messages relate directly to Coronavirus/Covid-19

Solent NHS Trust is 100% compliant as year to date all 138 alerts received within 2019/2020 were acknowledged within the stipulated timescales, no alerts are outstanding and all alerts having been closed off within each alert timescale back to the Department of Health. Safety alerts will be continued to be monitored to ensure compliance within time-frames mandated

To ensure accuracy the CAS Administrator has been circulating every other month the CAS Alert contact distribution list to the Services nominated points of contact and the health and safety group attendees, requesting any names to be added or removed. This process will continue.

CAS AUDIT

Four random alerts issued by the Central Alerts System that were relevant to Solent NHS Trust, and had actions that have to be completed within the designated time frames were selected for an audit. The process of the audit was to gain evidence of the actions recorded from

services to close the alert off on the central alert system. The audit provided relevant assurance that these had been appropriately responded to.

Section 4: Annual Security Management Report

The ASMS continues to work using NHS standards whose principles are:

- Strategic Governance
- Inform and Involve
- Prevent and Deter
- Hold to Account.

Strategic Governance

The Solent NHS Trust ASMS continues to oversee the security of trust sites and the safety of staff; this is completed utilising crime reduction surveys. The ASMS continues to reach out to staff at meetings and training days pushing the message of security and encourages a pro security culture among staff. The aim is to ensure the safety of staff and the protection of Trust assets.

As a result of this the ASMS has continued to receive support from:

- The Associate Director of Estates and Facilities
- The Health and Safety Manager
- Premises / Line Managers
- Service Lines

The ASMS conducts works streams within the Security Management and Emergency Planning sectors in a dual role, which means collaborative work takes place with support from:

- The Chief Operating Officer Southampton and County Wide on matters relating to emergency planning and business continuity of the trust.
- The Emergency Planning Lead.

Inform and involve

The following specific security policies are designed to involve staff and inform them of the security procedures. These have been reviewed by the ASMS during 2019/20.

- IG08 Surveillance Camera System Policy
- RK09 Suspect Package and Bomb Threat Policy
- Lockdown Policy
- Physical Security Policy
- Policies currently under consideration:
- Security Management Strategy

Information and intelligence the ASMS has had meetings and has close working relationships with Head of Counter Fraud and Security Management for Hampshire and Isle of Wight, Local Counter Fraud Specialist, Police, and local Trusts.

The ASMS has attended several meetings to establish contacts with other ASMS's in the South East and Wessex areas' WASP (Wessex Area Security Professionals) and SOBAC (Southampton Business against Crime) as well as many meetings with RSH security management.

As part of the ASMS role he has worked closely with the estate design and service teams to ensure that appropriate security measures are included at the design stage of planned property refurbishment and redevelopment projects to avoid the additional and more expensive retrofit option that often occurs. The following buildings have been reviewed;

- Rodney Road
- Broadcast House
- Mental Health SMCHC
- WCH planned redevelopment works
- Block C SMCHC
- Block B SMCHC
- Baytrees (Covid 19)
- Thomas Parr (Covid 19)
- Falcon House

The ASMS continues to support staff who have been subjected to physical assaults or verbal abuse.

During 2019/20 working in partnership with the services, the ASMS has been involved in the issue of warning letters or support to staff including:

- Letter to a vexatious patient at AMH
- Police Caution (sexual offences) to a patient from a locum GP
- RSH Burglaries x 2
- SMCHC Bomb Threat

Prevent and Deter

Lockdown Procedures

All lockdown procedures are now in place with several having been reviewed as per MICAD system; many staff have commented on how easy the new procedures and action cards are to read in an emergency. The planned lockdown tests have been put on hold until such time that we can establish how the Covid 19 planning will affect the testing of procedures.

Crime Reduction Surveys (CRS) concentrate on layers of security working from the outside in and is designed to address issues relating to security on site. The ASMS uses tried and trusted CPNI (Centre for Protection of National Infrastructure) and SBD (Secured by Design) design elements which advise on perimeter security, building security and access control. The ASMS adds Policy and Procedure to the CRS as well as up to date crime data sourced from the police website www.police.uk (this has been scaled back during Covid-19)

CRS surveys completed so far:

CRS Reviews 2019/2020	
Jubilee House	RSH SA Security review (Fanshawe-Brambles)
RSH Burglary x 2 May / June 2019	Reception Desk Transaction Windows (Draft)
Portswood Surgery	Thornhill Security review
SMH CCTV Signage Survey	Surgery Room (GP) Layouts
Saint Marys Radio Replacement	Resilience (Security)

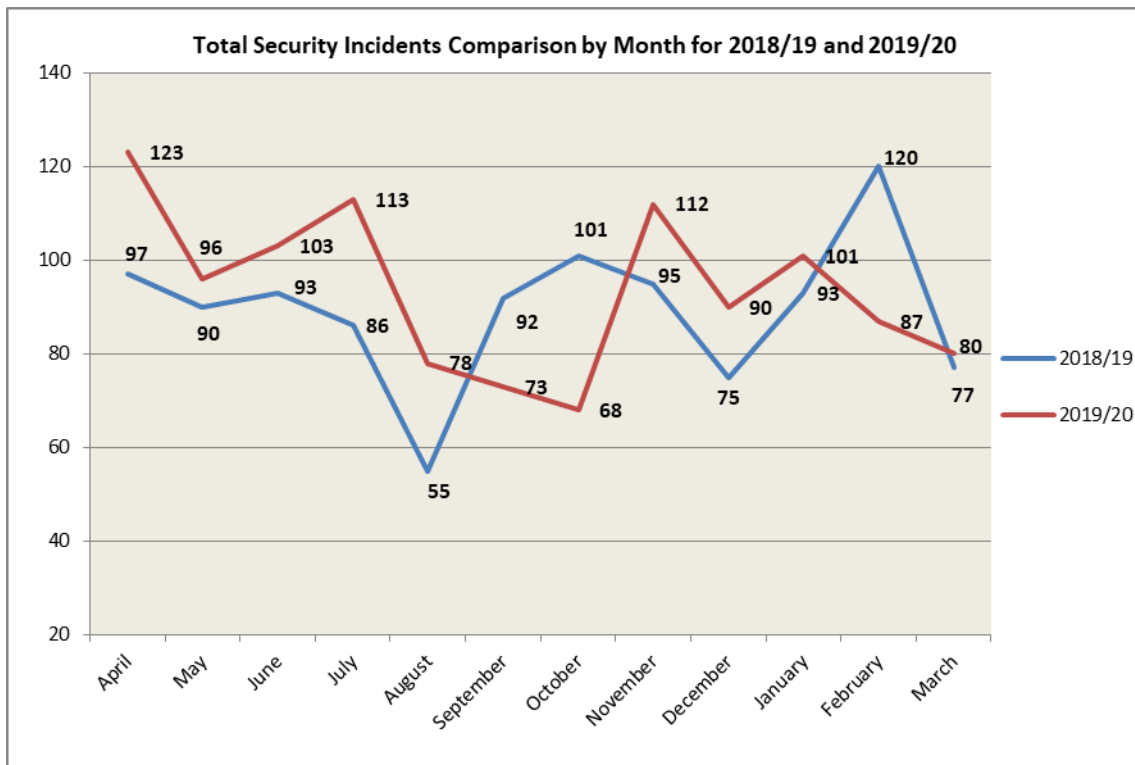
Hold to account

Where appropriate the ASMS continues to support staff members who have been subjected to assaults or verbal abuse resulting in consultation with staff members, prior to any sanctions being sought. This has resulted in working closely with Hampshire police to push for sanctions for the following incidents:

- Vexatious Patient (AMH)
- Sexual Offences Calls Sexual Health (Sexual health SMCHC)
- GP Sexual Malicious Communications (JIGSAW)
- Bomb Threat to site (SMCHC MH)
- Domestic Assault / Police Conditional Caution (SMCHC MH)
- Criminal Damage to grass verge (SMCHH)

Below is a statistical overview of all security incidents reported by members of Solent NHS Trust, it covers the overall number of incidents reported and identifies general reporting trends against year to year comparisons for the periods 2018/2019 to 2019/2020.

The first Graph will show the total number of incidents for comparison by month for 2018/19 and the 2019/2020 period. This will show from April 2019 to March 2020



Summary

Solent has seen an overall increase of 50 incidents since 2018/2019 some of which are related to three vexatious patients causing many incidents within the mental health units.

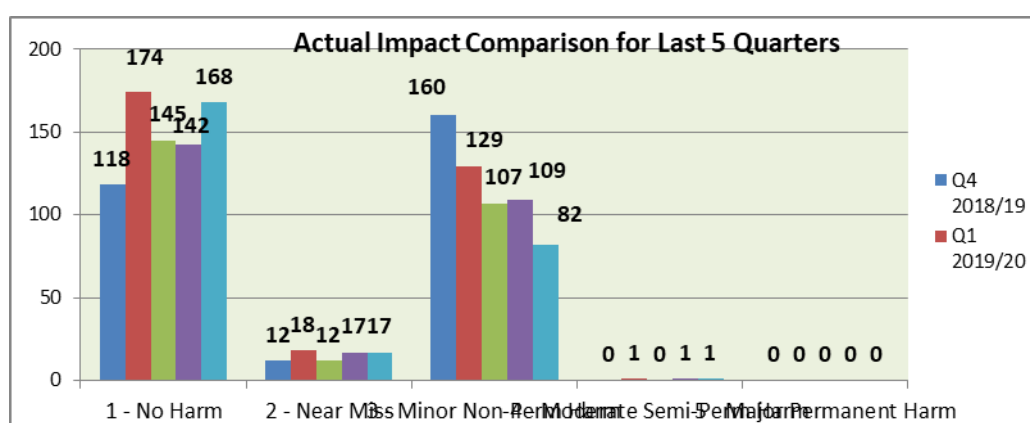
- MJ was responsible for 7 incidents between 18/04/2019 and 01/12/2019
- NC was responsible for 43 Incidents between 29/10/2019 and 08/12/2019
- JS was responsible for 7 Incidents between 14/06/2019 and 27/07/2019

Security Incidents by Actual Impact

Below are the risk ratings of all security incidents reported by members of Solent NHS Trust covering the overall number of incidents reported and identify general reporting trends against year to year comparisons for the periods 2018/2019 to 2019/2020.

- Near Misses have remained fairly level across the last 5 Quarters
- No Harms have been sporadic with Q1 2019/2020 being the highest; the rest of the year hasn't surpassed that number yet.
- Minor Non Perm-Harm incidents have dropped significantly with Q4 2019/2020 being the lowest of the Year.
- Moderate Semi-Permanent Harm has remained level throughout with 3 in the entire year Q4 2018/19 and Q2 2019/2020 had no reported incidents
- Major Permanent Harm remains at 0 incidents

During 2019/2020, the ASMS believes that working with staff at GP surgeries, reception desks and admin teams to actively report vexatious behaviour from patients accurately to police is currently being reflected in the ratings.



Top Cause One Incident

Focus this year has been on high cause groups reported, ensuring investigations are undertaken where needed support to improve measures where possible to reduce further incidents.

Cause 1	2018/19	2019/20
Violence Patient to Staff	264	337
AVG* Patient to Staff	256	229
Violence Patient to Patient	71	51
AVG* Other to Staff	59	36
Lack of Security	40	60
Legal Substance Not Permitted	35	16

* AVG – abusive verbal gesture

- Violence and Aggression “Patient to Staff” remains the highest reported category within Solent at 337 incidents in 2019/2020 this was caused by 2 vexatious AMH patients responsible for several incidents each week. Those patients have now moved on and so the incident numbers are expected to slow down.
- Lack of security incidents: Bitterne Health centre and Thornhill have recently been affected by many extra reports due to the failure of the basic security function at the site. These incidents have been reported due to issues created by Oak Park Security. St James hospital has also seen a small increase in incidents which have been reported relating to MITIE Security with a verbally abusive security officer in place through NHSPS. These have been addressed with the relevant organisations and managers.

The remaining categories have all shown a decrease since the previous year, in some cases a significant decrease.

To address some of these issues the ASMS has provided the following

- Staff awareness training around the use of the 999 system to ensure a quicker response from the police was undertaken in 3 training sessions with others to follow.
 - (1) Mental Health unit at SMH
 - (2) Homeless Healthcare team at RSH.
 - (3) Reception Team at Highpoint
- A New Bomb Threat and Suspect Package and guidance document was issued by ASMS to all reception staff, administration and call centre staff and any staff who handle trust post.

The ASMS continues to examine incidents reported through Safeguard or Ulysses to establish reported cases of crime and acts of violence, whether they are physical or non-physical, against the Trust staff, patient and visitors.

Conclusion

In summary the Trust has over the last year, demonstrated that it has the ability to respond reactively to a security incident and if an event should occur the incident will be formally reviewed to identify lessons learnt and will proactively support designing buildings and creating processes/procedures to reduce security incidents occurring.

The ASMS continues to improve working relationships with Hampshire Police to ensure that where criminal activity takes place, including violence and aggression directed at our staff, that every action is taken to ensure the perpetrator is identified and action taken. Hampshire Constabulary has been slow to react to several incidents at Solent and so the relationship is more important as we try to iron out issues where we can to improve the information we pass to Police improving the evidential chain.

The ASMS has worked on several cases with the Local Counter Fraud Specialist; on matters relating to fraudulent activity concerned with the trust. The partnership has created several Alerts and much sharing of evidential information to support the on-going Fraud work.

To Note:

The full Annual Security Report and SRT (Self-Review Tool) will be reviewed by the H&S Manager and be sent to the SMD (Security Management Director) for board approval. This document is available on request

Section 5: Annual Fire Management Report

Covid 19

In the last month of this reporting year we saw the government request Trusts to prepare for pandemic conditions. This activity caused Estates to convert Adelaide Health Centre and parts of other buildings into inpatient facilities; the Fire Safety Advisor provided compliance advice and carried out inspections to enable the speedy but safe opening of these facilities.

In addition nursing staff who had not worked in ward situations for many years volunteered to staff the new wards; they required fire training especially in emergency evacuation of mobility impaired patients. Over a three day period the Fire Safety Advisor trained in excess of 150 nurses in fire strategy and how to practically remove and evacuate a bed-patient from the bed to an assembly point.

Evacuation equipment

Following recommendation from the Fire Safety Advisor and the Trust Patient Handling advisor the Trust has achieved the complete replacement of old evacuation chairs in Trust occupied buildings with new evacuation mats; these mats give staff the facility to have 2 persons lowering a mobility impaired person down flights of stairs so giving less strain and more protection to staff backs. This work has been achieved by the Fire Advisor and a member of the Kier teams our current maintenance provider. The mats also give confidence to the user as the patient is at ground level in a protected mattress.

Fire Risk Assessments

The Trust Fire Risk Assessments (FRA) provides Estates with monitoring and feedback for remediation and assurance. Evidence of these assessments is held on the Trust MICAD system. Quarterly assurance reports are generated and sent to the Trust Health and Safety Group who oversee specific issues and actions.

Further operational checks are carried out inclusive of, but not limited to weekly fire alarm testing, monthly emergency light testing, annual portable fire equipment checks and annual fire evacuation drills. Evidence of these checks is held on the Trust MICAD system, also on the maintenance contractor Kier electronic recording system.

Risk ratings from both Fire Risk Assessments and operational checks are allocated against each site and a Kier weekly tracking meeting of identified fire safety related risks is held with an Estates Officer. This process assists the production of the Maintenance Contractor Assurance Report presented at a monthly meeting with the Solent Estates Maintenance Management team (who oversees the Trust maintenance contract).

During the year of 2019/20 all Estates FRA risk items identified in the Southampton and near areas have been dealt with, or are in the process of completion. Estates FRA risk items in the Portsmouth and surrounding area are logged and are either being dealt with, or sent forward to the Head of Estates Maintenance for inclusion in a forward programme of works. Holding fire safety risk items for a following financial year is acceptable, if you can show that overall you have balanced your financial ability with solving identified higher risk items (especially when they have been identified as items to receive immediate attention). To this end Solent maintenance Estates Officers have consulted with me to help them grade the identified risks in order of time importance. However it has also been identified to Estates officers that there are concerns about the number of medium level identified fire safety risks being repeated for the

2nd, 3rd and 4th fire risk assessment, it is possible that a Fire Service audit could take a dim view of this situation, albeit that this is a knock-on effect of the previous years of austerity leading to financial hard times for most NHS Estates.

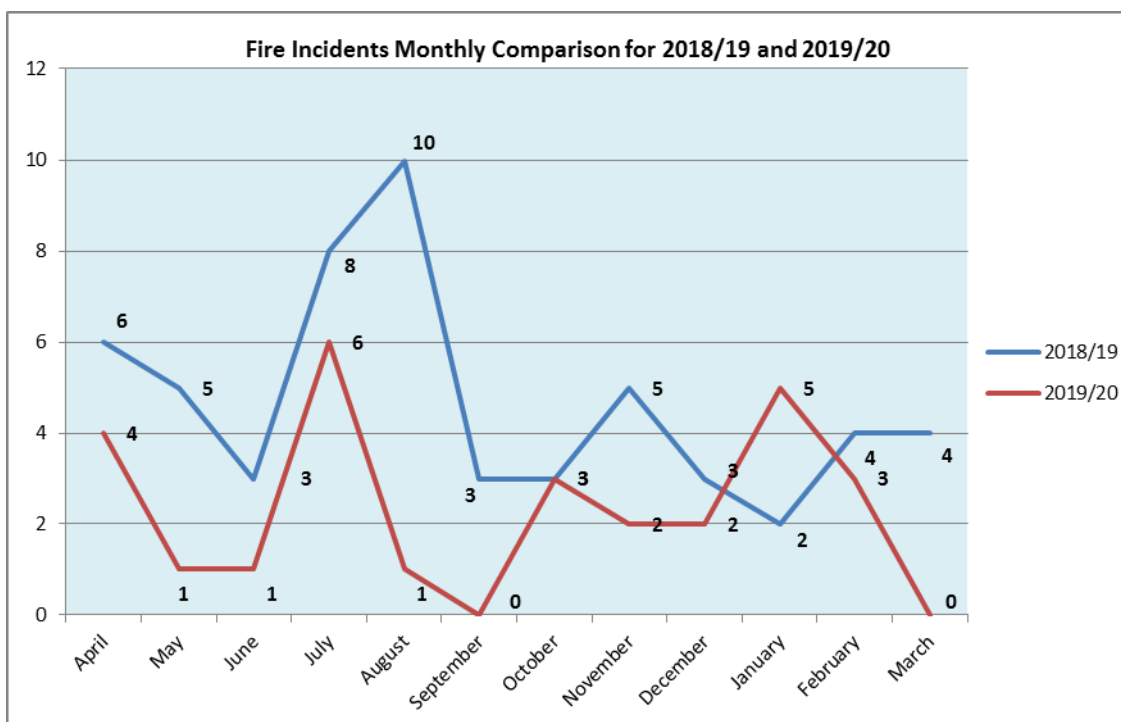
Fire Risk Assessments (FRA) are subject to an FRA review on a periodic basis. Below are the recommended time periods between reviews as per Trust Fire Safety Policy:

- High risk premises, (e.g. inpatient sleeping risks) FRA within each calendar year period. These Fire risk assessments are all completed and up to date.
- Medium risk, (e.g. client areas, health centres) annual FRA review, with a full FRA every 3 years
- Low risk (e.g. low risk stores and non-occupation buildings) periodic FRA review, with a full fire risk assessment document produced at least every 5 years

All of Solent NHS Trust buildings and landlord buildings where Solent have either the majority occupation or have significant size departments are compliant with The Regulatory Reform (Fire Safety) Order 2005 and are all in date with their Fire Risk Assessments. Currently we have 14 outstanding medium risk fire assessments for where Solent have a small occupation within a landlord building, these premises are where we hire one or two rooms for part of a week, often this may be just one half day.

Fire Statistical Information

Following last year’s reduction in fire related figures there has been a further improvement with two consecutive yearly drops in reported fire or fire safety related incidents, down from 56 to 27. Following is a statistical overview of all 2019/20 fire related incidents which were reported by members of Solent NHS Trust. The chart indicates a month on month drop or at worst equal to reporting rate of fire safety related incidents compared to 2018-19:



Top Cause One Incident

Cause 1 2018/19 and 2019/20 Comparison

Cause 1	2018/19	2019/20
Fire - Arson	3	1
Fire - False Alarm	20	10
Fire - Faulty Equipment	7	1
Fire - Hazard	10	1
Fire - Smoke Related	7	5
Fire - Other	8	6
Fire - Actual	1	3
Burns and Scalds	0	0
Total	56	27

The arson incident was in a mental health unit where a patient had secreted a lighter and then set fire to bed sheets, no injuries occurred. The mental unit in question has now instigated more staff patrols particularly during night periods.

Of the Fires Actual these were:

- A fire incident was reported in sheltered housing belonging to another organisation, because our Solent out-patient was living in the affected property and was only involved in so much as they were required to evacuate with all other residents. This incident is outside of the control of Solent and our out-patient was unharmed;
- A fire in a waste cupboard in a NHSPS owned and managed health centre causing an evacuation. The Solent Dental department evacuated their patients down 2 floors to the outside assembly point, the dental team performed as per their Solent fire training as this was a developing fire that gradually smoke logged the building, the Fire Service dealt with the incident. The Solent Fire Advisor has liaised with NHSPS to ensure the waste store is kept secure;
- A Solent lab incident where a cardboard dish fell onto a bare microscope bulb. The Solent Fire Safety Advisor investigated the incident and discovered that the sexual health team had kept a microscope with a bulb guard missing and kept it for training new staff. A discussion with the team management agreed that if a microscope had been withdrawn from normal use due to a H@S and Fire risk, then it was also not fit for training purposes. Due to the age of the microscope it is not possible to purchase the necessary guard, so it has now been withdrawn from service.

Section 6: Estates and Facilities Management Report

Operational Background: Since October 2014 Estates Maintenance Services have been provided by Kier Workplace Services. Their principal responsibility is to provide Mechanical, Electrical and Fabric, Reactive and Planned Preventative Maintenance to relevant Mandatory and Statutory requirements. They also carry out minor works with pre-determined hourly rates.

Kier Workplace Services are monitored through Key Performance Indicators, (KPI's) and stringent Service Level Agreements (SLA's) with monthly reporting. After some initial issues Kier has consistently achieved the expected standards and targets set out under their contract terms. Site visits are undertaken with departmental and/ or building managers to assess

building condition, identify any apparent shortfall and praise good works/practice. At these visits the Building Manager or departmental lead completes a “customer satisfaction survey” which is scored and discussed at the monthly contract review meeting.

Following national guidance in respect of outsourcing these services will revert to Solent; the pandemic has meant this transfer has been delayed until 31 March 2020.

Operational Maintenance Dashboard: Statutory and mandatory maintenance is carried out to comply with Good Industry Practice and NHS requirements and guidelines with the aim of keeping patients, visitors and staff safe within our built environments. For the reporting period the table below represents the planned and reactive maintenance activity:

Maintenance Activity Dashboard April 2019 – March 2020	
Planned Preventative Maintenance Tasks scheduled and completed.	4581 (4549 in 2018-19)
Reactive/Corrective Maintenance Tasks requested and completed.	3614 (4211 in 2018-19)
Damage/Misuse related tasks associated Reactive calls.	397 (11% of reactive activity) 285 (7% of reactive activity in 2018-19)

The summary overview is that PPM was broadly as predicted within the scheduled work plan and comparable with the previous reporting period. Reactive maintenance activity was significantly reduced by almost 600 calls from the previous period; this can be attributed to the impact of COVID and the reduction of on-site services and demand. Damage/Misuse reporting has risen by 112 which has been attributed to better identification and reporting by estate maintenance operatives.

General Compliance: The wider Solent Estates team have the responsibility for maintenance of all compliance documentation. To ensure these records are kept up to date and are accurately stored, they are held on a property database software system, MICAD. This platform operates a self-audit tool and is managed by the Estates Asset Management Team.

In addition to the Trusts freehold properties, Solent occupies a number of premises as leasehold or licenced tenants. An annual exercise is in place to contact landlords for written assurance they are adequately meeting their obligations in accommodating Trust staff. A lack of a documented response from a small number of landlords exposes the Trust to some risk, however this primarily relates to office rather than clinical accommodation and we are currently reviewing responses to assess and mitigation that may be required.

In accordance with Department of Health technical guidance (HTM 00) the organisation should identify and appoint in writing individuals suitably competent and with responsibility for the management oversight of critical technical systems (i.e. electrical, healthcare ventilation and medical gases). Having reviewed the current situation, the roles of Designated Person, Responsible Person, Authorised Person and Competent Person need to be formally documented and advised to our independent Authorising Engineers and auditing bodies. We are currently working through the process as laid down in the HTM as part of the reversion of estates maintenance into Solent and this will be in place by not later than 31 March 2021.

Estates Backlog Maintenance and Strategy: The Trust has identified, in collaboration with its maintenance service provider, a backlog (long-term) maintenance programme formed from life cycle and condition-based assessments. The Estate Maintenance Department has been working to fully develop a 10 Year Major Maintenance Plan to provide an established strategy for capital investment. The Trust Board continues to support the programme through financial investment.

Entries within the major maintenance programme are risk assessed using the recognised NHS 5x5 risk matrix and reviewed annually in consultation with Trust key-stakeholders in order to prioritise and where necessary re-prioritise works to be presented and authorised.

Current backlog maintenance and critical infrastructure risk is £7.5m as reported within the ERIC return. This is however based on limited information regarding the estate condition. A programme of asset condition surveys are currently being undertaken across the estate that will provide improved information and is expected to increase the level of backlog maintenance. The revised information will clearly set out the high, significant, moderate & low risk categories.

Water Safety Management and Risk Assessments: To comply with our legal duties, employers and those with responsibilities for the control of premises should identify and assess sources of risk, this includes checking whether conditions are present which encourage bacterial growth e.g. adverse water temperatures outside recommended standards and infrequently used outlets.

Water safety and hygiene control measures are being carried out at various levels to mitigate the risks from Legionella and Pseudomonas especially with on-going performance review and monitoring as part of the remit of Water Safety Group. Over the reporting period Water Hygiene Risk Assessments have been re-prioritised by the Water Safety Group, based upon risk, for all retained properties these have been completed by a Trust approved contractor including the recently refurbished Blocks B and C at St Mary's Hospital. Evidence of these assessments is held on the MICAD system and by the Estate Maintenance Management Team.

Recommendations from the Water Risk Assessments are fed into the Annual Water Safety Plan which has oversight by the Water Safety Group. Two key recommendations relate to flushing of little used systems and education of the link advisors.

A number of more frequent tests are routinely carried out to ensure that premises are being maintained to reduce the risk from either contaminated water or water temperature. These testing regimes are required to be carried out monthly and form part of the Planned Preventative Maintenance (PPM) schedules as recommended by HTM 04-01 Part B and H&S Doc L8 (HSG 274).

Reduced building occupation resulting from the impact of COVID-19 has led to majorly underused facilities and lower overall water consumption. Microbiological testing had identified deterioration in building water quality resulting in an increase with regards to risk. An aggressive outlet flushing programme has been deployed during and post-COVID lockdown to maintain quality and where appropriate chemical and thermal disinfections have been undertaken to address microbiological counts.

The Water Hygiene and Safety Policy include a defined process of immediate notification, action and supervision by selected Trust Personnel in the event of a suspected 'high count' or confirmed case of Legionella or similar. Those personnel who will be informed to ensure a suitably weighted and proportionate response include the Responsible Person (Water), Head of Infection Prevention and Control, the Trust Health & Safety Manager, Head of Estates and Associate Director of Estates & Facilities and remaining membership of the Trust Water Safety Group. The remodelling of the HTM 04-01 during 2016 placed a greater emphasis on the efficacy of the Water Safety Group and the requirement for members to be kept informed and collaborate to achieve identified responses to any high count or outbreak.

The potential weakness identified across all health estate is the regular flushing of low and infrequently used outlets. Flushing of low use outlets is our primary and most effective water

management control measure used in our water safety strategy. The flushing is currently being carried out by several different facilities organisations; i.e. Interserve, Southern Health and our own Soft FM team and continues to present a challenge around record evidence with no central reporting database and no central management. The estates team and Water Safety Group have proposed a centrally managed process and strategy to enable this. A greater level of awareness around the importance of flushing is being provided by the Estate Maintenance Department and Responsible Person (Water) utilising the opportunity to educate Infection Prevention Team Link Advisors and service users alike with a series of awareness presentations that are already underway

Asbestos Management: The control of asbestos is covered under several items of legislation; every non domestic building is required to have an asbestos register, containing an asbestos management survey and known materials of concern. The MICAD system hosts the asbestos registers for those buildings owned and operated by the Trust which satisfies the requirements of the Control of Asbestos Regulations 2012. As part of the Trusts on-going Backlog Maintenance Programme, the Estates Team have previously completed full Asbestos Management Surveys of all premises known to present a high or significant risk in terms of inadequate information. These re-inspections of known or presumed asbestos locations have provided status updates on the presence and condition of any asbestos and any actions required to reduce the risk of contamination. Any Capital Works are subject to a full Refurbishment and Demolition Survey, and Contractors are directed to the asbestos registers and surveys before carrying out any works. During the reporting period a programme of re-inspection of identified asbestos containing material locations has commenced to accord with the regulatory requirements.

A formal and on-going programme of Asbestos Awareness Training and Refresher Training has been delivered for all estate operations and project managers and included allied support teams and key individuals.

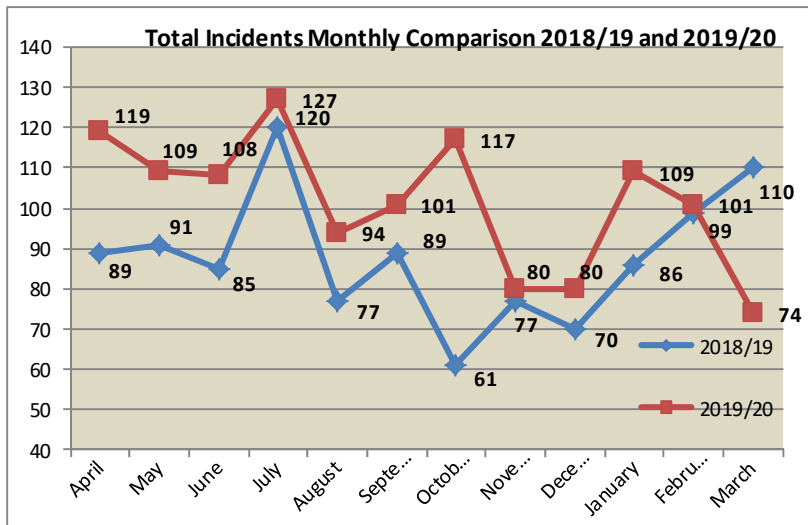
Ventilation Systems: The global pandemic has placed an intense scrutiny on all modes of mechanical ventilation particularly re-circulating air systems and has tested technical expertise nationally. There has, in recent months, been a significant effort to increase delivered air volumes and thus room air change rates in response to the increased viral loading this has had an adverse impact on building energy usage and reduction targets. It is anticipated this will continue to have a significant impact well into the following reporting period. Technical learning and advice have continued to evolve amidst the pandemic and the estate operations team will seek to adopt and implement recommendations as and when they become nationally agreed.

Crime Reduction Surveys: Site Assessments have been produced by the Trusts Accredited Security Management Specialist, remedial actions falling from these assessments have been collated into an action plan and works have progressed in some areas (Portswood Surgery as an example). To address remaining areas of high and significant risk within the action plan will require funding support and a paper will be duly presented via Capital Approval Group.

Section 7: Risks and Issues

Below is a statistical health and safety overview of all health and safety incidents reported by members of Solent NHS Trust, this comparison covers the overall number of incidents reported and identifies general reporting trends against year to year comparisons. This also sets out the current position in relation to an overview of reported incidents during 2019-2020, inclusive of the most reported cause one incidents.

Graph 1 Total health and safety incidents reported Year to Year Comparisons



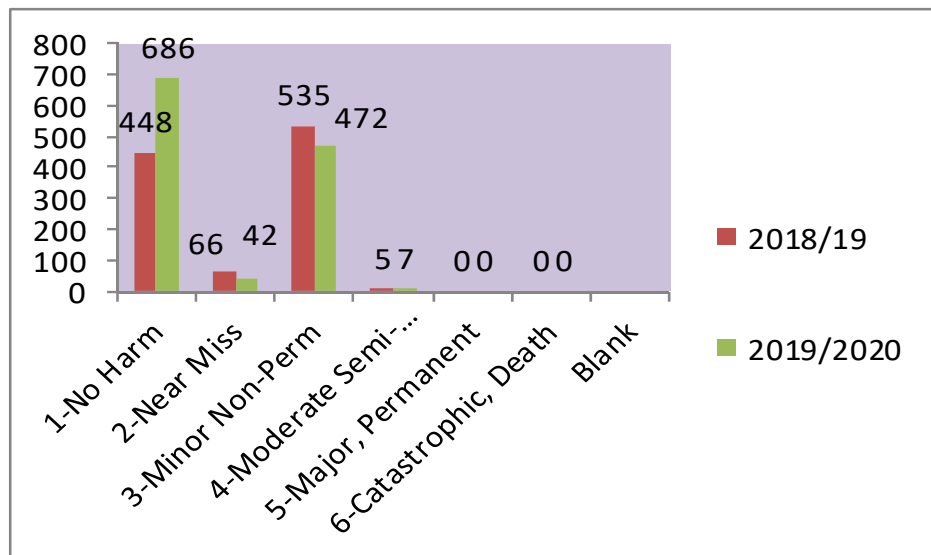
Summary

Solent has seen an overall increase in incidents reported of 15.6%



When reviewing the data the yearly peak observed during July is seasonality due to weather related with a spike of reported high office/ward temperatures

Risk rating year to year comparisons



The increase in the number of incidents reported reflect an improved reporting culture and should not be interpreted as a decrease in the safety and this is reflected within the risk rating summary below with a positive increase of no harm reported incident of 34.6%.

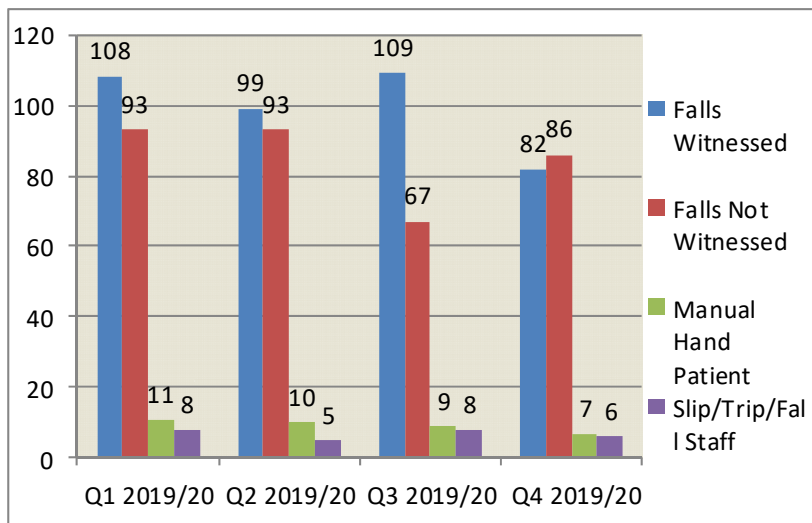
Risk Ratings Summary

The risk ratings has shown two positives with a positive decrease of 11.3% (Minor Non-permanent Harm) from 535 to 472 incidents and an increase of 34.6% from 448 to 686 of (No Harm) incidents being reported this increase has been partially offset with the decrease of Near Miss reported incidents. Moderate Non-permanent Harm shows a marginal increase from 5 to 7 and again Major, Permanent Harm, Catastrophic incidents remain at zero

As with previous years the incidents remain similar and come from all services which indicate a culture of positive reporting of incidents across Solent improving patient safety, this is an encouraging position.

This trend shows that organisations that have good levels of reporting have corresponding improved patient safety cultures and reflect the positive safety reporting culture

2019/2020 (Top 4 cause groups)

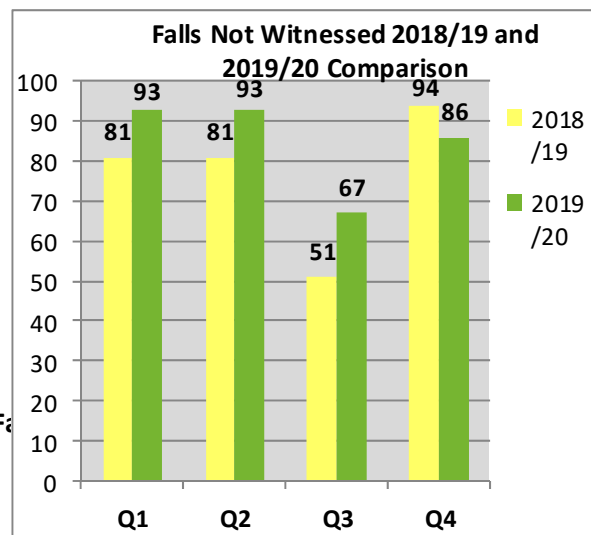
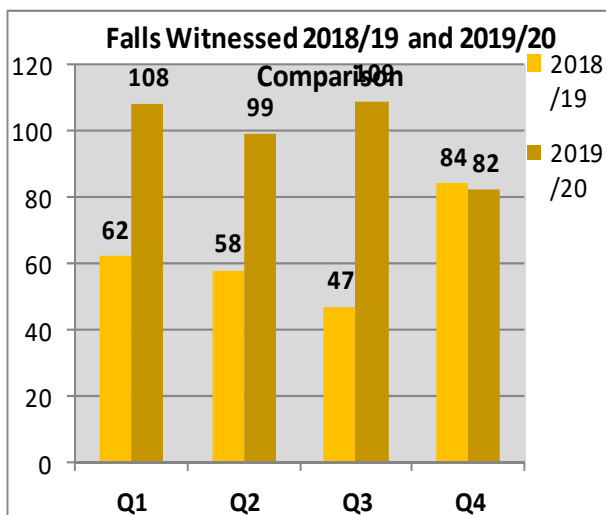


As with the previous years the highest reportable incidents were falls not witnessed (298 incidents) equivalent to 27.2% of the total number of reportable incidents, and falls witnessed (349 incidents) equivalent to 32.7% of the total number of reportable incidents.

These equate to circa 60% of the total number of reported health and safety incidents during 2019/2020

The tables below show the ratio of falls witnessed against falls not witnessed which has again improved for the third year running. Falls witnessed shows a positive increase of 9% from 23.7% to 32.7% and falls not witnessed show a small positive decrease of 2.1% from 29.3% to 27.2% of the total number of reportable incident over the years.

To note a repeat faller accounted for 230 incidents over the year:



a (link role only added on to existing job description) means that its time pressured and they only manage routine fallers on inpatient wards providing basic staff education and reviewing falls that occur

- Health and safety manager liaised with the falls Champions raising the issue that a number of falls locations were not being reported
- Falls deep dive reports produced for in patients area only

Outcome of Actions Taken

Slips, trips and falls incident reporting forms. Liaised with Quality and Safety Team and the following message was sent out 20/09/2019:

- *To assist with reporting/recording slips trips and falls -in particular- please would you ask your staff/teams that if possible they can complete the location section when filling in an incident report for these type of incidents-Enter for example if a patient/ staff member / visitor has fallen or slipped on a corridor then enter : corridor Also if your ward is not available on the drop down please could you write in the optional location details*

Going Forward

Solent’s “Falls Clinical Lead Physiotherapist (Southampton) & Falls Thematic Lead (Solent)” who supports falls champions/ investigation etc. position was terminated and no formal notification yet of the proposed plans for the future in regards to frailty and fall. This has been escalated to QIR and has been raised on the risk register.

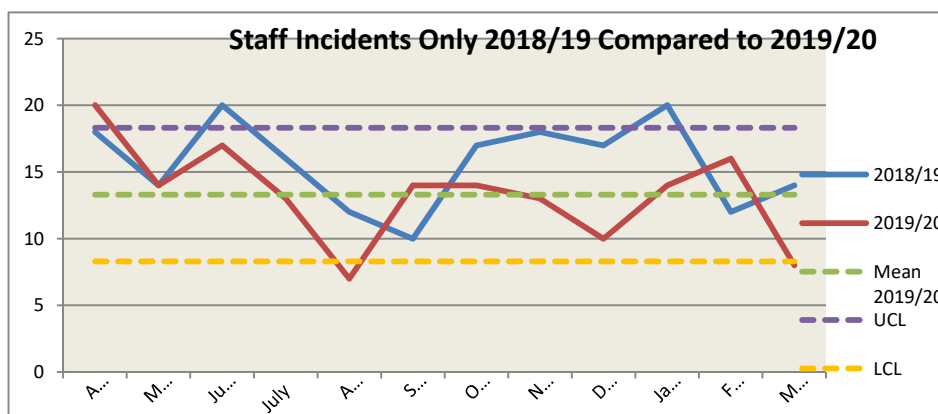
Placed on risk register

Risk ID	Current Risk Rating	Target Risk Rating	Description	Status
1478	12	4	Lack of Leadership/ clinical support to manage complex patients who are at risk of falling, lack of support and guidance to falls champions group/ meetings, difficulty in monitoring and implementing the falls CQUIN and the knock on effect this lack of support will have on our at risk patients .	Escalated to the QIR meeting, Chief Nurse reviewing this with Head of Quality and Professions for Adults Southampton

Manual Handling: This year has seen a reduction in the number of incidents involving inanimate objects (7.7%) and a decrease in the number of patient handling incidents (24%). However there has been an increase in the total number of staff incidents of 24%. During 2019/2020 Learning and development have allocated two new manual handling trainers working very closely to cover the specific needs of each team in accordance with Relevant clinical guidelines, NHS Knowledge and Skills Framework (all core and health and wellbeing specific dimensions), Manual Handling Operations Regulations and the Guide to handling people 6th edition

Staff incidents ONLY

Staff ONLY Incident by Service line year to year comparisons 2018/2019 to 2019/2020
Only Year to Year Comparisons



Staff Incidents Only 2018/19 Compared to 2019/20

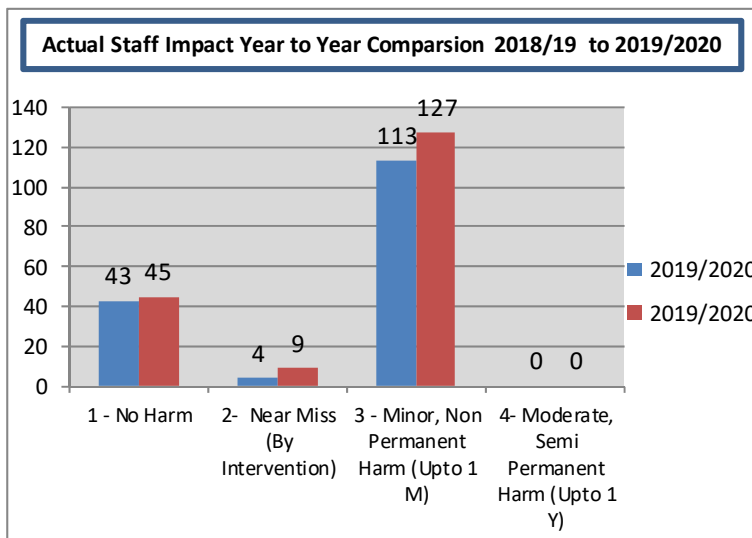
Summary

Year to year comparison show a minor decrease of the total number of reported incidents of circa 14.8% down from 188 to 160.

There is no obvious year to year trend comparisons in numbers per month however during August and December of 2019/2020 this shows a decrease of reported incidents which coincides with annual leave with a similar pattern in the last years.

Total number of incidents has remained within the upper and lower limits set up by the health and safety manager

Risk Rating Staff incidents



Breaking down the data for the second consecutive year there were no Moderate, Semi Permanent Harm incidents recorded, there is a negative increase of reported Minor non-permanent harm incidents of by 12.3%, the remaining data is similar of the previous year and no significant changes and or trends observed.

Summary

It should be noted that not all incidents were graded correctly at the reporting level and these were amended by line managers. Continued training and promotion of incident reporting is helping to overcome this issue.

The type of reported incidents over the last two years across the geographical expanse of Solent clearly shows that each service line report incidents and are very similar which indicates that the use of the on-line web based reporting system is well known

Section 8: Looking Ahead

Health and Safety Manager will be focusing on the following areas of activity during the next 12 months:

- Appoint an external Authorised Engineer (Fire) in accordance with HTM 05 01 Managing fire safety in healthcare Second edition
- The compliance team will continue undertaking more 'Pop up' training sessions requested by service for staff to achieve the required competencies
- Support the continued development in updating the NHS Premises Assurance Model (PAM) assessment. This is now a requirement under the NHS Standard Contract SC19
- Fuel storage assessments (H&S, Spill management, Fire, Security)
- Inspection/ Assessment/ audits programmes
Workplace inspections, complete priority one properties
Disability Discrimination Act assessments for Solent own properties
- The Compliance team will continue to work closely with Estates and Facilities Management Team as a key partner. in all new build, refurbishment projects or

acquisitions of new buildings. Providing expert advice and support and authorised compliant sign off to issues that are identified within sites that relate to statutory compliance with appropriate legislation and NHS Technical documents (Health Technical Memorandums and Health Building Notes).

- Support the future establishment and implementation of the in sourced estates maintenance team
- Health and safety group terms of reference and health and safety policy to be reviewed
- Be responsive and supportive during the pandemic

We have engaged and formally consulted with our employees and staff side representatives in regards to health and safety management.

The progress of the past year has only been possible through the collective efforts of the Compliance team and colleagues across the Trust. It has been another challenging year for all areas of health and safety compliance, the improved working relationships are supporting all areas to provide assurance of the Trust position and commitment to comply with UK legislation, and we thank them all for their continued support

Author: David Keates

Job Title: Health and Safety Manager Solent NHS Trust

Date: June 2020

APPENDIX A

HEALTH AND SAFETY POLICY STATEMENT OF INTENT

This health and safety policy statement of Intent identifies the commitment of Solent NHS Trust to provide and maintain a working environment and systems of work that are, so far as is reasonably practicable, safe for employees, patients, visitors and other persons affected by Solent NHS Trust undertaking's or omissions.

Health, safety and welfare are the responsibility of all employees and are an integral important part of their duties. The Trust's commitment to health and safety therefore ranks equally with all other aims, objectives and activities.

The Health and Safety Policy defines responsibilities and identifies general and specific arrangements relating to the Trust's undertaking which extends to all premises, buildings, and working activities throughout the Trust. The Health and Safety Policy is supported by other more detailed policies which will be read in conjunction with it.

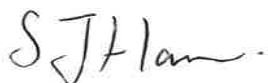
A copy of the Health and Safety Policy is made available to all employees on the Trust intranet, where employees do not have access to the intranet; line managers are to make such arrangements as may be necessary to ensure employees have access to this policy.

The Trust ensures that all employees are fully aware of their legal obligations to take reasonable care for their own health and safety and that of other persons who may be affected by their acts or omissions whilst at work. All employees are legally required to co-operate with their employer in regards to health and safety matters, not to misuse or interfere with anything provided for safety so the Trust is able to fulfil its legal obligations.

To enable the effective implementation of the Health and Safety Policy and the performance of all tasks safely and without risk to employees, patients or visitors, staff will be provided with suitable and sufficient information, instruction and training.

To encourage and promote effective consultation, communication and co-operation between management and employees, all departments shall develop appropriate systems by which the contributions and concerns of employees can be raised at departmental management meetings, and the Health and Safety Group.

This Health and Safety Policy statement of intent shall be reviewed and amended annually, or as dictated by significant changes to legislation and/or Trust policies or adverse conditions, whichever is the sooner.



Sue Harriman
Chief Executive Officer
Solent NHS Trust July 2019



HEALTH AND SAFETY POLICY STATEMENT OF INTENT

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This health and safety policy statement of intent shall be reviewed and amended annually, or as dictated by significant changes to legislation and/or Trust policies or adverse conditions, whichever is the sooner.


A handwritten signature in black ink, appearing to read 'Andrew Strevens'.

Andrew Strevens
Acting Chief Executive Officer
Solent NHS Trust
October 2020

Board and Committee Cover Sheet

Item No.	15				
Presentation to	Solent NHS Trust Board				
Title of Paper	Solent NHS Trust Self Declaration on Same Sex Accommodation – September 2020				
Purpose of the Paper	To present to the Board the annual statement of compliance against the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice.				
Author(s)	Angela Anderson, Associate Nurse Director	Executive Sponsor	Jackie Ardley, Chief Nurse		
Date of Paper	24 th September 2020	Committees/Groups previously presented	----		
Statement on impact on inequalities	Positive impact (inc. details below)	<input checked="" type="checkbox"/>	Negative Impact (inc. details below)	<input type="checkbox"/>	No impact (neutral)
Positive / negative inequalities	Solent is committed to providing accommodation that complies with the delivering same sex accommodation standards and considers these to be a key factor in maximising patient privacy, dignity and respect.				
Summary of key messages / findings	Guidance note: If the full report is > 4 pages ensure you include an Executive Summary (see page 2 of the Roadmap to Report Writing for guidance) - if however your report is < 4 pages, include a short summary here of the key messages you wish to convey to the Board/Committee				
Action Required	For decision?	<input type="checkbox"/>	N	For assurance?	<input type="checkbox"/>
Summary of Recommendations	The Board is asked to receive the Self Declaration on Same Sex Accommodation				

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

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

Solent NHS Trust Self Declaration on Same Sex Accommodation – September 2020

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

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

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

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

What does this mean for our patients?

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

- The room where you sleep will only have patients of the same sex as you
- Transgender patients/service users should be accommodated in the same ward areas as your chosen gender
- All toilet and bathroom facilities will just be for people of the same sex as you and if it is not ensuite will be close to your bed area

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

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

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

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

Item No.	16				
Presentation to	Trust Board				
Title of Paper	Covid-19 Learning: Summary of reports to WOD Committee, Finance & Infrastructure Committee and the Quality Assurance Committee.				
Purpose of the Paper	To provide assurance on the activity, key work undertaken and learning identified as reported as follows: <ul style="list-style-type: none"> Regarding the People and OD response – to the Workforce & OD Committee Regarding the Quality and governance response – to the Quality, Improvement and Risk Group and Quality Assurance Committee; and Regarding Finance, ICT, Estates and Performance/Business Intelligence report – to the Finance & Infrastructure Committee 				
Author(s)	Summary report – Rachel Cheal, Associate Director of Corporate affairs and Co Sec	Executive Sponsor	Andrew Strevens – Acting Chief Executive		
Date of Paper	23 rd Sept 2020	Committees/Groups previously presented	WOD Committee, F&I Committee and Quality Assurance Committee		
Statement on impact on inequalities	Positive impact (inc. details below)	Negative Impact (inc. details below)	No impact (neutral)	x	
Positive / negative inequalities	n/a				

Summary of key messages / findings

Further to the report presented at the August 2020 In Public Board meeting, which summarised the Emergency Planning and Resilience and Response to Covid-19, the need for continued oversight and assurance is ever more important as we operate under the context of a prolonged Covid-19 pandemic. As such reports were presented to the following meetings detailing key work undertaken and learning identified as part of the Trust’s response to the crisis;

Date of paper	Regarding	Presented to
May 2020	People and OD response	Workforce & OD Committee
July 2020	Finance, ICT, Estates and Performance/Business Intelligence	Finance & Infrastructure Committee
September 2020	Quality and governance response	Quality, Improvement and Risk Group and Quality Assurance Committee;

The full reports have been shared with Board members for information.

The key elements of these reports are summarised below.

Workforce and OD Committee

In response to the crisis, the following activities were initiated and, importantly continue to be effective;

- Range of support provided via the **People Services Team** including;
 - the **upscale of recruitment processes** and associated campaigns including additional training provision
 - extension of Roster and Bank services** team as well as transactional support
 - the establishment of a **Workforce Cell** to ensure links across supply and demand for staff – including the development of a Memorandum of Understanding on behalf of the system, to allow for the smooth movement of staff to where they are most needed in the pandemic – including care homes and hospices.
 - review of Employee Relations cases** with engagement from Union partners
- Extensive health and wellbeing offers, led via **Occupational Health** including;
 - Telephone and face to face support (including wellbeing calls)** to staff; and the production of guidance and self help materials to support our people in keeping safe
 - Supporting **risk assessment processes** for staff in accordance with Public Health England guidance
 - Working with partners to identify and arrange for **testing for staff** and members of households
 - Working with the Quality team and Health and Safety advisor regarding any **potential RIDDOR events**
 - A **range of health and wellbeing offers** – including; self care, online resources, grab and go lunches,

opportunities to stay connected (via zoom calls, Schwartz Rounds, yoga etc), coaching, reiterating our Employee Assistance Programme (24/7 helpline) and via our Trust chaplain.

- Enhanced **communication** methods to ensure a coordinated approach aimed at informing and protecting our staff as well as promoting the reputation of the Trust. – this includes;
 - Ensuring that **internal communications are easily accessible and use digital platforms** to connect people from their current place of work
 - Securing news coverage on a number of platforms – including **printed press, regional news and radio** as well as regular stakeholder communication

Finance and Infrastructure Committee

In response to the crisis, the following activities were initiated;

- Regarding **Financial processes** -
 - Focus on **ensuring staff and suppliers were paid promptly** and in line with rapidly emerging Government guidelines - including; reducing the days associated with payment terms, reviewing Purchase Order matching processes and amending approval routes to ensure efficient use of patient facing services. Changes in established financial governance processes underwent a robust Quality Impact Assessment (QIA) and were shared with partners in the HIOW STP who then adopted similar approaches.
 - Capturing **Covid-19 related capital and revenue expenditure** and **responding to numerous central returns**
 - **Adapting the year end close down process**, acknowledging that many colleagues were working remotely (including external and internal auditors)
- Regarding **Estates and Facilities** –
 - Heavily engaged with system partners to meet **potential increased capacity demands** based on projected infection rates and bed capacity needs – including scoping potential sites, converting sites to accommodate inpatient facilities.
 - **Hard Facilities Management operational responses were adjusted** – e.g. adapting operations of ventilation systems to minimise air recirculation, increasing water outlet flushing where operational use was reduced, as well as reviewing medical oxygen capacity across inpatient facilities.
 - It has also been necessary to plan for significant amounts of **PPE waste** and adapt **catering services**
 - Our premises management team also supported the **coordination of temporary use and relocations of services**, as well as adapting our **parking policies** and ensuring sites were appropriately secure
 - **Cleaning regimes were increased** and it was necessary to recruit additional domestic staff, provide appropriate training and implement new processes working alongside our IPC, Occupational Health and professional lead colleagues.
- Regarding **Information and Communication Technology**-
 - Extensive support to enable staff to **work remotely** – including **rapid deployment of hardware** (inc. laptops, mobile phones as well as patient tablets to enable patients to make video calls) as well as **ensuring security of new virtual platforms**.
 - Expedited roll out (and communication of) **video and audio conferencing** (including MS Teams, zoom, Visionable, Attend Anywhere and WhatsApp) and **increased internet bandwidth**
 - Enablement of **additional remote access** capacity to meet increased demand for remote working
 - **Joint governance framework between internal ICT Team and CGI Team** to ensure efficient resolution of issues, as well as CGI supplementing their Helpdesk Service Desk Analysts to support increase calls.
- Regarding **Performance, Information Systems and Business Intelligence** –
 - Following a QIA and the temporary cessation of contractual reporting to commissioners a few members of the **performance team were redeployed** to priority services
 - Expedited implementation of **Power BI, 7 days a week SitRep and new dashboard** reporting to support Gold Command. **Extensive data reviews** to ensure accuracy, appropriate coding and formatting into the newly introduced cloud-based data warehouse (Azure) was also necessary
 - Compliance with **national regulatory reporting requirements**
 - Additional **patient systems training** to support new and additional staff, the development of **on-line resources** as well as **continued Smartcard production** (requiring face to face security checks)

Quality Improvement and Risk Group (and Quality Assurance Committee)

In response to the pandemic, a comprehensive report was presented to the September QIR Group, as summarised

- Regarding **Quality Governance** -
 - Implementation of a **robust mini QIA process and QIA Panel** to assess the impact of clinical delivery changes, reviewed by an expert panel, with referrals made to the **Ethics Panel** (a multi-professional forum, including NED representation)
 - A review of **reporting and activity requirements to the QIR Group** was undertaken to ensure a risk based and efficient approach to reporting and escalations.
- Regarding **Infection Prevention and Control Team**
 - The team have been pivotal to the Trust's response to the pandemic – including ensuring appropriate **FIT testing of FFP3 masks** was implemented, **providing advice and guidance on PPE**, being active partners in ensuring **mutual**

- aid to the system, conducting **swab tests**, providing **training and upskilling** as well as conducting **clinical visits**
- Regarding **safe staffing**
 - Support was provided to the Learning and Development Team, via **Educators in Practice** to upskill staff and support those redeployed and a **review of safe staff modelling** was conducted of inpatient wards
- Regarding **Incident Report and Complaints**
 - Changes were implemented to ensure **efficient reporting processes** and to **enhance analysis and intelligence of data**. The **Serious Incident (SI) and Learning from Deaths (Lfd) Panel** meetings were also merged enabling cross learning
 - Interim **national complaints management guidance** was implemented, and a number of the team were redeployed to support services. We also sought to **capture lived experience from our service users via a programme of Community conversations** in light of reduced completion of Friends and Family Test responses.
- Regarding **Safeguarding**
 - A number of innovative practices and improvements were implemented, including **remote training packages, video consultations, co-ordination of information/bulletins** and **enhanced partnership working** (including more frequent multi-agency meetings) to ensure the effective delivery of the safeguarding agenda during the crisis.
- Regarding **Diversity and Inclusion**
 - Support was provided, in liaison with Occupational Health, to **colleagues with protected characteristics**, especially those of a **BAME background** and in support of risk assessment processes.
 - A number of initiatives were implemented including – **zoom sessions** on a variety of support topics (including for parents working at home with childcare responsibilities), a **letter sent to all BAME staff** from the CEO, ongoing communications, as well as **Freedom to Speak Up support**.

Learning

A summary of learning identified, as articulated within the full reports, is as follows;

- **People Services** – a thematic analysis has been undertaken by our Health and Wellbeing Practitioners and has identified a number of psychological, physical, environmental and social determinants of health and wellbeing during Covid-19. We will **continue to develop our Occupational Health offer to ensure we are reflective of our people's needs** as we transition through the protracted pandemic into the recovery phase. We will also further consider the role of **Health and Well Being Champions and how we can expand this into a network model**, to support colleagues across all of our services. The continued motivation of our staff currently working at home is critical
 - **Communication** – we have recently reduced the frequency of communication to weekly (previously daily and then bi-weekly) to ensure that our **messages are impactful** – however we are cognisant of the need to respond to the rapidly changing environment and as such the **frequency is constantly under review**. We continue to **adjust our channels and techniques in response to feedback** and will continue to hold zoom/virtual meetings on topical matters.
 - **Finance** – whilst a number of financial governance processes adapted in the height of the crisis have now been reverted, these could be **reinstated quickly if required**. We continue to operate under a three-way matching process for Purchase Orders and 7-day payment terms for suppliers. The lack of clarity associated with the wider national financial regime however is a real risk for all providers as we move through the restoration and recovery phase.
 - **Estates** – whilst a number of key sites were converted to meet anticipated demand needs and were not fully utilised, these **can be reconverted** should a further Covid-19 wave occur. Indeed, the work undertaken has supported system resilience and been a catalyst for **consideration of the wider out of hospital model**, as well as our own **estates strategy**.
 - **ICT** - **harnessing the efficiencies** associated with new ways of working will be key to underpinning the Trusts emerging **Digital Strategy** (and digital communications strategy).
 - **Business Intelligence** – we must further capitalise on recently embraced **new information platforms** and further develop **intelligence and analytics** to support service delivery and planning
 - **Quality governance** - the successful implementation of the **mini QIA process and Ethics Panel will be retained** as a beneficial process enabling peer review of planned service changes and impact. Services have had to adapt and learn regarding prompt implementation and implications of national guidance, and the impact on staff wellbeing and anxiety experienced cannot be underestimated. An **ongoing focus on psychological wellbeing** is essential into the future.
 - **Quality processes** - Enduring changes have also been made to the **incident reporting system** – including being able to identify where delays in care have occurred as a result in reduced service provision. Additionally, **new Terms of Reference for a combined SI and Lfd Panel** have been agreed. Reflecting on information gathered during the crisis from those who use our services and from the local community, we will be furthering our ambition to make **opportunities for feedback more accessible** and **person oriented**. Following reflection from the Safeguarding team, it has also been identified that it would be **beneficial for virtual meetings to be held of the Safeguarding Partnership Board and the Health Sub-Group** to ensure proactive responses to new and emerging issues. The Trust will be advocating for these to be instigated. Further work is also required to support the **capturing and reporting of ethnicity and gender** within the Trust's reporting systems.
- Additional learning as also been identified associated with the need to **fully support those staff redeployed** in their placement, and to fully understand the **impact on corporate service support to clinical areas** where team members have

been redeployed.

Business continuity arrangements were implemented at scale and at pace across the organisation and although there have been significant challenges to the Trust and individuals alike, the prevailing sentiment across Team Solent is one of pride and achievement. Enhanced partnership working, cooperation between teams (internally and externally) and the ability to adapt to new ways of working has yielded tangible benefits.


The continued success of the Trust's response will be predicated on its ability to ensure a flexible and agile approach to the ever changing national and regional circumstances, particularly set against the wider context of winter planning and likely winter pressures, restoration and recovery (whilst still responding to the pandemic) and potential uncertainty associated with Brexit.

The Board received a report at their last meeting regarding the Trusts EPRR and Business Continuity response, which included our lessons identified and learning approach in this area. At this meeting, the Board will be presented with a separate paper describing our planning and approach, informed by this learning, for the next few months which will bring winter, a potential second wave of Covid-19 and potentially a no deal Brexit.

We will continue to consider and act on the learning identified throughout the pandemic to ensure the best possible outcomes for our staff, our service users, the wider community and the Trust.

Action Required	For decision?	N	For assurance?	Y
Summary of Recommendations	The Board is asked to receive the above summary and acknowledge the work undertaken to date and learning identified in respect of the Trusts response to Covid-19.			

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

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



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

NHS England and NHS Improvement



Designated Body Annual Board Report

Section 1 – General:

The board of Solent NHS Trust can confirm that:

1. The request for the Annual Organisational Audit (AOA) for this year was cancelled by NHS England on 19th March 2020 due to Covid.
2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.
3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.
4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.
5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.
6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.
7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Section 2 – Effective Appraisal

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

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

Section 3 – Recommendations to the GMC

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

Section 4 – Medical governance

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

Section 5 – Employment Checks

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

Section 6 – Summary of comments, and overall conclusion

Actions outstanding

1. Review the use of appraisee feedback

Our appraisal lead is looking at the appraisal feedback form from appraisees to appraisers. She has hoped to finish this work by now, but it has been delayed by the CV19 pandemic, and will be in place by the beginning of the new appraisal year.

2. Opportunities for involving patients & public in revalidation
A Non Executive Director (NED) has joined the monthly Decision Making Group. We are in the process of recruiting a member of the public as a lay person.

Current Issues:

Our appraisal lead is also looking at the quality appraisal of the appraisal process, currently undertaken by the Decision Making Group. This will enable us to help our appraisers develop their skills.

Overall conclusion:

At its last external review Solent NHS trust was found to be demonstrating the highest levels of practice in relation to medical appraisal and revalidation. The trust continues to deliver these standards and has developed them further via enhanced NED and lay-person representation at the Decision Making Group and developing senior clinicians and appraisers within the organisation. The coronavirus pandemic has delayed some of our development work and impacted appraisal as per the nationally agreed timetable. Dan Meron stepped down as CMO in 2019, with interim cover from Dr Jonathan Prosser and was replaced by Dan Baylis in August 2020; Caroline Hutchings is currently fulfilling RO responsibilities until RO training has been delivered to the incoming CMO.

Section 7 – Statement of Compliance:

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

Signed on behalf of the designated body
(Chief executive or chairman)

Official name of designated body: Solent NHS Trust

Name: _____

Signed: _____


Role: _____

Date: _____

Board and Committee Cover Sheet

Item No.	18		
Presentation to	In Public Board		
Title of Paper	Workforce and OD Exception Report		
Purpose of the Paper	To summarise the business transacted at the Workforce and OD Committee held on 10 th September 2020.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Executive Sponsor	Helen Ives, Chief Organisational Effectiveness and People Officer Mike Watts, Non-Executive Director (Committee Chair)
Date of Paper	September 2020	Committees/Groups previously presented	----
Action Required	For decision?	N	For assurance? Y
Recommendation	The Board is asked: <ul style="list-style-type: none"> To note the report from the Committee 		

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

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

Summary of business transacted:

The following reports were noted by the Committee:

- **Workforce Performance and Sustainability Report**- The Committee received an update on the latest positive position and progress with key objectives. Discussions were held in relation to ongoing work to achieve of Statutory and Mandatory Training targets. The Communications Dashboard was presented and increased use of social media shared.
- **STP/ICS Workforce and OD Programme**- The Chief Organisational Effectiveness & People Officer provided an overview of internal planning to review people practices, identify a full action plan and complete necessary assurance and gap analysis. The Trusts positive work within the wider system and progress with the strategy was discussed and it confirmed that a plan would be shared with the Board for awareness when finalised. Review of governance requirements regarding the Phase 3 response was confirmed.
- **Risk Appraisal**- Key themes identified were shared and the Committee were assured of expected resolution following the implementation of the Learning Management System in April 2021. Business as usual planning and monitoring was highlighted and assurance provided in relation to long standing risks with a score of 16 and above.
- **Board Assurance Framework**- There were no changes to be made and continued regular review was reported.
- **Exception Report Update**- Changes to exception reporting were noted and it was confirmed that the following groups would report to the Committee going forward:
 - Joint Consultative Negotiation Committee (JCNC)
 - Joint Consultative Committee (JCC)
 - Doctors and Dentist Negotiation Committee (DDNC)Amendments to the Committee Terms of Reference were suggested and the Committee were briefed on recommendation to improve process for providing clear and accessible policies with full consideration of Diversity and Inclusion.
- **Workforce Planning and Optimisation Report**- The Committee were informed of internal collaborative work to refresh the Workforce Planning Framework and develop a subsequent Workforce Plan (following Covid-19 response). Challenges regarding additional community resource requirements were shared. Regarding Workforce Optimisation, the Committee were briefed on the ongoing work to sustain improvements and the business case being drafted for a dedicated E-Rostering Support team proposal.
- **Employee Engagement and Staff Survey**- Positive employee engagement through the Covid-19 pandemic was highlighted. It was confirmed that the Staff Survey would be launched in September and the Committee discussed the importance of appropriate planning and messaging regarding change in Trust leadership, to focus on pride and strength of the organisation.
- **Health and Wellbeing Update**- The bi-annual assurance report was presented and ongoing focus on employee wellbeing noted. An update on the flu vaccination programme, Covid-19 testing and submission of risk assessments were provided. Increased service demand was shared, with emphasis on mental health wellbeing support and potential resource requirements.
- **HR Management and People Practices Capacity and Capability**- Full review to consider leadership of objectives and planning over the next 6-12 months was shared.

- **COVID-19 workforce risks and issues**- The Committee were assured of the risks and issues presented being well managed.
- **Diversity and Inclusion**-
 - **WRES**- The Committee approved the WRES template for publication on the Trust website and noted scrutiny of WRES performance at the STP/Regional level.
 - **Employee Data Deep Dive**- It was confirmed that requirements had been reviewed and identified a plan to proceed.
 - **Agenda Pay Gap**- Full review was highlighted and the Committee were assured of full monitoring within the Pay Advisory Forum.
- **Output from Organisational Effectiveness**- Objectives and next steps for the year ahead were presented. The Committee discussed the importance of integrating this workstream into delivery of care, quality and patient outcomes. Discussions were had about Organisational effectiveness being a key outcome of workforce and organisational development work

Decisions made at the meeting:

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

Recommendations:

No specific recommendations were made to the Board.


Other risks to highlight (not previously mentioned):

There are no risks to highlight.

Board and Committee Cover Sheet

Item No.	19		
Presentation to	Trust Board		
Title of Paper	Community Engagement Committee		
Purpose of the Paper	To summarise the business transacted at the Community Engagement Committee on 21 September 2020		
Author(s)	Sarah Balchin, AD Community Engagement and Experience	Executive Sponsor	Jackie Ardley, Chief Nurse
Date of Paper	21 September 2020	Committees/Groups previously presented	-
Action Required	For decision?	N	For assurance? Y
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> To note the summary of the meeting 		

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

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

Summary of business transacted:

The Committee

1. Received a presentation and report from the Joint CEOs of GypsyLife with regard a survey of perceptions about mental health needs and service access amongst settled gypsy, romany and travellers in Portsmouth.

Recommendations:

- a) To note the report endorsed by the CEC
- b) To support the recommendation of including the recommendations of the paper into the engagement and inclusion delivery plan (to be published December 2020)

2. Received and endorsed the draft strategy – Alongside Communities – the Solent approach to engagement and inclusion

Recommendation

- a) To approve the strategy being presented to Board, and note the development of the delivery plan to be submitted to the committee in December 2020.


3. Received the following papers (submitted to Board):

- a) The Workforce Race Equality Standards report
- b) The Workforce Disability Equality Standards report
- c) The annual Diversity and Inclusion Report
- d) COVID -19 Health Inequalities – update report
- e) Solent NHS Trust systems to recognise and address hate crime – update report

Board and Committee Cover Sheet

Item No.	21.1		
Presentation to	In Public Board		
Title of Paper	Audit and Risk Committee Exception Report		
Purpose of the Paper	To summarise the business transacted at the Audit and Risk Committee held on 6 th August 2020.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Executive Sponsor	Andrew Strevens, Chief Finance Officer Jon Pittam, Non-Executive Director (Committee Chair)
Date of Paper	August 2020	Committees/Groups previously presented	----
Action Required	For decision?	N	For assurance? Y
Recommendation	The Board is asked: <ul style="list-style-type: none"> To note the report from the Committee 		

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

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

Summary of business transacted:

- The Chief Finance Officer presented reports outlining **Single Tender Waivers** processed and **first SFI Breach** reported. The rationales for these were provided - which were noted by the Committee. Learning from the one-off breach and reminders about standing financial instructions have been put in place.
- The Trusts' internal auditors, PwC presented the **Internal Audit Plan Review**. An overview of the required reviews for 2020/21 and a summary of the scope was provided:

Ref	Auditable Unit	Potential Reviews
1	Finance	Financial Data This review would look at the management, reporting and presentation of financial data to ensure the relevant financial messages and trends are reported to the target stakeholders. In addition, considering how Finance Business Partners interact with their Service Lines and how different Service Lines use the financial data provided (identifying areas of best and poor practice). Alternative areas that were considered for this review included the CIPs process and a key financial systems reviews (based on cyclical review of different areas of the key financial systems).
2	IT	Outsourced IT services tender assurance A review of the governance and plans IT have put in place / being developed in preparation for the end of the existing outsourced IT services contract, including tendering process and potential transition arrangements. Alternative areas that were considered for this review included cyber security (focused on remote access security), a follow up to the asset management internal audit review performed last year, a review of the current position and development of the Trust's digital strategy or a review of the impact of remote working on the use of IT assets and the IT infrastructure.
3	Risk Management	Restoration of services/ recovery from Covid-19 A review of the Trust's plans to restore services back to 'business as usual' in a COVID-19 safe manner, including consideration of which changes introduced as a result of Covid-19 should be retained and which to revert to back An alternative area considered for this review was the risk management procedures and incident reporting within Portsmouth Adult Services.
4	Data Security Protection Toolkit	The Data Security and Protection (DSP) Toolkit is a self-assessment and reporting tool that organisations must use to assess local performance in line with the requirements set out in the NHS Informatics Guidance and Operating Framework. We are required to review the toolkit on an annual basis.
5	Follow Up	We will use this time to test the implementation of critical, high and medium agreed actions due.

The Committee were briefed on the process for agreeing 2020/21 priority reviews from the 'long list' with Executive Directors, and the Committee explored the rationale and timing for the priority reviews which were agreed as below:

Ref	Auditable Unit	Description
1	Health and safety and occupational health	The review will focus on the statutory requirements as an employer for health and safety and occupational health requirements and if the Trust is doing this, as well as how the Trust has assurance over the processes. For example, are general risk assessments over specific premises being refreshed for events such as COVID-19.
2	E-rostering and payroll	This review would look at the processes and controls and day to day practices around roster management (including use of clocking in and clocking out) and the flow of this data through to payroll (and ultimately, to individual's pay).

- A summary of the **Internal Audit Recommendations** and the current action status was provided. Assurance of action update justifications were noted, with further assurance requested in relation to Medicines Management.
- Ernst & Young presented the **External Audit Annual Audit Letter** for the year ended March 2020 and shared the collective learning applied for the next year (item 19.2).
- The **Counter Fraud Progress Report** was presented. Current progress of actions and recommendations was provided and the Committee were briefed on the Conflict of Interest exercise taking place. The Committee noted national recognition of the Local Counter Fraud and Security Specialist best practice, which has promoted the positive counter fraud work undertaken by the Trust at national and strategic level.
- The **Freedom to Speak Up Annual Report** was received by the Committee. An overview of themes and feedback was provided. It was noted that that the Trust has been rated 'best in class' for its positive speaking up culture for the second year in a row.
- The Committee approved the **Committee Governance** updates, subject to amendment:
 - Committee Terms of Reference Annual Review (item 19.3)
 - Committee Annual Report 2019/20 (appendix 1)
- It was noted that there were no **updates on external reviews / (un)announced visits**

Decisions made at the meeting:

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

Recommendations:

No specific recommendations were made to the Board.

Other risks to highlight (not previously mentioned):

There are no risks to highlight.

Appendix 1

Audit & Risk Committee Annual Report 2019-20

Introduction						
The Audit & Risk Committee is a formal Committee of the Solent NHS Trust Board with defined Terms of Reference and as such is required to prepare an Annual Report on its work and performance in the preceding year for consideration by the Trust Board. This report summarises the Committee's activities for the year to 31 st March 2020.						
Meetings						
During 2019/20 the following meetings were held: <ul style="list-style-type: none"> • 24th May 2019 • 1st August 2019 • 7th November 2019 • 6th February 2020 						
Membership & Attendance						
Attendance by members is outlined as follows:						
	Meeting					
NAME	24 th May 2019	1 st August 2019	7 th November 2019	6 th February 2020	% attendance	Notes
Jon Pittam- Chair Non Executive Director	P	P	P	P	100%	
Stephanie Elsy Non Executive Director	P	P	P		100%	<i>Member until February 2020- following changes to membership composition</i>
Mike Watts Non Executive Director	P	P	P	P	100%	
Thoreya Swage Non-Executive Director				A	0%	<i>Joined the Trust in February 2020</i>
P= Present A= Apologies						
<i>An additional private meeting was held in February 2020.</i>						
Terms of Reference						
The Committee reviewed and approved the Terms of Reference at the meeting held on 1 st August 2019.						
Status against the achievement of the Committee's Objectives						
Objectives	End of year review status					
To liaise with the Chair of the Finance and Infrastructure Committee and Quality Assurance Committee to seek assurance that proper budgetary and management accounting systems and procedures are in place and are being complied with.	<i>On-going Included as a Standing agenda item to receive assurance from other Board Committees.</i>					
To monitor the position in respect of the Trust's Break Even Duty and accumulated deficit.	<i>The May 2019 Committee received a Break Even Duty Report and noted that the Trust had met its duty to break even. Monitoring continued during the 2019/20 financial year. An extended cash</i>					

	<i>flow statement, until September 2021, was provided at the June meeting to provide evidence for the going concern assessment in the external audit report.</i>
To liaise with the Chair of the Quality Assurance Committee to seek assurance that proper risk management procedures and monitoring are in place.	<i>An in depth report was provided to the February 2020 meeting regarding the Risk Management Framework process being owned by the executive team and actively mitigated to ensure risks reduced to a tolerable level.</i>
To continue to test the effectiveness of the Board Assurance Framework.	<i>An in depth report was provided to the February 2020 meeting regarding the Board Assurance Framework management process with risks owned by the executive team and actively mitigated to ensure risks reduced to a tolerable level</i>
To be kept appraised of risks associated with partnership working.	<i>The Chair of the Audit and Risk Committee was appointed as Chair of the new Strategic Partnership Committee during the year.</i>
To continue to ensure that the Internal and External Auditors continue to be fit for purpose.	<i>There were no concerns to note.</i>
To monitor Freedom to Speak Up and ensure that the Trust remains compliant with its policy and best practice guidance.	<i>Written reports were provided to the Committee in August 2019 and February 2020. The Chair of the Audit and Risk Committee is the designated lead NED for FTSU and regularly meets with the FTSU Guardian and CEO. No concerns regarding the FTSU process have been identified to date.</i>

Summary of business conducted in year

The main business conducted by the Committee is summarised as follows;

Internal Audit

The Trust's internal auditors PwC presented the Internal Audit Progress Report to the February 2020 meeting. A summary of progress against the 2019/20 Internal Audit Programme is as follows:

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

The following audit opinions were issued at the May 2019 meeting:

Audit title	Report classification
Risk Management- Child and Family Service Line	Medium Risk
Key Financial Systems	
- General ledger	Low Risk

- Cash Collection	Low Risk
- Payroll, HR and expenses	Medium Risk
- Inventory	Low Risk
- Treasury Management	Low Risk
Data Security and Protection Toolkit	Low Risk
Mental Health Act Scrutiny Committee Review	Medium Risk
Learnings Review	Medium Risk
Demand and capacity	High Risk
Business Continuity Planning and IT Disaster Recovery	Medium Risk

External Audit

- The May 2019 Committee noted the external Audit Results Report for the year ending 31st March 2019.
- The August 2019 Committee received the Annual Audit letter 2018/19 and an unqualified opinion issued on 29th May 2019 was noted. Trust Board approval of the Audit Letter of Representation was noted.
- The November 2019 Committee noted the annual Audit Plan for 19/20 and there were no significant risks to highlight associated with the Value for Money (VFM).
- The Committee were informed of a new leasing standard that will be applicable from 2021/22 and highlighted that work will be required for this financial year.

Internal Control

- The May 2019 Committee received the Internal Audit Annual Report and Head of Internal Audit Opinion.
- The Committee received regular updates on inspections/reviews and unannounced visits.
- The draft Quality Accounts were received at the May 2019 meeting and approved subject to noted amendments for onward approval of the Board.
- At the February 2020 meeting, the Committee held a review of governance effectiveness including:
 - Board Assurance Framework (BAF)
 - Risk Management
 - Committee Governance

Financial Assurance

- Regular updates were provided on single tender actions and losses and special payments to each meeting. The November 2019 Committee also noted an update in relation to write offs.
- The Committee noted the Trust Annual Accounts at the May 2019 meeting.
- The Committee received regular updates on the Trust's financial status and the year-end financial timetable for 2019/20 was noted at the February 2020 meeting.
- An Accounting Standards update regarding the proposed treatment of the revaluation of property, plant, and equipment and IFRS16 – Leases was noted in February 2020.

Counter Fraud

- Progress reports were provided at each meeting.
- The Counter Fraud Annual Report and Annual Plan were presented and noted at the May 2019 meeting.

Clinical Audit

- A Clinical Audit Effectiveness report and Mid-Year Evaluation Report was received in November 2019. The report presented an update on the clinical audit and service evaluation activity for the Trust, specifically detailing:
 - The number of projects completed in the last 6 months by each service line
 - Key achievements so far in 2019-20 and key work streams

Freedom to Speak Up (F2SU)

- Regular updates on F2SU activity were provided.
- In August 2019 a review on F2SU was held including consideration of:
 - Vision and Strategy

- Self-Review Tool
- Annual Report Summary
- An audit of F2SU Processes and a Case Study review was noted at the February 2020 meeting to provide relevant assurance to the Committee.

Specific Assurance Areas / Other items

- The Committee received regular updates on the Trust’s financial status and the year-end financial timetable for 2019/20 was noted at the May 2019 meeting.
- The Annual Audit Letter 2019/20 was noted at the August 2019 meeting.
- In August 2019, the Committee undertook a Committee Self-Assessment to review governance and assess effectiveness.

A private meeting was held with internal and external auditors on 6th February 2020.

Exception reports of Committees were presented to the Board following each meeting.

Objectives for 2020-21

- To liaise with the Chairs of the Finance and Infrastructure Committee and Quality Assurance Committee to seek assurance that proper budgetary and management accounting systems and procedures are in place and are being complied with.
- To monitor the position in respect of the Trust’s Break-Even Duty.
- To liaise with the Chair of the Quality Assurance Committee to seek assurance that proper risk management procedures and monitoring are in place.
- To continue to test the effectiveness of the Board Assurance Framework.
- To be kept apprised of risks associated with partnership working.
- To continue to ensure that the Internal and External Auditors continue to be fit for purpose.
- To monitor Freedom to Speak Up and ensure that the Trust remains compliant with its policy and best practice guidance.
- To ensure appropriate oversight of internal and external audit contract tenures

Conclusion

The Committee has complied with its Terms of Reference during the period under review.

Report Author(s)	Jon Pittam, Non-Executive Director and Audit Committee Chair Sam Stirling, Corporate Affairs Administrator
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Solent NHS Trust

Annual Audit Letter for the year ended
31 March 2020

14 July 2020



Building a better
working world

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The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter dated 4 March 2020.

This report is made solely to the Audit and Risk Committee and management of Solent NHS Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit and Risk Committee and management of the Trust those matters we are required to state to them in this 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 Audit and Risk Committee and management of the Trust for this report or for the opinions we have formed.

Our Complaints Procedure – If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or director contact. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.



Section 1

Executive Summary



Executive Summary

To communicate the results of all our work for the year we issue an annual audit letter to Solent NHS Trust (the Trust) following completion of our audit procedures for the year ended 31 March 2020.

The tables below set out the results and conclusions on the significant areas of the audit process.

Area of Work	Conclusion
Opinion on the Trust's:	
▶ Financial statements	Unqualified – the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended. We issued our auditor's report on 22 June 2020 enabling the Trust to submit its Annual Report and Accounts to NHS Improvement. The report included an emphasis of matter in respect of going concern and property, plant and equipment valuations.
▶ Parts of the remuneration and staff report to be audited	We had no matters to report.
▶ Consistency of the Annual Report and other information published with the financial statements	Financial information in the Annual report and published with the financial statements was consistent with the audited accounts.

Area of Work	Conclusion
Reports by exception:	
▶ Consistency of Governance Statement	The Governance Statement was consistent with our understanding of the Trust.
▶ Referrals to the Secretary of State	We had no matters to refer to the Secretary of State.
▶ Public interest report	We had no matters to report in the public interest.
▶ Value for money conclusion	We issued an unqualified value for money conclusion.

Executive Summary (cont'd)

Area of Work	Conclusion
Reporting to the Trust on its consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £300,000 tolerance, to your audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	The NAO did not include the Trust in its sample of DHSC component bodies. We reported to the NAO the unadjusted difference of £0.495m summarised on page 11 of this letter.

As a result of the work we carried out we have also:

Outcomes	Conclusion
Issued a report to those charged with governance of the Trust communicating significant findings resulting from our audit.	We issued an Audit results report dated 11 June and discussed it at the 19 June Audit and Risk Committee.
Issued a certificate that we have completed the audit in accordance with the requirements of the Local Audit and Accountability Act 2014 and the National Audit Office's 2015 Code of Audit Practice.	We issued our certificate on 22 June 2020.

We would like to take this opportunity to thank the Trust staff for their assistance during the course of our work.

Suresh Patel

Associate Partner
For and on behalf of Ernst & Young LLP

Section 2

Purpose & responsibilities



Purpose & responsibilities

The Purpose of this Letter

The purpose of this annual audit letter is to communicate to the Board of Directors and external stakeholders, including members of the public, the key issues arising from our work, which we consider should be brought to the attention of the Trust. We have already reported the detailed findings from our audit work in our 2019/20 audit results report to the 19 June Audit and Risk Committee, representing those charged with governance. We do not repeat those detailed findings in this letter. The matters reported here are the most significant for the Trust.

Responsibilities of the Appointed Auditor

We have undertaken our 2019/20 audit work in accordance with the Audit Plan that we issued in October 2020 as well as the subsequent update to our Audit Plan we issued in May 2020. We have complied with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK), and other guidance issued by the National Audit Office.

As auditors we are responsible for:

Expressing an opinion on:

- ▶ The 2019/20 financial statements;
- ▶ The parts of the remuneration and staff report to be audited;
- ▶ The consistency of other information published with the financial statements, including the annual report; and
- ▶ Whether the consolidation schedules are consistent with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- ▶ If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- ▶ To the Secretary of State for Health and Social Care if we have concerns about the legality of transactions or decisions taken by the Trust;
- ▶ Forming a conclusion on the arrangements the Trust has in place to secure economy, efficiency and effectiveness in its use of resources;
- ▶ Any significant matters that are in the public interest; and
- ▶ Reporting on an exception basis any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its financial statements, annual report and governance statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Section 3

Financial Statement Audit



Financial Statement Audit

Key Issues

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health. We audited the Trust's financial statements in line with the NAO's 2015 Code of Audit Practice, International Standards on Auditing (UK), and other NAO guidance and issued an unqualified audit report on 22 June. We reported our detailed findings to the 19 June Audit and Risk Committee. The key issues identified as part of our audit were as follows:

Significant Risk	Conclusion
<p>Misstatements due to fraud or error</p> <p>A risk present on all audits is that management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly, and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p>	<p>We obtained a full list of the journals posted to the Trust's general ledger during the year, and analysed these journals using criteria we set to identify unusual journal types or amounts. We then tested a sample of journals that met our criteria and tested these to supporting documentation.</p> <p>We tested the accounting estimates most susceptible to bias, being mainly the valuation of land and buildings. We have not identified any material weaknesses in controls or evidence of material management override. We have not identified any instances of inappropriate judgements being applied. We did not identify any transactions during our audit which appeared unusual or outside the Trust's normal course of business.</p>
<p>Risk of fraud in revenue and expenditure recognition</p> <p>Auditing standards also require us to presume that there is a risk that revenue and expenditure may be misstated due to improper recognition or manipulation.</p>	<p>We reviewed and discussed with management any accounting estimates on revenue for evidence of bias. None was identified.</p> <p>We developed a testing strategy to test material revenue and expenditure streams relating to revenue from patient care activities, together with prepayments and accrued income and accruals and deferred income using higher samples for non-system revenue and expenditure reflecting the higher level of risk. No evidence of manipulation of these balances was identified.</p> <p>We reviewed and tested revenue cut-off and completeness of expenditure at the period end date and confirmed that revenue and expenditure had been recorded in the correct financial year.</p> <p>We reviewed the DHSC agreement of balances data and investigated differences with counter-parties we considered to be significant or unusual. These were few in number and there was no evidence of manipulation of the financial position arising from these procedures.</p> <p>We reviewed expenditure on property, plant and equipment and confirmed that it met the relevant accounting requirements to be capitalised.</p> <p>We tested the manual accrual relating to Covid-19 related expenditure in 2019/20 as part of testing manual accruals and were satisfied that there was no evidence of material manipulation arising in response to this balance.</p>

Financial Statement Audit (cont'd)

Areas of audit focus

In addition to the significant risks we have reported on page 8, we also identified 3 areas of audit focus.

Area of audit focus	Conclusion
<p>Going concern</p> <p>The Trust prepares its accounts on the assumption that it will continue as a going concern. The current and future uncertainty over government funding and expenditure of the Trust as a result of Covid-19 increases the need for the Trust to revisit its financial planning and undertake a detailed assessment to support its going concern assertion.</p> <p>We will discuss with management the potential for further disclosures in the 2019/20 statements on going concern and in particular any material uncertainties.</p>	<p>Although further announcements were made by NHSI relating to the support that Provider Trusts will receive over the next 18 months, even with this support, the Trust will be relying on unconfirmed material income streams in relation to non-NHS income to support its cash position. However, these are activity based and not contingent on achievement of targets and therefore no material uncertainties exist as to the levels of income relied upon to support the Trust's cash position.</p> <p>We suggested that the Trust enhance its going concern disclosure to reflect these contractual arrangements and we included an emphasis of matter paragraph in our audit report.</p>
<p>Valuation of land and buildings</p> <p>Land and buildings is the most significant balance in the Trust's balance sheet. The valuation of land and buildings is complex and is subject to a number of assumptions and judgements. A small movement in these assumptions can have a material impact on the financial statements including the Trust's charge for depreciation.</p> <p>Following the Covid-19 pandemic, the Royal Institute of Chartered Surveyors, the body setting the standards for property valuations, has issued guidance to valuers highlighting that the uncertain impact of Covid-19 on markets might cause a valuer to conclude that there is a material uncertainty. Caveats around this material uncertainty have been included in the year-end valuation reports produced by the Trust's external valuer.</p>	<p>We were satisfied that the Trust has accounted for its valuation of land and buildings appropriately.</p> <p>We suggested that the Trust enhance its land and buildings valuation disclosure to reflect the material uncertainty related to some aspects of those valuations and we included an emphasis of matter paragraph in our audit report.</p>
<p>IFRS 16 – Leases</p> <p>The adoption of IFRS 16 by the DHSC GAM has been deferred to 2021/22.</p>	<p>The Trust was no longer required to undertake an impact assessment, and disclosure of the impact of the standard in the financial statements did not need to be financially quantified.</p>

Financial Statement Audit (cont'd)

Audit differences

The Trust identified a material adjustment within disclosures of inventories recognised in expenses and the audit team worked with the Trust to properly quantify the error. The disclosure note was overstated by £8,055k and required an adjustment to the prior year narrative disclosures for inventories. We also identified an adjustment related to a NHS Resolution prepayment of £259k which was raised in error.

Furthermore, we identified one misstatement of £495k in relation to provision for bad debts for NHS bodies which is contrary to accounting framework guidance. Management have opted not to correct this as they believe this to be a prudent approach.

Our application of materiality

When establishing our overall audit strategy, we determined a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole.

Item	Thresholds applied
Planning materiality	We determined planning materiality to be £4.03m as 2% of gross revenue expenditure reported in the accounts. We consider gross revenue expenditure to be one of the principal considerations for stakeholders in assessing the financial performance of the Trust.
Reporting threshold	We agreed with the Audit and Risk Committee that we would report to the Committee all audit differences in excess of £0.2m.

We also identified the following areas where misstatement at a level lower than our overall materiality level might influence the reader. For these areas we developed an audit strategy specific to these areas. The areas identified and audit strategy applied include:

- ▶ Remuneration disclosures: We audited all disclosures and undertook procedures to confirm material completeness
- ▶ Related party transactions. We audited all disclosures and undertook procedures to confirm material completeness

Section 4

Value for Money



Value for Money

We are required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion. Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- ▶ Take informed decisions;
- ▶ Deploy resources in a sustainable manner; and
- ▶ Work with partners and other third parties.

We did not identify any significant risks in relation to these criteria. We therefore had no matters to report about your arrangements to secure economy, efficiency and effectiveness in your use of resource. We therefore issued an unqualified value for money conclusion on 22 June 2020.

A woman with blonde hair, wearing a dark blazer, is leaning over a wooden conference table. She has her hand to her chin in a thoughtful pose. In the background, other people in business attire are visible, including a man with a red tie. The scene is brightly lit, suggesting an office environment.

Section 5

Other Reporting Issues

Other Reporting Issues

Department of Health and Social Care Group Instructions

The NAO selected the Trust as part of its DHSC sampled component bodies. We were required to complete a return on the Trust's consolidation schedule. We reported to the NAO that the consolidation schedule was consistent with the audited accounts. We also reported the unadjusted difference.

Governance Statement

We are required to consider the completeness of disclosures in the Trust's governance statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it complies with relevant guidance. We completed this work and did not identify any areas of concern.

Referral to Secretary of State

We must report to the Secretary of State any matter where we believe a decision has led to, or would lead to, unlawful expenditure, or some action has been, or would be, unlawful and likely to cause a loss or deficiency. There were no referrals made to the Secretary of State.

Report in the Public Interest

We have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Trust or brought to the attention of the public.

We did not identify any issues which required us to issue a report in the public interest.

Control Themes and Observations

As part of our work, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to you significant deficiencies in internal control identified during our audit.

We adopted a fully substantive approach and have therefore not tested the operation of controls.

Section 6

Focused on your future



Focused on your future

Area	Issue	Impact
New accounting standard	<p>IFRS 16 will be applicable for Trusts accounts from the 2021/22 financial year, having been deferred from 2020/21.</p> <p>Whilst the definition of a lease remains similar to the current leasing standard; IAS 17, for Trusts who lease a large number of assets the new standard will have a significant impact, with nearly all current leases being included on the balance sheet. The only exclusions being low value leases and leases with a term of less than one year.</p>	<p>The Trust will need to undertake a detailed exercise to identify all of its leases and capture the relevant information for them. Whilst applicable to the 2021/22 financial year, the Trust should continue to build upon the work done in 2019/20 into 2020/21.</p> <p>The Trust will no longer be able to expense operating leases but will instead have to recognise an asset on the balance sheet and recognise interest and depreciation. The Trust must therefore ensure that all lease arrangements are fully documented.</p>

Appendix A – Audit Fees

The table below sets out the planned fee and our final proposed audit fee.

Description	Final Fee 2019/20 £	Planned Fee 2019/20 £	Final Fee 2018/19 £
Total Audit Fee – Code work	55,730*	49,170	45,200

*The final fee includes £6,560 in respect of additional work required;

- to gain assurance over the Trust's going concern disclosure in light of the impact of Covid-19;
- to respond to the 'material uncertainty' within the RICS valuer's report on the valuation of land and building valuations;
- additional time spent on expenditure testing in obtaining an accurate listing from which to select our expenditure sample; and
- revisiting our risk assessments for the impact of Covid-19.

It also includes the cost of our internal consultation process to ensure that the audit report being issued provided the right assurance to the reader of the accounts. This consultation is part of EY delivering a NAO Code compliant audit. This additional fee has been agreed with the Chief Finance Officer.

We confirm that we have not undertaken any non-audit work. Non-audit work is work not carried out under the Code. We have adopted the necessary safeguards in our completion of this work and complied with Auditor Guidance Note 1 issued by the NAO in December 2017.

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Audit & Risk Committee Terms of Reference

1. Constitution

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

2. Purpose

2.1 The Committee is responsible for assuring the Board on matters concerning:

- **governance** - including financial governance, corporate governance and clinical and non-clinical audit
- **risk management**, and
- **internal control** - seeking assurance from internal and external audit and counter fraud.

3. Duties

3.1 Governance, Risk Management and Internal Control

The Committee will;

- seek assurance that the Trust's activities are efficient, effective and represent value for money – including **reviewing the establishment and maintenance of an effective system of internal control** that supports the achievement of the Trust's objectives
- receive and scrutinise the following **public disclosure statements**;
 - **Quality Account**
 - **Annual Report**
 - **Annual Governance Statement**
 seeking assurance that the Trust complies with regulation and information is triangulated with independent sources (for example, but not limited to, the Head of Internal Audit Opinion, External Auditors Opinions and Counter Fraud) prior to recommendation to the Board for approval.
- test the effectiveness of the use of the **Board Assurance Framework**
- seek assurance that **appropriate governance arrangements** have been implemented to support the organisation operating in the emerging **Integrated Care Systems and Integrated Care Partnerships**

3.2 Internal Audit

The Committee will

- ensure there is an **effective internal audit function** that meets the Public Sector Internal Audit Standards, 2013 and provides appropriate independent assurance to the Committee, Chief Executive and Board.

This will be achieved by:

- ensuring the periodic **re-tendering of the internal audit function**
- review and approval of the **Internal Audit Plan** ensuring that this is consistent with the audit needs of the organisation

- consideration of the **provision of the internal audit service** - including the performance, cost, seeking assurance that the audit function remains independent, and of any questions of resignation and dismissal
- receive **Internal Audit Reports** and **progress updates** – consider the **major findings of internal audit work** (and management’s response), seeking assurance that recommendations are being addressed and progressed, to ensure appropriate learning is taken and any gaps in internal controls mitigated .
- receive and review the **Head of Internal Audit Opinion**, prior to Board approval

3.3 External Audit

The Committee will:

- in accordance with the Local Audit and Accountability Act 2014, **establish an ‘Auditor Panel’ to advise on the appointment of external auditors** (membership of the panel will be approved by the Board). The Panel shall recommend the appointment of external auditors to the Board.
- review and monitor the **work and findings of the external auditor** and consider the implications and management’s responses to their work.

This will be achieved by:

- consideration of **the provision of the external audit service** - including the performance, cost, seeking assurance that the audit function remains independent, and of any questions of resignation and dismissal
- consider the scope of the **Annual Audit Plan** – be briefed by the auditors on their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
- review the **Annual Audit Results Report**, for the prior financial year, including the report to those charged with governance
- agree the **Letter of Representation** before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management response
- agree any **non-audit services conducted** – agreeing acceptable thresholds and safeguards. Any such work will be disclosed within the Annual Report

3.4 Financial Reporting

The Committee will:

- receive assurances from management on **financial matters** – including changes to / notification of:
 - Single Tender Waivers
 - Losses and special payments
 - Write offs
 - Significant Financial issues/risks and any adjustments
 - Standing Financial Instruction (SFI) breaches
 - Changes to financial policies
 - Accounting standards update
- receive the **financial timetable associated with the audit of accounts**
- shall review the **Annual Accounts** and **summary financial statements** (within the Annual Report) before submission to the Board for approval, focusing particularly on:
 - changes in, and compliance with, accounting policies, practices and estimation techniques
 - unadjusted miss-statements in the financial statements
 - significant judgements in preparation of the financial statements
 - significant adjustments resulting from the audit
 - letters of representation
 - qualitative aspects of financial reporting
 - reported losses and compensation

- explanation of estimates or provisions having material effect
- any reservations and disagreements between the external auditor and management which have not been satisfactorily resolved
- monitor the **integrity of the financial statements** of the Trust and any formal announcements relating to the Trust's financial performance
- ensure that the **systems for financial reporting to the Board**, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board

3.5 Whistleblowing /Freedom to Speak Up

The Committee will

- review the **effectiveness of the Trust's arrangements for its employees to raise concerns**, in confidence, about possible improprieties in financial, HR matters (including bullying), conflicts of interest, clinical or safety matters.
- ensure that **arrangements allow proportionate and independent investigation** of such matters and appropriate follow up action

3.6 Counter Fraud

The Committee will

- satisfy itself that the Trust has **adequate arrangements in place** for countering fraud, bribery and corruption
- review the **outcomes of counter fraud work and investigations**- seeking assurance that management are addressing any gaps in internal controls and are progressing actions to meet recommendations made
- ensure that the Trust has **appropriate policies and procedures** for all work related to fraud, bribery and corruption

3.7 Other Assurance Functions

The Committee will:

- review the **findings of other significant assurance reviews**, both internal and external to the Trust, and consider the implications for the governance of the Trust (e.g. from regulators /inspectors etc)
- receive updates on progress made towards the achievement of **clinical audits** and receive the **Annual Clinical Audit Report** and Annual Audit Plan
- scrutinise the **annual governance review of the Board Committees** conducted by the Governance & Nominations Committee, satisfying itself that committees are appropriately constituted and functioning in accordance with their Terms of Reference
- receive the Trust's **Charity Annual Accounts and Report**

4. Membership

4.1 Members of the Committee shall be appointed by the Board and shall comprise;

- Non-Executive Director Chair
- 2 other Non-Executive Directors

at least one of whom shall have recent and relevant financial experience.

4.2 The Chairman of the Trust Board shall not be a member of the committee.

4.3 In the absence of the Committee Chairman and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

5. Quorum

5.1 The quorum necessary for the transaction of business shall be:

- 2 Non-Executive Directors (including the Chair or their designated deputy)

6. Attendees

- 6.1 The following officers will have an open invitation to each meeting, unless otherwise informed by the Committee Chair (or when the Committee meets privately):
- Chief Executive
 - Deputy Chief Executive and Chief Finance Officer
 - Chief Nurse
 - Representatives from Internal Audit, External Audit and Counter Fraud
 - Associate Director of Corporate Affairs and Company Secretary
 - Independent Freedom to Speak Up Guardian (FTSU)
- 6.2 The Head of Internal Audit, representative of external audit, Counter Fraud Specialist and FTSU Guardian have a right of direct access to the Chair of the Committee.

7. Frequency

- 7.1 The Committee shall meet
- at least on a quarterly basis at appropriate times in the reporting and audit cycle and otherwise as required
 - In private with external and internal audit representatives without any member of the executives present on at least one occasion each year
- 7.2 The Chief Executive, external auditors or internal auditors may request an additional meeting if they consider that one is necessary.

8. Authority

- 8.1 The Committee is authorised:
- to investigate any activity within its terms of reference
 - to seek any information required from any employee of the Trust in order to perform its duties, and to direct all employees to cooperate with any requests made by the Committee
 - to obtain, at the Trust's expense, outside legal or other professional advice on any matter within its terms of reference, and
 - to call any employee to be questioned at a meeting of the Committee as and when required
 - to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary

9. Meeting administration

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


10. Reporting

- 10.1 An exception report will be provided to the Board via the Committee chair – highlighting business transacted and making any recommendations as deemed appropriate within the remit of the Committee.
- 10.2 Following scrutiny, the Committee will recommend to the Board the approval of the Accounts, Annual Report, Annual Governance Statement, Letter of Representation, Quality Account and the Annual Clinical Audit report.
- 10.3 The Committee shall make necessary recommendations to the Board on areas relating to the appointment, re-appointment and removal of auditors and terms.
- 10.4 The Committee will conduct an annual review of its effectiveness

Board and Committee Cover Sheet

Item No.	22.1		
Presentation to	Trust In Public Board		
Title of Paper	Quality Assurance Committee Exception Report		
Purpose of the Paper	To summarise the business transacted at the Quality Assurance Committee held on 24 th September 2020.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Executive Sponsor	Thoreya Swage, Non-Executive Director (Committee Chair) Jackie Ardley, Chief Nurse
Date of Paper	September 2020	Committees/Groups previously presented	-.-
Action Required	For decision?	N	For assurance? Y
Recommendation	The Board is asked: <ul style="list-style-type: none"> To note the report from the Committee 		

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

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

Summary of business transacted:

- There were no **Freedom to Speak Up Concerns** to report.
- The Committee discussed **Urgent Matters of Safety** in relation to the local increase of Covid-19 cases and expected second wave. The Chief Operating Officer (Southampton) shared preparation and planning, including reconvening the Gold Call structure.
- There were no **Partnership governance arrangements** to highlight.
- The Committee **noted** the following reports presented:
 - **Wheelchair Service Provision – Deep Dive**- Following award of the new wheelchair contracts, an overview of the Wheelchair Service provision across Portsmouth, Southampton and Hampshire was provided, including details of the current position, issues, concerns and actions taken to date, which have sought to address areas of concern. The Committee were joined by the CCG to provide further collective assurance.
 - **Experience of Care Annual Report (incl Complaints)** (*item 21.2*)- The Associate Director of Community Engagement and Experience attended to present the report and shared learning and engagement undertaken. The development of the new national complaints framework by the Parliamentary Health Service Ombudsman was highlighted and the Committee were informed of co-hosted event for local people to provide feedback to those writing guidelines. As a result of the event, the Trust was asked to:
 1. Join the national team to advise on increasing accessibility to the complaints process (*started in September*)
 2. Support continued local community input in the various iterations of the framework (*plans for event from December onwards*)
 3. Offer to be a pilot site for the new framework (*completed*)
 The Committee formally commended the work undertaken.
 - **Infection Prevention Control- CQC Assessment**- The importance of the assessment and alignment to Covid-19 was shared.
 - **Exception Report from the Quality Improvement and Risk (QIR) Group and Chief Operating Officers**-Key updates were provided from the Southampton and Portsmouth Care Group and exceptions arising from the QIR Group, including the Covid-19 Learning Report.
 - **Safeguarding Quarter 1 Report** (*item 21.3*)- The Head of Safeguarding provided assurance of safeguarding work maintained during the pandemic. The Committee were informed of increase in reported safeguarding incidents and discussed potential support requirements. Executive level acknowledgment and monitoring was emphasised.
 - **Patient Safety Quarter 1 Report** (*item 21.4*)- Further embeddedness of learning outcomes were identified and the Committee were informed of new panel established to align Learning From Deaths, Serious Incidents and Complaints.
- The Committee received a verbal update on **Regulatory Compliance matters (including CQC matters, recent visits and any NHSE/I items)**. The Chief Nurse confirmed work undertaken to finalise CQC site registration details.
- The **Ethics Panel Exception Report** was presented and discussions held in relation to required consideration of real time responses.
- The Committee approved the **QIR Group Terms of Reference** and acknowledged further work required to improve governance structures.

Understanding what really matters most

Experience of Care Annual Report

July 2019 – July 2020

“With special thanks to you all. At the start of the teams involvement, I had a target I wanted to reach, by the time the team had completed their time with me, I could wash myself, make my bed, wash my dishes, everyday tasks became easier, now at last, I go to Sainsburys, and do my own shopping once again. My Target reached!”

Patient of Adults Southampton Services

Sarah Balchin
Associate Director – Community Engagement and Experience
August 2020

1. Introduction

Understanding what matters most to people who use our services, their families and carers rather than what we think matters most, is key to what we do. By working with local people, we are able to hear people's stories of the great care they have received, *and* when we have got things wrong, both a valuable source of learning for us. We want to ensure that every person can have their say in a way and a place that suits them. This report shares the first year of our ambitious journey to **really understanding what matters most**.

- About **25,000 people** who used our services provided us with the gift of feedback over the last year.
- **96% of people shared a positive experience of care**, with many people telling us about the kindness, friendliness and caring shown by our teams.
- **1% told us about things we could improve**, including waiting times, booking appointments and poor attitude.

The pandemic has disrupted both the way we provide services, and the experience of those receiving them. National experience of care programmes were suspended from March, but building on the foundations we set in 2019, we have worked in partnership with our patients, their families and members of our local community, to respond and adapt to this new environment. We have taken our learning not only from what people have told us about their experience of using our services during this time, but also from the stories they have told us about their lives during COVID, to change the way we do things. We have been privileged to form new and trusting relationships with local people and groups, helping us understand what really matters most to people about their local community and mental health provider, and helping us recognise the truly amazing capability of communities to get things done!

We believe by understanding what really matters most to people who use our services, their families and carers we can provide great care to local people. By listening, hearing and acting on the stories people share, we can continuously learn and improve.

This report provides a summary of:

- Our ambitions, our achievements for 2019 – 2020
- How do people feedback about their experience of care?
- Who shared their story (and most importantly who didn't)?
- What did people tell us?
- Our ambitions for 2020 – 2021

2. Our ambitions, our achievements 2019 – 2020

In July 2019 we said we wanted to improve our understanding of people's experience and described a number of key intentions which would help us do that.

1. Establish *who* provides feedback, when and how, to identify who we seldom hear. Then increase the number and type of feedback opportunities we offer, enabling *more* people from a *wider range* of our local community to share their story in a way that suits them.

What did we find?

- We receive over 25,000 pieces of feedback a year but that feedback is not truly representative of our local community.
- We receive far less feedback from people from the BAME, learning disabled, mental health communities and men of a working age than we would expect.
- We now know our current ways of gathering feedback favour people with English as their first language, those with no additional communication needs e.g. a learning disability or visual impairment, individuals from cultural backgrounds who cherish oral story telling.
- We have been told the questions we ask are not always the things that are important to local people.

What did we do?

- A service user led experience of care measures group has been established, to lead the development of a set of measures which measure what really matters, in a way that is more accessible including when we seek feedback.
- We have introduced "community conversations", working with people from our local community we host small groups conversations, in a very informal and unstructured way. This has helped us hear and understand people's stories.
- A new experience of care system has been purchased and is much more accessible, providing easy read and translated web based surveys, and the capability of analysing and reporting spoken words.

2. To evaluate and improve our use of *established national feedback* systems including the national experience of care survey programme, Patient Opinion and NHS (Choices).

What did we find?

- We established we were using 4 of the 9 available platforms and potentially missing some valuable opportunities to learn from people's experience of using our services. Local people were unaware of the alternatives to Solent based feedback systems and very few stories have been recorded on these platforms.
- We had no Trust wide mechanism by which to share and act on the results of national experience of care surveys, which resulted in a lack of sharing of best practice and support for improvement.

What did we do?

- We have increased our use of national platforms from available to us, to 8 out of 9 and are working to implement a way we can share across organisations. We shall integrate this data with local collected information to provide a more rounded view of people's experience of care.
 - We have shared with some of our community groups, the national systems they can use to share their experience but use remains low. One person said, the systems "lack a heart".
 - The national Community Mental Health Survey 2018 was reported in 2019 and identified significant improvements in the provision of a meeting to discuss how care is going, medicines review and deciding which therapies to use. Improvements required in provision of feedback opportunities are being addressed by the Trust wide programme to improve accessibility to feedback.
3. Develop in partnership with local people, a set of experience of care measures which, in the words of local people "*start measuring what matters, not what's easy!*"

What did we find?

- Most of what we ask in the NHS is based on what we want to know rather than what is important to local people, and they see little value in it.
- A review of current methods of gathering feedback identified a bias towards traditional survey methods.
- There is a lack of transparency in how we use feedback and what actual change it leads to.
- People are suffering from "feedback fatigue" with every aspect of their lives being affected from online shopping orders, to local council surveys.

What did we do?

- The Experience of Care Measures Group has been formed led by services users, advocates, family members and those who support family carers.
 - Community conversations with local people were piloted and introduced during COVID and are now an established method of gathering feedback.
4. Work with *local family carers* and teams from other health and social care providers in Portsmouth, pilot ways in which we can improve the support we, as a system, provide for carers.

What did we find?

- Local carers had little confidence in our ability to listen and genuinely hear from them. Previous experience led them to believe we would go in with some preconceived ideas and influence the outcomes. But they were very supportive of the combined approach.

What did we do?

- A partnership approach with local carers, Portsmouth City Council Social Care, Portsmouth Hospitals NHS Trust and Portsmouth Carers Centre was commenced in October 2019.
 - Together we agreed to use a set of discovery principles; meaning we started our conversations based on a blank sheet of paper, and a few questions around what mattered most to them.
 - A series of local events with local carers were provided to start to capture what great support looks like for carers, with key issues identified as ease of access to support, recognition of the complex needs of people supporting others with additional mental health needs, enabling carers to retain a sense of self.
 - The programme was suspended from March to August but has now recommenced and virtual workshops have now restarted.
5. Start a fundamental shift from a focus on gathering feedback to learning from feedback.

What did we find, what did we do?

- A review of our approach to learning from feedback identified we had been focussed on ensuring the process was right which was correct at the time. Now is the time for next steps.
- A proposal for the Learning from Experience Panel was made and accepted in March 2020 and the first panel held in May 2020, chaired by the Chief Nurse. The panel includes service users, patient advocate, Healthwatch and commissioning representatives and Solent team members. The aim is to now move the leadership and membership to predominantly service users.
- To support the more integrated approach to learning across all aspects of quality, a joint appointment for an Experience of Care Lead is to be piloted, the aim being to increase our ability to use the information we gather to inform improvements.

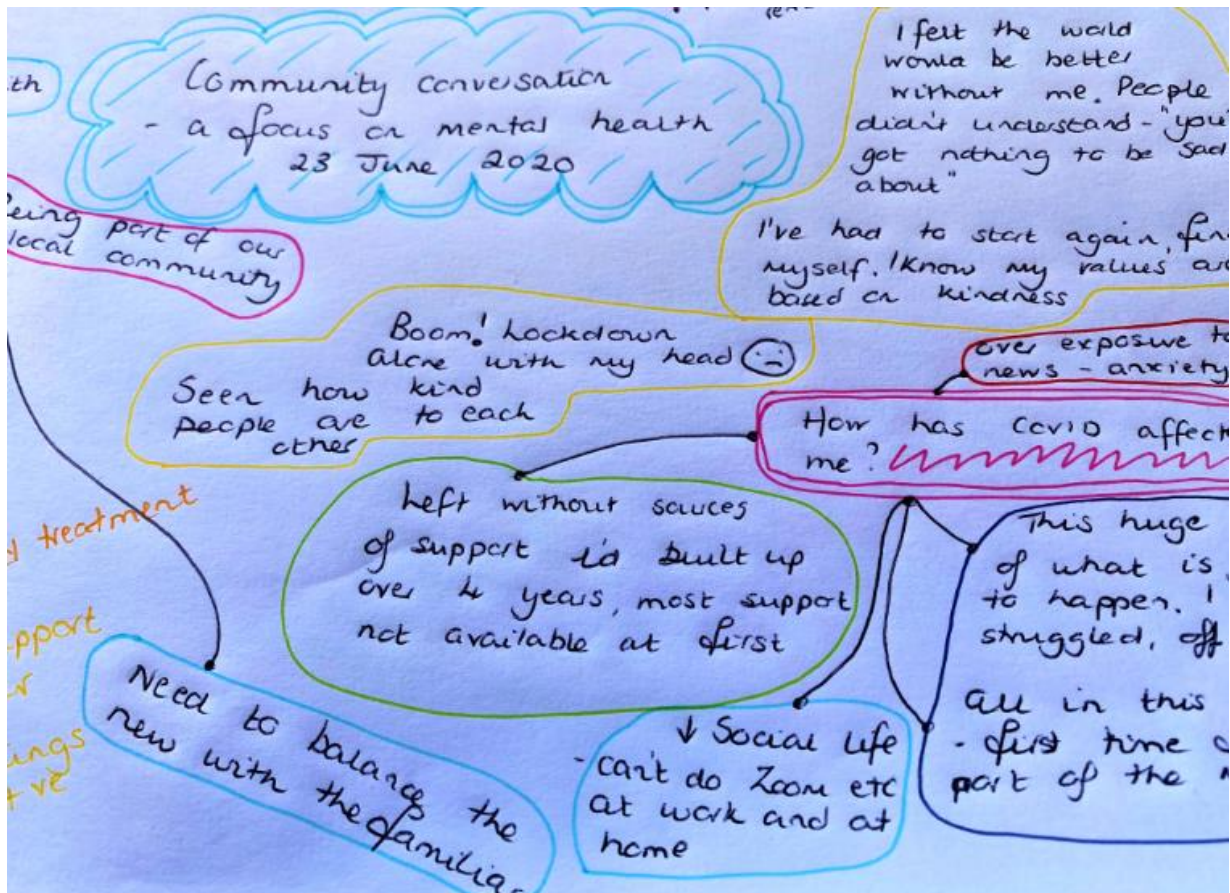
3. How do people share their experience of care?

To understand peoples' experiences we need to hear their stories. Using multiple sources of feedback is essential to enabling as many people as possible to tell us how we are doing.

In 2019 we identified two things we wanted to change:

1. The use of already established national platforms which enable people to share their experience anonymously
2. To increase the number, type and accessibility of feedback opportunities for local people, supporting our ambition to hear from all.

We have increased our use of the national platforms (see App 1) and introduced local "community conversations".



Our community conversations are based on the principle of story telling, encouraging and enabling individuals and groups to share their experience. We use some simple prompts, which are often not needed as the conversations flow naturally. These bring a richness giving us a greater understanding of what is important to local people when using our services.

4. Who tells us their story?

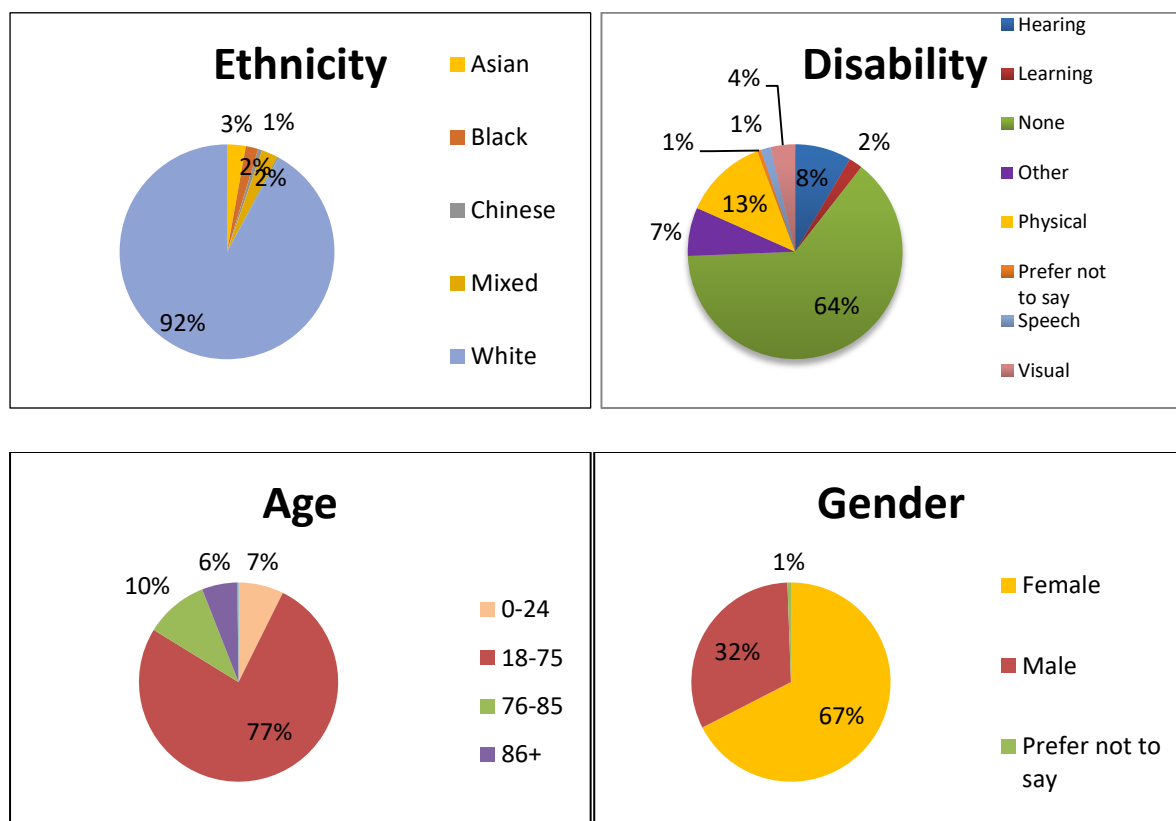
The feedback we receive is, in the main, very positive. But a review of the range of people who provide that feedback told us that we rarely hear from some individuals and groups from groups considered to be in the minority. For example, the community we serve across Portsmouth and Southampton, includes about 20% of people from a non-white background but we only hear from less than 10%.

To understand why, we spoke to local people from those communities we seldom hear, and asked their advice on what we could do differently. This included faith groups, carers groups, people with long term health conditions, people living with severe mental ill health, families of young people with autism, people who support refugees and asylum seekers and more. Our key challenge was to access men of a working age which we have not yet achieved. But working with both Portsmouth and Southampton Football Clubs, we hope to address that this coming year.

The people we met told us three things were key:

1. **Come to us** – face to face visits to them in their community would be welcomed
2. **Hear our story** – conversations trump surveys everytime
3. **Do something with what we tell you** – commit to action and follow through

We now must commit to continuing with the development of our conversations but also to ensure that we act on that people take the time to tell us, and tell them what the impact has been.



5. What are people telling us?

“I’ve been attending this clinic for many, many years now, different buildings, venues and consultants, but never have I been dissatisfied with the service or treatment I have received. Superb staff, service I cannot praise any higher.”

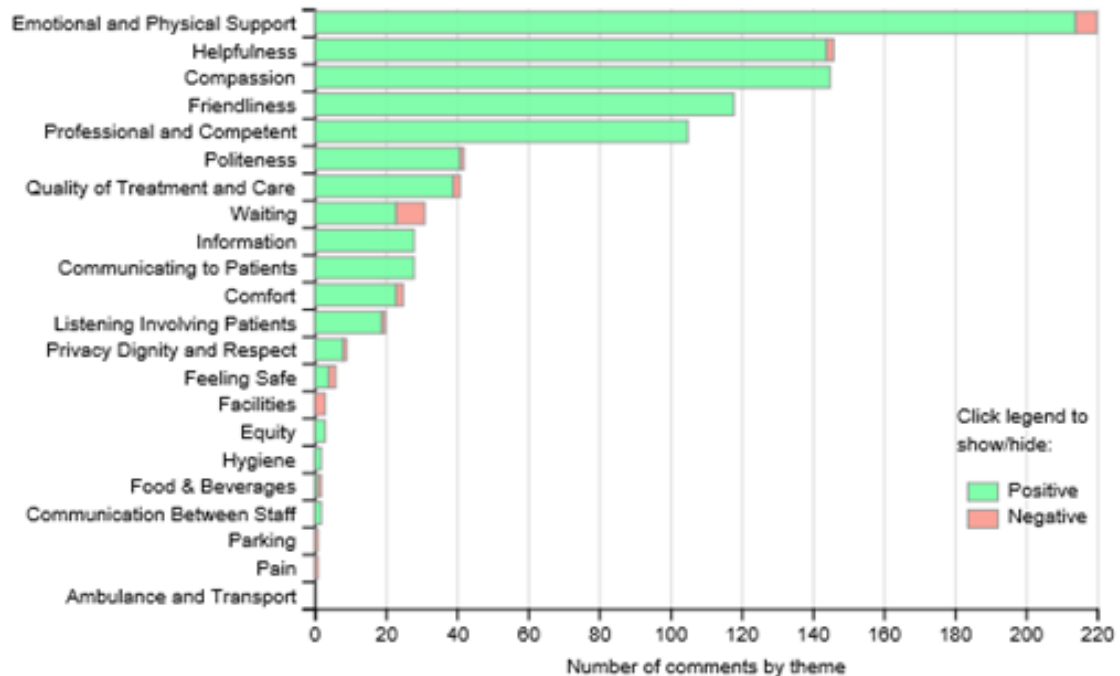
Sexual Health Services

About 25,000 people have shared their experience of care when using our services in the last year. They told us using the national Friends and Family Test, our local I Statement Survey, our PALS and Complaints team and our new “community conversations”.



96% shared a positive experience of care, with many people telling us about the kindness, friendliness and caring shown by our teams. We are proud that most people tell us that they are well supported both emotionally and

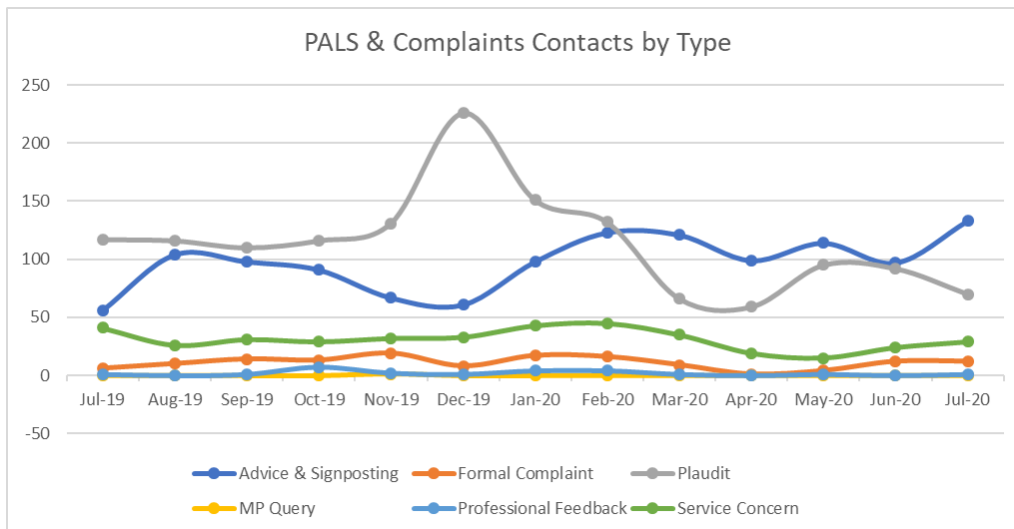
physically, treated with compassion by professional and competent members of the team. Our new experience of care system helps us analyse the written comments provided by people using the surveys as well as the score, please see below. Over the next year we shall be using the system to analyse our developing feedback methods including community conversations and stories.



About 1% of people however told us about things we could improve. The key things included waiting times, booking appointments and poor attitude. Some people have shared their poor experience about those things most say is great, so we will not be complacent in our aim to provide great care every time.

Patient Advice and Liaison Service (PALS) and Complaints

Our PALS and complaints team provide support to people who are seeking advice and information, wish to share a plaudit, raise an informal concern which they would like resolved quickly or wish to make a complaint. This year they have seen a further increase in activity, from 3213 contacts in 2018-19 to 3310 in 2019-20.



Complaints

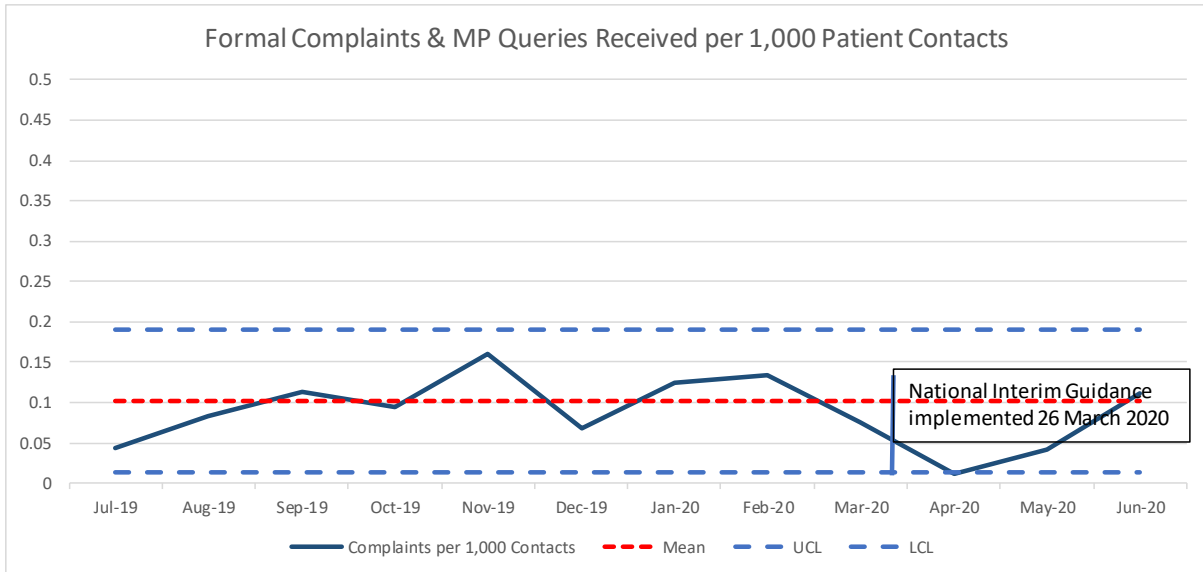
We know that sometimes things go wrong and people are unhappy with the care or services we provide. We want to hear from people who wish to raise a concern, and we offer several ways for people to do that. They can speak directly to the people providing the care at the time, but we know that can be hard to do. People can provide anonymous feedback using one of our experience of care surveys. Our PALS team offer a rapid resolution for issues which could and should be resolved quickly. And we provide a complaints service who wish to have their concern formally investigated.

We want people to feel confident that we do want to hear their concerns and we will work them to resolve them. People who use our services can expect to:

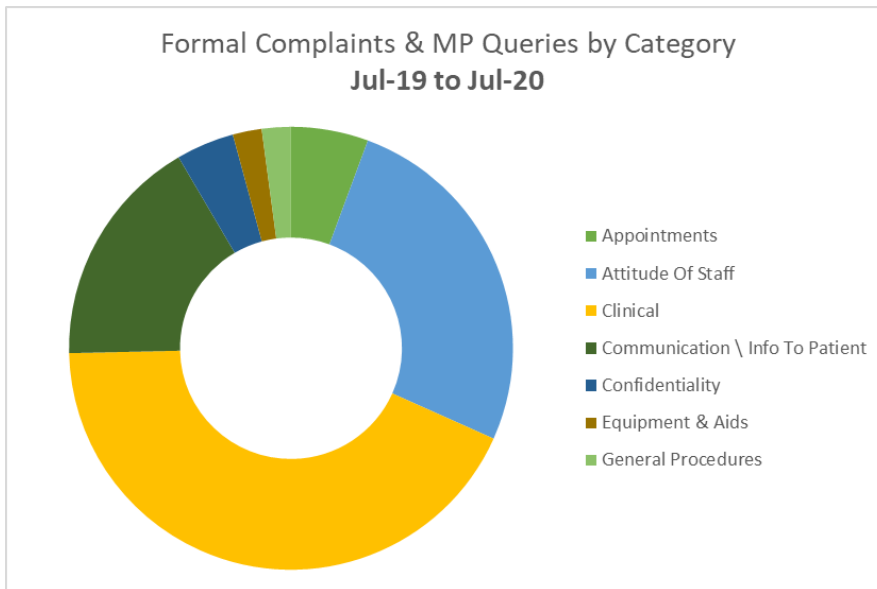
- have their complaint acknowledged and properly looked into
- be kept informed of progress and told the outcome
- be treated fairly, politely and with respect
- be sure that their care and treatment will not be affected as a result of making a complaint
- be offered the opportunity to discuss the complaint with a member of the complaints team, a member of the team providing the service or another senior member of Solent NHS Trust staff.
- Have appropriate action to be taken following their complaint

Over the last year 142 people raised a complaint¹. 142 people felt that we had not treated them in the way they would wish to be treated. Whilst this was a decrease from the previous year in from 173, a significant number of people experienced things going wrong.

¹ Interim national guidance was published in March as part of the pandemic response which likely reduced the number of complaints.



What did the complaints tell us?



The issues raised by people who needed to complain, continue to reflect the nationally reported concerns, including clinical care, attitude of staff and communication. Whilst each complaint must be considered individually, we do not believe that continued level of concern is acceptable, and are working with local people to better understand what it is we can do differently to make some real changes that stick. We have been successful in reducing the number of complaints related to appointments by services developing a very proactive approach to communication about changes and postponement of appointments during COVID. The challenge is for us now to sustain that and affect further change.

Outcomes of complaint investigations

When a complaints investigation and review is completed, there are three potential local outcomes:

1. Complaint upheld – evidence is found to support the concern raised

2. Complaint partially upheld – most often related to complaints which have a number of different areas of concern, where some but not all are found to have evidence to support.
3. Complaint not upheld – there is no evidence on investigation to support the complaint.

Outcome²	
Upheld	56
Partially Upheld	36
Not Upheld	29

Approximately 30% of complaints received are not upheld but we wish to know more about what we did or did not do, to lead a person to feeling a need to make a complaint. Our new Learning from Experience Panel has a focus on early identification of what we could do differently.

If the person who raised the concern is not satisfied with our local response, they may refer to the Parliamentary Health Service Ombudsman for an independent review.

Parliamentary Health Service Ombudsman (PHSO)

The PHSO makes final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other organisations. People can complain to the PHSO if an organisation has not acted properly or fairly, has given poor service and not put things right. If they find the organisation got things wrong and this has had a negative effect, they can recommend what it should do about it.

In the last year, five people have cause to take their complaint to the PHSO as we have not been able to resolve locally with them. Four of the five complaints required no further action, and one is currently being reviewed. Whilst we have not been found to need to make local changes, we are keen to understand what it is we have done or not done locally, which has led someone to have a need to complain to the PHSO and have introduced a review process by our Learning from Experience Panel.

4. Summary - Our Ambitions 2020 – 2021

In 2019 we started our ambitious journey to really understand what matters most to people who use our services, their families and carers, and made, in partnership with local people, some changes to do just that. But there is much more to do.

² The outcome of complaints we receive will often require investigation and review which crosses over one or more months. The numbers reported refer to the complaint investigations which were completed in this period only.

Over the next year we will make the changes people who use our services, their families and carers have told us will make the most difference to their experience of care.

- ***Come to us***

We shall introduce a broader and more creative range of face to face feedback opportunities, with a focus on people we seldom hear.

- ***Hear our story***

We shall further develop the concept of community conversations. Increasing the number and scope to enable more people to have their say.

- ***Do something with what we tell you***

We shall implement a system of recording and reporting what services have done with the gift of feedback from people who use our services, whether that be about great care or something we could do better.

And we shall:

1. Continue to support the PHSO development of the national Complaints Standards Framework, as a member of the national working party on accessibility and participate in the national pilot programme.
2. Facilitate a system wide workshop with support from NHSE Experience of Care national team, to better understand our whole approach to gathering and using feedback and improve learning and sharing.
3. Further our ambition to a more integrated way of working across patient safety and experience, by piloting a new experience of care lead role.
4. Develop our commitment to involving local people in everything we do.

Acknowledgement

The pandemic has impacted on each and every one of us. On the way we live our lives, the way we do our work and the way we serve our local community. I want to thank the local people who have helped us through these turbulent times, acting as our critical friends as we strive to understand what really matters most to them and their families. And the members of team Solent who have taken some pretty courageous steps and decisions to ensure we keep people to we care for, and those who care for them, safe. Here's looking forward to our new normal.

Sarah Balchin
Associate Director – Community Engagement and Experience
August 2020

Safeguarding Quality Contract Report – Q1, 2020/21

Safeguarding Service Provision During the Covid 19 Pandemic

Despite the pandemic, all of safeguarding activity continued, using technology to provide the service in a different, way, for example providing the champions forums using Team, feedback illustrated the benefit of this and allowed peer support to be provided at a challenging time. Due to the success of this innovation it will be considered for the future working, post Covid. New opportunities arose for co-location of some of the adult team with sexual health services on the Isle of Wight; this strengthened working relationships and will be considered going forwards.

During the peak of the pandemic the safeguarding team extended the hours of their advice line to 08:00 to 18:00 and offered it on the bank Holidays, in recognition of the additional pressures and increased risk of safeguarding concerns being identified by staff.

The team also offered the advice line to a Southampton based volunteer agency to provide support to their managers as their team were identifying numerous safeguarding concerns but did not have a readily available support and advice network.

Training, safeguarding supervision, and health navigation for both Multi-Agency Safeguarding Hubs, (MASH), continued to be provided remotely meaning that staff continued to maintain their safeguarding competencies and had access to support, and information sharing to inform risk assessment within MASH was maintained.

The safeguarding children team attended the Truets children's and families daily Covid meetings to provide a safeguarding perspective on the quality impact assessment that were completed for changes in service provision during the pandemic. This enabled the team to provide a responsive service to staff to ensure that children and families continue to be safeguarded wherever possible.

Solent was represented at multi-agency Covid review meetings for adults and children in each geographical. These additional meetings were held weekly in the initial stages, and had a significant impact on the workload pressures of the team, however the meetings were key to sharing multi-agency risk, joint working and co-ordination of work streams, which were then cascade appropriately through the Trust to support the safeguarding of our communities and staff.

The safeguarding team also acted as a conduit for cascading local and National guidance during the pandemic. The trust parenting group identified that some guidance from Bart's Hospital in London contained conflicting information for parents on what to do when their child became ill. They escalated their concerns to the Named nurse who shared this with NHS England's Head of Safeguarding. The guidance was subsequently amended to include clear, concise and accurate guidance for parents.

Standard 1: Legislative Framework for children (including LAC) and adults

Organisational Structure

There have been no changes in the executive leadership for safeguarding agenda; the Chief Nurse continues to provide leadership supported by the Associate Nurse. Strategic leadership and direction is provided by the Head of Safeguarding; supported by the Named Nurse for Safeguarding Children and the Safeguarding Adults Lead as illustrated in Appendix A.

Leadership for the Looked after Children, (LAC) agenda is provided by the Named Nurses for LAC and the two Named Doctors for LAC, (Appendix A), who remain within the Children’s and Families Service Line. Medical leadership for safeguarding children is provided by two Named Doctors for Safeguarding Children, (Appendix A).

The lead professionals for key roles are detailed in table 1.

Table 1 – Lead Professionals

ROLE	LEAD PROFESSIONAL
Prevent (including children and adults)	Safeguarding Adults Lead
Missing, Exploited and Trafficked Children	Named Nurse for Safeguarding Children
Looked After Children, (LAC)	Named Nurse and Named Doctor for LAC, Portsmouth, Named Nurse and Named Doctor for LAC Southampton
Female Genital Mutilation	Named Nurse for Safeguarding Children
Child Sexual Abuse and Exploitation Lead	Named Nurse for Safeguarding Children
Safeguarding Advisor for Managing Allegations	Associate Nurse Director
MCA & Deprivation of Liberty Safeguards	Mental Health Act & MCA Lead

Standard 2: Trust Board Objectives for Safeguarding Children and Adults

Safeguarding Meetings

Solent’s Safeguarding team has fulfilled its responsibility to attend meetings for the 4 Local Safeguarding Childrens Partnerships, (4LSCP), and the 4 Local Safeguarding Adults Boards, (LSAB), as detailed in Appendix B.

Due to the Covid Pandemic the majority of meetings were held virtually, which increased team availability to attend. Numerous additional meetings were also held to provide updates on the pandemic and the impact on service provision and safeguarding arrangements,

Safeguarding Supervision

No changes have been made to the provision of supervision in Q1, as detailed in table 2.

Table 2 – Safeguarding Supervision Arrangements

Role	Supervisor	Frequency
Head of Safeguarding	Head of Safeguarding Portsmouth CCG & Designated Nurse for Safeguarding Children, Adults and Looked After Children	Monthly
Named Nurse for Safeguarding Children	Head of Safeguarding Portsmouth CCG & Designated Nurse in Southampton CCG	Monthly
Safeguarding Adults Lead	Designated Nurse in Southampton CCG (as required) & Solent's Head of Safeguarding	Monthly

The safeguarding supervision policy has been reviewed to include learning from a local Child practice review changes include a requirement that at least four children will be discussed annually and guidance has been included on how to identify children to discuss at safeguarding supervision. Requirements for safeguarding adult supervision have been strengthened to make expectations explicit. The revised policy will be submitted to August's policy review group.

Baseline information on safeguarding supervision provision across the Trust is being collated to provide assurance that the requirements set out in the safeguarding supervision policy are being followed.

Standard 3: Risk management, Serious incidents, Child Practice Reviews, (CPR) & Safeguarding Adult Reviews, (SAR)

Child Deaths

During Q1 there has been one unexpected child death, in the Southampton area and one in Hampshire. An internal incident report was completed and Joint Agency Response (JAR) procedure was followed for the Southampton child. Initial JAR meeting was held and the family were supported by the safeguarding children's team. Subsequent meetings under the JAR process were deemed not be required as the child was thought to have died from an undiagnosed underlying health condition. The JAR for the Hampshire child was led by the police, supported by Southern Health and a representative from Solent Sexual Health Service.

Serious Case Reviews

In Q1 scoping for six child cases has been completed, two for the Southampton Safeguarding Children Practice Review, (CPR) Panel , and three for Portsmouth, and one for Hampshire. Themes of the reviews include chronic neglect, parental mental health, disguised compliance and murder. All of the cases are scheduled to be discussed at the local case review groups where a decision will be made on whether the threshold to progress as a CPR has been met.

Scoping of information has been completed for three cases at the request of the Portsmouth Safeguarding Adults Review, (SAR) sub group. Two cases related to the deaths of homeless people and will be reviewed jointly to identify and joint learning. The third case related to self neglect, non-engagement holistic assessment.

Standard 4: Learning & Development

The overall compliance with safeguarding training at the end of Q1 is 81.83%, which is a slight increase compared to Q4 ; a breakdown for each level will be provided in Appendix C. The increase is attributable to the success of the remote training packages developed during the Covid pandemic, as detailed below. The end of Q1 compliance with Prevent training is 75%, continuing the upward trend from 54% in Q3 2019/20 and 74.3% in Q4 2019/20.

Remote training packages with associated workbooks were developed to provide training for staff during the pandemic. Integrated training was provided on domestic abuse, record keeping, and safeguarding adults level 3 training was also developed. Child sexual abuse eLearning, developed by Seen and Heard was also available. Initial feedback from the training was extremely positive, completion of the workbooks provides assurance of transfer of learning, continuation of some remote learning ,to complement face to face training post Covid, is being considered by the safeguarding team, providing the learning platform can accommodate portfolio based training.

A bespoke awareness session was provided to Southampton's Enhance Emotional Wellbeing Practitioners. The session provided an overview of the Trust Safeguarding team and service and the links with Safeguarding Adults Boards and Safeguarding Children Partnerships. An overview of safeguarding and practitioner responsibilities was discussed and provided a platform for the practitioners to further develop their safeguarding knowledge and competencies. NHS England's' lead for Emotional Wellbeing Practitioners was present and commended the safeguarding team on the presentation.

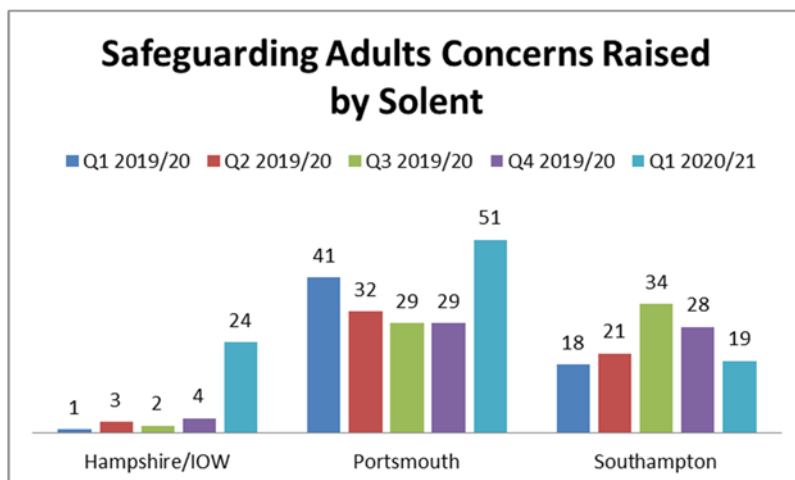
The safeguarding team are developing a new induction video to provide an overview of the safeguarding team, their resources and a brief resume of safeguarding concerns and staff responsibilities. It is envisaged that this will be part of corporate induction for all new starters to make them aware of the importance of safeguarding and to highlight their responsibilities and training requirements.

Standard 5: Organisational Reporting

Organisation reporting frameworks remain unchanged from 2019/20. Quarterly Safeguarding reports, detailing compliance with reporting standards, CCG key priorities, the four Local Safeguarding Children Partnerships, (LSCP), and the four Local Safeguarding Adults Boards, (LSAB), strategies, continue to be submitted to Solent's Safeguarding Steering Group meetings, the Quality Improvement & Risk group, to Assurance and Board.

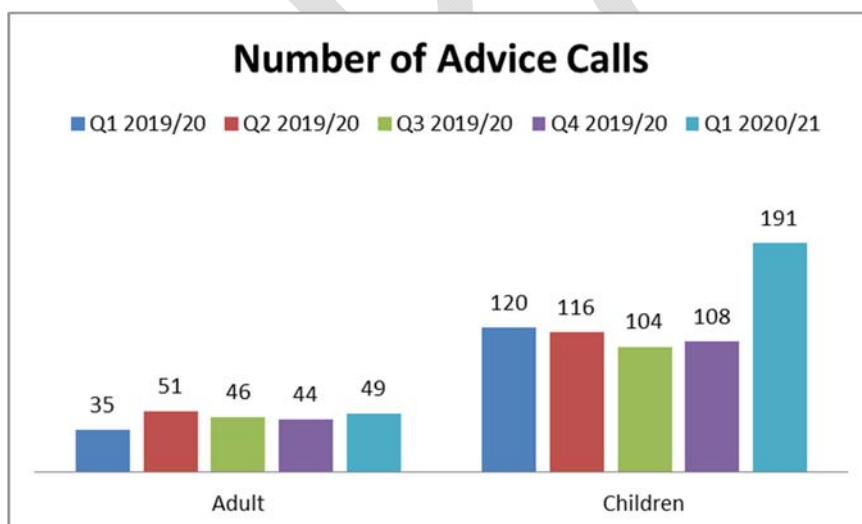
During Q1 a total of 94 concerns were raised for adults, 50 from the sexual health service as illustrated in Graph 1. Most concerns relate to alleged sexual assault for the sexual health service and neglect and self neglect from Solent services as a whole.

Graph 1 – Number of Concerns Raised by Solent



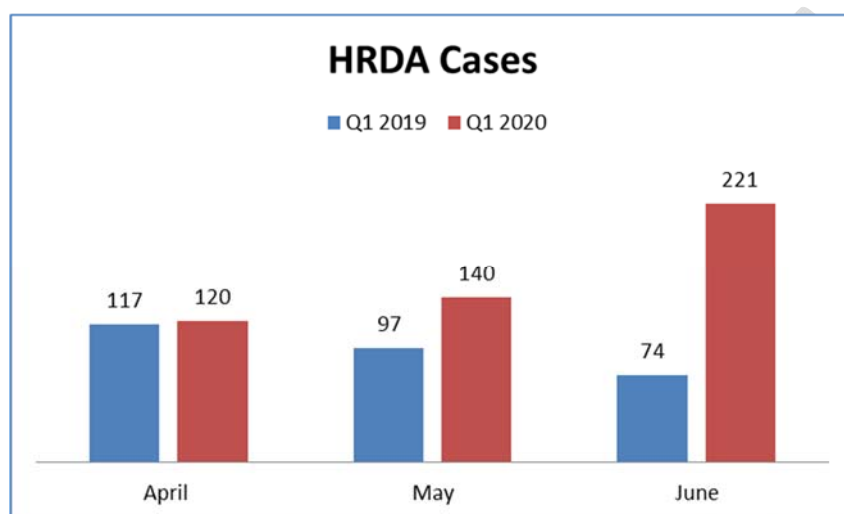
In Q1, the safeguarding team received 240 calls for advice significantly higher than the previous quarter, (graph 2), 49 for adult services and 191 for children services as shown in graph 2. The overall increase can be attributed to the increase in safeguarding concerns that have been identified as an outcome of the pandemic. Requests for case discussion and supervision with the safeguarding children team has increase during the pandemic, anecdotal evidence indicates that the cases have become more complex and require more in depth advice and support from the team so that outcomes for the children and families can be promoted.

Graph 2 – Number of Advice Calls provided by the Safeguarding Team

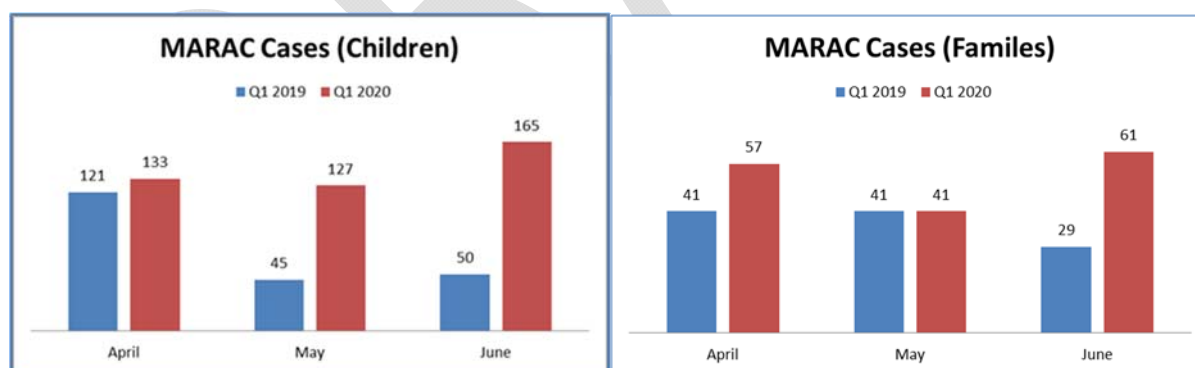


In Q1 there has been a significantly higher number of High Risk Domestic Abuse, (HRDA), cases where information was shared with clinicians to inform care planning and risk assessment, (graph 3), in total information was shared for 481 cases compared to 228 in the same time period last year, representing a 111% increase. There has also been a 49% increase in the number of children that information has been collated for and shared at MARAC, (graph 4 & 5). It is possible that the increase is in part attributable to the increase of domestic abuse cases that have been reported during the pandemic. However if the increased demand continues, capacity within the safeguarding administration team will be significantly affected.

Graph 3 – Number of HRDA Cases



Graph 4 – Number of Cases (Children) for MARAC Graph 5 – Number of Cases (Families) for MARAC



Standard 6: Management of Allegations

In Q1 there was one referral from the Local Authority Designated Officer, (LADO), regarding concerns of their behaviour outside of work. It was appropriately shared with the Safeguarding Allegations Management Advisor, (SAMA) as they were employed to work with adults. Correct procedures were followed to safeguarding the staff member, and the patients under their care.

Standard 7: Making Safeguarding Personal, (MSP)

In response to a case where an adult receiving care from an in-patient mental health setting, was not given the opportunity to be involved with their safety planning, the safeguarding adults team have provided some bespoke training and education to an inpatient mental health setting to support staff to embed MSP into practice.

An audit into the application of MSP into care provision is scheduled for Q3 2020 to determine the extent to which MSP is embedded throughout the Trust.

Standard 8: Effective Interagency and Multiagency Collaboration

Section 42 Enquiries

The Safeguarding Team continue to co-ordinate and quality assure Section 42 enquiries related to Solent provided care. There were no Section 42 enquiries in Q1.

MASH

Due to the pandemic both MASH have been navigated remotely, this has not impacted on process or decision making in Southampton as the safeguarding team have remote access to IT systems. However, in Portsmouth the safeguarding team do not have remote access to children's social care's, (CSC), IT system. At the start of the pandemic Portsmouth CSC made the decision to adopt a different process within MASH for the duration of the pandemic. Contacts are passed to the MASH managers who forward any Section 47 cases direct to the assessment teams to progress, a lower threshold for Section 47 is being applied to mitigate for the lack of multi-agency information and decision making. All Section 17 cases are passed to health navigators for health information to be gathered to support the decision to progress as a Section 17. If health information indicates that a Section 47 response is required this is then considered by the CSC manager who escalates if required. Due to the temporary process and a decrease in MASH referrals being received, a lower than average number of MASH contacts were navigated in April (431 compared to 603) and May, (435 compared to 623), compared to the same time period last year. Since the start of June numbers have increased and are comparable to 2019/20.

Safeguarding Audits

The safeguarding audit plan, (appendix D), has been initiated in Q1. The audit of the quality of information sharing recorded in MASH has been completed, results are being collated and will be presented in Q2.

Standard 9: Inspection

No inspections have been conducted during Q1.

Looked After Children

The Chief Nurse remains the executive lead for Looked After Children (LAC), and represents the Trust at the corporate parenting strategy group.

Training

Training compliance for the LAC teams is:

- Level 3 trained LAC Nurses – 100% compliant in Portsmouth and Southampton

- Level 4 Named Doctor for LAC – 100% compliant in Southampton & Portsmouth
- Level 4 Looked after Childrens Specialist Nurse – non compliant as on Maternity Leave. Will complete on return from Mat leave early 2021
- Level 4 trained Named Nurse – 100% compliant in Portsmouth & Southampton
- Level 4 trained Named Doctor – 100% compliant in Southampton
- Level 4 Trained Named Doctor for Looked after children – non Compliant. Training was booked but due to Covid-19 this was cancelled, this will be re-booked when available

Health Assessments

The numbers of health assessments completed for LAC are illustrated in table 3

Table 3 - Looked After Children Health Assessments 2019-2020

	Southampton		Portsmouth	
	Q3	Q4	Q3	Q4
Initial Health Assessments (IHA) undertaken on LAC	20	36	30	40
IHA for Adoption Medicals	4	0	11	16
Review Health Assessments (RHA)	114	129	66	66
Adult Health Forms	65	44	35	42
IHA for LAC placed out of area	1	0	13	2
IHA for adoption out of area	0	0	0	0
RHA for LAC placed out of area	22	22	5	13
Hants adoption	4	4	N/A	N/A

Audit of Records

The Southampton audit of LAC alerts on records was delayed due to the Covid pandemic, the date for this to be completed is still to be determined. This was completed in July in Portsmouth and demonstrated 100% compliance, (Appendix C).

Mental Capacity Act (MCA) Policy and Deprivation of Liberty Safeguards

The interim Chief Medical Officer is the executive lead for MCA, supported by the Mental Health Act and Mental Capacity Act. Training compliance has increased to 79.75% in Q1 compared to 79.56% in Q4, (Appendix D).

Safeguarding Improvements & Developments in Q1 Despite the challenges created by the Covid 19 pandemic the safeguarding team have implemented numerous service improvements and developments in Q1 with the aim of developing safeguarding knowledge and competency throughout the trust so that outcomes for children, families and colleagues are improved. Improvements include:

- Initiation of the implementation of remote access to Portsmouth MASH IT system to allow remote health navigation to be provided
- Representation at the unborn baby protocol strategic meeting providing oversight of the working group. The aim of this work stream is to embed the protocol into practice to safeguard the lives of unborn babies
- Participation in the development of a bereavement leaflet for parents of children who have died
- Representation in the Hampshire, Isle of Wight, Portsmouth & Southampton Safeguarding Children Partnership Escalation work stream to refresh and update the policy and its implementation
- Representation at Portsmouth and Southampton's Missing, Exploited and Trafficked Children Operational meeting to provide a safeguarding perspective and to facilitate the dissemination of key messages throughout the Trust
- Working with Portsmouth CCG and Children and families service lines to develop a process to add MET alerts to children's records to inform clinicians risk assessments. It is envisaged that this will be replicated in Southampton
- Safeguarding team information on Systm1 has been cleansed to ensure that data is up to date and accurate
- Working with the representatives from adult mental health service line to develop a robust process for appropriate onward referral to adult MASH for instances of physical abuse/aggression between service users. The aim is to reduce the number of inappropriate safeguarding referrals that are made whilst ensuring that interventions are developed to safeguard the service users
- Supporting the development of a universal safeguarding children template to be implemented across all children and families service lines with the aim of embedding consistent record keeping that will support accurate data collection
- Support of the refresh of the multi-agency safeguarding adults policy and threshold documents
- Refresh of the Trust Policy on the Management of Allegations of Abuse against Staff under Safeguarding Procedures
- A member of the safeguarding adults team will participate in the strategic and operational harmful practices meetings to review issues from a safeguarding perspective

Plaudits

NHS England's Head of Safeguarding recognised Solent's Safeguarding team's development of training workbooks to supplement remote training. The training packages and workbooks were developed in response to the Covid pandemic to ensure that staff maintained their safeguarding knowledge, skills and competencies in order to continue to safeguard the communities we serve. Numerous NHS providers have requested copies of the workbooks, to inform their development of similar resources.

Targets for Q2 2020/21

In Q2 the safeguarding team aims to:

- Continue conduction audits, in line with the plan for 2020/21
- Continue to review the training offer, to re-instate some face to face training whilst providing remote training
- Continue to meet the increase in workload in line with the National spike in safeguarding activity post Covid 19

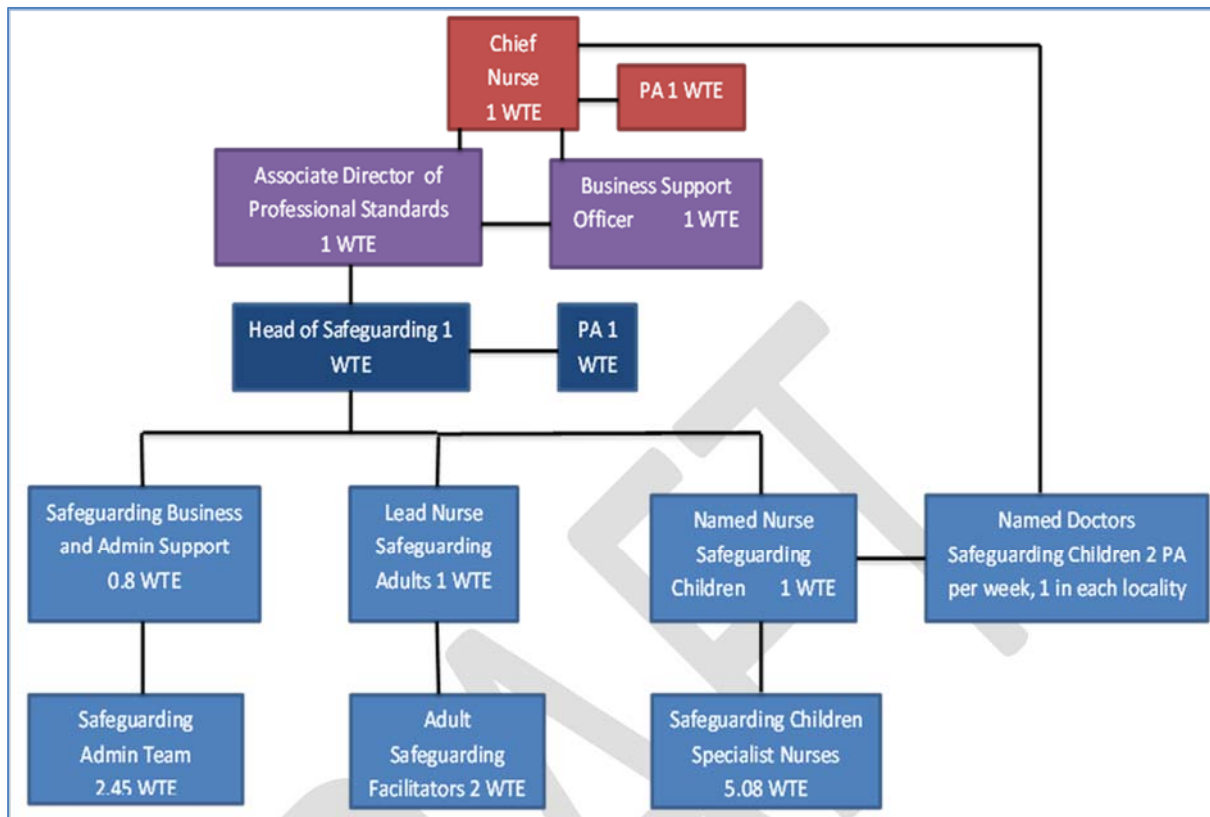
Fiona Holder
Head of Safeguarding

Date of Report: 16/07/20

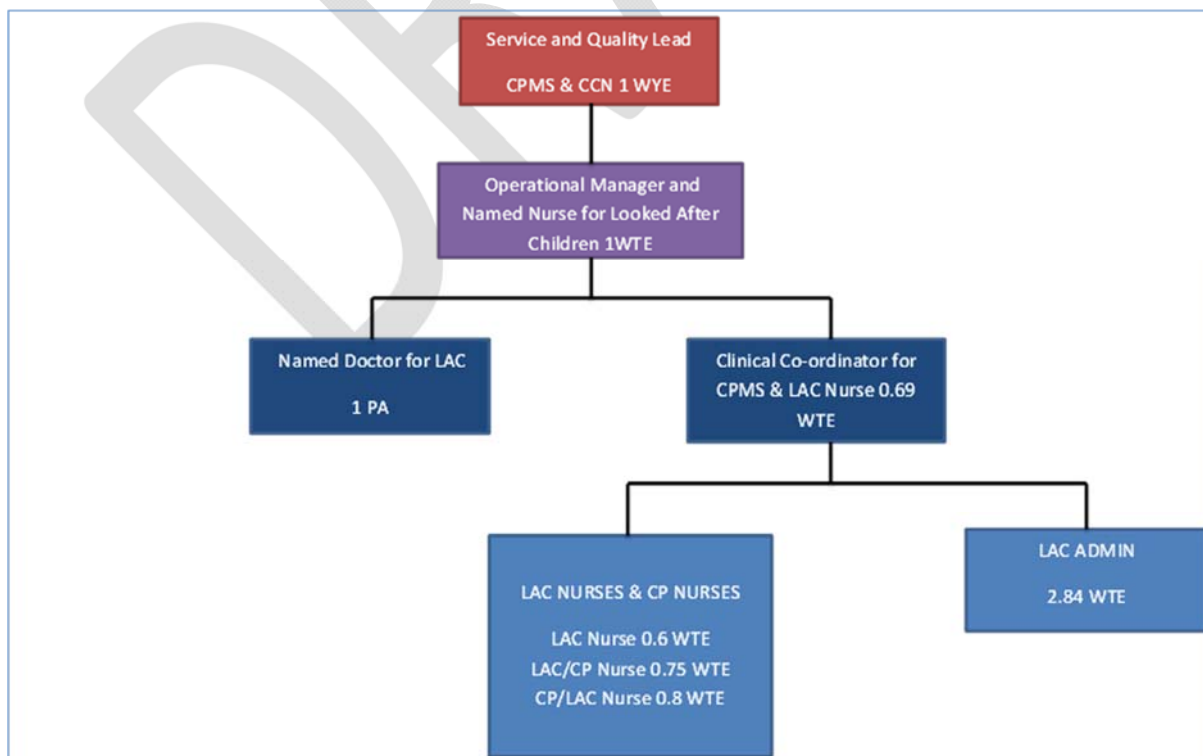
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Appendix A – Team Structures

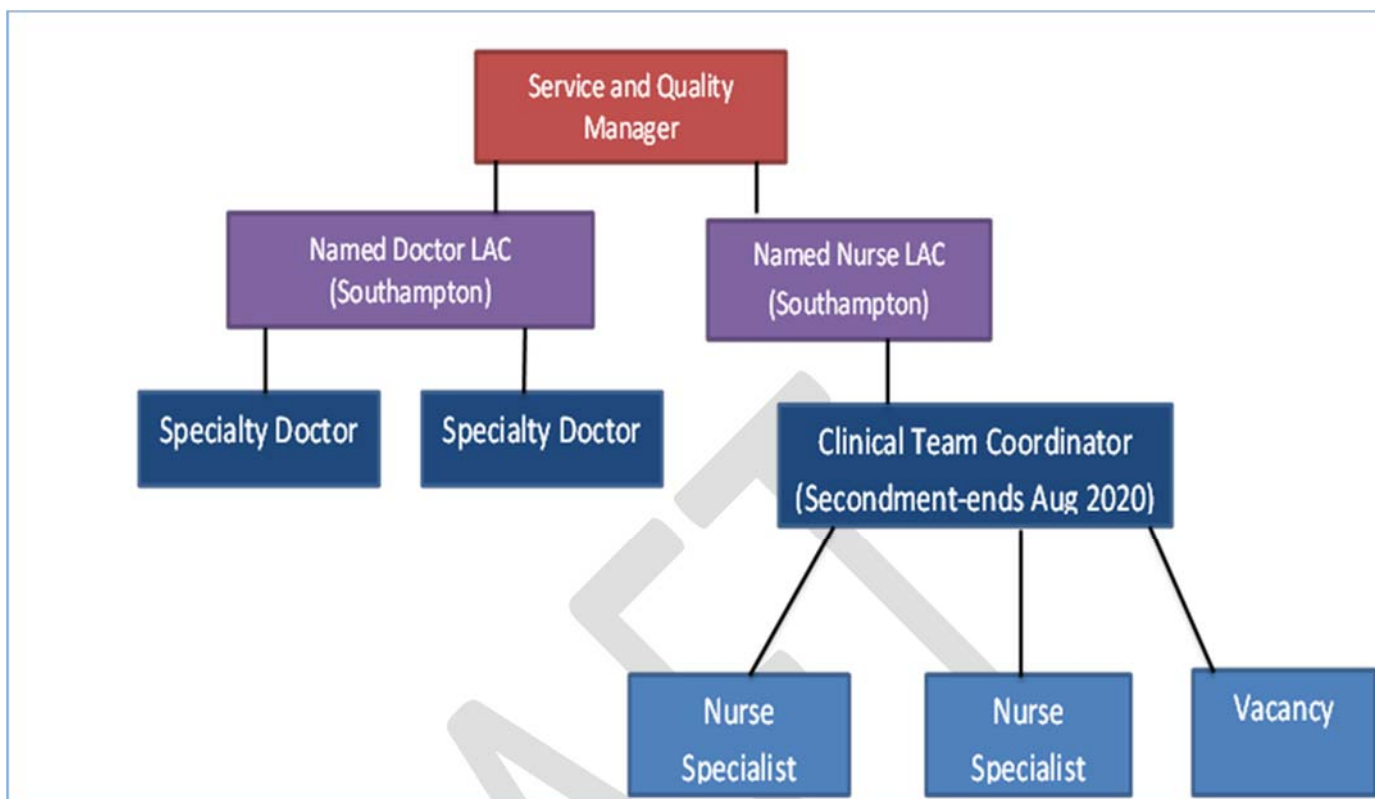
Safeguarding Team Structure



Portsmouth LAC Team Structure



Southampton LAC Team Structure



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Appendix B – Meetings represented by Safeguarding Team Q1

4LSAB/4LSCP	Meeting Date	Trust Representative
4LSAB Workforce Development Meeting	02/06/2020	Lead Nurse Safeguarding Adults
4LSAB Quality Assurance Meeting	17/06/2020	Lead Nurse Safeguarding Adults
Southampton	Meeting Date	Trust Representative
Channel Panel	07/05/2020	Lead Nurse Safeguarding Adults
SSAB priority submission	05/06/2020	Lead Nurse Safeguarding Adults
Channel Panel	11/06/2020	Lead Nurse Safeguarding Adults
Safeguarding Children Partnership meeting (SSCP)	16/06/2020	Associate Nurse Director
T&F Group Mental Health and Emotional Wellbeing - SPIG	18/06/2020	Named Nurse Safeguarding Children
Southampton Safeguarding Adult Board	23/06/2020	Associate Nurse Director
SSAB Case Review Meeting	30/06/2020	Lead Nurse Safeguarding Adults
Portsmouth	Meeting Date	Trust Representative
Prevent Channel Panel	16/04/2020	
SAR sub group and joint SAR/LfC meeting	06/05/2020	Lead Nurse Safeguarding Adults
Channel Panel	07/05/2020	Lead Nurse Safeguarding Adults
DA Strategic Group Meeting	14/05/2020	Lead Nurse Safeguarding Adults
PSAB Strategic Plan/Risk Register	15/05/2020	Head of Safeguarding
PSAB Data Task and Finish Group	19/05/2020	Lead Nurse Safeguarding Adults
SAR sub group and joint SAR/LfC meeting	03/06/2020	Lead Nurse Safeguarding Adults
PSCP Learning from Cases committee meeting	17/06/2020	Named Nurse Safeguarding Children
Adult Safeguarding Huddle	18/06/2020	Lead Nurse Safeguarding Adults
Hampshire	Meeting Date	Trust Representative
Harmful Practices partners call-in - Pan Hampshire	06/05/2020	Lead Nurse Safeguarding Adults
Channel Panel Adults	21/05/2020	Lead Nurse Safeguarding Adults
Channel Panel Children	21/05/2020	Named Nurse Safeguarding Children
HSCP Scrutiny and Assurance Group Meeting	11/06/2020	Head of Safeguarding
Hampshire Safeguarding Adult Board	22/06/2020	Head of Safeguarding

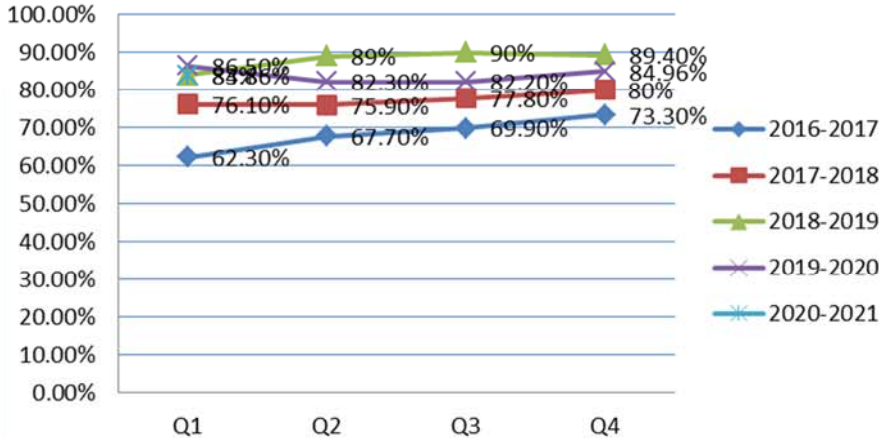
Appendix C – Audit of LAC Records

Number	LAC alert on Record	Number	LAC alert on Record
1	Yes	21	Yes
2	Yes	22	Yes
3	Yes	23	Yes
4	Yes	24	Yes
5	Yes	25	Yes
6	Yes	26	Yes
7	Yes	27	Yes
8	Yes	28	Yes
9	Yes	29	Yes
10	Yes	30	Yes
11	Yes	31	Yes
12	Yes	32	Yes
13	Yes	33	Yes
14	Yes	34	Yes
15	Yes	35	Yes
16	Yes	36	Yes
17	Yes	37	Yes
18	Yes	38	Yes
19	Yes	39	Yes
20	Yes	40	Yes

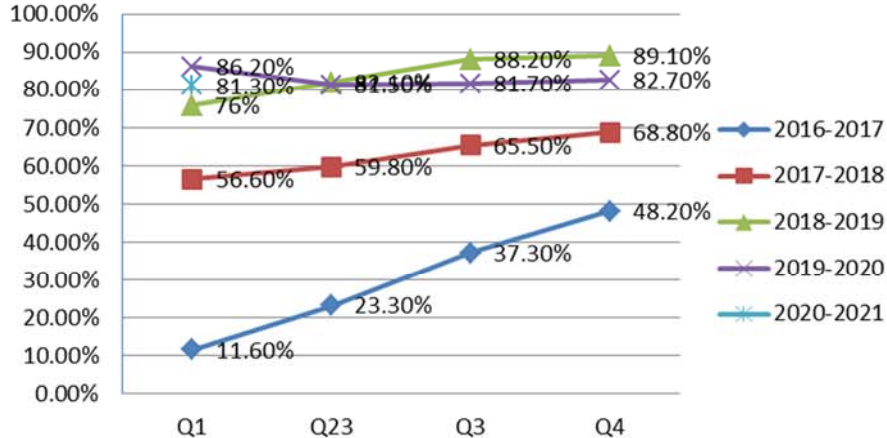
Appendix D – Safeguarding Training Compliance

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	6461	6461	5418	83.86%
NHS CSTF Safeguarding Adults - Level 2 - 3 Years	3899	3899	3170	81.30%
NHS MAND Safeguarding Adults Level 3 - 3 Years	675	675	422	62.52%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	6461	6461	5419	83.87%
NHS CSTF Safeguarding Children - Level 2 - 3 Years	3761	3761	3100	82.42%
NHS CSTF Safeguarding Children - Level 3 - 3 Years	842	842	554	65.80%
NHS MAND Safeguarding Children Level 4 - 3 Years	8	8	7	87.5%
Safeguarding Total (All)	22107	22107	18090	81.83%
NHS MAND Mental Capacity Act - 3 Years	3744	3744	2986	79.75%

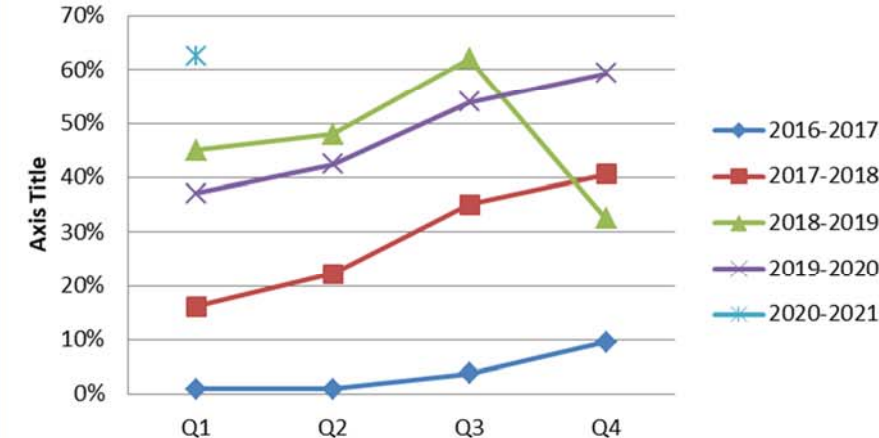
Safeguarding Adults Level 1



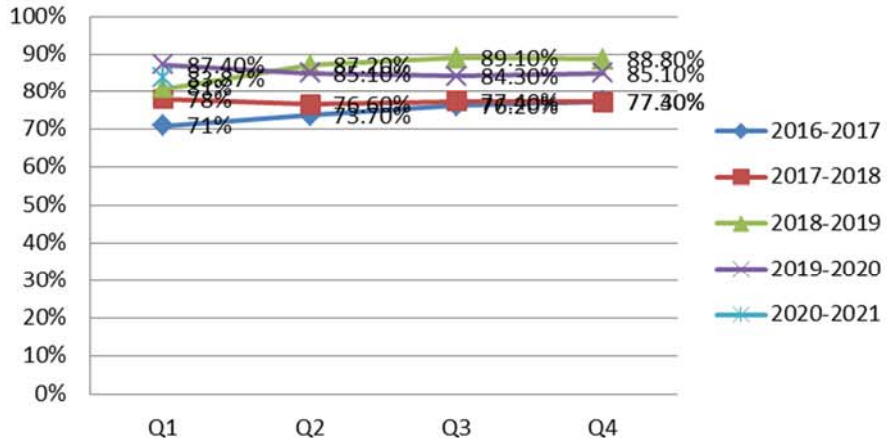
Safeguarding Adults Level 2



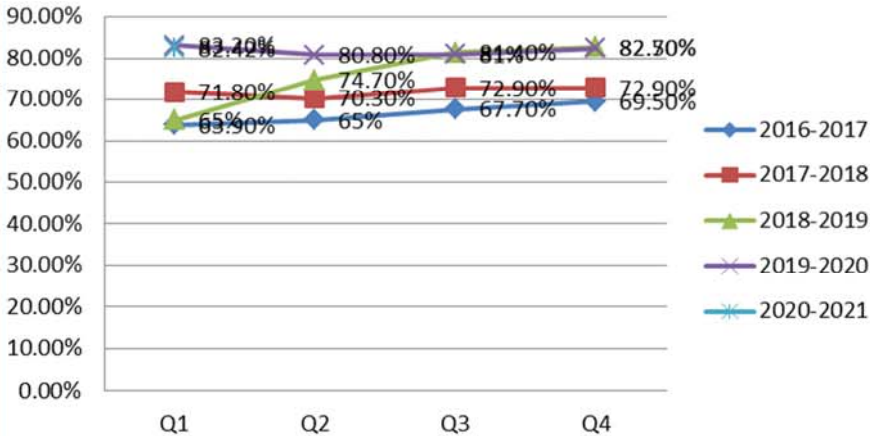
Safeguarding Adults Level 3



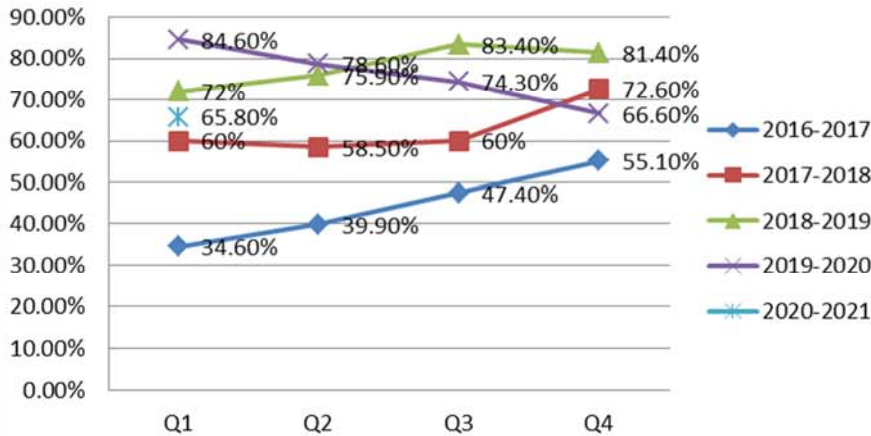
Safeguarding Children Level 1



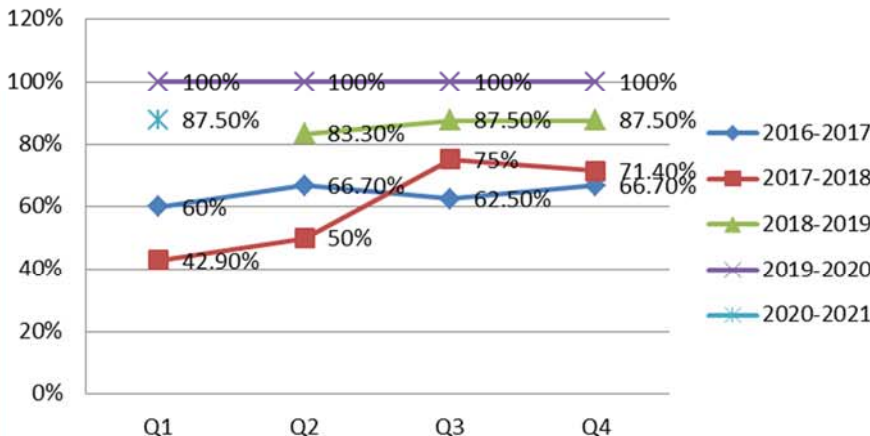
Safeguarding Children Level 2



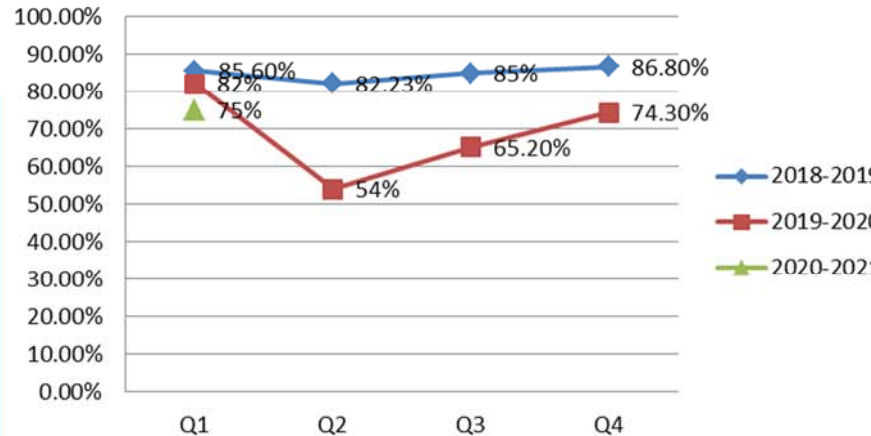
Safeguarding Children Level 3



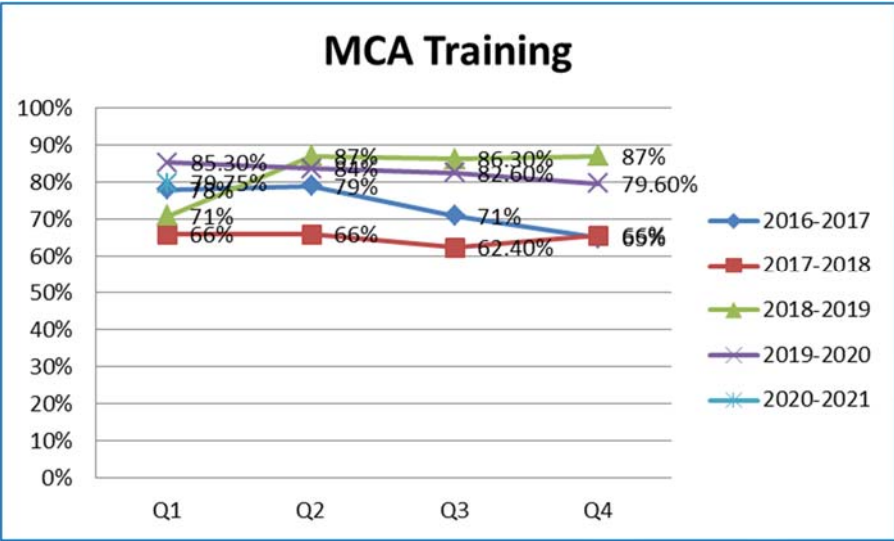
Safeguarding Children Level 4



Prevent Training



MCA Training Compliance



Appendix D – Safeguarding Audit plan 2020/21

Safeguarding Team - Adults & Children 2020/21					
SE	Evaluate the effectiveness of a joint children and adult safeguarding training e.g. Domestic Abuse, Level 2	Safeguarding Children & Adults	Q3	Kim Weekes Karen Davies	Evaluation included as part of training process. Action will be to collate responses to inform service improvement. Survey staff asking what they need. Evaluate levels and subjects.
SE	Supervision (frequency and quality) offered by Safeguarding team	Safeguarding Children	31/07/20	Kate Lawson	May concentrate on the groups facilitated by Safeguarding Nurses or Trust-wide supervision.
CA	Extent to which Making Safeguarding Personal is embedded into practice Safeguarding Adults	Safeguarding Adults	31/12/20	Katie Moloney	Focus of audit to be confirmed later in year
CA	Quality of information sharing recorded in MASH by nurses.	Safeguarding Children	Q1	Kim Weekes	
SE	Re-evaluate safeguarding Supervision of children with complex needs.	Safeguarding Children	TBC	Louise Mclean	
CA	<i>Audits requested by 4 Local Safeguarding Children Boards (LCSB) and 4 Adult Boards (LSAB)</i>	Safeguarding Children & Adults	TBC	Kim Weekes Karen Davies	Details to be sent by boards throughout the year.
SE	Adult Safeguarding Team to evaluate support offered by them to service areas	Safeguarding Adults	Q4	Karen Davies	

PATIENT SAFETY QUARTERLY REPORT INCLUDING, LEARNING FROM DEATHS, SI'S, AND INCIDENTS QUARTER 1, 2020-2021

This report brings together information from the following sources:

- Incidents
- Serious Incidents (SI)
- Learning from Deaths
- Mixed Sex Accommodation Breaches
- Update from the Wessex Patient Safety Collaborative
- Deterioration of the patient (Inc. Sepsis) management (dart)
- National Safety Thermometer update
- Inquest update
- Family Liaison update

The report covers the
period 1/04/2020 –
30/06/2020

1.0 INTRODUCTION

This quarterly report covers all aspects of patient safety reporting that is required for the quality contract and provides an update on current reporting, actions and learning that has occurred as a result of patient safety incidents. The report will detail incidents, SIs and HRIs which have been reported in Q1 and an analysis of these. The report will also note improvements, lessons learnt and trends.

During quarter 1 due to the impact of Covid-19 Solent were operating with reduced functionality in most of the Service lines. Many staff were redeployed into inpatient services and those that weren't, were working remotely. This includes the Quality and Governance team. The team worked on processes to ensure greater ease for clinical staff in accessing services in Q&G. This included the development of the shorter incident forms that have been well received by staff, reducing the time spent completing them. They have also found the revised pressure ulcer reporting process less time consuming.

Face to face training opportunities remain limited. Roadshows, 'incident reporters and reviewers' training have not taken place; however, these will be reinstated via Microsoft Teams in quarter 2. Some training was provided remotely for Sexual Health staff on the Isle of Wight who joined Solent in April 2020

The Serious Incident and Learning from Deaths panel has been amalgamated into one meeting. The merging of these panels has been received well by the Services. It has created a joint opportunity to review incidents and the learning that can crossover between the two previous panels. The Chief Nurse and the Chief Medical Officer are now both present for SI and LFD incidents and this has led to enriched learning at the panels. This format will continue and a new terms of reference will be provided in Q2 to reflect this change

Three of the Serious Incident Investigators have used the Ulysses (Incident reporting system) to record SIs and have found the system easier to use for the analysis of the incident. All the investigators have had training on the system via Microsoft teams and it is anticipated they all will have experienced using the system by the end of Quarter 3. The Head of Quality and Professions are receiving training along side the investigators when a Serious Incident is declared in their Service line. Going forward this will enable closer scrutiny of action plans, changes to SIs and provide a single point of recording for all SIs within Solent.

2.0 INCIDENTS

2.1 Incident Reporting Trends

The overall number of incidents and near misses reported increased throughout 2018-19 and 2019-20, as shown by Figure 1. In Q1 2020-21 this trend reversed as reporting decreased. Analysis of this trend was undertaken against the number of contacts the Trust had with patients in order to capture the changing pattern of service work during the pandemic. There was no statistical significance to the decrease as a whole except in Adults Portsmouth and Mental Health services, both of whom are reviewing the reasons for decreased reporting their areas. Additionally, June has seen an increase in levels of reporting, this increase is attributed to the reopening of some Services.

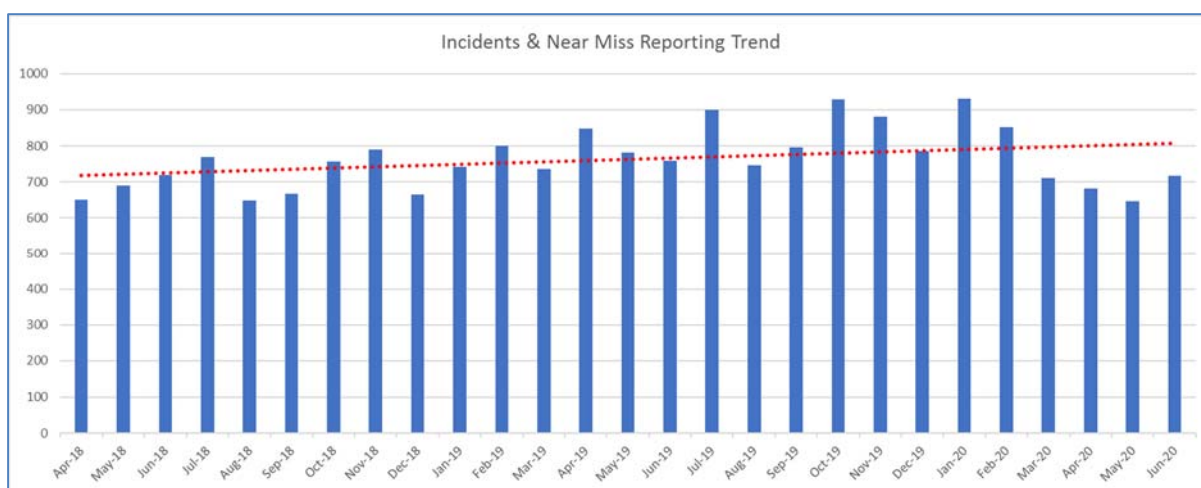


Figure 1 - Incident Reporting Trend – Trust Wide

When considered as a rate per 1,000 contacts, reporting by the clinical services remains within expected thresholds. During the early phase of the pandemic concerns were raised about an apparent 35% drop in incident reporting. Reporting was slightly below mean in March 2020, due to the initial impacts of Covid-19, but increased again in April. Statistical Process Control (SPC) shows that the reduced reporting is not statistically significant given the changing patterns of work; as shown in Figure 2 below. As described previously two services were outside of normal parameters.

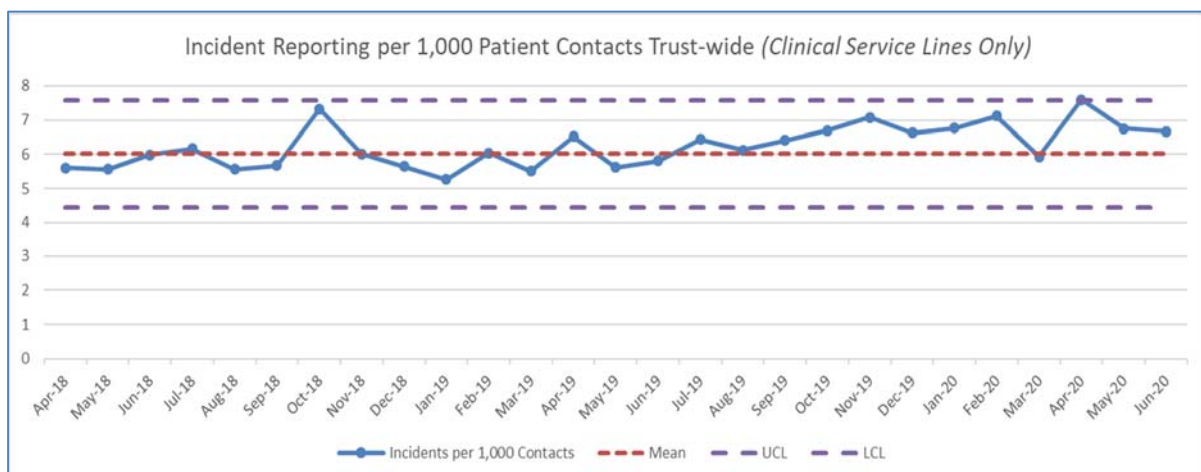


Figure 2 - Incident Reporting per 1,000 Contacts – Clinical Services Only

Despite the overall increase in incident and near miss reporting throughout 2018-19 and 2019-20, as shown by Figure 1, the proportion of incidents resulting in moderate or above harm remains consistently low, **Error! Not a valid bookmark self-reference.** The increase in near misses will be monitored during quarter 2. It is recognised that Organisations that place a high importance on patient and staff safety, report a higher ratio of near miss incidents.

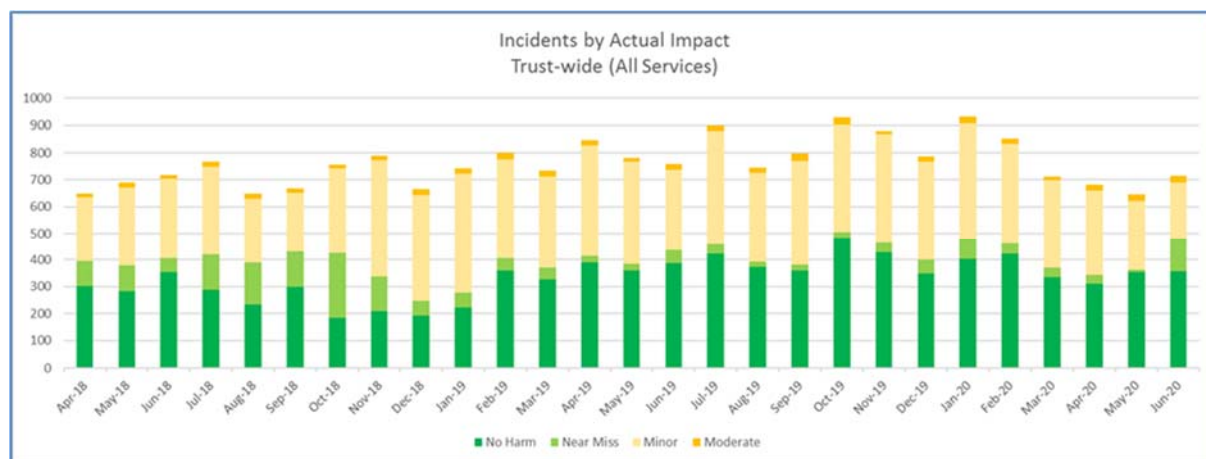


Figure 3 - Incident Reporting Trend by Impact

In Q1, in-line with usual trends, 94% of moderate incidents relate to pressure ulcers and suspected deep tissue injuries acquired within Solent’s care. During Q1 three category 4 pressure ulcers were reported as being acquired in Solent care, compared to one in Q4 2019-20. A review by the Tissue Viability Nurses identified that only two of the three reported pressure ulcers were category 4, and these did not meet the SI criteria. Pressure ulcers are further detailed later in this report. There is strong predictive evidence that there will be a significant increase in pressure ulcers in Q2 which will be analysed in future reports.

In Q1 2020-21, 71 incidents were recorded as causing moderate harm. Of these, two were raised as Serious Incidents as detailed in section 3. Of the other two, one incident involved an inpatient requiring emergency admission following a fracture as the result of unwitnessed fall. An incident review meeting will be held to further consider this case. The second involved a patient who fell at home but did not wish to be taken to A&E due to concerns over Covid-19 and was later diagnosed with a fractured neck of femur. No further action is required for this incident.

Moderate Incidents Q1 2020-21	Summary	TOTAL	Raised as SI
Delay - Clinical Assessment	A Serious Incident investigation is being conducted into a case where there were missed opportunities to refer a Child & Adolescent Mental Health Service patient with a suspected eating disorder.	1	1
Fall - Not Witnessed	<ul style="list-style-type: none"> Unwitnessed fall on Brooker ward – patient sustained fracture During a visit to patient home discovered patient had fallen 2 weeks previously but declined entry to paramedics due to concerns re: Covid- 	2	

	19. Patient had sustained a fractured neck of femur and was admitted to hospital.		
PID Sent to Wrong Person/Address	A Serious Incident investigation is being carried out following the disclosure to the birth parent of the current address of child who had been placed with a foster carer. This incident occurred in the Child & Family Service	1	1
PU Cat 3 In Solent Care		16	
PU Cat 4 In Solent Care	A review by the Tissue Viability nurses found that one of the three category 4 pressure ulcers should had been reported as an unstageable.	3	
Unstageable PU in Solent Care	The incident reporting system has been amended to reflect a further unstageable pressure ulcer as detailed above.	23	
Unstageable PU Outside Solent Care	Incorrectly validated as a moderate. The pressure ulcer was acquired out of Solent care as Community Nursing staff visited in response to a referral from UHS.	1	
Suspected DTI In Solent Care		24	
TOTAL Moderate Incidents Reported		71	2

Table 1 - Moderate Incidents Q1 2010-21

2.2 Reporting by Cause Group

The most prevalent incidents in Q1 2020-21 are medication incidents (note this includes those originating within Solent and externally), pressure ulcers (including acquired in Solent care as well as acquired prior to Solent involvement), expected deaths, information governance (occurring within Solent and externally) and communication. Medication-related incidents and pressure ulcers are detailed in the following sections.

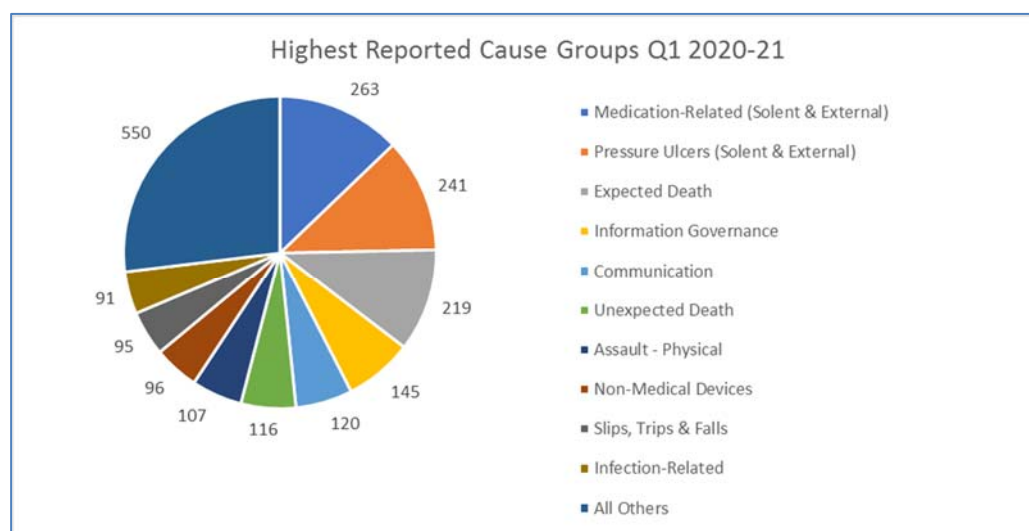


Figure 4 - Highest Reported Cause Groups Q1 2020-21

2.2.1 Medication Incidents

Adult Mental Health has seen a significant reduction in the number of medication errors by staff. A deep dive undertaken by the Head of Quality and Professions has identified further areas for development. It is also important to note that during this quarter the service has received less admissions to their inpatient wards. Compared to quarter 4 there has been a reduction in the medication errors attributed to Solent staff. It should be acknowledged that due to Covid - 19 some Services have been running with reduced capacity and this may account for some of the reduction in the staff medication errors.

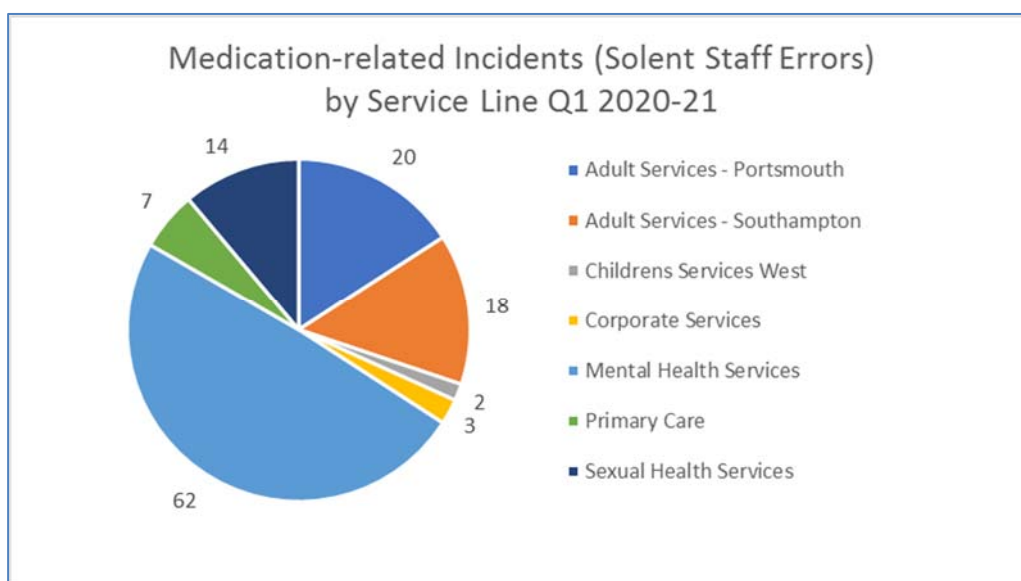


Figure 5 - Solent Medication Incidents Q1 2020-21

2.2.2 Expected Deaths

A significant increase in expected deaths was reported in April the following services; Adult Services Portsmouth, Mental Health Services and Adult Services Southampton. The learning from death panel reviewed the mortality returns for each of the service lines. Mental Health Services reported 93% of these occurred within the Older Persons Mental Service. Adult Services Portsmouth and Southampton reported an increase in patient deaths, with an increase of expected deaths in pulmonary rehab, community rehab and speech and language service patients. Upon review of these deaths, no concerns have been identified to date with regards to Solent care and these increases are likely to be a normal variance. In May and June expected deaths data identifies a return to the usual reporting figures.

Expected Deaths by Service Line	Apr-20	May-20	Jun-20	TOTAL
Adult Services - Portsmouth	50	41	34	125
Adult Services - Southampton	13	8	6	27

Children's Services East	0	0	1	1
Children's Services West	1	0	0	1
Corporate Services	0	1	0	1
Mental Health Services	29	10	6	45
Primary Care	9	4	4	17
Sexual Health Services	1	1	0	2
TOTAL	103	65	51	219

Table 2 – Expected deaths by Service line Q1 2020/21

2.2.3 Information Governance Incidents

There has been an increase in Information Governance Incidents this quarter; the Trust's Data Protection Officer is undertaking an in-depth review of IG incidents and assessing the impact Covid-19 has had on the way in which we process data / working practices and the impact this has had on increased IG incidents – Shared learning will be cascaded following this review. A further review of the 'Other Information Governance Incidents' will take place in quarter 3 and it is believed a large proportion of these are out of our Solent's control. The Information Governance Team are working collaboratively with Services to identify how these can be reduced. Going forward the IG Team will be undertaking increased incident validation and working with services to educate on the recording of IG incidents.

Primary Cause - IG Incidents	Apr-20	May-20	Jun-20	TOTAL
PID Sent to Wrong Person/Address	9	15	18	42
PID In Wrong Record	8	14	7	29
Other Information Governance Incident	2	9	16	27
Lost Smart Card / ID Badge	2	4	4	10
PID Saved/Stored Insecurely	2	1	7	10
Inappropriate Access	0	1	5	6
Non-Encrypted Email Used For PID	2	0	4	6
Primary Cause - IG Incidents	Apr-20	May-20	Jun-20	TOTAL
PID Found in Public Place	1	1	2	4
Lost/Missing PID	2	1	0	3
Unintentional Staff Breach	2	1	0	3
Records Error	2	0	0	2
Cyber Security	0	0	1	1
No Breach (IG Team Use Only)	0	1	0	1
Out of Our Control (IG)	1	0	0	1
Post Issues (Way in Sent/received)	1	0	0	1
TOTAL	34	48	64	146

Table 3 – Information Governance Incidents by primary cause Q1 2021/21

2.2.4 Pressure Ulcers

Throughout 2019-20 and Q1 2020-21, Solent staff have continued to identify a greater number of pressure ulcers acquired outside of Solent care compared to in Solent care. Table 2 shows a comparison of Q4 19-20 and Q1 20-21.

	Q4 19-20		Q1 20-21	
	In Solent	External	In Solent	External
Category 2	28	43	29	34
Category 3	10	50	18	32
Category 4	1	8	3	6
Unstageable	17	27	25	40
Suspected DTI	19	21	24	30
TOTAL	75	149	99	142

Table 4 - Pressure Ulcers Reported Q4 2019-20 & Q1 2020-21

Q1 2020-21 has seen an increase in the number of category 4 pressure ulcers acquired in Solent care. Of the 3 reported in this time, 2 were identified by Adults Southampton and 1 by Adults Portsmouth. All were reported by community services.

Analysis in Q4 2019-20 showed significantly more category 3 pressure ulcers were reported as acquired in Solent care within Adults Services Southampton. At the Southampton PRM in January 2020 this was discussed and the Heads of Quality and Professions (HQPs) for Adults Southampton and Portsmouth were to undertake a review of both their processes and services to determine whether learning could be shared regarding reporting and practice. This was put on hold due to the Covid-19 crisis however following a discussion at the Southampton Care Group Performance meeting in July, it has been identified this is still required.

Q1 2020-21 shows similar reporting levels for category 3 pressure ulcers acquired in Solent care across both service lines. However, there are significantly more unstageable pressure ulcers in Adults Southampton. Reporting trends will need to be re-examined when these have been staged and further reviewed by the Tissue Viability Nurses.

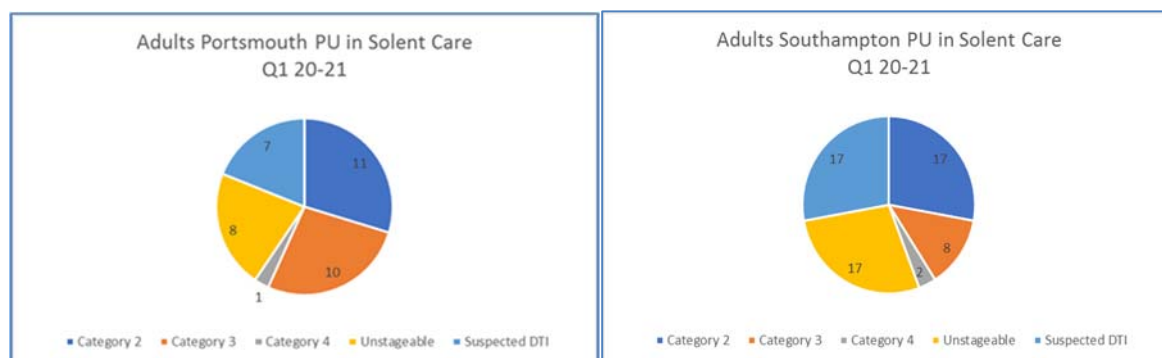


Figure 6 - PU in Solent care - Service Line Comparison

In Q4 2019-20, anecdotal concerns were raised about patients being more vulnerable to pressure ulcers due to lower levels of clinical contact. It is not currently possible to look at pressure ulcers in comparison to patient contacts at department/service level; however Figure

6 shows the number of pressure ulcers originating in Solent care has increased in Q1 2020-21 though externally acquired pressure ulcers remain at a higher level.

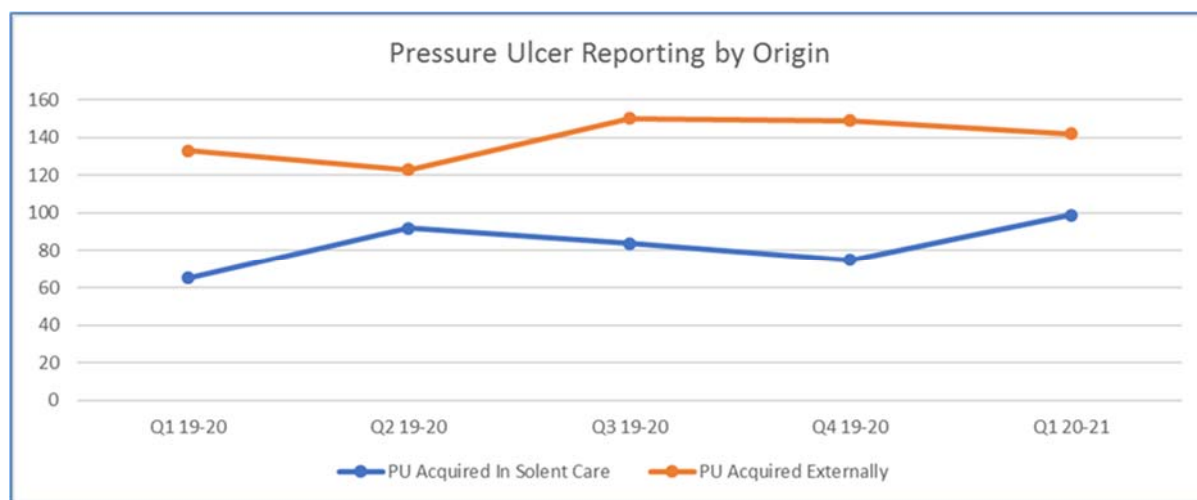


Figure 6 - PU Reporting Trend

Following a change to the usual Pressure Ulcer panel process, Solent's Tissue Viability Nurses have been reviewing all pressure ulcers that have developed in Solent care, to determine categorisation and to identify learning. This approach has continued in quarter 2 and is currently under review. Quarter 2 report will detail the learning and the plans for Pressure Ulcer reviews in Solent.

2.3 Impact of Covid-19 on Incident Reporting

As shown in section 2.1, when looking at reporting levels against patient contacts the reduction in incident reporting during the pandemic is not statistically significant. The following table shows the % of incidents reported in 2020 that are Covid-19 related. The Covid-19 sub-category was added in March 2020 for use by staff to indicate this being a factor.

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Total Incidents Reported	931	852	711	681	646	716
% Relating to Covid-19	0%	0%	7%	21%	10%	7%

As can be seen from Figure 7, since March 2020, the highest reported cause groups reported as Covid-19 related have been infection-related incidents (35%), expected deaths (16%), unexpected deaths (9%), communication (7%) and medication-related incidents (5%).

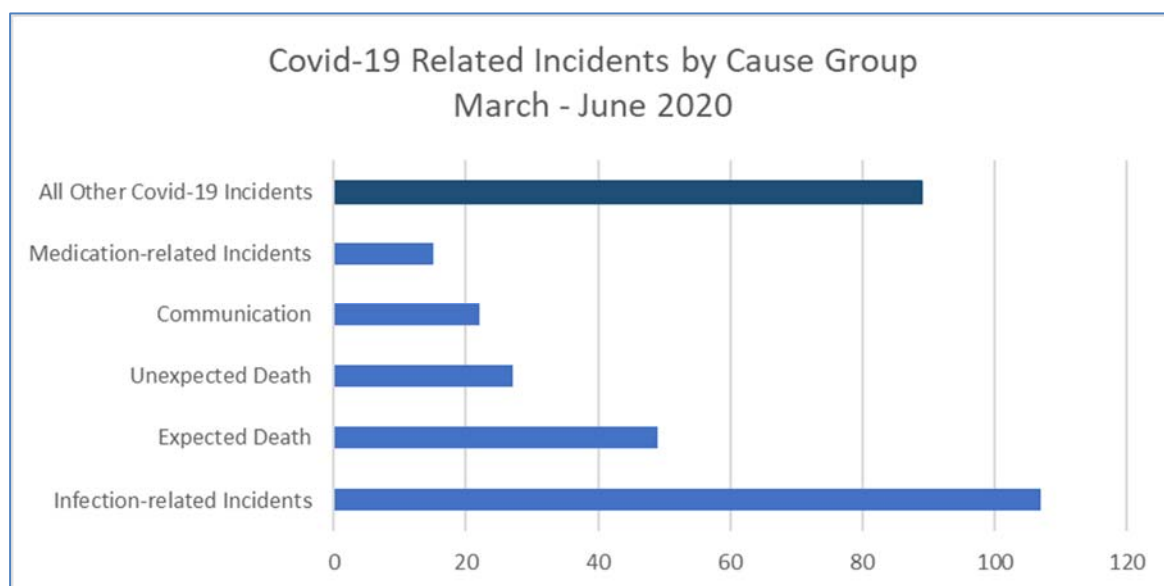


Figure 7 - Covid-19 Related Incidents

Of the 309 incidents reported as being Covid-19 related, none resulted in moderate or above harm; the majority (206) were no harm/near miss. While infection-related incidents were predominant, only 6 were recorded as resulting in harm, similarly of the 15 medication-related incidents reported only 1 resulted in harm. No unexpected deaths related to Covid were reportable by Solent in this period.

Many of the Covid-19 incidents (108) were reported by the Southampton Urgent Response Team (7%), OPMH CPN Team (5%), Nicholstown Surgery (5%), Portsmouth CCN Coast Team (4%), and 4 dental clinics (15% in total). The table below summarises the themes identified.

Covid-19 Incidents by Dept	Incidents	Summary
Urgent Response Team (RSH)	21	Majority relate to external issues in UHS discharge planning during the pandemic.
OPMH CPN Team (SJH)	15	All bar 1 relate to patient deaths <i>Remaining incident relates to self-harm by a community patient struggling with lockdown. Patient did not suffer adverse effects.</i>
Covid-19 Incidents by Dept	Incidents	Summary
Dental - IOW (CMC)	14	All bar 1 relate to clinic closures <i>Remaining incident relates to issues with DERS system.</i>
Nicholstown Surgery	14	All bar 3 relate to patient deaths <i>2 of the remaining incidents relate to medication errors due to working in an unfamiliar practice (no long-term implications) and 1 relates to incorrect</i>

		<i>testing results provided to a member of staff by an external provider.</i>
Dental - West (ELHC)	12	All relate to clinic closures
CCN East - COAST Team (BAC)	11	Varied incidents (communication, diagnosis, delay). Mostly relating to issues in accessing GPs/111 and referral issues from 111)
Dental - GA (PDS)	11	All bar 1 relate to clinic closures <i>Remaining incident relates to patient complaint regarding treatment room temperatures.</i>
Dental - West (BHC)	10	All relate to clinic closures

Table 5 Covid-19 Related Incidents by department

2.3.1 Infection-related, unexpected deaths, Communication and Medication Incidents (Covid-19)

Of 107 infection-related incidents reported with a sub-cause of Covid-19, 73 (68%) relate to clinic closures. The remaining 34 relate to staff and patient diagnosis with Covid -19, ranging from staff not isolating when family member showed signs of infection to patients accessing services.

Twenty-seven unexpected deaths were reported as covid related. None were in inpatient wards and there were no concerns re: Solent care. The majority relate to deaths in acute provider hospitals and patients who are on the Speech and Language Therapy waiting lists.

The communication incidents are attributed to the following; a lack of information re personal protective equipment and patient positive test results, referral challenges in a few services and patients' discharge from acute providers.

Six of the medication incidents are attributed to Solent. Four relate to medication sent via the post and the remaining two are due to staff working in unfamiliar environments.

2.4 Mixed Sex Accommodation

In Q1 2020-21, no mixed sex sleeping breaches have been reported; all mental health inpatient units have single en-suite rooms while the adult inpatient units have single rooms and single sex bays.

2.5 IRIS reports

Work on including IRIS Reports at the Serious Incident and Learning from Deaths panels has not been progressed due to the changes implemented for COVID-19. Including an example of excellent care at panel will commence in Quarter 3.

3.0 SERIOUS INCIDENTS (SI)

3.1 SI Cause Group

In total 43 SIs were raised in 2019/20 with the lowest per month being 7. In Q1 2020/21 there have been only 2 SI declared, 1 relating to a clinical delay and 1 an IG breach. The following table shows this figure broken down by category. At first review the reduction in

serious incidents in quarter 1 could be attributed to the reduction in some Solent services. If the reduced numbers continue in Q2, further scrutiny will feature in the Quarter 2 report.

SI Cause Groups	Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	Q1 20-21	TOTAL
Accident	0	0	1	0	0	1
Assault - Physical	1	0	0	1	0	2
Clinical Assessment	1	0	0	0	0	1
Clinical Delays	2	2	2	0	1	7
Clinical Management	1	0	1	0	0	2
Communication	1	0	0	0	0	1
Diagnosis	0	1	0	0	0	1
Emergency (Medical)	1	0	1	1	0	3
Implementation Of Care	0	0	0	1	0	1
Infection Outbreaks / Incident	0	0	0	1	0	1
Information Governance	0	1	0	0	1	2
Pressure Ulcers	0	2	3	0	0	5
Safeguarding	1	0	1	0	0	2
Self - Harming Behaviour	1	1	1	0	0	3
Slips, Trips and Falls	0	1	1	0	0	2
Treatment, Procedure	0	0	1	0	0	1
Unexpected Death	2	3	2	3	0	10
TOTAL	11	11	14	7	2	45

Table 6 - SI Raised in 2019-20 & 20-21 to date

Q1 2020-21, five Serious Incident investigation reports were completed and submitted within the agreed timescales, as shown in the table below. This sustained improvement in timely submission is due to a strong focus on ensuring timeliness and support for investigators put in place by the Head of Quality and Safety. Changes in place include regular updates with the investigators, review halfway through investigations and regular liaison with Clinical Commissioning Group (CCG) colleagues to request appropriate extensions for complex investigations.

A summary of the five Serious Incidents submitted to the CCG in quarter 1 are detailed below and the learning can be found in Appendices 1 and 2:

- Adult Mental Health Services presented a case of a patient admitted to The Orchards under Section 2 of the Mental Health Act. He was known to the service and was re-started on anti-psychotic medication on admission. Six days later a Locum Consultant Psychiatrist treating the patient made the decision to give the patient a “drug holiday”.
- Child & Family Services West presented the case of a young person who required emergency suction prior to a peg feed whilst at school. It was agreed at Panel that following the investigation this incident did not meet the criteria for a Serious Incident and has been de-escalated to a High-Risk Incident.

- An investigation for Adult Mental Health into the use of an inappropriate restraint hold on an in-patient at Maples Psychiatric Intensive Care Unit, identified the importance of the care programme approach in discharge and contingency planning for patients.
- The closure of Brooker Ward as a result of a D&V outbreak highlighted several areas for improvement.
- Adult Mental Health Services identified learning from a Serious Incident involving a patient who was transferred from Orchards Ward to Queen Alexandra Hospital having had a seizure. The patient was accompanied by a single Health Care Support Worker. Whilst waiting in the Emergency Department at QAH, the patient absconded and subsequently took his own life.

As identified in the quarter 4 Patient Safety report, Ulysses (Incident Reporting System) was used for the first time in Solent, to record a Serious Incident Investigation. Further adaptations are required to ensure it meets all the Trust's and CCG requirements, it is anticipated these are minor changes.

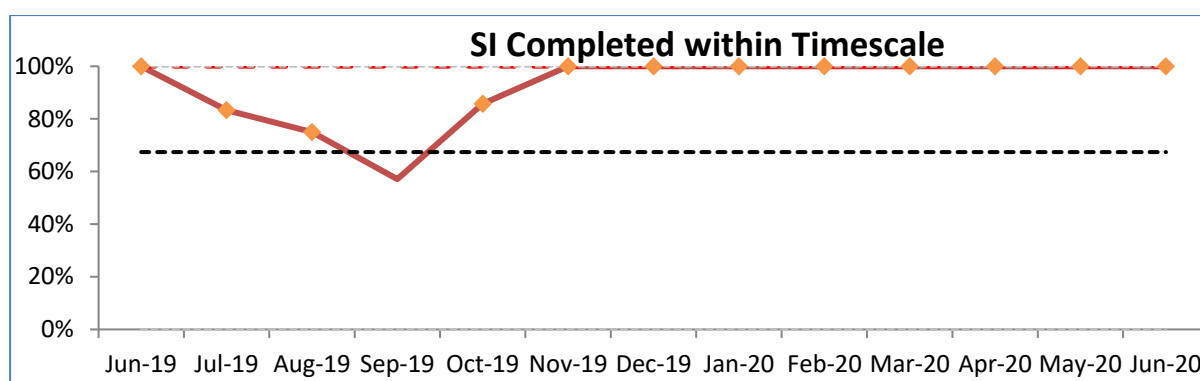


Figure 9 – SI completed within time scale 2019-2020

No never events have been raised in 2020/21 to date, or in the previous two financial years.

4.0 HIGH RISK INCIDENTS (HRI)

A HRI is undertaken when it is identified at an incident review meeting that whilst a SI is not indicated it would be beneficial for an investigation to be undertaken by the service using the SI methodology.

In total 30 HRI were raised in 2019/20 with the lowest per month being 6. During Q1 2020-21, only 4 HRIs were raised for investigation; while these occurred in different months, all were declared HRI in June. One incident, which occurred in March, was brought to incident review meeting (IRM) in June after it was picked up as part of the Mortality Reviews carried out by the Services. A second occurred in April but was not immediately recognised as requiring an IRM. The final 2 were reported in late May and early June respectively. The categories are detailed below.

All learning from these HRI will be reported directly within the service line through their internal governance processes and across the Trust via the SI panel members, post SI panel.

HRI Categories	Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	Q1 2020-21	TOTAL

Clinical Delays	0	1	1	0	0	2
Clinical Management	0	1	0	0	0	1
Communication	1	0	0	0	0	1
Documentation	0	0	0	0	1	1
Emergency Medical	0	0	1	0	0	1
Implementation of Care	2	1	0	0	0	3
Information Governance	0	1	1	1	1	4
Medication Errors	0	0	3	3	1	7
Patient Experience	1	0	0	0	0	1
Safeguarding	1	0	0	2	0	3

Table 7- HRI Raised in 2019-20

5.0 LEARNING FROM DEATHS

5.1 Learning Summary Quarter 1, 2020-19

When patients die whilst under the care of Solent a process is implemented that involves a determination as to whether further investigation is required. For some deaths that meet the SI Framework criteria (2015) a full SI is undertaken. For cases that do not meet the SI criteria, or where this is unclear services are asked for additional information in the form of Structured Judgment tools (SJT). SJT are reviews of care using an approved framework detailing the quality of care as determined by a person outside of the service providing care. These are submitted to panel for review and discussion by each service line.

5.2 Serious Incident and Structured Judgement Tools (SJT)

During Q1 the Serious Incident and Learning from Deaths panels was amalgamated into one panel. One unexpected death Serious Incident investigation was presented at panel. The summary of the learning outcomes from this is presented in Appendix 2.

None of the SJT reviews identified poor care or preventability of the death in quarter 1. If they had, an incident review meeting would be organised to review and decide whether a SI is required (as per policy). In addition, if there are concerns from a family, carers or external partners, an incident review meeting would be held to discuss. The increased use of the structured judgement tool directly relates to the reduction in the number of Serious Incidents.

A review of the Solent SJT commenced in quarter 1 and will be concluded in quarter 2. The purpose is to ensure that the SJT's in use are in line with national guidance and other community providers. It is recognised there will be a need to adopt more than one SJT, to ensure all services have a relevant tool to review their patient's care. Further information will be provided in the quarter 2 report.

5.3 Inquests

Coroners' Courts continue to operate by reading evidence out in Court, or by allowing witnesses who need to give evidence to do so via video link. More complex inquests, especially those requiring juries are being postponed until further notice. New dates for the postponed inquests are being announced on an ad hoc basis. There have been 4 inquests in Quarter 1. None of these required witnesses to attend. On conclusion of these inquests, no further learning or actions were identified by the Coroner.

5.4 Family Liaison

The Family Liaison Manager continues to offer and provide support to bereaved families involved in Coroner's inquests and is available to support other Trust governance issues that require sensitive involvement with families. All the families involved in the 4 inquests in Q1 have been contacted by the FLM and offered support. This role is extremely well received by those bereaved and for staff who require guidance during what can be a very distressing time. This is particularly challenging now as inquest timetables are subject to Covid 19 disruption. These disruptions started in March 2020, and the FLM is liaising with families to make sure they're always aware of any changes.

6.0 UPDATE FROM THE WESSEX PATIENT SAFETY COLLABORATIVE (WPSC)

The Trust continues to engage and work collaboratively with the Wessex patient Safety collaborative. Gail Byrne, Chief Nurse in UHS has been named as the new Chair of the Wessex PSC. The first virtual meeting is due to take place in August 2020 after suspension of the meetings due to Covid 19.

7.0 DETERIORATION OF THE PATIENT (INCL.SEPSIS) MANAGEMENT (DART)

The Trust reviewed the national Resuscitation Guidance and the use of PPE during the Covid 19 pandemic. Advice and information was shared broadly across the organisation. The current chair and clinical lead for DART, Tim Trebble will stand down in Q2 and new nursing leadership has been identified within the Chief Nurse Directorate from August 2020.

8.0 NATIONAL SAFETY THERMOMETER UPDATE

National data collection for the 'classic' and 'next generation' Safety Thermometers has halted with the national website advising that plans for nationally produced replacement data will be provided or signposted on the NHS England and NHS Improvement Patient Safety Measurement Unit (PSMU) webpage as soon as possible. So

As the website has not been updated since the Q4 2019-20 report was produced the Quality Information & Systems Team queried this with NHSE/I. The Patient Safety Policy Lead for NHS England and NHS Improvement has confirmed the publication of replacement data has been delayed by NHSE/I's urgent COVID response. The team will continue to monitor the confirmed primary communication routes.

9.0 NEXT STEPS

During quarter 2 the following will be implemented;

- The SJT review will be completed and new models will be in place
- All Serious Incident investigations will be recorded on Ulysses
- HQPs will provide evidence of action completion against historic SIs as an ongoing process until the implementation of Ulysses reporting on actions detailed in SI and HRIs. This will be reported in the Q2 report.
- The rapid learning poster will be implemented for all HRI's, this was delayed in quarter 1 due to the reduced resources in Service lines due to Covid -19
- The current Pressure Ulcer Review process will be reviewed
- Serious Incident extension requests will be detailed in the next report
- Continued review of Covid 19 related incidents
- High Risk Incident investigations recording on Ulysses will commence
- The Information Governance team will undertake validation of all IG Incidents.
- Roadshow and Incident reporting/reviewing training via Microsoft teams.

10.0 CONCLUSIONS

It is important to recognise that in Quarter 1 Solent were operating differently due to Covid - 19. Incident reporting although lower than previous quarters when compared to the number contacts, was above the mean. The number of moderate incidents remains comparable to previous quarters and the reduction of Serious Incidents will be monitored during quarter 2.

Attention should be given to the highest reported incidents, Information Governance, Pressure Ulcers and Medication. It is possible that medication errors in Adult Mental Health services have reduced, however in this service line and others it is evident there is further work to be undertaken. It is also notable that inpatient areas in MH, where most medication errors occur, have had a reduced number of patients. This has led to staff being able to provide medication in a less 'busy' environment which is being explored as possible learning.

A review of the Pressure Ulcers in Adults Portsmouth and Adults Southampton commissioned by the Head of Quality of Professionals will provide further analysis of the increased occurrence of these during quarter 1. Learning identified by the Tissue Viability Nurses during their reviews of the Pressure Ulcers did not identify any new learning for Solent. Services during quarter 2 will be further supported by the Information Governance team to learn from the increase in IG incidents.

The review of Covid – 19 related incidents identified themes that would be expected during these unprecedented times and any learning from these will be discussed within Service lines.

Power BI functionality remains under development. The Quality and Safety Team are in the process of identifying what data they will require for future reports.

Quarter 1 was an exceptionally busy time for the Quality and Safety team, increased workload and reduced capacity due to the redeployment of two whole time equivalent staff hampered the developments the team were planning for quarter 1. It should be acknowledged they continued to deliver to reporting timescales, despite these challenges.

APPENDIX 1: LEARNING FROM INCIDENTS

Learning from SI Panel during Quarter 1 2020/21

Service	Learning and Improvements
Adult Mental Health Services	The Service will include a summary of a patient's history in SystemOne to assist clinicians who are unfamiliar with a patient.
	The Service will implement a strategy to support staff in raising concerns, help them to feel empowered to escalate concerns and ensure they understand the escalation process.
	The use of an inappropriate restraint on an in-patient at Maples Psychiatric Intensive Care Unit, identified the importance of the care programme approach in discharge and contingency planning for patients. The patient had been admitted 4 times in 5 months but on each occasion the focus of attention was on dealing with that specific crisis rather than a more holistic approach to prevent re-admittance.
Child & Family Services West	An investigation highlighted the difficulty of following a patient's care plan in emergency situations whilst also respecting the wishes of a parent, especially during Covid -19.

APPENDIX 2: LEARNING FROM DEATHS

Learning from Deaths (LfD) Quarter 1 2020/21

Service Line	Learning and Improvements
Adult Mental Health	An SI investigation highlighted the absence of a formal handover of care between Shropshire Mental Health Services and Solent NHS Trust when the patient moved locations.
	The Service are reviewing the crisis pathway to ensure medication reviews are undertaken when appropriate.
	Risk assessing a patient's likelihood of absconding and ensuring the appropriate number of escorts are provided is vital to maintaining patient safety.
	A review of the death of a homeless patient demonstrated the difficulties the IAPT service have in providing treatment and ensuring participation when the patient is homeless.
	The service are considering how they can consider previous suicide attempts when providing IAPT therapy.

Board and Committee Cover Sheet

Item No.	25.1		
Presentation to	Solent NHS Trust Board		
Title of Paper	Charitable Funds Committee Exception Report		
Purpose of the Paper	To summarise the key business transacted at the recent Charitable Funds Committee meeting, 6 th August 2020		
Author(s)	Rachel Cheal, Company Secretary	Sponsor	Gaurav Kumar, NED – Committee Chair
Date of Paper	6 th August 2020	Committees/Groups previously presented	----
Summary of key issues/messages	<p>The Committee:</p> <ul style="list-style-type: none"> received the Quarter 1 2020/21 Finance Report - it was acknowledged that year to date donations of £59,750 have been received, consisting of £59,500 Covid-19 Appeal Grant Award from NHS Charities Together (NHSCT) and 3 general public donations totalling £250 allocated to General fund. A total of £952 was spend in accordance with the Charities SOP relating to staff welfare and amenities. The Committee were informed of a further successful grant application made to NHSCT and subsequent additional £50k received (total now £109k) and were briefed on further opportunities to bid for funding later in the year. approved the request made by Maples Ward for the purchase of resources in support of patient engagement activities aimed at reducing violence and aggression. However, it was stipulated that any purchases would need to be appropriately risk assessed and in accordance with local ward policies and procedures. received the 2019/20 Charity Annual Report and Accounts. It was confirmed that the accounts were awaiting sign off by the partner of the audit firm. The Committee agreed that the Committee Chair virtually approve the report and accounts following agreement by the auditors. (*Final Charity Annual Report and Accounts, signed by auditors, attached as Appendix 1) received a verbal update from the Executive Sponsor for Charitable Funds (COO Southampton and County Services) where thanks were given to all staff involved in supporting the charity and its efforts. It was acknowledged that there has been a notable increase in activity associated with the charity of late and progress is being made in raising Beacon’s charity and associated spending. were briefed by the Head of Estates on the status of (previously agreed) plans associated with spending of the grant(s) received from NHSCT to develop a permanent outdoor memorial space at key Trust sites. The Committee were informed of the conditions set by NHSCT in relation to such spending – including requirements to submit a business case, progress updates, remittance evidence and publicity. It was confirmed that the recent additional grant funding received would enable the previous plans to be expanded and the Committee were informed of the intention to engage with community groups, volunteers and suppliers as part of the developments were informed of the positive media and social media interest as a result of Harry’s bike ride and of the intention to seek support from local Universities to further the profile and promotion of the Charity. It was acknowledged that links 		

	with with Universities will be re-established in the new academic year and in consideration of the current Covid-19 situation at the time.			
Action Required	For decision?	N	For assurance?	Y
Recommendation	The Board is asked to receive the above summary of business transacted.			

SOLENT NHS CHARITY

TRUSTEE'S ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

Registered Charity No. 1053431

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Foreword

The charity's annual report and accounts for the year ended 31 March 2020 have been prepared by the trustee in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities (Charities SORP (FRS 102)) and the Financial Reporting Standard 102 applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011, and UK Generally Accepted Accounting Practice as it applies from 1 January 2015.

Charitable funds received by the charity are accepted, held and administered as funds held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990.

Reference and administrative details

This is the Annual Report of Solent NHS Charity. The charity is registered with the Charity Commission, registration number 1053431.

Registered office Solent NHS Charity
c/o Solent NHS Trust
Highpoint Venue
Bursledon Road
Southampton
SO19 8BR

Bankers CAF Bank Ltd
25 Kings Hill Avenue
Kings Hill
West Malling
Kent ME19 4JQ

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The White Building
1-4 Cumberland Place
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Hampshire
SO15 2NP

Solicitors Bevan Brittan
Fleet Place House
2 Fleet Place
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London
EC4M 7RF

Structure, Governance and Management of the Charitable Funds

The charity was created by Trust Deed on the 24 November 1995 and was named as Portsmouth Healthcare NHS Trust Charitable Fund.

On 31 March 2002 the charity was renamed as Portsmouth & South East Hampshire Charitable Fund. Due to the NHS reforms the governance of the charity was transferred to Solent NHS Trust on 22 December 2011 and the charity was renamed Solent NHS Charity. The statutory instrument carrying out the transfer included the transfer of funds held by Southampton Hospital Charity.

Solent NHS Charity inherited a number of funds that had previously been classified as restricted. The unrestricted funding available is held to further the objectives of the charity. The restricted funds are held for any charitable purpose relating to the National Health Services, wholly or mainly for the fund specified. Based on the criteria in the NHS Charities Guidance, the Charity reclassified all restricted funds apart from the Chapel Fund to the unrestricted general fund in May 2017 in order to maximise the potential for the strategic development of the Trust and public benefit.

The corporate trustee is Solent NHS Trust. The Executive Directors and Non-Executive Directors of the Trust Board share the responsibility for ensuring that the NHS body fulfils its duties as corporate trustee in managing the charitable funds. The Chair and Non-Executive Directors were appointed by the Secretary of State via NHS Improvement (and previously the Appointments Commission) and the Chief Executive and Executive Directors were appointed by the Non-Executive Directors of the Trust.

The Board of Solent NHS Trust, on behalf of the corporate trustee, has delegated responsibility to manage the charitable funds to the Charitable Funds Committee. Solent NHS Trust Chief Finance Officer is responsible for the day-to-day management and control of the administration of the charitable funds and reports to the Charitable Funds Committee. The Chief Finance Officer has responsibility to ensure that spending is in accordance with the objects and priorities agreed by the Charitable Funds Committee; that the criteria for spending charitable monies are fully met; that full accounting records are maintained; and that devolved decision making or delegated arrangements are in accordance with the charity's policies and procedures.

The membership of the Charitable Funds Committee for the financial year 2019-20 was made up as follows:

Chair

Francis Davis	Non-Executive Director (left 3 June 2019)
Mick Tutt	Non-Executive Director (Committee chair from July 2019)

Members

Catherine Mason	Chair (co-opted interim member from July 2019)
Gaurav Kumar	Non Executive Director (member since February 2020)
David Noyes	Chief Operating Officer Southampton and County Services and executive strategic lead for Charitable funds
Vickie O'Leary	Deputy Director of Finance

At the July 2019 meeting, the Charitable Funds Committee reconsidered the approach to the Charity and following an options appraisal decided to revert to a traditional approach of using funds for modest welfare benefit, and offering employees the opportunity to raise funds on behalf of the Beacon. Since then the Committee has developed a Standard Operating Procedure for the use of funds in relation to Staff Welfare.

Trustee Induction and Training

As part of their induction programme new Executive and Non-Executive Directors of Solent NHS Trust are made aware of their responsibilities as the corporate trustee of Solent NHS Charity. This induction includes an introduction to the objectives, scope and policies of the Charitable Funds, Charity Commission information on trustee responsibilities and copies of the previous three years of the charity's annual reports and accounts together with a copy of the governing documents for the constituent charitable funds. The same information is provided for new members of the Charitable Funds Committee.

The Executive Directors of the Trust in 2019-20 were:

Sue Harriman	Chief Executive
Andrew Strevens	Chief Finance Officer
Dan Meron	Chief Medical Director (left 31 November 2019)
Jonathan Prosser	Interim Medical Director (from 1 December 2019)
Sarah Austin	Chief Operating Officer Portsmouth and Commercial Director
David Noyes	Chief Operating Officer Southampton and County Services
Helen Ives	Chief People Officer
Jackie Ardley	Chief Nurse

The Non-Executive Directors of the Trust in 2019-20 were:

Catherine Mason	Chair
Francis Davis	(left 3 June 2019)
Mick Tutt	(left 30 January 2020)
Jon Pittam	
Michael Watts	
Stephanie Elsy	
Gaurav Kumar	(joined 1 October 2019)
Thoreya Swage	(joined 1 February 2020)

Review of the Finances, Activities, Achievements and Performance of the Charitable Funds

The purpose of the charity is to further the objectives as specified in the declaration, namely "For any charitable purpose or purposes relating to the National Health Service".

The strategy of Solent NHS Charity is to support its related constituent bodies by providing funds to benefit patients and staff. It does this by providing funding for developments and activities which would otherwise be unaffordable.

The charity relies upon the generosity of patients, their relatives and other donors who are familiar with, or have experienced the care provided by Solent NHS Trust, or who are sympathetic and generous in their support to their local NHS service.

Public Benefit

The trustee is aware of their responsibilities under charity law in ensuring the maintenance of public benefit in all aspects of their work. Funding patient and staff welfare, improvements and amenities is, by definition, meeting public benefit.

Achievements and Performance

The main direct charitable expenditure is in relation to activities that further the charity's objectives.

The table below gives a breakdown of the charitable expenditure headings.

Charitable Expenditure	Total
	£
Medical & surgical equipment	5,346
Patients' welfare & amenities	150
Staff welfare	1,869
Other charitable expenditure	2,611
Total charitable expenditure	<u>9,976</u>

The charitable expenditure amounted to £9,976 in 2019-20 (£3,751 in 2018-19).

In 2019-20 the charity benefited from donations, legacies and grants of £2,469 (£7,312 in 2018-19).

Financial Review

The policies that have been adopted in order to further the objects of the Charity are:

- i) The "Procedure notes and policies" for charitable funds, identifying the procedures to be followed in the administration of the funds.
- ii) The charitable fund does not currently hold any investments other than cash held on account at bank. Should the fund rise to a level requiring investment to be made, an investment policy will be agreed with the broker which will detail ethical restrictions on investments and set out the level of risk the fund can be exposed to.
- iii) The "Charitable funds reserves policy", highlights that balances should not generally be built up year on year, unless there are specific projects or items which require funds to be accumulated over more than one year. In this context the term "reserves" excludes restricted funds, and unrestricted funds included in performance related investments (statement of recommended practice 2015).

During the year the Charity spent £7,365 (£0 in 2018-19) on charitable activities including patient and staff welfare and amenities and medical and surgical equipment as detailed in note 6 of the accounts. Included within the total resources expended of £9,976 (£3,751 in 2018-19) shown in the statement of financial activities are the costs of administering the funds of £2,611 (£3,751 in 2018-19).

At the end of the year the charity held cash at bank of £226,790 (£232,826 at 31 March 2019).

The Charitable Funds Committee has monitored the performance of the funds.

Statement of trustee responsibilities

The trustee is responsible for:

- Keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of funds held on trust and to enable them to ensure that the accounts comply with requirements in the Charities Act 2011 and those outlined in the directions issued by the Secretary of State;
- Establishing and monitoring a system of internal control; and
- Establishing arrangements for the prevention and detection of fraud and corruption.

The trustee is required under the Charities Act 2011 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 2011. In preparing those accounts, the trustee is 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;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustee confirms that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements and notes set out on pages 8 to 14 attached have been compiled from and are in accordance with the financial records maintained by the trustee.

Thank you

On behalf of all the staff and patients who have benefited from the improved services due to donations and legacies, the Corporate Trustee would like to thank all patients, relatives and staff who have made charitable donations.

Approved on behalf of the Corporate Trustee

.....
Gaurav Kumar (Non-Executive Director Chair of the Charitable Funds Committee)
Dated: 6 August 2020

Statement of financial activities for the year ended 31 March 2020

	Note	Unrestricted £	Restricted £	2019-20 £	2018-19 £
INCOMING RESOURCES					
Incoming resources from generated funds					
Donations and legacies	2	2,469	-	2,469	7,312
Income from investments	4	548	8	556	454
Total income and endowments		3,017	8	3,025	7,766
TOTAL INCOMING RESOURCES		3,017	8	3,025	7,766
RESOURCES EXPENDED					
Charitable activities					
Patient welfare and amenities		(150)	-	(150)	-
Staff welfare and amenities		(1,869)	-	(1,869)	-
Medical and surgical equipment		(5,346)	-	(5,346)	-
Governance costs		(2,611)	-	(2,611)	(3,751)
Expenditure on charitable activities	6	(9,976)	-	(9,976)	(3,751)
Net Incoming/(Outgoing) Resources Before Transfers		(6,959)	8	(6,951)	4,015
TOTAL GAINS AND LOSSES RECOGNISED		(6,959)	8	(6,951)	4,015
Fund balances as at 1 April		229,173	3,136	232,309	228,294
FUND BALANCES AS AT 31 MARCH		222,214	3,144	225,358	232,309

Balance sheet as at 31 March 2020

	Note	2019-20 £	2018-19 £
Current assets			
Debtors		1,068	1,383
Cash at bank and in hand		226,790	232,826
Total current assets		227,858	234,209
Creditors: Amounts falling due within one year	8	(2,500)	(1,900)
Net current assets	9	225,358	232,309
Total net assets		225,358	232,309
Funds of the charity			
Unrestricted		222,214	229,173
Restricted		3,144	3,136
Total funds	10	225,358	232,309

Statement of cash flows for the year ending 31 March 2020**Reconciliation of net income (expenditure) to net cash flow from operating activities**

	Note	2019-20 £	2018-19 £
Net (expenditure) for the year		(6,951)	4,015
Adjustments for:			
Interest from investments	4	(556)	(454)
(Increase)/decrease in debtors		315	160
Increase/(decrease) in creditors		600	(18,250)
Net cash provided by/(used in) operating activities		(6,592)	(14,529)
Cash flows from investing activities:			
Dividends and interest from investments	4	556	454
Net cash provided by investing activities		556	454
Change in cash and cash equivalents in the reporting period		(6,036)	(14,075)
Cash and cash equivalents at the beginning of the reporting period		232,826	246,901
Cash and cash equivalents at the end of the reporting period		226,790	232,826

The financial statements and notes on pages 8 to 14 were approved by the Charitable Funds Committee on behalf of the Corporate Trustee on 6 August 2020 and signed on their behalf by:

.....
Gaurav Kumar (Non-Executive Director Chair of the Charitable Funds Committee)

Notes to the accounts

1. Accounting policies

1.1 Accounting convention

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities (Charities SORP (FRS 102) and the Financial Reporting Standard 102 applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011 and UK Generally Accepted Accounting Practice as it applies from 1 January 2015.

1.2 Incoming resources

All incoming resources are recognised on a receivables basis and are reported gross of related expenditure once the charity has entitlement to the resources, it is certain that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

The specific basis used are as follows:

- a) Voluntary income includes donations and legacies on a receivables basis
- b) Investment income is accounted for on a receivables basis
- c) Activities for generating funds includes fundraising income and is shown gross

1.3 Resources expended

Expenditure is accounted for on an accruals basis and is recognised once there is a legal or constructive obligation to make a payment to a third party.

a) Cost of generating funds

The costs of generating funds are those costs attributable to generating income resources for the charity, other than those costs incurred in undertaking charitable activities.

b) Charitable activities

Charitable activities expenditure enables the charity to meet its charitable aims and objectives. These costs, where not directly attributable, are apportioned between the categories of the charitable expenditure in addition to the direct costs.

c) Governance

These are accounted for on an accruals basis and are the costs of managing and administering the funds of the charity.

1.4 Structure of funds

Where there is a legal restriction on the purposes to which a fund may be put, the fund is classified in the accounts as a restricted fund. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the trustees have chosen to earmark for set purposes are classified as designated funds.

1.5 Change in the basis of accounting

The financial statements have been prepared to give a true and fair view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a true and fair view. This departure has involved following the Charities SORP (FRS 102) issued on 16 July 2015 rather than the preceding Charities SORP (SORP 2005) which was effective from 1 April 2005 and has since been withdrawn.

2. Details of incoming resources

	Unrestricted	Restricted	2019-20	2018-19
	£	£	£	£
Donations	2,469	-	2,469	7,312
Total voluntary income	2,469	-	2,469	7,312

3. Grants receivable from other NHS Charities

There were no grants transferred from other NHS Charities during 2019-20 financial year.

4. Income from investments

	Unrestricted	Restricted	2019-20	2018-19
	£	£	£	£
Bank interest received	548	8	556	454
Total investment income	548	8	556	454

5. Grants payable to other NHS Charities

There were no grants transferred to other NHS Charities during the 2019-20 financial year.

6. Details of expenditure on charitable activities

	Direct costs	Support costs	2019-20	2018-19
	£	£	£	£
Medical and surgical equipment	5,346	-	5,346	-
Patient welfare and amenities	150	-	150	-
Staff welfare and amenities	1,869	-	1,869	-
Independent examination fee	-	948	948	900
Other support costs	-	1,663	1,663	2,851
Total resources expended	7,365	2,611	9,976	3,751

7. Trustee information

The corporate trustee did not pay expenses to any member of the Solent NHS Trust Board nor to any member of the Charitable Funds Committee and members did not receive any honoraria or emoluments from charitable funds in the year.

8. Analysis of current liabilities

	2019-20	2018-19
	£	£
Other creditors	80	1,000
Accruals	2,420	900
Total current liabilities	2,500	1,900

There were no provisions for liabilities or charges made in the current or previous year.

9. Analysis of net current assets

	Current assets	Current liabilities	2019-20	2018-19
	£	£	£	£
Unrestricted	224,714	(2,500)	222,214	229,173
Restricted	3,144	-	3,144	3,136
Total net current assets	227,858	(2,500)	225,358	232,309

10. Funds of the charity**Unrestricted funds**

	2018-19	Net incoming resources	Transfers	2019-20
	£	£	£	£
General	229,173	(6,959)	-	222,214
Total unrestricted funds	229,173	(6,959)	-	222,214

The funds are for any charitable purposes relating to the NHS wholly or mainly for the benefit of patients and staff.

General funds are funds not allocated to any particular service by the trustee, and may be spent in meeting any of the charity's objectives.

Restricted funds

	2018-19	Net incoming resources	Transfers	2019-20
	£	£	£	£
Chapel	3,136	8	-	3,144
Total restricted funds	3,136	8	-	3,144

Restricted funds are funds where the income received has had restrictions on the use imposed by the donor. These restrictions are around the geographical area that the funds can be used to benefit staff and patients located in, for a particular ward or hospital, or around the intended use.

11. Related party transactions

During the year certain members of the Charitable Funds Committee, which have been delegated authority by the trustee to act on its behalf in the day to day administration of all funds held on trust, were also Board members of Solent NHS Trust.

Solent NHS Trust has also received revenue from Solent NHS Charity of which the NHS Trust Board is the corporate trustee.

At the end of the year Solent NHS Trust was owed £1,496 by Solent NHS Charity (£50 owed by Solent NHS Trust to Solent NHS Charity at 31 March 2019).

Board members of Solent NHS Trust, the corporate trustee, and members of the Charitable Funds Committee ensure that the business of the charity is dealt with separately from that associated with exchequer funds for which they are also responsible. Declarations of personal interest are made, where appropriate, and those declarations pertaining to the funds held on trust are available for public inspection by application through Solent NHS Trust.

12. Post balance sheet events

There were no post balance sheet events.