

Agenda

Solent NHS Trust In Public Board Meeting

Date: Monday 7th December 2020

Timings: 9:30 – 12:45

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	Chief Nurse and Acting Deputy CEO	To receive
3	10:05	30mins	Staff Story	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	Chair	Verbal update
6	10:45	5mins	Freedom to Speak Up - Any matters to raise to the Board – including: - FTSU Steering Group Objectives	Chief Nurse and Acting Deputy CEO	Verbal update
---	10:50	10mins	Break		
7	11:00	20mins	Chief Executive's Report	Acting CEO	To receive
			<ul style="list-style-type: none"> • Including: Covid-19 Wave 2 Update 		

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	10mins	Brexit Update and Preparedness – EU Transition Planning	COO Southampton and County	To receive
10	11:45	10mins	Six monthly Health and Safety Update	Acting CFO	To receive
11	11:55	10mins	Information Governance Briefing Report	COO Southampton and County	To receive
----	12:05	15mins	Break		
Reporting Committees and Governance matters					
12	12:20	5mins	Annual Compliance with NHS Constitution	AD Corporate Affairs/ Company Secretary	To receive
13	12:25	15mins	Workforce and OD Committee - Exception report from meeting held 19th November 2020	Committee chair	To receive
14			Community Engagement Committee – No meeting held since the last report to Board. Next meeting- 17th December 2020	Committee chair	---
15			Mental Health Act Scrutiny Committee – Verbal update from meeting held 27th November 2020	Committee chair	To receive
16			Audit & Risk Committee – Exception Report from meeting held 5th November 2020	Committee chair	To receive
17			Quality Assurance Committee- Exception Report from meeting held 19th November 2020	Committee chair	To receive
18			Governance and Nominations Committee – No meeting held since last report to Board. Next meeting- 11th December 2020	Committee chair	---
19			Non-Confidential update from Finance & Infrastructure Committee– non confidential verbal update from meeting 23rd November 2020	Committee chair	To receive

20			Charitable Funds Committee – Exception Report from meeting held 5th November 2020 Including Committee Terms of Reference (item 20.2)	Committee chair	To receive
Any other business					
21	12:40	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	-
22			Any other business & future agenda items <ul style="list-style-type: none"> • <i>Flu vaccination</i> 	Chair	-
23	12:45	---	Close and move to Confidential meeting The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows: “that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)	Chair	-

----- break -----

Date of next meeting:

- **1st February 2021**

Minutes

Solent NHS Trust In Public Board Meeting

Monday 05th October 2020
Virtual Zoom Meeting

Chair: Catherine Mason, Trust Chair (CM)	
<p>Members: Andrew Strevens, Acting CEO (AS) David Noyes, Chief Operating Officer Southampton and County Wide Services (DN) Jackie Ardley, Chief Nurse and Acting Deputy CEO (JA) Suzannah Rosenberg, Chief Operating Officer Portsmouth (SR) Jas Sohal, Acting Chief People Officer (JS) Gordon Fowler, Acting Chief Finance Officer (GF) Jon Pittam, Non-Executive Director (JPi) Mike Watts, Non-Executive Director (MW) Stephanie Elsy, Non-Executive Director (SE)</p> <p>Apologies: Thoreya Swage, Non-Executive Director (TS) Gaurav Kumar, Non-Executive Director (GK)</p>	<p>Attendees: Gordon Muvuti, Director of Partnerships (GM) Rachel Cheal, Associate Director of Corporate Affairs and Company Secretary (RC) Sam Stirling, Corporate Affairs Administrator (SS) Monique Rosell, Tissue Viability Lead (MR) (<i>item 2</i>) Kevin Brown, Patient Story (KB) (<i>item 2</i>) Andrea Brown, Patient Story (AB) (<i>item 2</i>) Hilary Todd, COVID-Programme Co-ordinator Occupational Health- Staff Story (HT) (<i>item 3</i>) Dan Winter-Bates, Lead Freedom to Speak Up Guardian (DWB) (<i>item 6</i>) Kate Sonpal, Head of Diversity & Inclusion (KS) (<i>item 9</i>) Sarah Balchin, Associate Director Community Engagement and Experience (<i>item 9 & 10</i>) Janene Goddard, Solent Engagement Team (JG) (<i>item 10</i>) Louise Keith, Solent Engagement Team (LK) (<i>item 10</i>) Joe Croombs, Solent Engagement Team (JC) (<i>item 10</i>) Anne Cato, St Denys Community Worker (AC) (<i>item 10</i>) Chris Box, Associate Director Estates and Facilities (CB) (<i>item 13 & 14</i>) Dr. Lesley Stevens, Director of Mental Health and Learning Disabilities- Isle of Wight NHS Trust (LS) (<i>observing</i>)</p>
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	CM welcomed all to the meeting, including observers as noted above. It was noted that Sue Harriman (CEO) and Helen Ives (Chief People Officer) had been seconded to NHSE/I as part of the National Vaccination Programme. CM welcomed Board members in their new acting executive roles.
1.2	Apologies were received as noted above and the meeting was confirmed as quorate.
1.3	The Board were asked to declare any new interests. There were no further updates to note.
2	Patient Story – Tissue Viability Service
2.1	JA introduced MR, KB and AB to the Board meeting. MR explained her role as lead Tissue Viability Nurse and the services delivered both at home and in clinic.

2.2	<p>KB provided an overview of circumstances leading to his referral in October 2019.</p> <p>KB shared mental health challenges and commented on the teams understanding and handling of his circumstances. KB commended treatment and invaluable help and support received.</p>
2.3	<p>JA asked about potential communication improvements and AS queried experiences of treatment during the Covid-19 pandemic.</p> <p>KB highlighted strong virtual communication methods and support to change dressings at home. It was confirmed that there had been no challenges regarding appointment bookings and the service had been flexible and understanding of individual needs and availability.</p>
2.4	<p>GM asked about the mental health support received. KB explained circumstances that led to his Post Traumatic Stress Disorder (PTSD) and treatment received to date. The Board offered full support in further connection with mental health services and the relevant organisations.</p>
2.5	<p>SE thanked for candour and queried communications between services, following surgery. KB provided an overview of surgeries held and commented on positive communication between the service and hospital.</p> <p>KB further reiterated effective processes and thanks/praise to the Tissue Viability team for their care and support.</p> <p><i>MR, KB & AB left the meeting. HT joined the meeting.</i></p>
3	Staff Story – Occupational Health
3.1	<p>An overview of the Occupational Health Teams response to the pandemic was provided, including work undertaken at the start of Covid-19, support for mental health and wellbeing and current activity.</p> <p>HT reported development of the Occupational Health database to capture and manage all Covid-19 information gathered to be able to effectively support staff.</p>
3.2	<p>Initial challenges regarding Covid-19 testing availability was highlighted. It was confirmed that 570 tests and 2139 antibody tests had been completed to date, with asymptomatic tests now also available.</p> <p>HT informed of vitamin D testing carried out in August and September for BAME staff, with less than 100 staff tested.</p>
3.3	<p>HT shared early implementation of risk assessments and challenges regarding staff communications to the staff at significant risk. The Board were informed of Covid-19 Age Risk Assessment due to be introduced using an online form.</p>
3.4	<p>HT provided an overview of the long-term support required for staff health and wellbeing and shared steps taken to ensure links with staff, including welfare calls and working from home assessments and full guidance provision. The Board were assured of control measures in place agreed with the Health and Safety Team and commented on guidance reviews.</p> <p>HT explained extensive resources available to staff for information and support and highlighted strong engagement with staff through Zoom classes and contact through the two Health and Wellbeing Practitioners.</p>
3.5	<p>HT explained ongoing work within the system to consider appropriate spending of funds.</p>

3.6	<p>The Board were informed of continuation of business as usual workstreams which had been suspended at the start of Covid-19.</p> <p>HT reported challenges managing Occupational Health service capacity and it was confirmed that alternative resource to support minor cases were being considered.</p>
3.7	<p><u>Flu Vaccinations</u></p> <p>HT explained bookable appointments for front-line staff, following the set up of 140 clinics over 26 sites for October. JA highlighted encouragement for vulnerable staff to ensure vaccination using an alternative method.</p>
3.8	<p>JA suggested that a briefing note was circulated following information provided.</p> <p>CM formally thanked the Occupational Health team for their hard work during these unprecedented times and emphasised full Board support. <i>HT left the meeting.</i></p>
4	*Minutes of the meeting held 3rd August 2020, matters arising and action tracker
4.1	CM commented on the importance of continual review of report requirements to ensure appropriate Board submissions, acknowledging statutory requirements.
4.2	The minutes of the last meeting were agreed as an accurate record.
4.3	The following actions were confirmed as complete: AC001850, AC001851, AC002104, AC002105, AC002106
5	Safety and Quality First and Feedback from Board to Floor Visits including-
	<ul style="list-style-type: none"> Board to Floor Six-Monthly Summary Report
5.1	An overview of the Board to Floor visits held between March-August 2020 was provided. The Board to Floor Six-Monthly Summary Report was noted.
5.2	<p><u>Board to Floor Visit- Speech and Language Therapies (Children)</u></p> <p>A verbal update following the visit held on Tuesday 29th September was provided. Positive work and usefulness of connecting with staff was highlighted.</p>
5.3	<p>JA commented on plans to conduct two virtual Board to Floor sessions a month going forward and acknowledged challenges of virtual visits. The Board discussed recent improvements and usefulness of regular discussions with staff.</p> <p>SE suggested patient inclusion going forward. Action- JA to consider.</p>
5.4	<p>CM briefed the Board on NED Emersion Sessions held and reflected on opportunity for NEDs to triangulate and consider from a CQC perspective. It was confirmed that full briefing information had been provided and the session recorded for those that were unable to attend.</p> <p>The Board noted the update. DWB joined the meeting.</p>
6	Freedom to Speak Up Matters including F2SU annual report
6.1	There were no urgent Freedom to Speak Up matters to raise.

6.2	<p><u>Freedom to Speak Up Annual report</u> DWB shared positive operational position and commented on effective work by the Trust Freedom to Speak Up Guardians.</p> <p>DWB briefed the Board on the ongoing work and opportunities, including alignment to inclusivity and wellbeing. Executive level support was highlighted and DWB shared innovative working. The Board noted the Freedom to Speak Up Annual Report. <i>DWB left the meeting.</i></p>
7	<p>Chief Executive's Report</p>
7.1	<ul style="list-style-type: none"> • AS briefed the Board on celebratory work since the start of the pandemic. • Public consultation for the new state-of-the-art 50-bed, rehabilitation unit planned at the Western Community Hospital was highlighted. AS informed of funding request and support from NHS Unite. CM asked if this was included within the system capital plan and AS confirmed approval in terms of wave 3 and full support from the system. • AS reported commencement of appointment and leadership changes. It was confirmed that business continuity and succession plans had been enacted. • Dr Jonathan Lake was welcomed as the new Clinical Director of Adults Portsmouth Services. Recruitment of substantive Operational Director role for the Adults Mental Health Service was confirmed. • AS provided an update on current Covid-19 activity, including review of the risk assessment approach. • AS informed of recent discussions at the Governance and Nominations Committee regarding stretched executive portfolios, following Non-Executive challenge. It was confirmed that RC and AS had completed a full risk assessment and would be reviewing with Executives prior to full Board discussion. <p>The Board noted the CEO update.</p>
8	<p>Performance Report</p>
8.1	<p><u>Operations</u></p> <ul style="list-style-type: none"> • DN reported concerns within the Speech and Language Therapy and Physiotherapy service and highlighted ongoing discussions with commissioners to consider service delivery. • The Board were informed of planning for the second wave of Covid-19 and reset and restoration planning within the system. • DN assured of triage processes in place to mitigate waiting list concerns and ongoing discussions with the system. It was confirmed that a full update would be provided at Confidential Board. • The Board were informed of situation sustainability within GP practices and ongoing programme to review systemic issues. • DN highlighted improved patient experience following refurbishment of the Lower Brambles ward. • It was confirmed that Adelaide Health Centre had reverted to its original use. • Significant improvement in relation to CAMHS waiting lists were shared.
8.2	<p>JPi queried reduction in compliance rates for mandatory training, clinical supervision and appraisals and asked if there were concerns with ensuring delivery. AS acknowledged challenges and briefed the Board on the new training platform being introduced from 1st April 2021.</p>

8.3	<p>SE asked about current situation across the local area in relation to the second wave of Covid-19. DN provided an overview of local Covid-19 levels, review of learning from the first wave and the Trust/system approach.</p> <p>It was confirmed that a full update would be presented to the Confidential Board meeting.</p>
8.4	<p><u>Workforce</u></p> <ul style="list-style-type: none"> • JS confirmed 28% engagement with the Staff Survey and highlighted strong encouragement and action planning in place. • JA informed of work regarding Mental Health Nurses in collaboration with International Global Learners Programme and confirmed that interviews had taken place. Challenges in relation to international recruitment were shared however JA commented on improving position.
8.5	<p>The Quality, Finance and Self-Declaration update was noted.</p>
8.6	<p><u>Research</u></p> <ul style="list-style-type: none"> • CM formally commended the Research and Development Team for successful delivery of the Research Conference. DB agreed and commented on positive attendance and partnership working demonstrated. <p>The Board noted the Performance Report. SB and KS joined the meeting.</p>
9	<p>Diversity & Inclusion Update, including:</p> <ul style="list-style-type: none"> • Diversity & Inclusion Annual Report 2020 including- Diversity and Inclusion strategic project plan • Workplace Disability and Equality Standard Report including- Action Plan • WRES Report including- Action Plan
9.1	<p>Regarding the lower local percentage of BAME applicants appointed, the Board discussed potential learning within Trust processes and review to ensure there were no elements of unconscious bias. Review to ensure alignment to the People Plan and introduction of BAME members to recruitment panels was highlighted.</p>
9.2	<p>Learning surrounding the data from NHSE Workforce Disability Equality Standard (WDES) was queried and KS confirmed that a subgroup of the Disability Resource Group was being established to consider outputs.</p>
9.3	<p>SE reflected on current position and effective changes since joining the Board. The importance of Board level support to lead the agenda within the organisation was emphasised and SE highlighted potential value of reverse mentoring opportunities for Board members.</p>
9.4	<p>SB emphasised usefulness of establishing a ‘Shadow Board’ containing key groups and Trust members. JA commented on considerations of language used and full review by engagement groups.</p> <p>It was agreed to develop a formal proposal outside of the meeting for Executive consideration.</p> <p>The Board noted the reports provided. KS left the meeting.</p>
10	<p>Alongside Communities: Solent approach to engagement and inclusion 2020-2025</p>

10.1	<p>SB provided an overview of the approach.</p> <ul style="list-style-type: none"> • <u>The Brief</u>- SB explained cocreation of a 5-year plan with local communities to reduce inequalities by effective engagement and improved inclusion. • <u>The Method & The Process</u>- The Board were informed of process undertaken to build the concept of 'community conversations' and workshops held to ensure wide range of engagement. SB commented on constant review to ensure appropriate interpretations. • <u>The Strategy</u>- SB highlighted the 3 key ambitions, 14 objectives and 4 enablers to ensure delivery. • <u>The Delivery</u>- It was confirmed that the Strategic Delivery Plan would be submitted to the Community Engagement Committee in December. <p>SB informed of support from key national leaders, including positive feedback from Cormac Russell.</p>
10.2	<p>It was confirmed that Board approval was required in relation to the direction of the strategy. It was agreed to discuss timeframes outside of the meeting regarding Board submission of the Strategic Delivery Plan, following review by the Community Engagement Committee.</p>
10.3	<p>AS queried links to the STP and SB informed of neighbouring focus and learning at system level, with outputs of this meeting being presented to the STP Group.</p> <p>Requirement for Board level commitment across organisations was discussed and SB highlighted the importance of leading the pilot and demonstrating clear learning. GM commented on opportunities within the system and ensuring meaningful engagement with communities, with Solent acting as a benchmark across organisations.</p>
10.4	<p>The Board thanked SB for exemplary work undertaken and SR reflected on positive links with national initiatives.</p>
10.5	<p>MW highlighted the need for ongoing considerations of strategy outputs and associated influence on engagement. SB emphasised full local community led approach, with feedback and service users guiding and holding the Trust to account.</p>
10.6	<p>RC queried alignment of the community engagement agenda with the environmental strategy and the importance of ensuring clear critical success factors for each objective. SB confirmed combination of measures and considerations within the planning phase.</p>
10.7	<p>AC reflected on experiences following retirement from the NHS and highlighted crucial engagement that had taken place and feedback acted upon.</p>
10.8	<p>SE reflected on positive and essential work and emphasised continued senior leadership support required.</p>
10.9	<p>The Board approved the Alongside Communities: Solent approach to engagement and inclusion 2020-2025 Strategy. <i>SB, JG, LK and JC left the meeting.</i></p>
11	<p>Emergency Planning and Resilience Annual Report</p>
11.1	<p>DN provided an overview of the report and assured the Board of strong position across the Trust.</p> <p>The Emergency Planning and Resilience Annual Report was noted.</p>
12	<p>Same Sex Accommodation Declaration</p>

12.1	<p>There were no amendments suggested. The Board approved the Same Sex Accommodation Declaration.</p> <p><i>CB joined the meeting.</i></p>
13	Environmental Sustainability Briefing/ Strategy
13.1	<p>CB provided an overview of the Green Plan Environmental Briefing.</p> <ul style="list-style-type: none"> Challenges in relation to reduction of single use plastics since Covid-19 were shared and CB emphasised the importance of following guidance at this time. The Board were informed of work on alternative transport, including the 'cycle to work scheme'. CB highlighted recent submission of a workplace travel request for appropriate funding. A review of fleet transport, due to an expected increase, was noted. Regarding the Climate Change Act Target, CB explained longstanding baseline set and resulting challenges in relation to ledger changes and obtaining historical data. It was confirmed that targets would be rebased and pro-rata calculated from this data. AS informed the Board of review at a number of forums, with widespread staff agreement.
13.2	<p>CM queried timescales for submitting a final plan to the Board. CB suggested Board review and endorsement at the February 2021 meeting. Action- SS to include on the agenda cycle.</p>
13.3	<p>MW emphasised the importance of integration and alignment to other strategies to ensure effective implementation of the plan. CB explained strong exposure throughout the system and collaborative approach taken across organisations.</p>
13.4	<p>DB shared positive staff response and importance of aspiring to reduce the carbon footprint nationally. CB agreed and commented on intention to establish a working group to formally engage with staff.</p> <p>The Board noted the Environmental Sustainability Briefing/ Strategy.</p>
14	Health & Safety Annual Report including Statement of Intent
14.1	<ul style="list-style-type: none"> The Board were informed that the report and Statement of Intent had been submitted to the Health and Safety Group. AS highlighted amendments to the Health and Safety Group quoracy, to ensure attendance of two executive directors going forward. CB commented on governance discussions with unions and Staff Side to seek agreement that the meeting can be called a Group as opposed to a Committee. CB reported that the Trust were compliant with section 2 (3) and section 2 (2)(7) of the Health and Safety at Work Act. Regarding risk assessments, CB shared previous funding challenges however confirmed that progress with recommendations was now underway. Progress with Water Safety Management work and associated funding was shared.
14.2	<p>CB reported that the Falls Clinical & Thematic Lead role had been terminated and therefore was a lack of leadership/clinical support in place for 'Falls Champions'.</p> <p>The Board were assured of escalation to QIR and inclusion on the risk register. CB provided further assurance of key discussions and planning taking place.</p>

14.3	RC queried progress/updates of the 6 outstanding governance and management arrangement actions for 2019/2020. CB confirmed that these had not yet been closed and an update had been requested in terms of risk rating and materiality. It was agreed to provide an update within the next CEO Report. Action- CB/AS. The Health & Safety Annual Report including Statement of Intent was noted. CB left the meeting.
15	Covid-19 Learning: Summary of reports to WOD Committee, Finance & Infrastructure Committee and the Quality Assurance Committee
15.1	AS explained summary report devised following separate reports to each Committee in order to highlight reasons for decisions made throughout the pandemic. AS shared summary of issues raised, lessons learned and alignment to the second wave. The Board noted the Covid-19 Learning Summary report.
16	Annual Board Report and Statement of Compliance for NHS England
16.1	The Board noted the Annual Board Report and Statement of Compliance for NHS England.
Reporting Committees and Governance matters	
17	Workforce and OD Committee Exception report from meeting held 10th September 2020
17.1	The Board noted the Workforce and OD Committee Exception Report.
18	Community Engagement Committee Exception report from meeting held 21st September 2020
18.1	SE commented on presentation provided from the joint CEOs of ‘Gypsy Life’ regarding a survey of perceptions about mental health needs and service access amongst settled gypsy, Romany and travellers in Portsmouth. JA suggested potential usefulness of a workshop session to share with the Board. The Board agreed the recommendations and noted the Community Engagement Committee Exception Report.
19	Mental Health Act Scrutiny Committee
19.1	<i>There was no meeting held since the last report.</i>
20	Audit & Risk Committee – Exception Report from meeting held 6th August 2020
20.1	JPi highlighted rigorous discussions of the Internal Audit Plan and focus on assurance and improvement. JPi also informed of the Local Counter Fraud and Security Specialists best practice, which promoted the positive counter fraud work undertaken by the Trust at national and strategic level.

20.2	<p>The Board noted the:</p> <ul style="list-style-type: none"> • Ernest & Young Annual Audit Letter • Committee Terms of Reference • Committee Annual Report <p>The Audit & Risk Committee Exception Report was noted.</p>
21	<p>Quality Assurance Committee- Exception Report from meeting held 24th September 2020</p>
21.1	<p><u>Wheelchairs</u></p> <p>An internal paper summarising the wheelchair journey over the last two years, detailing the issues and concerns related to wheelchair services and the actions taken to address was presented to the Committee, with senior CCG representation attending to support these discussions.</p> <p>The purpose of the paper was to consider whether the actions taken within Solent to support patients accessing wheelchair services were sufficient and to seek assurance from partners that the issues experienced within the provision of wheelchair services are to be addressed.</p> <p>The Committee noted the positive experience for patients reported by services and the improving relationship between Solent and Millbrook within established working groups. The Committee welcomed the assurance provided by the CCG, acknowledging the strengthened commissioning arrangements now in place. The paper (with slight revisions) is due to be shared with Solent Board in October 2020.</p>
21.2	<p>The Board noted Committee recommendation of the following reports:</p> <ul style="list-style-type: none"> • Experience of Care Annual Report • Safeguarding Quarter 1 Report • Patient Safety Quarter 1 Report- JA informed the Board of question received from GK and confirmed that a response would be provided outside of the meeting to clarify. <p>The Board noted the Quality Assurance Committee Exception Report.</p>
22	<p>Governance and Nominations Committee- Exception Report from meeting held 25th September 2020</p>
22.1	<ul style="list-style-type: none"> • Committee discussion regarding interim executive portfolios and Board/Committee membership composition was highlighted. • RC informed the Board that approval had been taken to include a covering sheet detailing interim changes within the Scheme of Delegation, Standing Orders and Standing Financial Instruction documents. It was confirmed that a review of changes would be undertaken at the end of March 2021. • The Board agreed to approve all Committee Terms of Reference based on interim executive arrangements and changes to membership composition. <p>The Governance and Nominations Committee update was noted.</p>
23	<p>Finance & Infrastructure Committee - non-confidential update from meeting held 25th September 2020</p>
23.1	<p>There were no further updates to provide.</p>
24	<p>Charitable Funds Committee Exception Report- from meeting held 6th August 2020</p>

24.1	<p><u>Solent NHS Charity Trustees Annual Report and Accounts- for the year ended 31st March 2020</u> It was confirmed that the report had been approved by the Committee and an independent examiner.</p> <p>The Committee Exception Report was noted.</p>
Any other business	
25	Reflections
25.1	<ul style="list-style-type: none"> • CM reminded the Board of staff survey feedback requirements. • The Board discussed the importance of ensuring uptake flu vaccinations. JA explained options being considered to encourage vaccinations of staff working remotely and informed of priority to front line staff in the first instance. • AS reflected on the usefulness of COO led discussions within the Performance Report.
26	Any other business and future agenda items
26.1	CM thanked observers in attendance. No other business was discussed and the meeting was closed.
27	Close and move to confidential meeting

DRAFT

Action Tracker

Overall Status	Source Of Action	Date Action Generated	Minute Reference	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
On Target	Board meeting - In Public	05/10/2020	5.3	AC002166	BOD1- Safety & Quality First and Feedback from Board to Floor Visits	JA commented on plans to conduct two virtual Board to Floor sessions a month going forward and acknowledged challenges of virtual visits. The Board discussed recent improvements and usefulness of regular discussions with staff. SE suggested patient inclusion going forward. Action- JA to consider.	Jackie Ardley	Complete- Since the last board meeting, we have engaged with two patients in the board to floor.
On Target	Board meeting - In Public	05/10/2020	13.2	AC002167	BOD1- Environmental Sustainability Briefing/ Strategy	CM queried timescales for submitting a final plan to the Board. CB suggested Board review and endorsement at the February 2021 meeting. Action- SS to include on the agenda cycle.	Sam Stirling	Complete- included on the agenda cycle.
On Target	Board meeting - In Public	05/10/2020	14.3	AC002168	BOD1- Health & Safety Annual Report including Statement of Intent	RC queried progress/updates of the 6 outstanding governance and management arrangement actions for 2019/2020. CB confirmed that these had not yet been closed and an update had been requested in terms of risk rating and materiality. It was agreed to provide an update within the next CEO Report. Action- CB/AS.	Chris Box, Andrew Strevens	

Item No.	6											
Presentation to	Trust Board											
Title of Paper	Freedom to Speak Up Steering Group - objectives											
Purpose of the Paper	To present the Groups' objectives following agreement at the last meeting, 5 November 2020											
Author(s)	Daniel Winter-Bates, Lead FTSU Guardian	Executive Sponsor	Jackie Ardley, Chief Nurse and Acting Deputy CEO									
Date of Paper	16 November 2020	Committees/Groups previously presented	FTSU Steering Group									
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral) x							
Summary of key messages / findings	At the 5 November Freedom to Speak Up Steering Group, the following objectives were approved:											
	<table border="1"> <thead> <tr> <th>Key objectives</th> <th>Workstreams</th> </tr> </thead> <tbody> <tr> <td>Review model for Freedom to Speak up/Cultural improvement delivery</td> <td> <ul style="list-style-type: none"> Benchmarking Service review Data analysis Education model Tiering model – champions, guardians etc Induction </td> </tr> <tr> <td>Widening agenda to connect with Service lines</td> <td> <ul style="list-style-type: none"> Regular Divisional FTSU touch points Partnering with People and OD for culture education D & I, FTSU and Wellbeing joint work </td> </tr> <tr> <td>System work, external offer to wider system.</td> <td> <ul style="list-style-type: none"> Working with partners to ensure cultural continuity – IOW, CCG, HCC, UHS, PHT. Developing FTSU/Cultural delivery model for external procurement. </td> </tr> </tbody> </table>					Key objectives	Workstreams	Review model for Freedom to Speak up/Cultural improvement delivery	<ul style="list-style-type: none"> Benchmarking Service review Data analysis Education model Tiering model – champions, guardians etc Induction 	Widening agenda to connect with Service lines	<ul style="list-style-type: none"> Regular Divisional FTSU touch points Partnering with People and OD for culture education D & I, FTSU and Wellbeing joint work 	System work, external offer to wider system.
Key objectives	Workstreams											
Review model for Freedom to Speak up/Cultural improvement delivery	<ul style="list-style-type: none"> Benchmarking Service review Data analysis Education model Tiering model – champions, guardians etc Induction 											
Widening agenda to connect with Service lines	<ul style="list-style-type: none"> Regular Divisional FTSU touch points Partnering with People and OD for culture education D & I, FTSU and Wellbeing joint work 											
System work, external offer to wider system.	<ul style="list-style-type: none"> Working with partners to ensure cultural continuity – IOW, CCG, HCC, UHS, PHT. Developing FTSU/Cultural delivery model for external procurement. 											
	It was agreed that the Group review progress against each at every meeting.											
Action Required	For decision?	N	For assurance?	Y								

CEO Report – In Public Board

Date: 27 November 2020

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

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

Section 1 – Things to celebrate

Annual General Meeting 2020

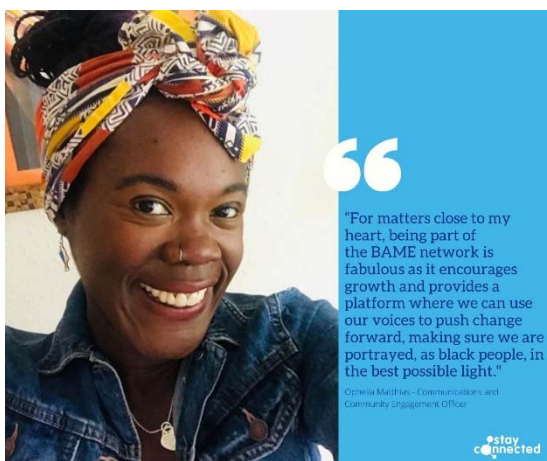


Solent held its first ever virtual Annual General Meeting (AGM) on 24 September which was a real success. A press release was issued and promoted widely on external and internal channels. Solent's Executive Team hosted the hour-long session and technology was used to broadcast live to around 100 people at any one time, the work and successes of the 2019-20 year. A Review of the Year video was planned,

scripted and recorded and played as part of the AGM, before Executive colleagues held a live Q&A session. The video files were then made available for those who could not watch live or wanted to re-watch. Feedback was very positive about the delivery and breadth of the AGM.

Strengthening our Isle of Wight partnerships

A press release was prepared and issued to highlight how Solent has been named as the Island's strategic partner for their community health services. The announcement follows how Solent is already the strategic partner for the island's mental health and learning disabilities service. Coverage was tracked on [the Isle of Wight Radio](#) and [Island Echo](#), and promoted widely on social media channels.



Black History Month

For Black History Month (BHM) numerous blog posts were written and published online from Solent's BAME colleagues as well as some from those who work closely with us. The posts contained personal reflections on life and work. These insightful and powerful stories were shared on social media channels as well as on staff platforms. A Zoom session was also held for staff to share with BHM means to them and learn from their lived experiences.

A-Z of Speaking Up



R = RESILIENCE

Resilience is a word that is, I feel, used a lot without truly understanding its meaning. There are many initiatives for building resilience and improving resilience. Shouldn't we be looking at reducing what has caused our energy and resilience to be depleted, rather than expending more energy in looking for solutions to get more energy? It might start to feel like robbing Peter to pay Paul. We all have things that replenish our energy, recharge our energy and get us ready for the next round. Whilst these things are individual to each of us, they tend to boil down to space and time to breathe. We run at a million miles an hour and wonder why our legs are tired. In healthcare we tend to put our own wellbeing to bottom of the pile and caring for others at the top. We must recognise that sometimes we need to put our oxygen mask on first. We cannot help others if our energy has run out. What do you do when you stop and breathe? What helps you feel more connected to self? And how are you going to build them into your day as a regular rock in the diary?

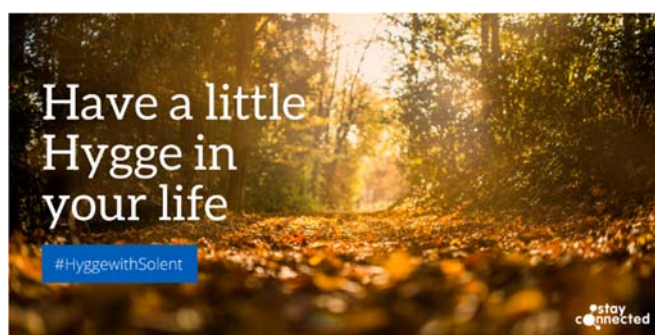
Freedomspeakup@solent.nhs.uk

FTSU Month

Freedom to Speak up (FTSU) Month saw Solent's FTSU Guardian, Dan Winter-Bates lead on an A-Z of Speaking Up series of blogs and vlogs. Topics such as bravery and growth were covered to raise awareness and promote the importance of a good speaking up culture. Social and staff audiences connected with this thought-provoking content. Speak Up sessions were also held via Teams so that staff could hear from members of the Leadership and FTSU teams.

#HyggewithSolent

An afternoon of interactive sessions were created to help staff and members of the public bolster their mental health and wellbeing with clocks changing, the shorter days and the ongoing impact of Covid-19. A blog from Acting Chief People Officer, Jas Sohal, was published along with social media assets and internal reminders. Just under 100 people attended the sessions which included a candle making talk and a discussion about the importance of connecting with nature.



Children's community nursing during Covid-19



A press release was written and issued to highlight how Angela Anderson, Associate Nurse Director and Lucy Parker, Children's Community Nursing Clinical Matron, were given the prestigious Queen's Nurse Award from the Queen's Nursing Institute for demonstrating a high level of commitment to patient care and nursing practice. This great achievement was followed up by arranging for ITV Meridian to see this brilliant nursing in action by following Lucy as she went on a home visit to 7-year-old Archie. Archie has had transverse myelitis since the age of 18 months, meaning he's paralysed from the neck down and is ventilated. The

interviews with Lucy, and Archie's family, was broadcast to an average of 400,000 daily viewers.

Supporting veterans and their families

A [press release](#) was issued in support of the imminent publication of a report showing how Solent has worked in collaboration with NHS England and Breaking Barriers over a 12 month period to study the experience of veterans and their families who require intensive health care services. Then in mid-October, another [release](#) was issued to underline how that report – Trauma in Mind - had been published. So far, coverage has been tracked in [Pathfinder International](#), a publication for former armed forces personnel.



Launch of High Intensity Service (HIS)

On 23 November we launched the [HIS](#), in HIOW working in collaboration with our partners.

The pathfinder service for veterans and their families provides access to dedicated mental health and crisis support – including access to the right services to meet their needs during or after the crisis has subsided. This could be from the Veteran's Mental Health Transition, Intervention and Liaison Service (TILS), or access to a local mental health team, substance misuse team or Armed Forces Charity. The HIS will be available across Hampshire, Sussex, Kent, Berkshire, Oxford and Buckinghamshire on a phased roll out.

Patient Safety Awards 2020

We are delighted that our Hydrotherapy team, together with Portsmouth University Hospitals NHS Trust received a high commendation award for the Clinical Governance & Risk Management in Patient Safety Award category at the Patient Safety Virtual Awards 2020.



Section 2 – Internal matters (not reported elsewhere)

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

As previously, the Trust has continued to play a key role in our wider system response to the Covid-19 crises and unfortunately, we are starting to see a steady rise in infection rates across our region.

On 26 November 2020, it was announced that Hampshire, Southampton and Portsmouth will enter Tier 2, and the Isle of Wight will enter Tier 1 from 2 December.

We have adjusted our incident management oversight (Gold Command calls) accordingly in recognition of this and significant planning is also underway to support mutual aid across all providers within HIOW.

Naturally, in many areas our services are still dealing with the consequence of the first wave, which in some areas will take some time to recover from. We are anxious not to close any service provision during the second wave and have well tested contingency plans to create additional in-patient capacity in both cities should the need arise.

We also have plans in place to implement the new staff testing regime (lateral flow testing).

Covid-19 Age Risk Assessment (CARA)

The Covid-19 Age Risk Assessment (CARA) together with a Covid Age Action Plan was launched as an online form on the 19 October. The CARA uses the latest available research to help all staff assess their vulnerability to Covid-19 against the main risk factors (age, gender, ethnicity, BMI and health concerns). This identifies the likelihood of developing serious illness should they become infected with Covid-19. We have developed the CARA in response to employee feedback which highlighted that the current tool was not always easy to follow, difficult to update or appropriate. The CARA is more detailed and sophisticated. Anyone with a significant High or Very High resultant Covid age will be contacted by the Occupational Health Team and be offered a telephone appointment to discuss their CARA if they

would like one.

We have held managers' and Staff calls about the new CARA to demonstrate the new tool and answer any questions. As at 26 November 55% of staff have completed the CARA.

Flu Vaccinations

As at 27 November, 79% of our front-line staff have been vaccinated against flu. Our target is 90% by 1 December 2020. It remains crucial that as many staff as possible get their flu jab in the coming weeks, we have increased our promotion of flu even further to encourage people to get the vaccine.

A contemporary update will be provided at the meeting.

Learning Disabilities Strategy Update

The implementation of the Learning Disabilities Strategy has been delayed due to Covid-19. The Steering Group has recently convened and recommends reflecting a year's delay in the programme.

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 (demand, capacity and waiting times) staffing and recruitment, and IT remain the most prevalent risk groups on the Risk Register.

The risks on the pyramid continue to move and change at a greater pace than before the Covid-19 pandemic. Currently there are 36 Covid specific related risks (down from 46 in October), 9 of which are rated as Very High, and 24 High - there are likely to be other existing risks that Covid may affect indirectly.

The 4 top themes of these risks continue to be:

- 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 backlogs during recovery/ reset
- Staff wellbeing and safety
- Impact on external dependencies e.g. medical equipment spares

A summary of the highest risks (scoring ≥ 12) within the Board Assurance Framework (BAF) are summarised below:

BAF number	Concerning	Lead exec	Raw score	Mitigated score (Current score)	Target score
61	Major incident and external environmental impact on the organisation (COVID-19)	David Noyes	20	20 External 8 internal 16 overall ↔ Target score achieved	16
63	Indirect Commercial Relationships	Gordon Fowler	20	16 External 6 Internal 12 overall ↓ Target score achieved	12
55	Workforce Sustainability	Jas Sohal	20	16 External 12 internal 16 ↑	12
58	Future organisational function	Andrew Strevens	20	12 ↔	6
59	Business as Usual - Demand and Capacity	David Noyes & Suzannah Rosenberg	16	12 ↔	6
53	Financial Sustainability	Gordon Fowler	25	12 ↑	6
62	Exec and Leadership capacity	Andrew Strevens	16	12 (Risk reinstated)	9
65	Covid Recovery	Dan Baylis	16	12 ↔	6
57	Quality Governance, Safety and Professional Standards	Jackie Ardley	20	12	8

The full BAF is shared within the Confidential Board papers.

Detail regarding the IPCC BAF is included within the Chief Nurse's Report of the Performance Report.

Health and Wellbeing Hub

Hampshire and Isle of Wight STP have been selected as one of the two systems in the region to be part of a NHS England pilot programme offering an enhanced Occupational Health and Well Being Hub (OH&HWH). The system has also received additional funding to provide a Mental Health Resilience Hub in the STP. The OH&HWH will deliver 5 projects to support staff over the coming months which include supporting

- leaders and managers to keep staff safe at work,
- promoting a healthy working environment
- additional musculoskeletal capacity for staff
- promoting a healthy lifestyle

Performance 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

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

The Integrated Care System (ICS) application was submitted by the STP on 19 November with a supporting letter from all CEOs. We await NHS England approval.

Portsmouth and South East Hampshire (PSEH) System

The PSEH system continues to be under pressure, this is compounded by the designated arrangements for Covid+ patients which are still being worked through across HIOW. As a result, we have agreed to open the additional 10 beds at Jubilee House as a system resource.

We are engaged in the HIOW Mental Health Programme, specifically to develop an investment plan for the transformation of community services and the implementation of crisis alternatives.

Southampton and South West Hampshire System Update

We continue to play a full and active role both in the Southampton and South West System, including participation within the on-going incident management response, and the system reset and recovery plans. We were pleased to have received support and investment into several services as consequence of the reset and recovery plans, which will ease the pressure on our Acute sector colleagues as well as delivering good outcomes for our population, closer to home

UK City of Culture 2025 [Link to BAF#66 – Partnerships](#)

Southampton is applying for UK City of Culture 2025 and we are delighted to have been invited to participate as a key stakeholder into the bid process.




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 – October 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	27/11/2020	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: Oct-20

Indicator Description		2019/20 Performance (equivalent period)		Current Performance	Capability	Variance
Community / Mental Health	Accepted Referrals (in month)	22,094		20,394		
	Attended Contacts (in month)	104,747		80,060		
	Discharged Referrals (in month)	19,972		15,284		
		Internal / External	Threshold			
	DNA'd Appointments (in month)	I	8%	2.4%		
	Rapid Response 2 hour compliance - Portsmouth	E	90%	94%		
	Rapid Response 2 hour compliance - Southampton	E	90%	100%		
Community Inpatients	Occupancy Rate (in month)	I	92%	67.0%		
	DTOC Rate (in month)	E	4.5%	3.1%		
Mental Health Inpatients	Occupancy Rate (in month)	I	85%	69.0%		
	DTOC Rate (in month)	I	4.5%	3.1%		
Waiting List Performance	Waiting List Size - RTT (month end)	I	1,071	726		
	Referral to First Appt < 18 weeks	I	95%	98%		
	Referral to First Appt < 52 weeks	I	100%	100%		

Performance Hotspots

High Priority

- PSEH System Pressure
- Special Care Dentistry GA Waiting Times (>52 Weeks)
- Nosocomial Infections
- Increased Capacity at Jubilee House
- Demand on CAMHS Liaison Service at PHU

Medium Priority

- COVID-19 Recovery and Restoration
- Increased Unaccompanied Minors in Portsmouth
- ICT Issues

Improving / Positive

- Pulmonary Rehab Agreement to Deliver Service Remotely
- Hampshire and IOW Military Mental Health Alliance
- Clinical Supervision Compliance
- Statutory and Mandatory Training Compliance



1.2 Chief Operating Officers' Commentary and Performance Subcommittee Exceptions

Restoration and Recovery

We are continuing to develop partnerships across the local STP and input to a combined response to all relevant Restoration and Recovery workstreams. The specific focus on Capacity and Demand modelling continues with the previous community data now extended to include Mental Health for all ages. In addition, early discussions are underway about how we can support the local Acute trusts' discharge processes further with the sharing of community capacity information.

Waiting Times

We continue to have concerns regarding the size and length of our waiting lists across many of our services. We review these on a regular basis and have recently developed a new operational waiting times tool to assist services in the management of these and give clear oversight of the waiting lists across the Trust. Hotspot areas are detailed within the commentary below but a summary of the waiting list position as at end October 2020 can be seen in the table below. Changes in the overall waiting list size since the previous report two months ago are indicated in the right hand column in green if reduced or red if increased:

	Weeks Waiting						Total Patients Waiting
	0-4	5-10	11-17	18-26	27-51	>52	
Primary Waits							
Adult SALT (Southampton)	7	14	13	5	12	0	51
Adult SALT (Portsmouth)	116	57	38	10	14	0	235
Pulmonary Rehab (Portsmouth)	61	78	54	40	296	0	529
Community Physiotherapy	14	7	7	2	1	0	31
Secondary Waits							
Dental GAs (Paediatric)	34	26	10	10	312	99	491
Dental GAs (Adult))	4	3	1	0	16	19	43
Secondary Care Psychological Therapies	18	32	34	35	94	34	247
CAMHS Neurodevelopmental (Portsmouth)	20	13	31	6	103	39	212

Nosocomial COVID-19 Infections

Solent have had 3 positive COVID nosocomial (hospital acquired) infections diagnosed within the Jubilee Ward in Portsmouth in the week commencing 23 November 2020. This is being managed in line with local and national Infection Prevention and Control guidance.

Clinical Supervision and Statutory and Mandatory Training

Clinical Supervision compliance has picked up fractionally since last reported in August, with performance now at 72% Trust wide. Some service lines have seen a positive increase in recent months, whilst others are still finding it challenging to bring reported compliance up to the desired levels. This continues to be discussed regularly through both Performance and Quality meetings. As

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reported previously, we are confident appropriate supervision is taking place, however the challenge is been around the recording of it in a centralised way.

Compliance on Statutory and Mandatory Training has increased this month, with the trust-wide position now at 84%. There have been particular efforts in some service lines, with the Special Care Dental Service, for example, achieving 97% compliance in October. Previously reported concerns around the accuracy of the compliance information has been resolved on most parts now, with the compliance percentage reflecting only the core competencies which all staff are required to achieve. There are some remaining concerns with some courses which have been manually updating and the Learning and development team are working to correct these imminently. This should further increase the reported compliance.

ICT Issues

Over the past month or so we have experienced a rise in the number of issues our staff have with their ICT experience. A number of different causes have been identified, and an action plan to rectify these is in place, including some additional investment in helpdesk resource. Also, with the assistance of our communications team, a user-friendly guide has been produced to help promote self-help.

Southampton Care Group

Primary Care/MSK, Pain and Podiatry

The Trust has now restored Adelaide Health Centre to its original configuration, and services (GP practice, Podiatry and MSK) are again operating at the site. Our GP practice is also functioning at the Nicholstown site, but the Portswood branch remains the city hot GP site, and so isn't open for normal business. We have now also been able to re-start hydrotherapy at the pool at PHU.

As anticipated, the closure of services during COVID-19 wave one, and the restricted capacity we have been able to reintroduce since (with infection prevention measures in place) has led to a growth in both the size and waiting times on our waiting lists for these services. Naturally we are working hard to validate our waiters, and have processes in place to re-assess and triage those on the lists, but the legacy of COVID in terms of clearing these lists will likely be with us for some time

Children and Families West

The Board will recall the excellent work done within our CAMHS Team to reduce both the number of waiting lists, and significantly reduce the waiting times for first assessment within the service. However, it is noteworthy that the risk we identified of a post COVID-19 (wave one) growth in demand is starting to crystalise. We received 171 referrals in Sept and 170 in Oct, with the main presentation being anxiety (25%), an increase from an average of 100-120 per month in the 12 months pre-COVID.

The current wait times for initial assessment is back out to 10 weeks, from just 2 weeks at the start of lockdown, and secondary waiting times in some areas such as ADHD and CBT are a concern. We have been successful at attracting some additional investment into this area and are actively seeking to recruit a range of professionals, which is key to addressing the growth we are seeing.

Countywide Care Group

Special Care Dental Service

While we continue to do as much as we are able in the circumstances, which remain highly constrained by COVID-19 infection prevention measures, we are very concerned about the growth in waiting lists in our Special Care Dental service. While we are working hard to identify additional capacity to help, the reality is that the waiting list is large and growing, and on current assumptions recovery will take years not months. There has been some positive movement on the re-opening of our Poswilllo site at PHU, with works due to start on the air filtration system imminently. This will increase capacity within the service and help to alleviate some of the pressure.

Hampshire & Isle of Wight Military MH Alliance

The Alliance has expanded its geography from the Portsmouth area to cover the whole Hampshire & Isle of Wight now with over 35 member organisations. Under this umbrella, we have delivered a number of projects, such as for the Armed Forces Covenant Fund, a Tackling Serious Stress Programme, which in Q2 has supported 101 veterans and 9 family members at PositiveMinds, Solent Recovery College and Talking Change with demand beginning to reach pre-COVID levels again.

Development of the Veterans' Community Response Team (VCRT) with key partners is underway and plans to establish the Veterans' Alcohol Support Nurse service at QA Hospital are being discussed with PHU. We have also been working with the Royal Navy & Royal Marines Charity delivering a Supporting Serving Navy Personnel and their Families programme. The first Mental Health First Aid & Suicide Awareness training sessions from We Are Hummingbird Health in partnership with Solent Mind for Navy personnel, took place at start of November at HMS Nelson & Collingwood with 29 attending.

Gambling and alcohol addiction support from Society of St James for serving Navy personnel is being mobilised and will provide support from HMS Nelson from late November. The PositiveMinds Naval Families Outreach Worker postholder started with Solent Mind in November and the service is being mobilised to start early in 2021. Discussions with the Royal Navy on improving reach & access to Solent Recovery College for serving personnel and families have started with the aim to enrol students in 2021.

Solent East Care Group

Portsmouth Care Group has this month, changed its name to Solent East Care Group to better represent the geography of service delivery; particularly the recent additional of the Children and Families services on the Isle of Wight.

Adults Portsmouth

The Portsmouth and South East Hampshire (PSEH) system is under pressure and the decision has been taken by system leaders to open the additional 10 Jubilee beds as soon as possible. Unlike last winter, Solent will be responsible for the ward, but the beds will be a system resource.

Following recent concerns over the pause of face to face contacts within the Pulmonary Rehab service, the CCG has agreed to the suspension of this type of service delivery. The sizeable waiting list will now be managed down through allocation of virtual appointments only.



Adult Mental Health

The decant of Hawthorn Ward to The Limes, to allow essential maintenance and environmental improvements on Hawthorns, has gone well and the service is managing demand within the reduced bed capacity (reduction of 6 acute beds).

Waiting times for A2i (Assessment to Intervention) assessments are increasing, currently at more than 7 weeks, which is a concern. The service is also seeing a big reduction in inappropriate referrals, and therefore demand is increasing. The service is recruiting to try and increase available capacity to manage this.

Children & Families East

Demand for the CAMHS Liaison service at PHU is increasing above the available capacity. This is a high-pressure service and the Clinical Director and Operational Director are working closely with PHU and the team to provide support and seek solutions. The service is recruiting to increase capacity.

The main CAMHS service is extremely busy, both in terms of activity into the single point of access and the acuity of young peoples needs. This is likely to translate into longer waits for the extended service. The service is currently recruiting to expand capacity. Alongside this, the waiting times for Neurodiversity assessments are long. The CCG has agreed specific investment for this team and recruitment is actively underway.

There has been a raise in the number of unaccompanied minors (UAMs) coming into Portsmouth and requiring the input of the Looked After Children team. We have been working closely with Portsmouth City Council to ensure the basic medical needs of these children are met, whilst assisting PCC to find out of city accommodation for these children.

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:

Attended contacts (in month)

The number of attended contacts has triggered a 'Fail' against the capability rating this month, following seven consecutive months of lower activity than during the same period in the previous year. This is reflective of the reduced activity being carried out across the majority of services within the Trust as a direct result of COVID-19. Service provision/capacity has been reduced due to the wave one lockdown initially, and then subsequently as a result of increased infection prevention and control measures. This is unlikely to increase again until sufficient processes have been implemented to fully and safely restore services to their pre-COVID capacity.

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



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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:

Nothing to note.

1.3 NHS Improvement Single Oversight Framework

Month: Oct-20

Indicator Description	Internal / External Threshold	Threshold	Current Performance	Capability	Variance
Quality of Care Indicators					
Organisational Health	Staff sickness (rolling 12 months)	I	4%	● 4.6%	
	Staff turnover (rolling 12 months)	I	14%	● 11.9%	
	Staff Friends & Family Test - % Recommended Employer	I	80%	*	*
	Proportion of Temporary Staff (in month)	I	6%	● 6.6%	
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%	● 70.4%	
	% clients in employment	E	5%	● 4.8%	
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%	● 92.0%	
	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%	● 98.6%			
Maximum 6-week wait for diagnostic procedures	E	99%	● 73.0%			
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%	● 100.0%			
Data Quality Maturity Index (DQMI) - MHSDS dataset score**	E	95%	● 91.7%			
Improving Access to Psychological Therapies (IAPT)						
- Proportion of people completing treatment moving to recovery	E	50%	● 57.8%			
- 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 6 consecutive months, down to 4.6% in October. 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 continues to be flagged as a 'Fail' against the Capability rating this month following 8 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).

VTE Risk Assessments

VTE Risk Assessments have triggered a 'Fail' on the capability rating this month following 6 months of performance marginally under target. The service is aware of this requirement and the lower performance levels and are working to address this.

Maximum 6 Week Wait for Diagnostics Procedures

Waiting times for Diagnostics procedures (applicable to the DM01) have flagged a 'Fail' on the capability rating following 6 months of significant under performance. Procedures were significantly reduced during the wave one lockdown and are still not yet back to full capacity due to infection prevention and control limitations. Solent are working closely with the third-party provider to monitor the waiting list backlog and implement a plan to recover this position.

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

The DQMI score continues to be identified as a 'Fail' on the capability rating, as a result of non-achievement of the target. The DQMI score has remained at 92% since the tail end of 2019/20. The focus has shifted off of the DQMI during 2020/21 due to the ending of the 2019/20 CQUIN Scheme linked to this metric. The quality of the information within the MHSDS continues to be a key item of discussion within the region, and efforts are made to maintain the 92% achievement, it is acknowledged that the remaining data items required to achieve the target will require significant change to operational processes, and this is not the top priority for the service given the current national pandemic.

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

Staff Turnover

Staff turnover has flagged a 'Pass' on the capability rating for the first time. This is as a result of consecutively achieving target for 7 consecutive months. This is likely to be due to the 'COVID effect', whereby people are less likely to change their employment due to the uncertainties in the wider economy. More information on this can be found within the Workforce Integrated Report



(section 2.1).

NHS England/ NHS Improvement Patient Safety Alerts outstanding

Outstanding patient safety alerts have triggered a 'Pass' on the capability rating for after consecutively achieving target for 7 consecutive months. This returns the Trust to a favourable position on this metric.

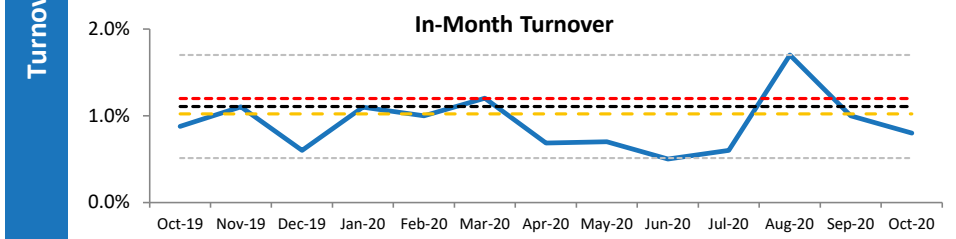
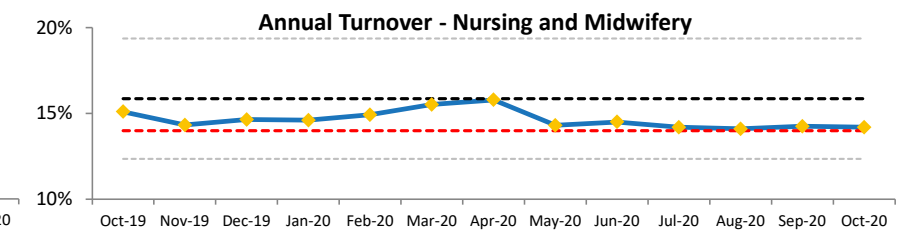
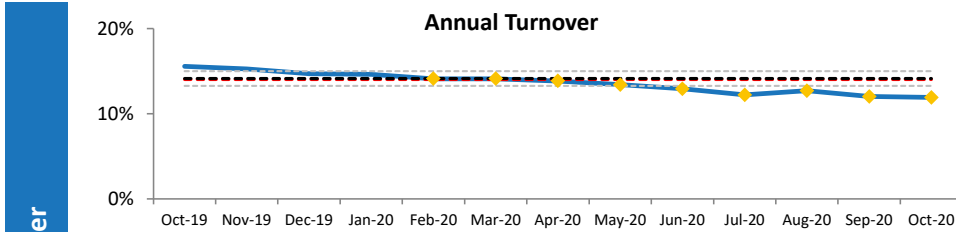
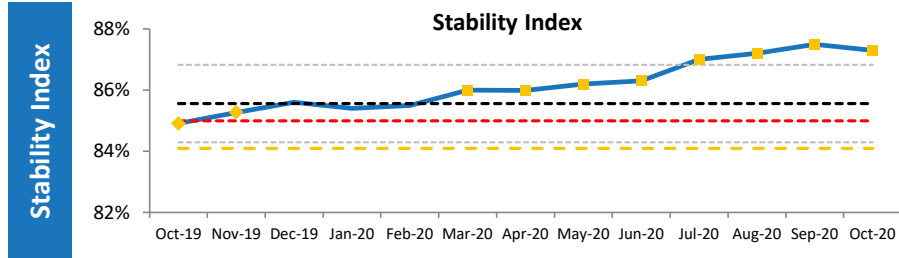
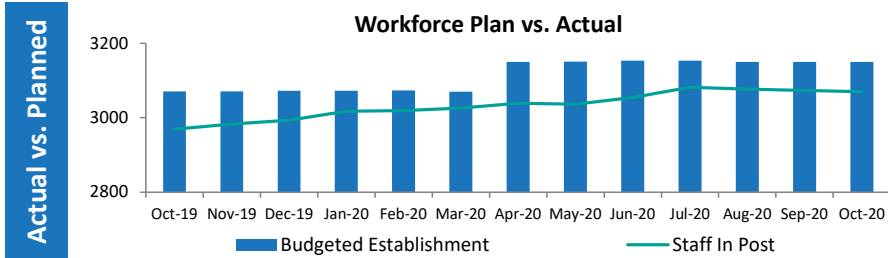
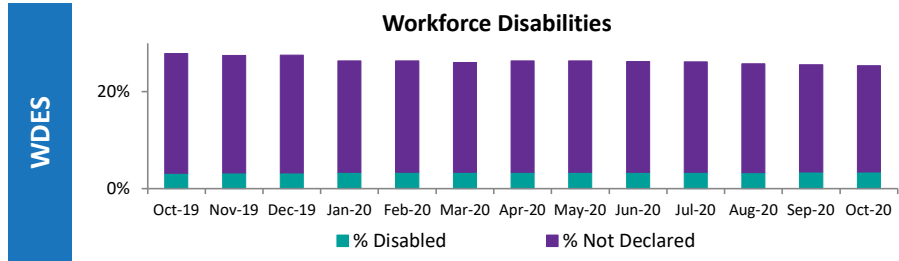
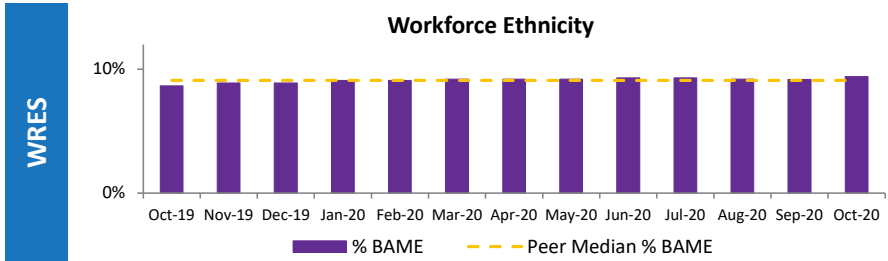
2.1 Workforce Integrated Performance Report

Month: Oct-20

Planning

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

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



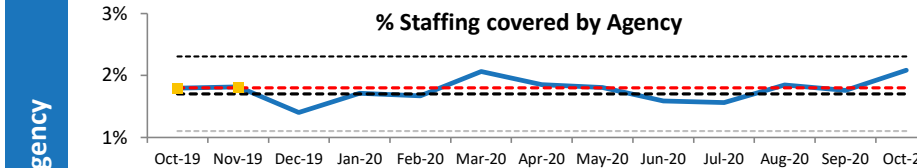
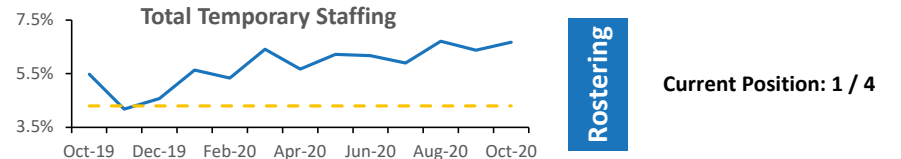
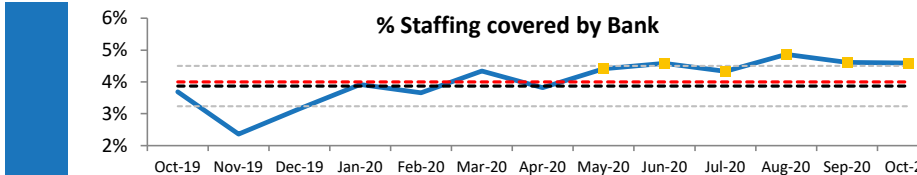
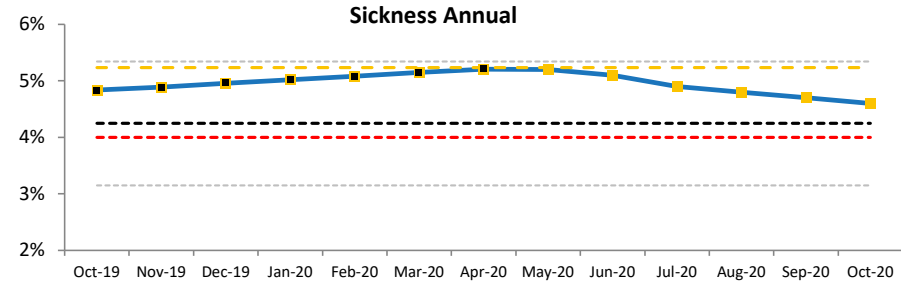
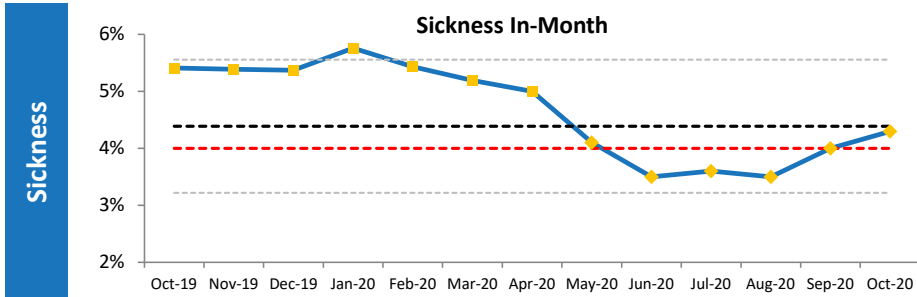
Performance against the current workforce plan is positive, however it should be noted that Budgeted Full Time Equivalent (FTE) for October is based upon a temporary plan. Contingency planning has been undertaken to identify potential clinical workforce requirements to cope with surge demand from the COVID-19 second wave. Revised Trust, regional and system level plans were submitted in October and have now been partially approved. Specific recruitment activity has commenced to fulfil the plans for M7 - M12. The additional budgeted FTE will be reflected in the next report. Stability continues on a positive upward trajectory and our workforce turnover has decreased, and is now close to our peer median.

Deployment

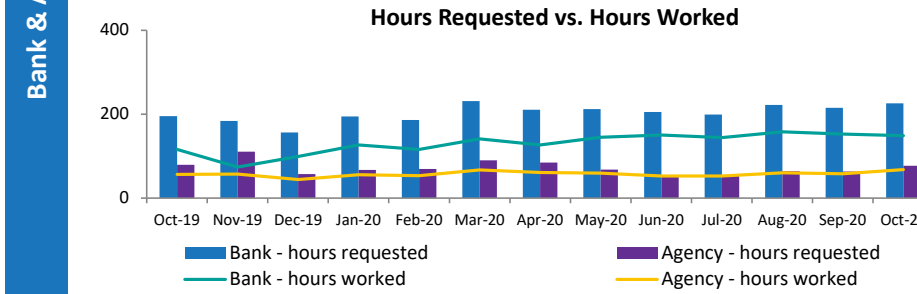
Month: Oct-20

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

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



Rolling 12 month sickness absence remains 1% higher than in 2018 and 2019. Sickness levels reduced during 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, with a monthly increase of just 1% during the peak of the outbreak. COVID sickness will not be recognised in formal sickness management processes and additional support is in place for those suffering long term COVID symptoms, such as extended sick pay and phased return.



The total additional staffing for October 2020 is £612,792. Use of bank/agency has increased in month by 0.3%. The average number of shifts covered with bank has remained static due to high demand. Overall demand remains predominantly in our clinical areas, although increase of direct agency usage has been identified in both Childrens Services and Pharmacy. Bank have seen a decline in the number of bank shifts being filled to 68%, whilst agency shifts have increased to 29%.

In anticipation of the COVID-19 second wave, Solent Bank are engaging with individuals who may not be currently working and have the potential to join 'Bank COVID Response Team'. Bank recruitment is being stepped up to meet staffing demands and ensure clinical areas retain safe staffing levels, as COVID related staff absence increases over the coming months. There is also extended bank recruitment taking place directly in services in response to additional funding from the system.

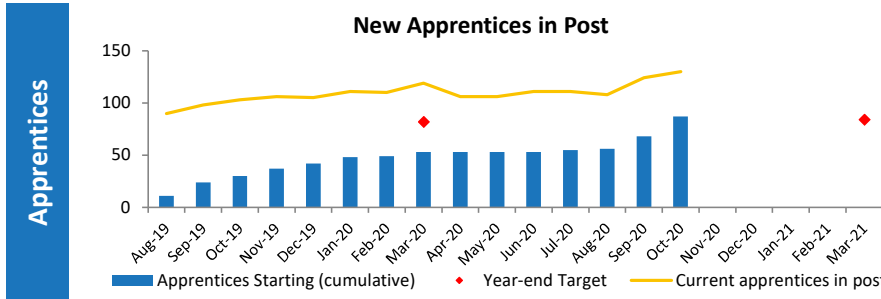
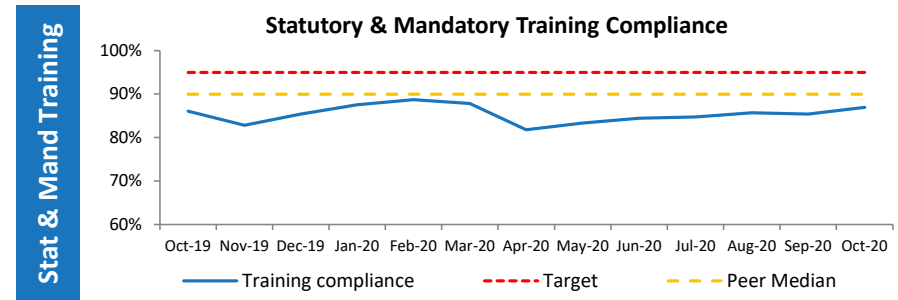
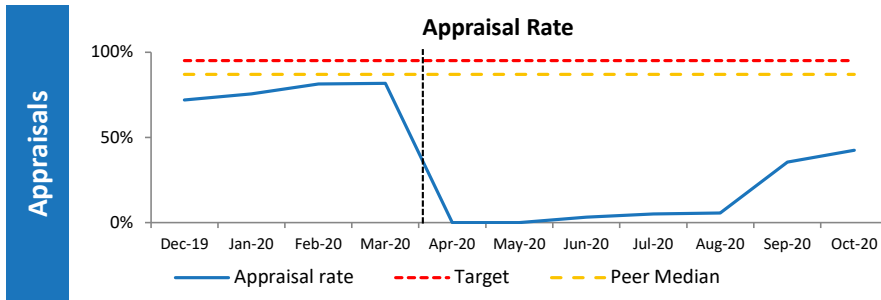
In Month Cost: Bank - £322553 Agency - £289892

Rostering

Current Position: 1 / 4

Development

Month: Oct-20



The statutory and mandatory training rate at the end of October was 87% 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. Reporting of training has moved onto the Trust's new Business Intelligence platform and following service feedback a refreshed report has been designed and published.

All appraisals for 2020/21 are due to be completed by the end of November. The Agenda for Change 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. Manager Self Service was successfully launched on 1 October 2020 which enables all managers to have access to additional functionality and controls including approving employee change requests and maintaining assignment details and personal information.

Procurement of a new Learning Management System (LMS) is underway and implementation is planned to 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.

Design of an Apprenticeship Academy model is underway and will be in place in 2021 and we aim to increase the number of apprentices to 5% above target (35 across all 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.

Friends and Family Test (FFT)

Percentage of Staff who would recommend Solent as an Employer

80%

Q2 2019/20

Please note: Collection of FFT data 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%

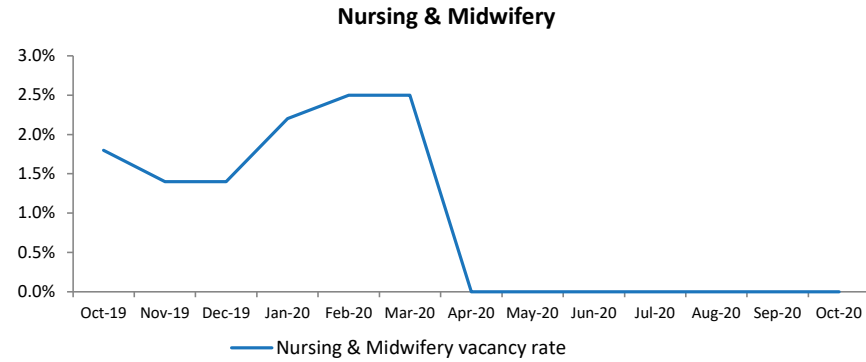
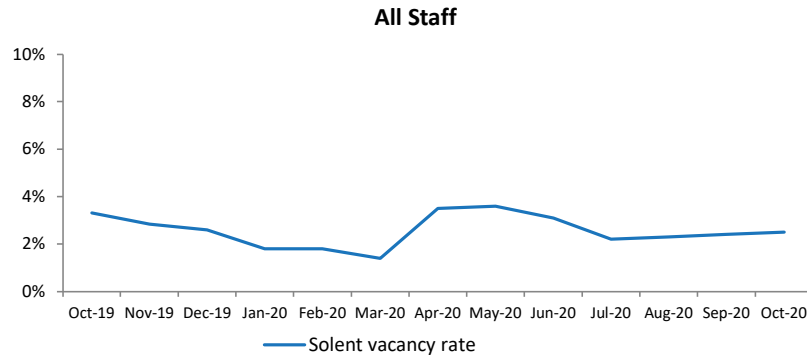
2019/20

Engagement

Acquisition

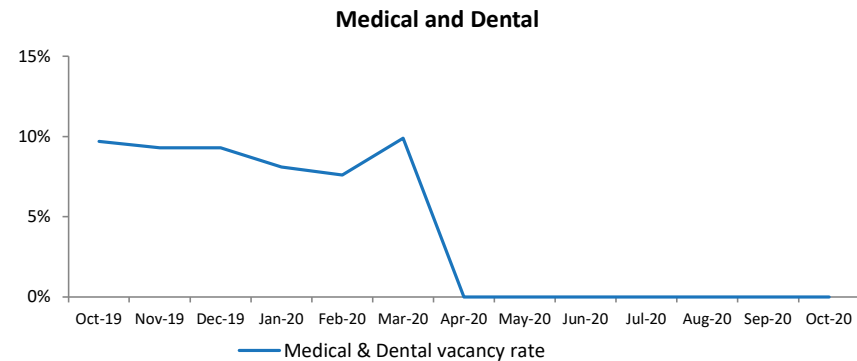
Month: Oct-20

Vacancy Rate



The trust wide vacancy rate for October was 2.5% (based on 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 Nursing and Midwifery/Medical specific vacancy rates 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 have offered to 4 Mental Health Nurses.

There are pockets across the Trust with higher vacancy rates, such as our Mental Health services with a vacancy rate in excess of 10% and FM and Estates at 16%. 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.

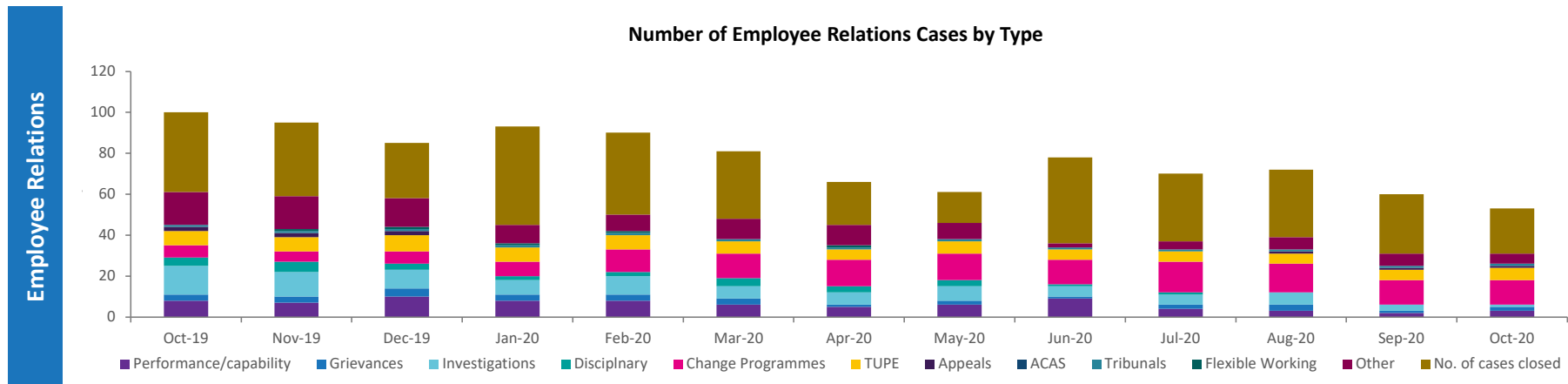
Leadership and Culture

Month: Oct-20

Learning	<p>Work is underway on the procurement of a new LMS system. To support a collaborative process a supplier and system demonstration was attended by a cross section of employees and services. The target implementation date is 1 April 2021.</p> <p>Work on Improving People Practices continues, 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>The 2020 NHS Staff Survey launched on 17 September 2020. The Trust has set a target of a 65% response rate (last year's response rate was 63%). The higher the response rate, the more representative the results. This year we have a focus on encouraging a good response from all ethnicities and job roles to ensure everyone's voice is heard; this has included work with the BAME resource group and walking the floor to have conversations with people about the staff survey, as well as understanding how we encourage engagement and the barriers to engagement. As we enter the second wave of COVID-19 work continues, as part of our 'stay connected' programme, to increase the range of methods we use to communication and generate dialogue with employees. Online platforms continue to make it easier to expand reach to employees who would not have otherwise engaged in activities. However, there are a cohort of employees without access to the appropriate technology and we are working to understand how we reach people without access to computers on a day to day basis.</p> <p>October saw a range of campaigns around employee engagement. This included a Høvee day, Freedom to Speak up Month and support for Black History Month (more detail below).</p>
Leadership	<p>To support our managers in developing a strengths, feedback and coaching approach and equip managers to confidently run meaningful and motivational performance appraisals and one-to-one conversations, six 90 minute virtual workshops were run over a 3 week period by Bailey and French during September. We have now launched a short survey asking the 98 participants to feedback on the impact the workshops had. Results will be shared in December.</p> <p>We have delivered 13 'Leading with Heart' zoom workshops that 85 people attended. The format of the sessions was to discuss the current issues facing the attendees, moving on to introduce the NHS People Plan and then show a short video of Professor Michael West talking about compassionate leadership in the NHS. The final part of the zoom session was to discuss our HEART values in terms of leadership behaviours. The discussions will be collated into a feedback report and then used to develop a Leadership Behaviour Framework.</p>
Inclusion	<p>We continue to work towards our Diversity and Inclusion Objectives. Work continues across the D&I and POD teams to turn the data we have into intelligence and create meaningful interventions 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. This report will be presented at the next WOD meeting.</p> <p>Work has started on implementing the Sexual Orientation Monitoring Standard across the Trust. We will continue to bring focus to special events. Activities for Black History Month ran throughout October both at a Trust level and in collaboration with the STP. Plans are continuing for the disability conference (3 December 2020) and we are pleased to announce that this will include forum theatre pieces by SimCom Academy. 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. The Diversity and Inclusion team and resource groups continue to support the COVID-19 risk assessment.</p>
Wellbeing	<p>The employee influenza vaccination programme is underway and as at 18 November has reached 72% of frontline staff. The health and wellbeing (H&WB) strategy and the People and OD plan is being reviewed in light of COVID and the People Plan. We are looking to refresh the H&WB offer for staff so it is clear we are supporting wellbeing, rehabilitation and recovery. Occupational Health has developed a long COVID team comprising of Occupational Health Advisors, Occupational Therapists, Physiotherapists and Health and Wellbeing Practitioners.</p> <p>We have now trained around 60 certificated Mental Health First Aiders (MHFA) and expect our MHFA Instructors will complete their training by end November. The trainers will then be able to support inhouse training. The local H&WB champions network continues to meet and will continue to develop pathway specific support e.g. Long COVID, MSK and further MHFAs.</p> <p>We have initiated taskforces for local initiatives across the services with leadership from our Clinical Directors. An offer to coach teams around resilience has been designed and is being shared with Trust teams via People Partners. 30 sessions have been agreed with 5 taken up by Dental services already.</p> <p>We have successfully led on a bid for £1.03m to provide a Wellbeing Hub across HIOW. We are working with our HIOW colleagues to pull a programme together. We are also bidding for a further</p>

Change and Employee Relations

Month: Oct-20



Across the year we have continued to see a decrease in the overall Employee Relations (ER) cases from October 2019 to October 2020 with 67 cases currently being managed by the team as at 31 October 2020 . We are managing a number of complex cases and have 12 cases of organisational change and 6 TUPE projects.

Since December 2019, 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.

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, with In Line with the People Framework WOD document, the Resolution Policy, Improving and Managing Conduct Policy and Suspension, Exclusion or Transfer Policy approved at Policy Steering Group on 10 October 2020. We are currently proceeding to work to establish a Just Culture, through a leadership development and manager skills programme with the first workshop held on 16 September, with a further being planned for 9 December. 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.

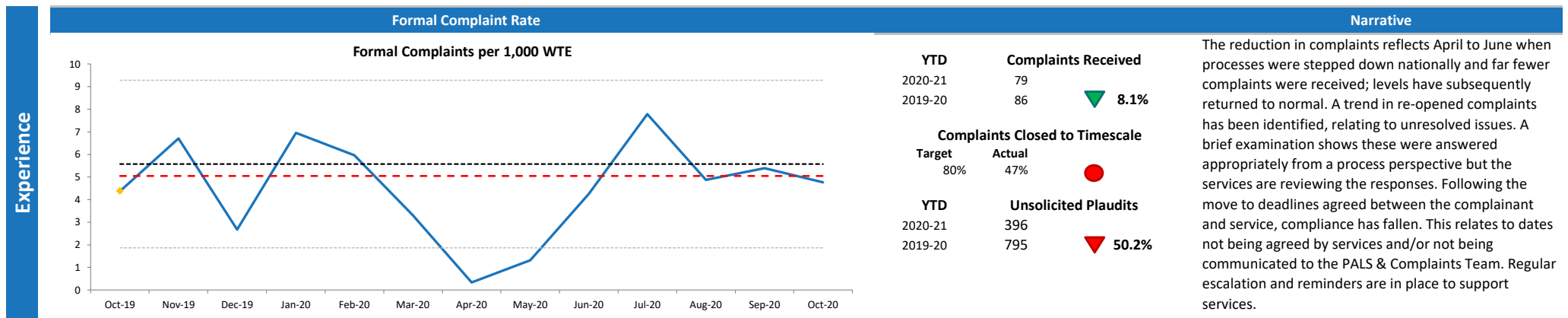
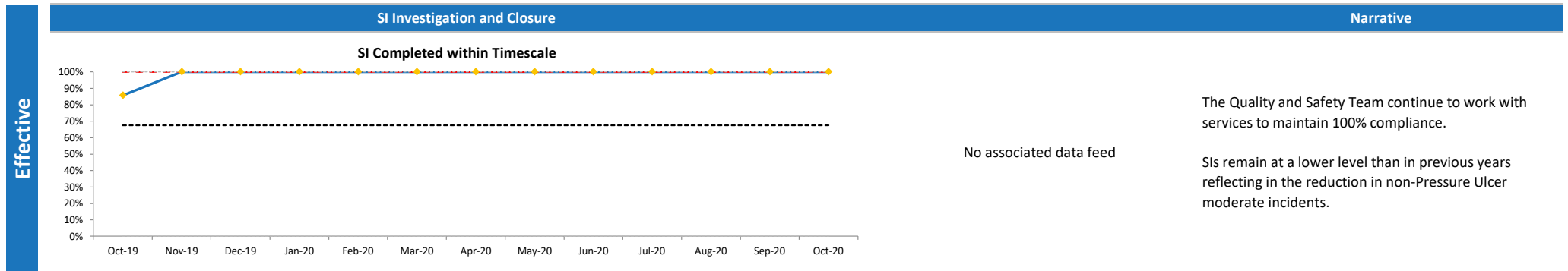
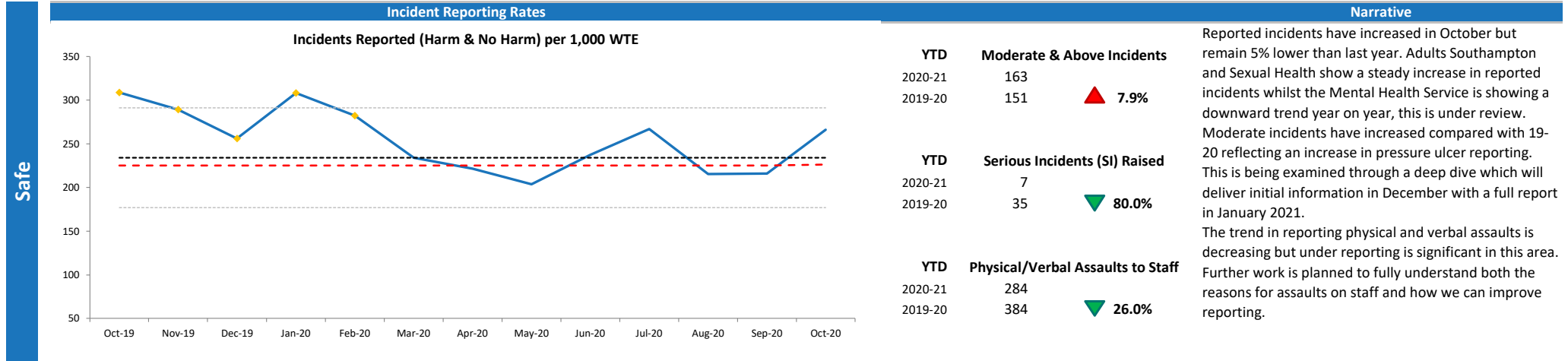
The complex cases we manage are overseen by case managers assigned independently and where necessary, involve legal support. Lessons learnt from cases are compiled and we will take action to reflect them in practice moving forward, where appropriate.

Month: Oct-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

4.1 Quality Performance Dashboard

Month: Oct-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

COVID-19, Wave 2 Planning:

- In September and October there was an increase in the numbers of staff developing symptoms of COVID and some of whom subsequently tested positive. There has also been an increase in staff needing to self-isolate where a family member has tested positive.
- There were 2 outbreaks amongst staff declared in September/October, the most significant incident required 35 members of staff from one ward to self-isolate. This was managed in line with national protocols and the team were able, through flexible approaches, to maintain service to their patients
- Review of updated IPC guidance undertaken, and clarification of systems and processes provided to services. Weekly clinical team leader and matron meetings with Chief Nurse/Associate Nurse Director and Head of Infection Prevention and Control (IPC) introduced to increase the opportunity to ensure guidance is clear and appropriately implemented
- An IPC Board Assurance Framework working group has been established and will be monitoring actions required to ensure the Trust continues to implement changes to ensure we meet the requirements including review against the recently updated version of the BAF. The group will report formally up to Board through the IPC group, QIR and Assurance committee
- Safe staffing: modelling for areas identified as potentially being required to increase bed capacity has been completed. Quality Impact assessments (QIAs) are currently underway and recruitment through bank and block booked agency is underway in order to ensure appropriate staffing levels can be achieved
- Lateral Flow Testing (LFT): is being rolled out across the NHS and plans are in place to make this available to Staff who are patient facing. To achieve this, it has been necessary to identify teams/services to go live in order of priority and the planned 'go live' date is 30 November 2020
- COVID Vaccine for Trust staff: In line with recent government announcements it is intended to roll out vaccination for health and care staff from 1 December 2020. The occupational health team will lead the delivery for Solent staff and will be providing opportunities to be vaccinated 6 days per week across several sites

Chief Nurse Directorate Structure

Following the successful appointments to key senior leadership roles, the team have been working together to deliver a spectrum of work across the Quality agenda. In doing so it has become evident that there is a significant opportunity to review how we structure our roles and responsibilities to further strengthen our delivery.

We recognise that there are strong links between the various functions we deliver as a directorate and if we take steps to further strengthen these links, this will have a positive impact on our delivery. With this in mind, we have taken steps to bring our teams together across four responsibility arms, linking key functions to enable the shared learning and expertise to further drive our delivery as well as having a positive impact on what we offer both our colleagues within the organisation and our local communities.

We are pleased to confirm the 4 arms, as below, informed by a dedicated Business Management provision and specific Project Management delivery roles.

- 1) Community Engagement & Diversity and Inclusion
- 2) Quality, Safety, Governance, Risk, & Compliance
- 3) Professional Leadership & Clinical Standards
- 4) Freedom to Speak Up

Going forward the Chief Nurse Report will be presented in line with the new arms of responsibility.

Quality, Safety, Governance, Risk & Compliance

A planned meeting to engage with the CQC took place in September on all relevant matters and a scheduled engagement meeting was held in October 2020. There are currently no further planned visits unless concerns are raised. It was agreed that it would be helpful for the CQC to engage in current Solent activities in order that they can observe issues relating to well led and safe domains. Dates of all relevant meetings have been shared with them for the next 3 months. The next 2 quarterly meetings have also been scheduled for January and April.

The Trust had a Never Event relating to wrong site surgery where an incorrect tooth was extracted but noted immediately. This has been shared with CQC and is the subject of a Serious Incident Investigation (SI).

On the 17 September it was World Safety day, with this year's focus on keeping staff safe. Solent marked the event with a week-long series of events including Schwartz rounds, discussions about kindness and civility, hate crime and resilience. Speakers from across the trust were part of the event and we launched a larger project on Safety Culture, Patient Safety Strategy, including the introduction of a new Safety Forum with the first forum being held on 5 November. This will be a discussion forum for staff to consider learning from excellence, safety and feedback. This work will be greatly enhanced by the appointment of a Head of Quality and Safety, due to start in January 2021 and an interim Quality Manager whose appointment will release our current Quality Manager to lead in the role of Patient Safety Specialist – as mandated in the Patient Safety Strategy.

Freedom to Speak Up (FTSU)

Solent NHS Trust has been recognised for the second consecutive year, as second in the country for our freedom to speak up service in line with the FTSU Index, acknowledging Solent's engagement and positive responses.

A-Z of speaking-up

Throughout the month of October, FTSU lead shared a series of blogs and vlogs which formed an A-Z of speaking up, helping to raise awareness and promote the importance of a good speaking up culture. The blogs were shared on the Trusts' Twitter, Team Solent Facebook and Instagram social media pages. They continue to be available on SolNet.

Speak up Sessions

Weekly 'Speak-Up Sessions' were held over Microsoft Teams as part of October's FTSU month. Each session had a different topic and featured members of our leadership team, members of the Freedom to Speak up team, resource group representatives and others. The sessions were 30 minutes long and recorded for future use. An additional session was held which specifically focussed on 'Speak up against discrimination' to ascertain key actions and workstreams that could be put in place to sustain and further improve the positive speak up culture in Solent NHS Trust.

Recruitment

To increase the numbers and diversity of FTSU guardians, staff across the organisation have been invited to submit an expression of interest for this important position. The aspiration is to have 10 guardians that span the service lines and corporate teams.

People/OD and FTSU partnership

People/OD and FTSU have co-delivered 3 leadership sessions on culture, speaking up, vulnerability and wellbeing. All sessions have been well received and formed action plans for service lines to support staff wellbeing. More sessions have been organised over the rest of the year.

Professional Leadership & Clinical Standards

International Recruitment

Working with NHSE/I we have commenced our International Recruitment (IR) journey for registered nurses, focussing in the first instance on Mental Health nurses. We are liaising with HEE Global Learners Programme who conduct initial recruitment on behalf of the organisation. A Trust project team consisting of Clinical, Mental Health, HR, Estates & Facilities and Learning & Development colleagues has been established to manage the process. To date we have successfully recruited a total of 7 nurses with further interviews planned for November 2020. It is anticipated that international recruitment could be extended to support our rehabilitation inpatient wards and potentially community and specialist services.

We have identified some colleagues who are currently working in the Trust as support workers but who have a nursing qualification in their home country. We are working with Health Education England (HEE) and Skills for Health to consider what actions we can take to support the nurses to achieve nursing registration in the UK and to develop their nursing career further.

As part of the government drive to increase nursing numbers, Solent NHS Trust submitted a bid alongside STP colleagues for money to improve the development of international recruitment. We hope that this will strengthen the resources locally and offer a supportive network for Trusts across the STP.

Perfect Ward

Perfect Ward is a smartphone application and supports clinical teams to undertake audits which focus on quality of care and clinical environments to drive continuous improvement. The implementation will be focused on our inpatient wards in phase one with a view to extending to other clinical areas in phase 2 following evaluation of impact.

A project team consisting of Matrons, Infection Prevention, ICT and Performance Teams with support from the Perfect Ward Central team has been established and it is planned to complete the first 3 audits during Q4, 2020/21. It is anticipated that Perfect Ward App will enable the wards / Trust to consolidate quality and safety audits into one system and will enable results to be readily available, support the triangulation of quality data (such as incident, complaints and patient feedback) and provide assurance regarding the care delivery within each inpatient area.

Enhanced Health in Care Homes

In response to the issues identified during wave 1 of the COVID pandemic Solent agreed to work with commissioners and to take a lead in developing plans to support care home staff by increasing opportunities for developing knowledge and expertise. The aim of the programme is to improve care within care homes and to potentially reduce the admission of residents to secondary care. The programme has been developed with significant support from the Adults Southampton and Portsmouth Teams. The project has involved liaison with Southampton City CCG Quality Team and the

Hampshire CCGs to extend the project across all Hampshire Care Homes. The first Southampton based programme is due to “go live” in November 2020 and an evaluation of each session will be undertaken.

A bid has been submitted via the Solent NHS Trust Research and Innovation Team to the QI programme to secure additional funding to develop the programme further and to support the delivery of the individual sessions such as filming etc.

Community Engagement & Diversity and Inclusion

Alongside Communities, the Solent approach to engagement and inclusion was ratified by the Trust Board in October. The strategy, cocreated with patients, families, carers, members of Solent teams and local people, sets out our ambition to improve health and reduce health inequalities. Work is now underway with the community to produce a delivery plan which will be completed in December.

Family Carers

We have restarted the work with the Portsmouth health and social care system, to better understand what really matters most to family carers about the support we all provide. A series of events and community conversations are informing the local strategy development, and we have connected the Southampton Carers Team into the programme of work.

Experience of Care: Learning from Experience Panel

The Learning from Experience Panel has replaced the Complaints Scrutiny Panel. With a focus on bringing together all sources of feedback from patients and families about their experience of care, we are moving towards the group becoming led by service users and their families.

Diversity and Inclusion Workforce Standards

The WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard) reports and action plans have been approved by the Board and are available on SolNet and published on Solent’s public website. A deep dive has been conducted into the WRES data and the results of this have been fed into the WRES taskforce group. Work has commenced on the SOM (Sexual Orientation Monitoring) with an engagement programme with the LGBT+ resource group and service lines, so far has received positive feedback. Contacts have also been developed nationally to support this work.

Anti-discrimination Project

Initial work has identified that there is disparity between incidents that occur and what is reported. A scoping exercise is planned to look in depth at current reporting mechanisms and how to make them more accessible. Plans to engage the Learning and Development team to discuss the educational piece.

International Recruitment

The Diversity and Inclusion team have had initial discussions with the team leading on this project about support needed for the international nurses when they arrive. They are also planning to host an open conversation with the ward staff about this initiative to answer any questions that they may have and outline different ways that the staff can make the nurses feel supported.

Resource Groups

Black History Month was recognised in October through a series of events including two radio interviews with Unity 101, guest speakers at the BAME resource group meeting and a plethora of information on SolNet and the Trust’s social media channels.

The multifaith resource group have been preparing activities for multifaith week in November. This includes a multifaith panel and a special Remembrance Day Service.

Plans are underway for a Disability conference on 3 December. SimCom Academy have been commissioned to perform several pieces of forum theatre to bring the issues to life and generate discussion.

The LGBT+ Group are next meeting in November to plan their next schedule of work, which includes an internal LGBT+ organisational audit.

Performance

Incident Updates

The number of incidents reported in September and October 2020 are up by 15% on 2019 but down 5% compared to last year. Adult Services Southampton and the Sexual Health Service are showing a steady increase in reported incidents for September and October year on year, whilst the Adult Mental Health Service is showing a downward trend year on year, this is under review.

In September and October, 53 incidents reported were classed as moderate compared to 50 in 2019 and 33 in 2018. Of these, 48 were Pressure Ulcers, 2 were unexpected deaths, 2 medication errors and 1 treatment or procedure. Of the 5 non-Pressure Ulcer related moderate incidents, 3 are being investigated as Serious Incidents and 1 as a High-Risk Incident.

Adult Services Southampton continue to report the highest number of pressure ulcers acquired in Solent care reporting more than 1.5 times as many pressure ulcers as Adults Portsmouth since April 2019. A deep dive facilitated by the Quality and Governance team is currently underway to examine reporting and processes across both service lines to identify any disparity in these and/or in capacity and patient acuity in order to identify changes to practice and opportunities for shared learning. The outcome of the deep dive will be formally reported to Quality Improvement and Risk (QIR) in January 2021.

There were 11 high risk incidents declared in September and October, 4 in Adult Services Southampton, 2 each in Adult Mental Health, Special Care Dental and Child & Family Services and 1 in the Pharmacy Service. This is a significant increase compared with the previous report and may reflect the increase in patient contacts as services returned to normal following the COVID lockdown. Among the incidents declared, there were 2 concerned patients being given a higher medication dose than prescribed, a patient who received an incorrect dental x-ray and a thematic review of the Health Visiting provision within the Child & Family Service. Once the investigations are complete, the learning for all 11 will be shared at the newly combined Learning from Incidents and Deaths Panel.

Serious Incident (SI) Update

During September and October there were 4 Serious Incident investigations declared. This shows a notable increase when compared with July and August. However, when compared to the same period in 2019, the July/August period is an anomaly not September/October (6 SI's were declared in September and October 2019).

The SI Investigation's concern an Information Governance breach by a third-party contractor in the Sexual Health Service, the use of a nasal bridle on a patient in the Child & Family Service and a patient requiring emergency care as a result of delayed treatment in Adult Services Southampton. This last SI is part of a thematic review which also covers 2 other incidents, 1 of which was declared as a High-Risk Incident.

In September, a Never Event occurred within the Special Care Dental Service where a patient had the incorrect tooth extracted. This met the criteria for a Never Event under the definition of Wrong Site Surgery and has been reported to NHS England, the CQC and is being investigated as a Serious Incident.

The outcomes and learning from these investigations will be shared and discussed at the Learning from Incidents and Deaths Panels in November and December. The themes and identified learning will also be reported in the Patient Safety Quarterly Reports.

Experience of Care: Complaints Update

In September and October 2020, the Trust received a total of 25 formal complaints, an increase of 2 from the previous two months. Childrens Services and Primary Care received the highest amount of complaints, with Adult Mental Health recording a significant drop in complaints (from 10 to 2). The complaints by service line are in the table below:

Service Line	September 2020	October 2020
Adults Portsmouth	0	1
Adults Southampton	0	2
Children's Services	6	5
Primary Care	2	3
Sexual Health	2	2
Adult Mental Health	0	2
SPA	0	0
Special Care Dentistry	0	0
Corporate	0	0
Infrastructure	0	0
Total	10	15

Of the complaints received during September and October 2020, the themes relate to clinical (10; 6 C&F, 2 PC, 1 ASP, 1 AMH), staff attitude (6; 3 PC, 2 SHS, 1 AS), communication (5; 3 C&F, 1 SHS, 1 AMH) appointments (2; 1 AS, 1 SHS) and further complaints relating to equipment & aids (C&F) and general procedures (C&F).

Three service concerns were escalated to formal complaints during this period, at the request of the complainants. The team de-escalated 2 complaints to service concerns (with agreement from the complainants) following resolution with the services directly.

Sixty-four service concerns were received this period, an increase of only 1 from the previous two-months. Most of these concerns were for Primary Care, relating to concerns with the Solent GP surgeries, and Sexual Health, relating to communication concerns. No Professional Feedbacks were received.

A total of 34 complaints have been closed during this period. 20 complaints were upheld, 13 partially upheld and 1 Not Upheld. As of the end of October, the team have 25 open complaints. 5 complaints have been reopened, due to unresolved issues and the complainant disagreeing with the provided response. The number of reopened complaints has increased over the last few months and is the highest since September 2018. A deep dive into these reopened complaints will be provided at the January Learning from Experience panel.

One case is currently at the PHSO preliminary assessment stage. This case was brought to the PHSO in July. The team are expecting an update shortly.

The PALS and Complaints team have achieved 100% acknowledgement of new complaints within 3

working days.

The team have recruited to the vacant PALS and Complaints Call Handler and PALS and Complaints Coordinator posts. It is anticipated the successful applicants will be in post by January.

Friends and Family Test (FFT)

The new FFT question continues to be implemented across service lines.

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, the total number of responses has increased when compared with the previous report with 96% (496) of those who responded to the FFT question were happy with the experience or service they received.

1% (5) of those who responded to the FFT question were not happy, with the general theme being 'lack of communication'.

Month	Number of responses	Recommend	Not recommend	Issues re "not recommend"
September 2020	242	233	4	Staff member was great. The level indicator was useless. I am deaf and no-email access for complaints. My mother deteriorated rapidly since the walking stopped. It was detrimental to her health. She has not been downstairs nor outside. She is now confined to her room - frustrated, bored and it is awful. I did not have contact when the service was ended.
October 2020	253	242	1	I felt obliged to say I could clean myself after using the toilet, I felt embarrassed with a young trainee in my interview. I can but with great difficulty, where it is extremely painful.

4.1 Chief Finance Officer Commentary

Month 7 Results

The Trust is reporting an in month and YTD adjusted deficit of £40k, £250k adverse to plan in month and YTD.

During the planning process it was unclear how HIV pass through drugs income should be reflected and therefore the additional planned income, to match costs, was included in month 7. This has since been clarified and actual income will be reflected in future periods, with the plan for months 7-12 matching expenditure in total. This adverse variance is partially offset by lower pay costs as recruitment for investments agreed by ICPs was delayed.

STP Phase 3 Plan M7-M12

The Phase 3 plan for M7-M12 was submitted to STP and NHSE/I in October. There is a change in the income that is received by the Trust, additional top-up payments to breakeven and reimbursement of actual COVID-19 expenditure has been replaced by an allocation of block funding for COVID-19, top-up and growth income which was discussed and agreed at STP.

The Trust is forecasting a deficit of £2.0m for 2020/21, excluding an annual leave accrual of £1.0m. The deficit is as a result of investments in workforce to deliver additional services required to support the ICPs plans.

COVID-19 Expenditure

The Trust has incurred additional revenue and capital expenditure as a result of COVID-19. YTD revenue expenditure linked to COVID-19 reached £6.7m and included expenditure on additional staffing, ICT equipment and software to enable working from home, estates maintenance and repairs costs as well as costs to support additional capacity in wards, Grab and Go bags for frontline staff and additional PPE.

COVID-19 capital projects total £1.5m covering work from March to September of which £1.4m has been approved. The remaining £0.1m, relating to IT, is still awaiting approval.

Capital

The Trust's Capital Resource Limit (CRL) for 2020-21 totalling £9.5m, consists of £5.2m of internally generated funding and £4.3m PDC and COVID-19 funding.

Due to delays in the EPMA project, projects funded by internal CRL are currently being reprioritised to ensure the Trust fully utilises 2020/21 capital funding. This is likely to result in bringing specific future year's backlog projects forward.

All other projects are progressing and in line with year-end forecast.

Cash

The cash balance was £36.5m at 31 October. The balance increased by c£3.0m from the original plan due to the receipt of advance top-up and Covid-19 funding in month following changes to financial



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regime arrangements in the second half of this financial year.

Financial regime for 2021/22 is not yet known and therefore, the current rolling 12-month cash flow forecast assumes that the cash inflow and outflows will continue at this year's level subject to inflationary increase as appropriate.

Aged Debt

The Trust's total debt was £2.7m at the end of October. 91+ day overdue debt at the end of month was £0.3m.

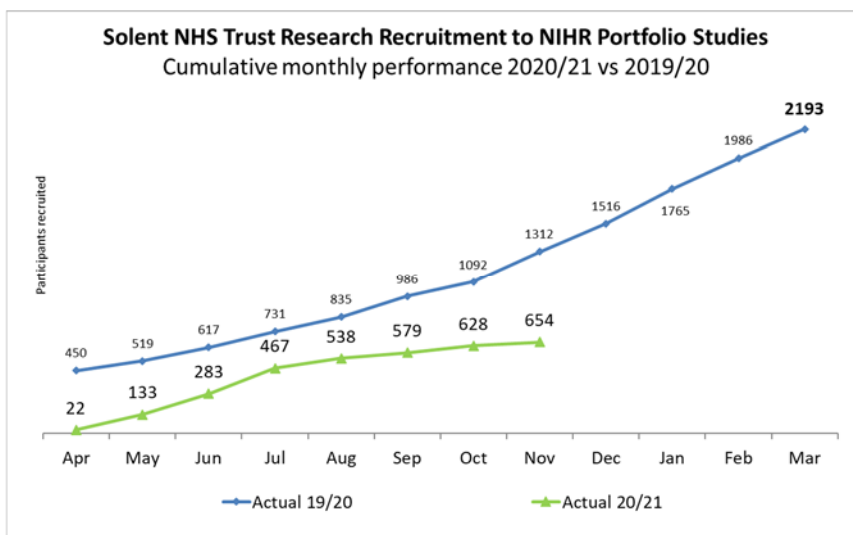


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5.1 Research and Improvement Commentary

Research

The majority of our research activity is COVID related, either for studies open at Solent or on the Wessex vaccine research programme. Because of the collaborative approach to this research, performance targets by organisation have been suspended as participant recruitment can't be mapped to providers. This, and the close down of the majority of our studies explains the lower than average recruitment this year.



<p>About half COVID related studies currently recruiting at Solent</p>	<ul style="list-style-type: none"> ▪ The Trust is currently recruiting to 6 COVID-19 studies ▪ One Urgent Public Health COVID study to understand risk of COVID-19 for healthcare workers from ethnic minorities is in the pipeline ▪ Members of the research team are assisting in vaccine trials in Wessex
<p>Progress of some studies is still being status impacted by COVID</p>	<ul style="list-style-type: none"> ▪ 2 studies, closed due to COVID-19 ▪ 13 studies, recruitment on hold due to COVID-19 ▪ 3 studies, set-up on hold due to COVID-19
<p>Solent staff continue to have success in disseminating their research via peer reviewed publication</p>	<ul style="list-style-type: none"> ▪ Recent publication affiliated with Solent include: <ul style="list-style-type: none"> - Evans, M., Morgan, A.R., Patel, D., Dhatariya, K., Greenwood, S., Newland-Jones, P., Hicks, D., Yousef, Z., Moore, J., Kelly, B. and Davies, S., 2020. Risk Prediction of the Diabetes Missing Million: Identifying Individuals at High Risk of Diabetes and Related Complications. <i>Diabetes Therapy</i>, pp.1-19. - Daley, H., Smith, H., McEvedy, S., King, R., Andrews, E., Hawkins, F., Guppy, N., Kiryazova, T., Macleod, R., Blake, E. and Harrison, R., 2020. Intracranial injuries on computed tomography head scans in infants investigated for suspected physical abuse: a retrospective review. <i>Archives of Disease in Childhood</i>. - Cortese, S., Aoki, Y.Y., Itahashi, T., Castellanos, F.X. and Eickhoff, S.B., 2020. Systematic Review and Meta-analysis: Resting State Functional Magnetic Resonance Imaging Studies of Attention-



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	<p>Deficit/Hyperactivity Disorder. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i>.</p> <ul style="list-style-type: none"> - Gonçalves, A.C., Marques, A., Samuel, D. and Demain, S., 2020. Outcomes of physical activity for people living with dementia: Qualitative study to inform a core outcome set. <i>Physiotherapy</i>, 108, pp.129-139. - El Archi, S., Cortese, S., Ballon, N., Réveillère, C., De Luca, A., Barrault, S. and Brunault, P., 2020. Negative Affectivity and Emotion Dysregulation as Mediators between ADHD and Disordered Eating: A Systematic Review. <i>Nutrients</i>, 12(11), p.3292.
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Clinical Effectiveness & QI

Completion against audit and evaluation plans

	Local Projects		
	Projects on plan	Reports received	Completion rate
Adults Portsmouth	33	2	6%
Adults Southampton	37	7	19%
Child & Family	48	9	19%
Mental Health	30	2	7%
Primary Care	55	13	24%
Sexual Health	26	3	12%
Specialist Dental	20	3	15%
Totals	240	33	14%

- Completion rates are lower than normal, but most services have their audit programme underway
- The QI and Workshop programme has restarted, with 271 staff attending so far this year.



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NHS Provider Licence – Self Certification 2020/21 – November 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.



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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 currently substantively filled. The Board has appropriately considered and amended its composition and that of it's Committees following interim leadership changes.

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 M1-M6 2020/21 all providers will be supported to produce a breakeven position, with all reasonable expenditure reimbursed. Focus for M7-M12 will be on the Phase 3 Recovery and Restoration system plans with block payments. Solent have been asked to deliver greater activity to support the various ICPs it covers which results in a planned investment of c£2m above current funding arrangements. This is an issue for most providers nationally and discussions are ongoing.

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 – The Board has appropriately considered and amended its composition and that of its Committees following interim leadership changes, following the secondment of both the substantive CEO and Chief People Officer to support the national vaccine programme. The recruitment process is underway in accordance with succession planning arrangements for the Audit & Risk Committee NED Chair, whose tenure ends in March 2021.

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.

7.1 Focus on... External Communications

The Trust monitors metrics to support the three goals outlined in the Communications and PR Strategy as follows:

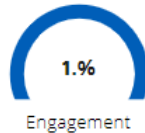
- Make the Trust brand more visible by driving a positive media agenda
- Manage the Trust reputation in the media and with stakeholders
- Increase engagement of our people and teams with all communication channels

Social Media and Digital Analytics

We monitor the number of followers, engagement and interactions across a number of different social media platforms. A summary of performance against our internal targets across each platform are summarised below:

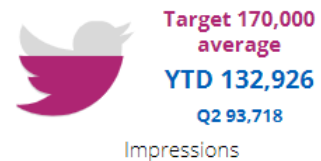
Twitter - Q2 analytics

2019/20 baselines:



Impressions
(new for 2020)

2020/21 targets and Q2 analytics:



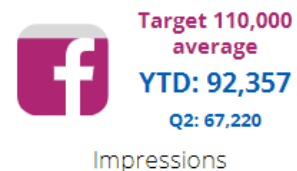
Facebook - Q2 analytics

2019/20 baselines:



Impressions
(new for 2020)

2020/21 targets and Q2 analytics:



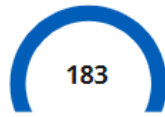


Instagram - Q2 analytics (New platform)

2019/20 baselines



Followers



Engagement

Impressions
(new for 2020)

2020/21 targets and Q2 analytics



Target 2,000
YTD: 1,435

Followers



Target 5% average
YTD 4.42
Q2: 3.85%

Engagement



Target 4,300 ave
YTD: 3,196
Q2: 2,281

Impressions

LinkedIn - Q2 analytics

2020/21 targets and Q2 analytics



Target 4,000
YTD: 3,871

Followers



Target 5% average
YTD: 4.61
Q2: 3.87

Engagement

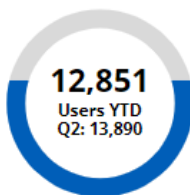


Target 5,000 average
YTD: 3,988
Q2: 4,994

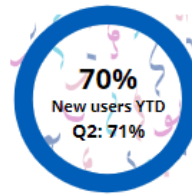
Impressions

Solent NHS Trust website

2020/21 targets and Q2 figures



2020/21 target: We want to achieve an average of 16,000 general website users a month



2020/21 target: We want 70% of overall website visitors to be new users per month

Media and PR

We record the size of audience exposed to (coverage) using the term 'reach'. Media sentiment analysis measures the tone of media mentions to understand potential feelings toward the Trust.

Reach - targets and Q1 figures



2020/21 target: 120,000,000

YTD: 323,808,470

Q2: 127,518,471 (print and online)

Q2: 16,290,000 (broadcast)

143,808,470 (total)

Sentiment - targets and Q1 figures



2020/21 target: 85%

YTD: 100%

Q2: 100%

Solent Publications and Events

Shine Magazine

- Published in August 2020, with the digital edition available from July
- 1,900 page visits to digital edition on Flipping Book in Q2
- Emailed and posted to over 6,000 members
- 600 copies provided to 'Communicare' for distribution a local charity that enriches the quality of life of lonely and isolated people in Southampton
- Contains stories of great care, great value for money and great place to work, helping to explain our values, along with who we are and what we do at Solent
- The winter edition will be designed with the community editorial team




Annual General Meeting

We held our first virtual Annual General Meeting (AGM) on 24 September. To encourage engagement, we issued a press release and promoted widely on external and internal channels. Our Executive Team hosted the hour-long session and we used technology to broadcast live to around 100 people at any one time, the work and successes of the 2019-20year. We planned, scripted and recorded a Review of the Year video as part of the AGM (centred around the Solent Story), before our Executive colleagues held a live Q&A session. We also made the video files available to those who couldn't watch live or wanted to re-watch. Feedback was very positive about the delivery and breadth of the AGM, with some learning for future years.

Board and Committee Cover Sheet

Item No.	9.1		
Presentation to	Trust Board		
Title of Paper	EU Transition planning update		
Purpose of the Paper	This paper provides an update of the actions and planning by Solent NHS Trust, for the potential impact on the NHS following the final transition from the EU trade agreements. To provide assurance that we are aware and have sufficient plans in place to mitigate against any possible impacts at a critical time responding to a national pandemic and during the winter period.		
Author(s)	Elaine Peachey, Emergency Planning & Business Continuity Lead	Executive Sponsor	David Noyes, Chief Operating Officer
Date of Paper	07/09/20	Committees/Groups previously presented	N/A
Summary of key issues/messages	Solent NHS trust are aware of the difficult times ahead and are well prepared for the challenges and issues that we potentially face. We have recommenced regular EU exit group meetings and revised all our planning arrangements in line with the Department of Health and social care national provision.		
Action Required	For decision?	N	For assurance? Y
Recommendation	That the board are assured that we have adequate planning and knowledge for the possible impact of the of the EU transition period		

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: Significant, sufficient, limited or no assurance And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature	 David Noyes							

Solent NHS Trust
EU Transition Planning
Update December 2020

1.0 Summary

This paper provides an update of the actions and planning by Solent NHS Trust, for the potential impact on the NHS following the final transition from the EU trade agreements. The Board will recall that they received a paper in October 2019 outlining Trust preparedness for EU exit, this paper is an update on the comprehensive planning in place which of course will interface with the response to the Covid-19 pandemic and also normal annual winter planning arrangements.

2.0 Introduction

Naturally, with the very fluid and dynamic political situation regarding the EU transition , it is important that Solent NHS Trust remain fully aware of the possible implications no forward trade agreement with the EU and the risks, if any, to the delivery of services and care provision. Under the leadership of the SRO, David Noyes, we have continued to follow government guidance and ensure that we are prepared and able to mitigate any impacts through business continuity management and the working group for the EU exit.

3.0 Key Actions to date

- Exec Director (David Noyes) has continued to lead on EU exit since the autumn 2018;
- There is a monthly working group looking at the issues outlines in the NHS guidance attended by key leaders across the Trust, who have developed contingency plans for a range of scenarios. The group has included representatives from HR, finance procurement and communication team. This group was placed in temporary abeyance following the decisions taken by central government, but re-convened in October 2020;
- The EU Transition Working Group has a live action tracker to identify and resolve issues as they arise, and also an appropriately associated risk register;
- The group have revisited their planning and will update any areas that require updating or adding.
- NHS England and the Department of Health and Social Care have continued throughout to find national solutions to key areas such as supply chain, medicines and staff providing a comprehensive regular stream of guidance, which is regularly shared analysed and acted upon as required;
- Solent NHS trust continue to work with HIOW partners and engage in any exercises and webinars as they occur.

Key areas of work considered:

- **Workforce analysis** – Solent employs more than 4000 people, however the risk to the organisation is surprisingly low and the impact on the staff due to the guidance already in place is even lower. The EU settlement scheme is on-going and staff are all supported by the workforce team and any staff currently who have not signed up for the EU settlement scheme will be contacted directly although these numbers are very small.

It must however be remembered that due to the pandemic staff have endured a prolonged period of working differently such as working from home and also adapting to the constantly changing work environments and guidance. This is being addressed with a continual focus on the wellbeing of staff with advice, provision of free workshops and online therapy. We have also very pro-actively encouraged our people to ensure that they take a break and some leave in order to look after their own resilience and well-being.

As part of the local resilience forum we also have access to the mutual aid agreements in place which can allow staff to work across organisations when there is a need.

Service	Number applied	Number Eligible	% who are known to have applied	New Starters since Mar 2020
Children's (combined East and West)	9	20	45.00	4
Adults Portsmouth	10	24	41.60	10
Adults Southampton	14	23	60.86	2
FM	14	34	41.17	4
Mental Health	10	17	58.80	1
Dental	5	5	100.00	0
Bank	4	49	6.77	30
Corporate	3	3	100.00	0
Sexual Health	0	1	0.00	0
Primary Care	5	14	35.71	3
Total	74	190	38.94	54

- **Contracts/Third party suppliers** – in Spring 2019 a risk assessment was carried out across all our third-party suppliers and contracts, except for those large national suppliers that were on a central list which the Department of Health and Social assessed centrally. Supplier assurance, with nationally-managed suppliers, across primary, secondary and social care is now also underway.

A second assessment of our suppliers was completed in August 2019. There were no major concerns in relation to any of these suppliers. Another extract from the database to date, to risk assess any new suppliers will now be carried out. Purchaser contracts also showed no concerns and suppliers have been asked to reaffirm their BCPs by the end of November 2020.

- **Supply chain** - We originally conducted a review of non-pharmaceutical supplies (including medical devices) which was assessed as low risk. At the start of the covid-19 response PPE throughout Solent was centralised and no issues were experienced due to the oversight and management of stock which continues with essential supplies. No issues with PPE is expected throughout HIOW as there is access to emergency stock across the system. The NHS is providing support to the frontline to resolve potential supply issues and a Commercial and Procurement Cell (CPC) extended from the current PPE service. Key categories such as Food, Linen, Laundry and Lift Maintenance are being reassessed nationally with key supplier business continuity plans reviews.

- **Pharmacy** – it is clear that this has been covered by the national pharmacy group who have full contingency plans in place such as changing the legislation around NHS trusts sharing medications to enable any short-term issues with stocks to be addressed. There are two main issues affecting medicine supply:

(1) road transport difficulties with imported medication however this has been addressed by the priority routes for NHS supplies and the use of national warehousing facilities.

A National Express Freight Service is now in place and available for all workstreams.

(2) Solutions to any national shortages of medicines are likely to be actioned by the pharmaceutical industry any such actions could in-turn lead to an increase in costs of essential medicines and therefore pose financial risk concerning medicines supply rather than actual availability of medicines – we are not able to forecast or predict the magnitude of this at the present time but the impact is likely to be low. Currently pharmacy are still operating all systems. A system is still in place between Trusts regarding sharing stock and there are no concerns that things will be going out of supply.

- **Fuel** – there is a Hampshire and IOW fuel sharing agreement which is managed by the local resilience forum, and requires that South Central Ambulance service, who have fuel bunkerage, to sustain the supply of fuel to our emergency generators (which support our services in event of power outage and essential/priority fuel users) This is therefore considered to be a low risk. In preparation for any potential issues Enterprise Pool cars are linked into transport policy and are part of the NHS framework. Some of these cars will be hybrid cars that can run on electricity therefore increasing the sustainability of transport to priority users if fuel is in short supply.
- **Food** - The new catering solution for Solent premises is now embedded in the organisation in place. St Marys has had additional freezer space added enabling more stock of food and has the ability to hire more chiller units for St Marys if required. Solent also continues working in partnership with Portsmouth City Council and Portsmouth Hospital Trust to identify any mutually beneficial actions that could be procured.
- **Business Continuity plans** –a full review of business continuity has continued both at Trust level and for each area of Service in the context of all planning arrangements for EU transition, winter and the response to covid-19.
- **Command and Control** – Gold command processes will continue within Solent led by the executive and primarily the accountable emergency officer. It is likely that systemwide leadership in place for the covid pandemic response will now include updates on the impacts of winter and the EU transition for information sharing and mutual aid.
- **Medical/Professional registration** – there are central arrangements in place which give us sufficient assurance on the enduring nature of medical/professional registrants.
- **Data sharing/protection** – we continue to review our position and establish if there is any reliance on EU in this area. This is currently low risk as no issues have been identified and we have already conducted a full audit of our data sets.
- **Communications** – we are regularly communicating with staff regarding developments and have a communication plan in place specifically concerning EU transition, winter impacts and response to the covid pandemic. The communications team use a variety of media platforms, including regular online Q&A sessions covering key areas, to continually update staff and the intranet has information provided for staff to refer to.

4.0 Overall self- assessment

The overall assessment is that Solent NHS Trust has proved during its response to the pandemic that it is a committed agile organisation that has plans and arrangements in place to mitigate the effects of any impacts on the NHS and our services.

We will continue to work in this everchanging period that we now enter doing everything necessary to be ready for whatever comes including a continual awareness of emergent risks and issues that arise during the period which may not have been previously anticipated particularly as this is now likely to be in the winter pressure period and also whilst we are still responding to a national major incident. At this stage we are confident that we will be able to continue to deliver all our essential services without disruption and non-essential services with minimal short term disruption.

HLOW system has identified that currently the biggest risk is the Portsea island potential travel disruption which should be mitigated by the local resilience forum planning that has continued since 2018 and they are confident that any disruption will be limited.

Staff are prepared and already have plans in place for any issues travelling around Portsmouth which will ensure that they can still access patients in their homes or make contact with them to assess their immediate needs.

Based on NHS England guidance in 2019 our preparedness was deemed to be high and this position is unchanged.

*'We have made **significant progress** with our planning to mitigate/manage disruption in this sector (e.g. developed local risk assessment; reviewed plans and capabilities; undertaken training and exercising), we are **very confident** in our level of preparedness, '*

Data and information is a vital tool in order to support the organisation and planning and inform the command and control over the coming months. The Business Intelligence dashboard, which rapidly formulated by the Performance team, provides 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 provides a strong, high level, command support tool for Gold command and is regularly added to when more data sets are required. The early implementation of this system was very successful and is an integral part of the organisation particularly the Covid-19 response.

Item No.	10																					
Presentation to	Trust Board – In Public																					
Title of Paper	Health and Safety Management - 6 Monthly Update																					
Purpose of the Paper	<p>The purpose of the report is to provide a 6 monthly update to provide assurance that arrangements are in place for health and safety management and that we are continuing to meet our statutory requirements for health, safety and welfare.</p> <p>The report also summarises the actions taken in regard to protecting the health, safety and wellbeing of staff and visitors as we move through the COVID-19 pandemic.</p> <p>Progress over the past 6 months has been very difficult with the pandemic that has given rise to many additional legal issues, and a glut of regulations and official guidance that changed almost daily, with a finite resource of manpower. Prioritisation took place concentrating on remaining compliant with our statutory requirements and continuing to be being responsive and supportive during the pandemic.</p> <p>Looking Ahead</p> <ul style="list-style-type: none"> • Consideration of how our response to current and future COVID-19 guidance may affect the design of existing projects that are 'on site'. • Consideration of very limited vacant space and the concerns as and when more staff return to the workplace, given we may not have capacity to accommodate them. 																					
Author(s)	Dave Keates, Health and Safety Manager	Executive Sponsor	Gordon Fowler, Acting Chief Finance Officer																			
Date of Paper	17 November 2020	Committees/Groups previously presented	H&S Group																			
Statement on impact on inequalities	Positive impact (inc. details below)	X	Negative Impact (inc. details below)	No impact (neutral)																		
Positive / negative inequalities	Solent is committed to ensuring there is a positive, inclusive and compliant Health & Safety culture throughout the organisation.																					
Summary of key messages / findings	<p>The COVID-19 pandemic has had a negative impact on the planned pro-active assessments highlighted within last year's proposed health and safety action plan as can be seen from the amber and red RAG ratings in the Inspection/ Assessment/ Audits Programme section in the summary table below.</p> <p>The following table provides a summary of the position regarding our compliance of the key areas for Health & Safety:</p> <table border="1" data-bbox="448 1749 1469 2080"> <tr> <td>Governance and Management Arrangements</td> <td></td> </tr> <tr> <td>Solent have remained compliant with (section 2 (3) HASAWA</td> <td></td> </tr> <tr> <td>Solent have remained compliant with section 2(2)(7) HASAWA</td> <td></td> </tr> <tr> <td>Health and Safety Executive legislative consultations/changes</td> <td></td> </tr> <tr> <td>Compliance and Assurance</td> <td></td> </tr> <tr> <td>External Agencies and reporting of Incidents</td> <td></td> </tr> <tr> <td>RIDDOR</td> <td></td> </tr> <tr> <td>MHRA Central Alert System (CAS)</td> <td></td> </tr> <tr> <td>Risks and Issues</td> <td></td> </tr> </table>				Governance and Management Arrangements		Solent have remained compliant with (section 2 (3) HASAWA		Solent have remained compliant with section 2(2)(7) HASAWA		Health and Safety Executive legislative consultations/changes		Compliance and Assurance		External Agencies and reporting of Incidents		RIDDOR		MHRA Central Alert System (CAS)		Risks and Issues	
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Incident Reporting	
Slip, Trips, Falls	
Key areas of focus	
Support the AMH/OPMH ligature reduction Programme	
Compliance team collaborative working with Estates and Facilities Management as a key stakeholder input	
COVID- 19	
COVID-19 Secure Working Safely Risk Assessment	
Reception screens project / floor marking	
Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Coronavirus	
Oxygen supply (Cylinders)	
Personnel Protective Equipment (PPE) and Respirator Protective Equipment (RPE)	
COSHH assessment reviews	
Inspection/ Assessment/ audits programmes	
Health and safety workplace inspections, (complete priority one properties)	
Fuel storage assessments (H&S, Spill management, Fire, Security)	
Disability Discrimination Act assessments for Solent own properties	
Lockdown assessments/ procedures	

Inspection/ Assessment/ audits programmes risk:

- H&S workplace inspections are not mandatory and are a proactive tool used as part of the HSG65 Plan, Do, Act, Check guidance. Through a series of risk assessment inspections as part of our COVID-19 planning all sites have been visited and no immediate issues identified. This therefore presents a minimal risk until formal inspections are able to be undertaken.
- Fuel storage has been reviewed as part of an ongoing asset inspection programme with no immediate issues having been identified. Fuel storage assessments will be prioritised and completed by year end. This therefore presents a minimal risk until the assessments are undertaken.
- Disability access is covered within the Solent estates design guides and is used in compliance with the building regulations as and when new or renovation works take place. This process therefore ensures a limited risk.

Governance and Management Arrangements


Solent have remained compliant with (section 2 (3) HASAWA. Each year there is a legal requirement for the board level health and safety statement of intent to be reviewed and signed by the CEO. This was presented and agreed at Trust board 05/10/2020

Solent remain compliant with section 2 (2) (7) HASAWA – Following consultation with the trade union registered stewards it was agreed this body will be known as the Health & Safety Group.

The Terms of Reference for the Health & Safety Group will be updated, and the

	<p>health and safety policy will be reviewed and updated to capture all agreed changes.</p> <p>Compliance and Assurance</p> <p>No External Agencies have undertaken investigative proceedings regarding breaches of health and safety legislative requirements or the Environmental Protection Act.</p> <p>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Solent were 100% compliant with all reportable incidents under RIDDOR being reported within the stipulated time frame to the Health and Safety Executive.</p>		
Justification for inclusion in the Board Confidential Meeting	<p>Guidance note: The default position is that all papers should be included in the In Public Meeting, unless clear justification can be provided as to why the paper should be taken in the closed private paper, on the grounds of commercial sensitivity (for example). Also consider whether the Freedom of Information Act exemptions would apply – if none apply it may be difficult to justify that the paper should be included in the confidential meeting. For queries, please consult the Company Secretary and Information Governance Manager</p>		
Action Required	For decision?	N	For assurance? Y
Summary of Recommendations	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> Receive and note the 6 monthly H&S update 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 In Public 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								



6 Monthly Health & Safety Update Report December 2020



Dave Keates
Health & Safety Manager



Great care at the heart of our community 

The purpose of this report is to provide a 6 monthly update to provide assurance that arrangements are in place for health and safety management and that we are continuing to meet our statutory requirements for health, safety and welfare. This report also summarises the actions taken in regard to protecting the health, safety and wellbeing of staff and visitors as we move through the COVID-19 pandemic.

Progress over the past 6 months has been very difficult with the pandemic that has given rise to many additional legal issues, and a glut of regulations and official guidance that changed almost daily, with a finite resource of manpower. Prioritisation took place concentrating on remaining compliant with our statutory requirements and continuing to be being responsive and supportive during the pandemic. This has had a negative impact on the planned pro-active assessments highlighted within last year's proposed health and safety action plan as can be seen from the Inspection/ Assessment/ Audits programmes section in the table below. These present a limited risk and further details can be seen on page 11 of this report.

Looking Ahead

- Consideration of how our response to current and future COVID-19 guidance may affect the design of existing projects that are onsite.
- Consideration of very limited vacant space and the concerns as and when more staff return to the workplace, given we may not have capacity to accommodate them.

The following table provides a summary of the position regarding our compliance of the key areas for Health & Safety:

Governance and Management Arrangements	
Solent have remained compliant with (section 2 (3) HASAWA	
Solent have remained compliant with section 2(2)(7) HASAWA	
Health and Safety Executive legislative consultations/changes	
Compliance and Assurance	
External Agencies and reporting of Incidents	
RIDDOR	
MHRA Central Alert System (CAS)	
Risks and Issues	
Incident Reporting	
Slip, Trips, Falls	
Key areas of focus	
Support the AMH/OPMH ligature reduction Programme	
Compliance team collaborative working with Estates and Facilities Management as a key stakeholder input	
COVID- 19	
COVID-19 Secure Working Safely Risk Assessment	
Reception screens project / floor marking	
Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Coronavirus	
Oxygen supply (Cylinders)	
Personnel Protective Equipment (PPE) and Respirator Protective Equipment (RPE)	
COSHH assessment reviews	
Inspection/ Assessment/ audits programmes	
Health and safety workplace inspections, (complete priority one properties)	
Fuel storage assessments (H&S, Spill management, Fire, Security)	
Disability Discrimination Act assessments for Solent own properties	
Lockdown assessments/ procedures	

Governance and Management Arrangements

Solent have remained compliant with (section 2 (3) HASAWA. Each year there is a legal requirement for the board level health and safety statement of intent to be reviewed and signed by the CEO. This was presented and agreed at Trust board 05/10/2020.

Solent remain compliant with section 2 (2) (7) HASAWA – it shall be the duty of every employer to consult their employees on the grounds of health safety, welfare and when requested to do so in writing by two trade union stewards safety representatives shall form a health and safety committee. Following consultation with the trade union registered stewards it was agreed this body will be known as the Health & Safety Group.

The Terms of Reference for the Health & Safety Group will be updated, and the health and safety policy will be reviewed and updated to capture all agreed changes.

Compliance and Assurance

No External Agencies have undertaken investigative proceedings regarding 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, but the Health and Safety Manager had

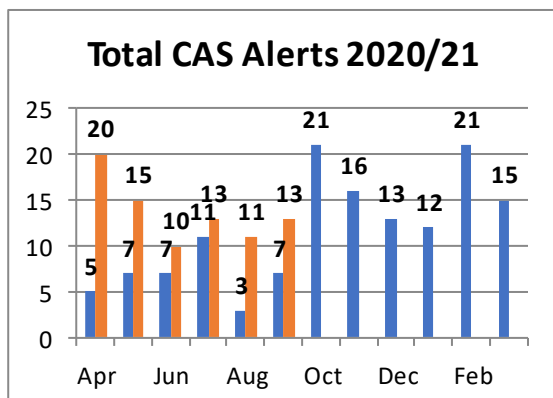
received an e-mail during Quarter Two from the Principal Regulatory Services Officer (Portsmouth City Council) as a result of a specific noise complaint regarding a refrigerated vehicle parked near a boiler house. The concerns raised were acted upon and resolved immediately within 24 hrs of receiving the email. Solent NHS Trust was thanked for a timely response and closure.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (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.

Medicines & Healthcare Products Regulatory Agency (MHRA) Central Alert System (CAS)

Solent NHS Trust receives safety notices and alerts from several agencies that require consideration and in many cases action by managers and employees. Methods of receiving alerts and notices are through the MHRA

Central Alert System (CAS). Internally these alerts are appropriately cascaded to Solent NHS Trust Services nominated points of contact to whom the notices can be acted upon accordingly.



The CAS Officer received 83 alerts and these were all acknowledged within the stipulated timescales ensuring the Trust is 100% compliant.

On 19 September 2020 MHRA issued document CHT/2020/002 which stated that, Medical Device Alerts will no longer be issued. When safety issues with medical devices meet the criteria of a National Patient Safety Alert **these** will

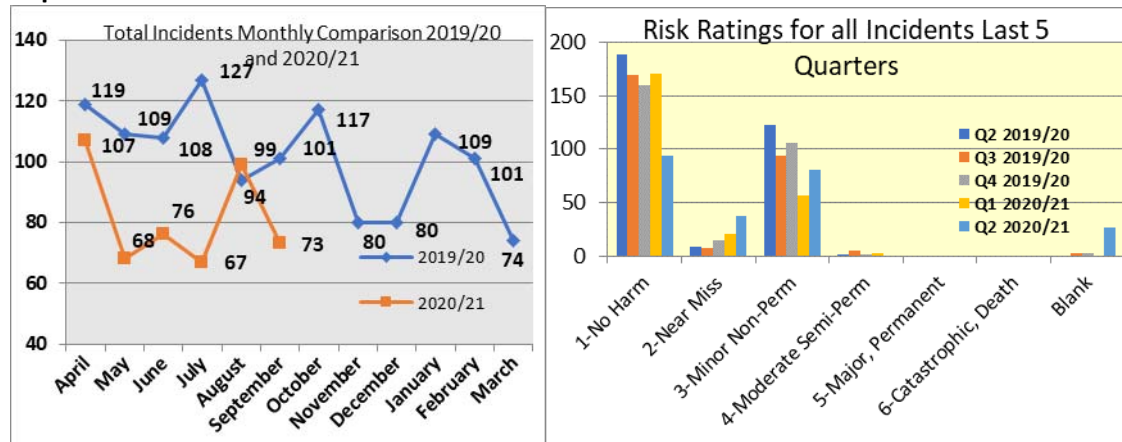
be issued as NatPSAs.

Going Forward:

Meeting was held with the MDSO to discuss CHT/2020/002 medical equipment patient safety alerts. It was agreed that any NatPSAs received will be distributed to the Medical Devices Safety Officer (MDSO) to sense check before wider distribution due to the interaction of some field safety alerts already acted upon. CAS policy to be reviewed to capture new arrangements, roles/ responsibilities and reporting/ auditing process.

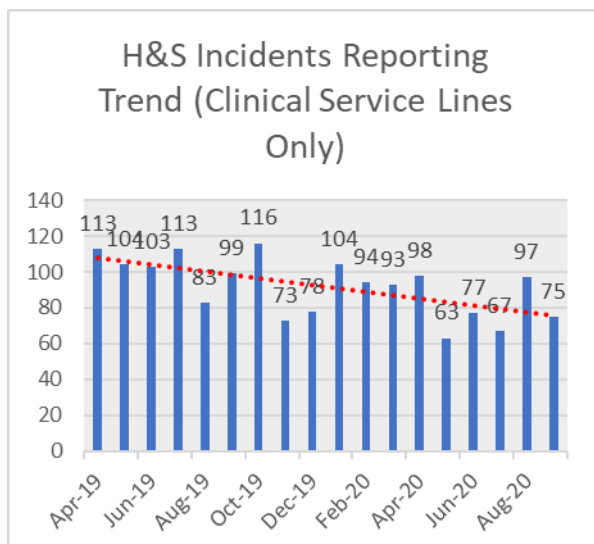
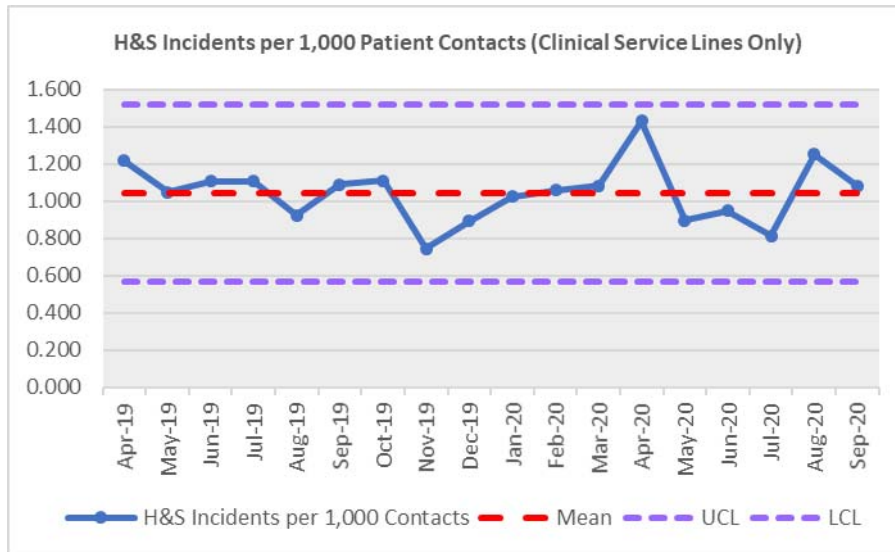
Risks and Issues

Reported incidents



Solent has had an overall decrease of reported incidents for Quarter One and Quarter Two of circa 25.6% compared to last years reported incidents. This is largely due to reduced clinical activity during the COVID-19 lockdown restrictions.

The two tables below show the potential impact of clinic closures during the COVID-19 pandemic on reporting of Incidents compared to patient contact (Clinical service lines ONLY):



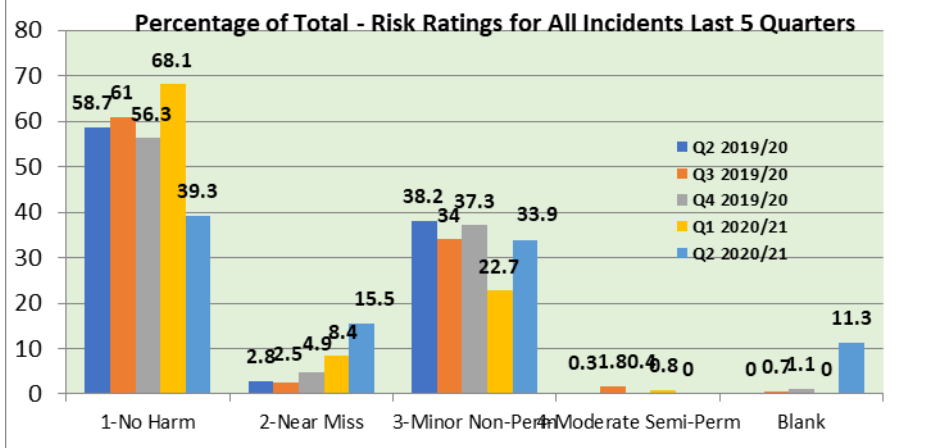
Key Findings:

The data shows that since the start of the Government National lockdown (1 April 2020) there has been a decrease of reported incidents, apart from April and August which shows a more normal level of reporting.

The April peak was due to 91 infectious outbreaks/incidents being reported, accounting for 28.4 % of the total number of H&S reported incidents during Quarter One. 59 incidents were recorded as delay/ availability of treatment due to the lockdown restrictions of which 50 were reported in April. All 59 of those types of incidents were recorded as No Harm.

The higher August figure was attributed to reported office ward temperatures that occurred during the heat wave (27 degree Celsius for more than three consecutive days), and the typical nights (21 degree Celsius for more than three consecutive nights) which lasted for 7 consecutive days during early August.

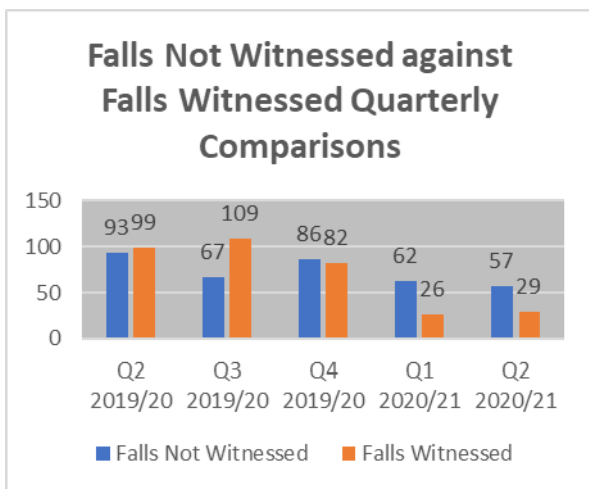
Percentage of total risk rating for all health and safety incidents reported



No harm total percentage trend of reported incident shows a steep decrease from Q1 to Q2 from 68.1% down to currently accounting for 39.3%, this decrease has been offset with an increase from Q1 to Q2 of 7.1% reported near miss incidents.

Non-permanent harm incidents had continued to show a steady decrease of the total number of reportable incidents during Q1 at 22.7%, but this increased during Q2 to 33.9%. Q1 at the start of the COVID-19 lockdown showed a steep decrease of 14.6% but as services started to reoccupy during Q2 the % reported figures have returned to previous Quarterly reported %.

Slip trip and Falls remains the most reportable incident



Slips Trips and Falls comparison to the total number of reported incidents Overall

Comparisons:

Quarter Two 2019/2020 59.6 % attributed to slip trip and falls

Quarter Three 2019/2020 63.6 % attributed to slip trip and falls

Quarter Four 2019/2020 59.1% attributed to slip trip and falls

Quarter One 2020/2021 27.1% attributed to slip trip and falls

Quarter Two 2020/2021 36% attributed to slip trip and falls

A Solent 'Falls clinical lead physiotherapist (Southampton) and Falls Thematic Lead (Solent)' are not in place to support slips, trips and the falls champions, this is on the risk register.

However, consultations have been undertaken with support from the Associate Nurse Director, the right person has been identified to provide falls leadership as part of their wider piece of work and final consultations are underway to confirm when this will commence.

Conclusion:

Reportable incidents have been acted upon appropriately and although the number of incidents has decreased the quality of incident reporting has remained strong and again proven an improved patient safety culture with Clinical teams reporting incidents in relation to service delay/ availability of treatment impacting on patients care. Review of how we address the 2020/21 report as a comparison to 2019/20 may be challenging given the impact of COVID-19 e.g. home working, reduced clinics, increased PPE, individual RA's etc.

Key Areas of Focus

Ligature reduction Programme

CQC have advised this is a key focus area for their next inspections, a recent review demonstrates Solent are in a good position in respect of ligature reduction.

Actions taken:

Due to the works completed by the Solent Estates team and the potential impact of the COVID-19 second wave the ligature mitigating protocols and ligature assessments are being reviewed earlier than scheduled this year. As part of the reviews all the ligature points that have been removed within the current re development works have been fully tracked and recorded.

The Service lines have adopted mitigation controls written within local mitigation protocols in respect of common areas that outline how those areas are managed.

Ligature Management Group meetings have been held, ToR reviewed and an action tracker is pro-actively used. Liaison with estates and facilities on ligature points that have been closed off from existing assessments, and how ligature points will either be picked up individually due to the risk identified by the services or through the current and wider estates re-development programme has taken place.

All findings are fed back to the Project Group for Ligature Risk Assessment and Management, with a clear ward to board pathway and a prioritised plan in place for capital projects funding in terms of remedial works. A business case covering a re-development plan to reduce ligature point estate risks for Oakdene, Hawthorns & Maples ward was recommended for approval by the Capital Approval Group and approved at Finance & Commercial Group.

Summary

Effective actions are being taken to manage the ligature points with mitigating controls and there is a clear financial commitment by the Trust to capital projects to reduce ligature risks.

COVID- 19 Core subjects ONLY covered

5 Steps to Safer Working:

On 25th May Government announced COVID-19 Secure Risk Assessments, the Director of Regulation at HSE said: "Becoming COVID-19 secure should be the priority for all businesses. By law, employers have a duty to protect workers and others from harm and this includes taking reasonable steps to control the risk and protect people from coronavirus.

A Task and Finish group was established with the creation of a blank COVID-19 Secure workplace risk assessment form. Advice, guidance and posters were made available on the Solent NHS Trust COVID-19 webpage.

The Trust has implemented the 5 Steps to Safer Working and since the beginning of June business as usual services and new services who wish to re occupy and restart a service were asked to complete their own site/ service specific COVID-19 Secure Risk Assessment with support from the IPC and H&S Manager.

Summary: As of 15th October, 72 Buildings have been reviewed and 233 COVID-19 Secure Risk Assessments have been completed by Solent Services.

Tenants/ landlords: this covers 25 Buildings, and 16 tenant COVID Risk assessments have been completed.

Actions Taken

- Completed COVID-19 Action tracker was presented at the HQP meeting on 27/08/09, this is now sent on

a regular basis. It was agreed by the HQP's that the tracker sheet is to be sent to Operational Leads to check accuracy and feedback directly if they identify a gap indicating assessments have not been completed for workplaces currently being occupied.

- Premise Managers meetings have been set up to walk through the tracking sheet with an action to check the list for accuracy as some services are on site without having completed a RA, and they also chase up external tenants COVID-19 RA's.
- Estates and H&S Manager are monitoring Landlords COVID-19 RA's. Correspondence undertaken with CHP, NHSPS, and Southern Health Foundation Trust, but still waiting to hear from the remaining smaller landlords, these are being pursued.

All completed COVID risk assessments are placed on the Solnet compliance web page. Constant review of the COVID-19 Secure Risk Assessments tracking sheet is undertaken and updates are reported to the HQPs / Operational leads and also at the monthly health and safety group meeting.

As part of the COVID-19 risk assessment review a number of activities and projects have been undertaken including:

- Provision of Reception screens and floor signage.
- Review of RIDDOR Reporting requirements for CORONOVIRUS to ensure compliance. A RIDDOR reporting power point was created in collaboration with occupational health and the well-being lead to guide incident reviewers asking specific questions to establish a scoring rating/ trigger point and an escalation process for a wider consultation to take place so a consensus as to whether or not the positive case shows reasonable evidence that an unintended incident at work was the cause. To date no reasonable evidence has been established that any positive cases have been caused at work, so no incidents have been reported to the HSE.
- A review of Oxygen supply (Cylinders) available at Solent owned sites, and a review of the piped oxygen supply supporting our inpatient wards at the Royal South Hants Hospital (RSH) were undertaken. This identified some issues with availability of additional cylinders within the system and capacity of oxygen supply through the piped oxygen system at RSH. An empty cylinder protocol was put in place and works to improve the capacity at RSH were undertaken. Due to COVID-19 and to minimise any risks to our staff and third parties from potentially contaminated cylinders a new Contaminated Cylinder Collection Protocol was produced to help improve safety and protect employees. This was issued to infection prevention control links, portering and security teams.
- Personnel Protective Equipment (PPE) and Respirator Protective Equipment (RPE). The response from businesses and the public to reports of insufficient stock for visors and face masks was very encouraging, however this created potential risks with compliance. Guidance on handling donations and loans of medical equipment to hospitals in response to the COVID-19 pandemic was produced. Assessments, evaluation and approval of donated products were undertaken jointly by Infection Prevention Control and the H&S Manager and they continue to work in collaboration in reviewing all the PPE/RPE to ensure they are fit for use and provide suitable protection to staff.
- Due to the Coronavirus and the limited availability of our standard cleaning substances, sanitizers, disinfectants, hand gel etc. additional substances had to be sourced either through the NHS supply chain direct or from other manufacturers. The manufacturers safety data sheet of all new products was obtained and a COSHH assessment was undertaken for each substance. This will continue to be reviewed.

Assessments and Inspections

Due to the COVID-19 restrictions a number of scheduled assessments and inspections were unable to be undertaken.

- Limited progress has been possible for Health & Safety workplace inspections so far in 2020/21.

However, it should be noted that these inspections are not mandatory and are a proactive tool used as part of the HSG65 Plan, Do, Act, Check guidance. This presents a minimal risk.

- No specific site reviews in respect of fuel storage assessment have been able to be undertaken so far in 2020/21. All fuel storage assessments will be prioritised and completed by year end. Remedial Works action tracker will be used to record any actions identified and added to the estates backlog tracker. This presents a minimal risk.
- Disability access review assessment form has been created; however no specific site reviews have been able to take place so far in 2020/21. Disability access is covered with the Solent estates design guides and is used in compliance with the building regulations as and when new or renovation works take place. This presents a limited risk.

Lockdown assessments/ procedures


All lockdown Procedures have been completed (94 Procedures and 99 Action Cards), an action tracker has been created, all lockdown records have been added to the estates MiCAD reporting system which generates an automatic reminder 1 month prior to expiry. All sites are currently in receipt of a lockdown procedure, and we are working with premise managers to plan training \for staff on lockdowns.

Lockdown training and a lockdown test for the bigger sites are being prioritised, WCH and SMH are planned in for November. Outcomes will be recorded onto MiCAD and reported at the Emergency Planning and Business Continuity group.

Board and Committee Cover Sheet

Item No.	11		
Presentation to	In Public Board		
Title of Paper	Information Governance Briefing Paper		
Purpose of the Paper	It is a requirement of the Data Protection Regulations that the Board have oversight of and take accountability for Information Governance (IG).		
Author(s)	Sadie Bell, Data Protection Officer	Executive Sponsor	David Noyes - SIRO
Date of Paper	20 th November 2020	Committees/Groups previously presented	N/A
Summary of key issues/messages	<p>This report should be considered as "read" prior to the meeting and will not be discussed in detail at the meeting. The Trust's Data Protection Officer will attend to address queries and any challenges or concerns raised by the Board Members.</p> <ul style="list-style-type: none"> • <i>Data Security and Protection Toolkit: The Trust was compliant with 37 of the 40 assertions, with regards to the 2019/20 Toolkit</i> • <i>There has been an increase in the number of assertions and requirements for the 2020/21 Toolkit</i> • <i>Information Request: SAR compliance is above 95% and FOI Compliance has achieved an average compliance rate of 90.9% over the last three months. The number of requests received in the last two months has increased dramatically</i> • <i>Incidents: an in-depth, high level review has commenced.</i> • <i>Information Governance working with services: The IG Team are working with services to streamline information governance practices and ensuring a greater level of compliance with Data Protection Requirements.</i> • <i>The IG Team have identified several areas that it would like to concentrate on over the next six months, to improve compliance, learning and collaborative working</i> 		
Action Required	For decision?	N	For assurance? Y
Recommendation	<p>The Public Board is asked to:</p> <ul style="list-style-type: none"> • Consider the contents of the briefing 		

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 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								

1. Purpose

- 1.1** The purpose of this report is to provide the Trust with a summary of the Trust's current Information Governance Compliance with Law, National Requirements and Mandatory NHS Requirements.
- 1.2** Solent NHS Trust believes that it is essential to the delivery of the highest quality of health care for all relevant information to be accurate, complete, timely and secure. As such, it is the responsibility of all staff and contractors working on our behalf to ensure and promote a high quality of reliable information to underpin decision making.
- 1.3** Information Governance promotes good practice requirements and guidance to ensure information is handled by organisations and staff legally, securely, efficiently and effectively to deliver the highest care standards. Information Governance also plays a key role as the foundation for all governance areas, supporting integrated governance within Solent NHS Trust.
- 1.4** This reports covers Solent NHS Trust's Information Governance's Activity;
- Data Protection and Security Toolkit
 - Compliance with legal requests for information
 - Information Governance Incidents

2. Data Protection and Security Toolkit

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

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

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

- 2.2 2019/20 Submission:** The deadline for the 2019/20 was extended by NHS Digital until 30th September 2020; as a result of the impact covid-19 has had on the operations of the NHS. The Trust submitted its submission at the end of September 2020 and achieved compliance with 37 of the 40 assertions. The non-compliant assertions, are outlined below, along with the actions put in place to ensure compliance with in these area, ahead of the 2020/21 submission.

- **Training, 2 assertions non-compliant. Evidence Required;**
 - 95% of staff compliant in Information Governance Training, April 2019 – September 2020; Training plan is to be put in place by the end of December 2020 to ensure 95% training compliance by the end of March 2021
 - Percentage of Board Members, who have completed appropriate data security and protection training: Bespoke IG Training has been developed and cascade to NEDS to ensure compliance for 2020/21.
- **Responding to incidents. 1 assertion non-compliant. Evidence Required;**

- For Emails: Implemented Domain-based Message Authentication Reporting and Conformance (DMARC), Domain Keys Identified Mail (DKIM) and Sender Policy Framework (SPF) records in place for their domains to make email spoofing difficult. This is expected to be completed by end of December 2020 and is linked to the Trust's roll-out and implementation of Office 365. SIRO has accepted non-compliance risk
- **IT Protection. 1 assertion non-compliant. Evidence Required;**
 - All web applications are protected and not susceptible to common security vulnerabilities, such as described in the top ten Open Web Application Security Project (OWASP) vulnerabilities. The organisation is protecting data in transit (including email) using well-configured TLS v1.2 or better. This is expected to be completed by end of December 2020 and is linked to the Trust's roll-out and implementation of Office 365. SIRO has accepted non-compliance risk

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

2.3 2020/21 Toolkit: The publication of this Toolkit has been delayed until the 1st December 2020, although expected standards have been released. The number of assertions have increased from 40 to 44 and the number of requirements under these assertions have increased in by 20 and a further 35 requirements have been reworded, to strengthen the work / evidence required to ensure compliance. In total there are 113 mandatory requirements in this new toolkit.

An action plan has been produced and this is being monitored through the weekly SIRO meetings, between the SIRO and the Trust's DPO.

3. Summary of Information Governance's Legal Requirements Compliance

3.1 An overarching review of the Trust's Information Governance Legal Requirements (Freedom of Information Requests (FOI) and Subject Access Requests (SARS)) shows that there has been rapid increase in demand, in the number of requests received. Compliance rates have however not been impacted by this and compliance rates have returned to a level of high for FOI and full compliance for SAR (ICO requires compliance rates to be 95% or above to be considered fully compliant). This huge achievement has been as a result of the re-implementation of monitoring processes, the training of the interim IG Officer (Records Lead) and the return of the IG Teams Senior Leadership roles, who collective, as a team, have also identified efficiencies in the process.

- Compliance rates for SARs remain high and above the minimum compliance rate of 95%; despite a huge increase in the number of requests that the Trust is received in September and October. In September, the Trust received 54% more SAR requests, compared to the average number of requests received this financial year (65) and October the Trust received 59% more requests.

The biggest achievement is that in September, 84% of the requests received were released ahead of the mandated one calendar month time period and within the best practice time frame of 21 days. In October, to date 92% of requests have been processed within that time frame.

The IG Manager will continue to work with the IG Officer (Records Lead) in implementing additional efficiencies, to cope with the increase in demand, including training the new IG Administrator in processing these requests.

- Compliance rates for FOIs remain high, although slightly below the 95% mandated compliance rate (average compliance parentage the last three months is 90.9%); it is

important to note the increase in the number of requests received during these months. In September, the Trust received 74% more FOI requests, compared to the average number of requests received this financial year (19) and October the Trust received 237% more requests; therefore, the fact that compliance rates have remained high, is a huge achievement. The IG Manager is working with the IG Officer (Records Lead) in implementing additional efficiencies, to cope with the increase in demand, including training the new IG Administrator in processing these requests. In addition, over the next few months they will be improving the Trust's Publication Scheme and FAQ's to reduce the burden on services, responding to these requests.

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

4. Information Governance Incidents/Security

4.1 IG Incident Summary

Due to a large number of reported Information Governance (IG) Incidents, the Information Governance Team have undertaken an in-depth review of both how IG incidents are reported, recorded and validated, as well as an assessment of the root causes of these incidents.

This deep dive review of IG incidents, will consist of a number of stages;

- 1) Establishing / reviewing incident reporting categories and trend
 - Cause 1 & Cause 2: The purpose of this is to streamline reporting causes and provide more defined reporting data, to ensure greater learning.
 - Contributory Causes: The purpose of this is to establish a common set of root causes, which will allow for more in-depth assessment of root causes and more defined reporting
- 2) Data Validation. The IG Team have re-established the IG Officer (IG Lead) role with the team, with one of their key roles to assess IG incidents and ensure that the correct actions / investigations are undertaken to establish the root cause of each incident.
- 3) Improved reporting: The IG Team have worked with Quality & Governance Systems Team to establish robust analysis of IG Incidents, allowing the IG Team to establish a greater understanding of the types of incidents that our occurring and why they may be occurring; ultimately identifying some key actions that need to be undertaken by the IG Team and Services as a whole, to reduce the number of IG Incidents and the impact these incidents have on patients, staff and the Trust as a whole.
- 4) Greater insight into the human elements of IG Incidents and what we can do to reduce "Human Error"; through training, awareness, assessment of service demands that may impact on these incidents, system changes, technology advancements, etc... This will be achieved by using the data as a baseline assessment and then the IG Team working with services to assess what may need to change and ensuring the right changes are made, that will benefit service compliance.

To date stages 1 – 3 have been completed and the data now available, will allow the IG Team to progress with stage 4.

A full breakdown of the Trust's current Information Incidents Types and Root Causes can be found in Appendix B.

The IG Team are currently focusing on the top 3 most commonly reported type of IG Incidents;

- 1) PID Sent to wrong person / address. The main two root causes of this type of incident are Human Error and Process – Failure to Follow
- 2) PID in Wrong Record / Records Error. The majority of these incidents have been caused by Human Error
- 3) Non encrypted email used for PID. The majority of these incidents have been caused by Human Error

The top two types of reported IG Breaches make up 71.5% of the reported IG Breaches and should be the main focus of further investigation.

Human Error vs Process

- 61.3% of the IG Breaches reported are in connection with Human Error
- 28.5% of the IG Breaches reported are in connection with Processes (Failure to follow, Lack of and Unaware of)

These findings indicated that the root cause of incidents are not to do with the processes in place currently within the Trust, but the human elements of working practices. That being said, Human Error should not be dismissed as something we can not reduce, but something we need to understand, assess and ask the question “so what can we do”. If we can get a better understand of these types of incidents and put mechanisms in place to reduce just half of the IG incidents, relating to Human Error, this will reduce IG incidents by 30%. Some of these elements are obvious, as stated above and some will require more in-depth reviews with services.

IG Breaches vs No Breach / Out of Our Control

An assessment of the number of IG Breaches reported (186) vs the number of incidents reported that either resulted in No IG Breach or were Out of Our Control e.g. caused by a third party (149), show an approx. 60%/40% split. This demonstrates;

- A good reporting culture, as we are reporting just as many near misses / out of our control incidents as we are actual breaches. This allows for greater awareness and assessment of incidents, to prevent actual IG Breaches
- Is a testimony to changes in working practices to reduce the impact / IG breach and incident may have on data e.g. removing large amounts of PID from documents / communications, mean if an incident is to occur, it would not necessarily result in an IG Breach.

What Next?

- IG Team to ensure that best practice / reminders of processes, for all incidents reported with a Root Cause of Process (Failure to follow, Lack of and Unaware of) are cascaded to staff as “IG Learning”
- Revision of IG Training and reintroduction of bespoke IG Training, to address the types of incidents that impact Solent NHS Trust, is re-established.
- Working with key services, identified in Appendix B, to establish what the Human Elements are of IG Incidents relating to PID Sent to Wrong Person / Address and PID in Wrong Record / Record Error are. The IG Team will work with Services Lines, with the highest number of reported incidents in this field. It is important to note however, this is not stated that these Service Lines are the cause of the incidents, but rather they have identified the issue through reporting and therefore best suited to work with to establish what more we can learning from these incidents.
- The data identified in this report, will be made available to the IG Team on a monthly basis and a monthly assessment of incident types and root causes are to be assessed monthly. It is

hoped that this early assessment will allow for issues and themes to be caught early and therefore reduce the number of future incidents.

- Each IG incident will be look at in-depth, by the newly appointed IG Officer, so that IG Learning can be established

5. Information Governance Working with Services

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

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

6. Top Security Risks (Taken from the last weekly SIRO Report 16/11/2020)

1. Information Management: This is becoming an increase risk and demand on the Trust to address, as a result of;

- Increased number of incidents around access controls
- Cyber Essential Plus requiring increased assurance
- DSPT requiring increased assurance
- Advances in computer technology
- Legacy processes / practices

The Trusts DPO is currently undertaking a revision of what is required and is writing a proposal on how the Trust could governing its Information Management, in order to meet its legal compliance. The DPO is working closely with the Trust's CCIO, who is also taking a lead in this area, as well as collaborative working with services such as ICT, Information Systems, Power BI and Clinical Services.

2. Penetration Test: Head of ICT Service Delivery and Head of Information & Security, is working closely with CGI, as the Trust's ICT provider to ensure that all vulnerabilities identified in the last Penetration Test have been addressed. The next Penetration Test is scheduled to be undertaken in February 2021.

3. Cyber Security (Cyber Essentials Plus): A gap analysis has been completed, and a meeting has been completed between CGI and Solent to agree on responsibilities. A CCR has now been submitted to CGI for them to complete the costings and work. Due back by end November 2020.

4. DSPT – ICT/CGI new Requirement (assurance required): The increase in assertions and requirements, has result in an increase in demand on already stretched resources within IG and ICT (internal Solent). An action plan is in place and resources in both teams is being reviewed. In addition CGI are yet to provide their action plan, for requirements assigned to them, as our external ICT Provider; this is expected by the end of November 2020.

7. Actions from Previous Board Report

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

- The team will move towards a multi-skilled workforce and offer development opportunities to learn new skills and ensure coverage is available when absences occur.
 - A revision of resources, roles and training has been undertaken
 - A training program has been established
 - Continual cross learning events are scheduled over the next 12 months (this is expected to be an ongoing event, as part of our continual learning culture, that is being established)
 - Plans are in place for cross working, outside of annual leave cover, to ensure that skills are obtained and embedded
- Consider moving IG training to online module
 - This has been completed
 - A review of training needs, current training tool and impact (if any) on Information Governance incidents, understanding and compliance will take place by the end of December, to assess if the national training tool is effective in staff learning vs an in-house bespoke training tool
- Consider moving to online redaction (standard for most NHS Trusts)
 - This has been completed. In addition SAR's are now being released electronically, through secure encrypted routes.

8. Summary

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

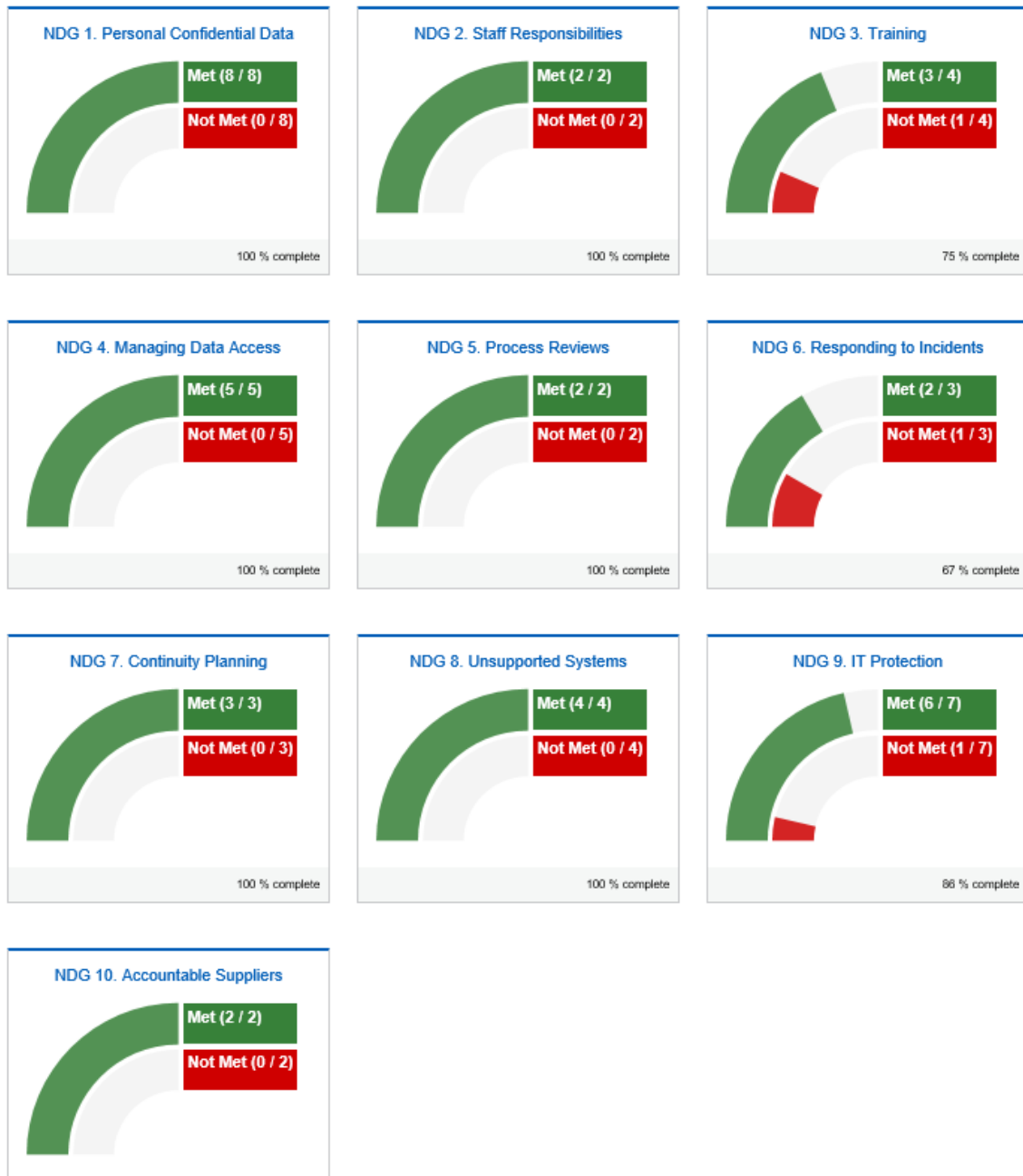
The Information Governance Team have worked extremely hard in the last six months, pulling together to rebuild and reimplement IG Practices within the team and across the Trust, increase compliance and create a learning culture, both within the Team and across the Trust.

The IG Team have identified several areas that it would like to concentrate on over the next six months to improve compliance, learning and collaborative working and include (but not exclusive to);

- Improvements in FOI Practices, including the revision of the Trust's Publication Scheme, developing of an FOI FAQ and the introduction of a new FOI System
- Improvements in SAR Practices, including the introduction of a new SAR System, education on SAR and Records Management Practices across the Trust, improved communication links with requestors
- Training, revision of training materials and resources, lining in with the Trust's new Learning & Development training system and vision. Creating an increased learning culture.
- Incident Management Plan; revision of incident root causes and working with services to identify improvements in working practice. This will also include embedding an IG culture from service level up.
- Information Sharing; identify more efficient and service / patient beneficial information sharing arrangements, to make information sharing across organisation more efficient, whilst meeting our legal obligations
- Refresh / revision of IG Legal Compliance factors, such as Data Protection Impact Assessments, Data Processing Agreements, Privacy Notices, etc... to ensure that the Trust remains compliant with its legal obligations; this is an area of work that has been effected due to the low resources within the IG Team over the last 18 months, but will be one of the main focuses of the DPO and Assistant DPO, over the next six months.

Appendix A: Data Protection and Security Toolkit Current Compliance

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



Appendix B: Information Request Compliance Breakdown

Subject Access Requests:

	April	May	June	July	August*	September*	October*
Number of requests received	40	62	85	58	59	100	103
Number of requests responded to within 21 days (best practice)	19	37	73	53	41	73	71
Number of requests responded to within mandated timescale (one calendar month)	10	17	11	4	4	11	6
Number of requests responded to within covid-19 extended deadline timescale (up to 60 days)	11	8	1	1	-	-	-
Number of breaches within (covid extended deadline)	0	0	0	0	-	-	-
Number of breaches within (legal deadline) *as of 01/08/2020	-	-	-	-	6	3	-
% Compliance – Legal Requirement (30 days)	72.5%	87.1%	98.8%	98.1%	88.2%	96.6%	100%
% Compliance – including Covid-19 extended timeframe	100%	100%	100%	100%	-	-	-
Not Due	-	-	-	-	8	13	26

* Final figures are subject to change, as some requests are currently not due to date

* % compliance = requests minus those not due

Freedom of Information Requests:

	April	May	June	July	August	September*	October*
No. Requests	16	16	17	22	24	33	45
No. Responded within 20 working days	7	9	7	19	23	27	38
Number of requests responded to within covid-19 extended deadline timescale (up to 60 days)	9	7	10	3	1	-	-
No. Breaches	-	-	-	-	-	5	3
% Compliance – Legal Requirement (21 days)	43.8%	56.3%	41.2%	86.4%	95.8%	84.3%	92.7%
% Compliance – including Covid-19 extended timeframe	100%	100%	100%	100%	-	-	-
No. Not Due	-	-	-	-	-	1	4

* Final figures are subject to change, as some requests are currently not due to date

* % compliance = requests minus those not due

* Please note that the due to the extended period, allocated to responding to requests, during covid-19, requests “not due”, within Q4, are a direct result of this extended deadline. There are currently no breaches of the extended deadline.


Appendix C: Incident Analysis and Root Cause

	Human Error	ICT - System Issue	Process - Failure to Follow	Process - Lack of	Process - Unaware of	Deliberate Act	Total (excluding No IG Breach and OOC)	No IG Breach	Out of Our Control (OOC)
PID sent to wrong person/ address	33	5	20	3	3	-	64	13	34
PID in wrong record/ records error	62	2	4	1	-	-	69	8	22
Non encrypted email used for PID	14	-	3	-	-	-	17	1	2
PID saved/ stored insecurely	3	2	4	1	1	-	11	-	3
Inappropriate access		5	2	-	-	1	8	3	2
Lost/ Missing PID	2	3	2	-	1	-	8	4	6
PID found in public place		1	6	-	-	-	7		
Other	-	-	1	-	1	-	2	7	5
Lost smart card/ ID badge	-	-	-	-	-	-	0	35	
Cyber security	-	-	-	-	-	-	0	-	4
Total	114	18	42	5	6	1	186	71	78

Item No.	12.1				
Presentation to	In-Public Board				
Title of Paper	Compliance with the NHS Constitution – Annual Review 2020				
Purpose of the Paper	To provide assurance to the Board that Solent NHS Trust has continued to assess itself against the pledges and rights of the NHS Constitution. The Trust’s ability to demonstrate compliance against the constitutions principles and pledges has been reviewed by the relevant executive lead and their teams. One of the primary aims is to set out clearly what patients, the public and staff can expect from the NHS and what the NHS expects in return. All NHS organisations are legally required to take account of the NHS Constitution in performing their NHS functions.				
Author(s)	Jayne Jenney, Corporate Support Manager and Assistant Company Secretary	Executive Sponsor		Andrew Strevens, Acting CEO	
Date of Paper	17 November 2020	Committees/Groups previously presented		n/a	
Statement on impact on inequalities	Positive impact (inc. details below)	x	Negative Impact (inc. details below)	No impact (neutral)	
Positive / negative inequalities	The premise of the NHS constitution is to ensure equitable provision and delivery of NHS services to all those who access them.				
Summary of key messages / findings	A summary status against the key areas is illustrated below:				
	<u>Compliance with principles:</u>				
	Principle		Compliant/ Non-Compliant		Exceptions
	Comprehensive service, available to all		✓ Compliant		Not applicable
	Access based on clinical need		✓ Compliant		Not applicable
	Aspires to highest standards of excellence and professionalism (quality)		✓ Compliant		Not applicable
	Patients are at the heart		✓ Compliant		Not applicable
	Working across organisational boundaries and in partnership with others		✓ Compliant		Not applicable
	Best value for money and most effective use of resources		✓ Compliant		Not applicable
	Accountable to public, community and patients		✓ Compliant		Not applicable
<u>Compliance with pledges:</u>					
Focus		Key Area		Compliant/ Non-Compliant	Exceptions
Patient & Public	Access to services		✓ Compliant		Not applicable
	Quality of care and environment		✓ Compliant		Not applicable
	Nationally approved treatment, drugs and programmes		✓ Compliant		Not applicable
	Respect, consent and confidentiality		✓ Compliant		Not applicable
	Informed choice		✓ Compliant		Not applicable
	Involvement in your healthcare and in the NHS		✓ Compliant		Not applicable
	Complaints and redress		✓ Compliant		Not applicable
Staff	Rights/pledges		✓ Compliant		Not applicable
A copy of the full report is available for information.					

Action Required	For decision?	N	For assurance?	Y
Summary of Recommendations	The Board is asked to: <ul style="list-style-type: none"> Note the report as assurance that the Trust is compliant with the legal requirement to take account of the NHS Constitution in provision of its NHS services. 			

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 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	 Andrew Strevens Acting CEO							



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

Seven Principles	Exec Leads	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
1. The Trust provides a comprehensive service, available to all	DN / SR	Compliant	Green	All patients eligible for treatment	
2. Access to services is based on clinical need , not an individual's ability to pay	DN / SR	Compliant	Green	Services are free at the point of delivery	
3. The Trust aspires to the highest standards of excellence and professionalism (Quality)	JA/DB	Compliant	Green	<ul style="list-style-type: none"> • Alongside Communities The Solent Approach to Engagement and Inclusion Strategy 2020-2025 • Quality improvement programme and cohorts A Framework of Quality Assurance for Responsible Officers and Revalidation Annual Board Report and Statement of Compliance (October 2020) • Quality Assurance Framework • Quarterly monitoring through the Quality Report including CQC essential standards • Quality Account • Quarterly complaints scrutiny panel • Quality Improvement and Risk Group • Annual Clinical Audit Programme • Annual staff survey • Clinical Standards Group • Competency Scrutiny Panel 	
4. The patient will be at the heart of everything the NHS does	JA/SR /DN	Compliant	Green	<ul style="list-style-type: none"> ▪ Solent 'story' linked to strategy ▪ Introduction of community conversations with patients, families and carers during the pandemic to ensure continuity of gathering feedback about experience of care. ▪ Service user led experience of care metrics group advising on ways of measuring what really matters to patients ▪ New Learning from Experience Panel focuses on learning from all sources of feedback and is moving towards being service user led ▪ Experience of care priorities ratified based on what patients, families and carers have told us is important to them ▪ "Your voice counts" leaflets ▪ "Your view, your say, your service" leaflets ▪ Service user feedback is encouraged through the use of social networking sites (e.g. Facebook, NHS Choices, Twitter, Patient Choices) ▪ Service User Support Groups (Note: Community Engagement Strategy and delivery changes) ▪ Family and Friends monitoring of numbers and narrative ▪ Community Engagement Committee ▪ Alongside Communities The Solent Approach to Engagement and Inclusion Strategy 2020-2025 Duty of Candour ▪ The Academy of Research & Improvement ▪ Freedom to Speak Up Guardians available for staff to raise concerns: including those of patient safety ▪ To host a system wide event with patients, families and carers, providers and voluntary sector to design a new pathway of providing feedback 20 November 2020 	
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.	DN / SR	Compliant	Green	<ul style="list-style-type: none"> • Active participant and partner in the Hampshire & IOW Sustainability and Transformation Partnership (STP) and developing Integrated Care System and Integrated Care Partnerships - for example; <ul style="list-style-type: none"> ○ In Portsmouth & South East Hampshire (PSEH) system: Medically Fit for Discharge programme, MCP programme ○ In Southampton: Better Care Transformation partnership with IOW MH • Strategic exchanges with partner organisation boards and exec teams • Membership of multi organisational programme boards • Health and social care teams in the localities – oversight from the Partnership Management Group (cross organisational board) in Southampton • Acute community multi-disciplinary teams for frail elderly • Working in partnership for individual care pathways including COPD, diabetes, stroke, heart failure • A range of partnerships through sub-contracts with third sector organisations • Leadership of the military mental health Alliance in Portsmouth working across charity and third sector organisations • 	
6. The Trust is committed to providing best value for taxpayers' money & the most	GF	Compliant ¹	Green	<ul style="list-style-type: none"> • External Audit VFM opinion for 19/20 was an unqualified opinion within the Trust's financial statements. • The Trust has complied with the breakeven duty over the 3 year period ending 31 March 2020. 	

effective, fair & sustainable use of finite resources.				<ul style="list-style-type: none"> The Trust has agreed a £3.0m deficit control total for the year ending 31 March 2021, driven by investments needed in services to support ICP restoration and recovery of the Covid-19 pandemic. Excluding the investments, the Trust would breakeven. 	
7. The Trust is accountable to the public, communities and patients it serves	RC	Compliant	Green	<ul style="list-style-type: none"> Annual Report In Public Board Meeting papers and minutes available via the public website Alongside Communities The Solent Approach to Engagement and Inclusion Strategy 2020-2025 Attendance at health watch, health and overview scrutiny. Annual General Meeting 	

Access to Services			Executive Lead = David Noyes /Suzannah Rosenberg COOs	
The NHS commits to		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution (pledge); to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered (pledge); and to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them (pledge). 		<ul style="list-style-type: none"> Activity against waiting times recorded within performance report and monitored in more detail through performance sub committees. Daily updates to waiting times information available to all staff via PowerBI for operational management and organisational transparency Board In Public papers Solent NHS Trust works with its partners to ensure smooth transitions along care pathways and between providers 		None
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to receive NHS services free of charge , apart from certain limited exceptions sanctioned by Parliament.	Compliant	Green	Services are free at the point of delivery	Referred patients to Dental Services have to meet a certain criterion
You have the right to access NHS services . You will not be refused access on unreasonable grounds.	Compliant	Green	All patients eligible for treatment and access is available using a range of options including, GP referral, direct access, Referral criteria on web site	Dental patients have to pay for treatment unless exempt
You have the right to expect your local NHS to assess the health requirements of the local community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.	Not applicable		Duty rests with commissioners; <ul style="list-style-type: none"> Commissioning plans in place to commission services from Solent NHS Trust. Solent NHS Trust plans are aligned with commissioners and wider ICS plans Solent actively supporting population health project in PSEH 	
You have the right, in certain circumstances, to go to other European Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner.	Not applicable		Duty rests with commissioners	
You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status	Compliant	Green	<ul style="list-style-type: none"> D&I Strategic Group Staff Resource Groups: BAME, Disability, Multi Faith and LGBT+ D&I Annual Reporting D&I Solent Strategy 2020 onwards NHSEI Workforce Standards: WRES, WDES, Gender Pay Gap, SOM, EDS2 WRES – Race Equality Taskforce – 10 year aspirational plan Ongoing awareness raising, D&I conversations at all levels D&I team of expertise in all areas of Inclusion Systems and Process reviewed with a D&I lens regularly 	
You have the right to access certain services commissioned by NHS bodies within maximum waiting times , or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution	Compliant	Green	<ul style="list-style-type: none"> Patient Access and Waiting Times Policy Performance report 18 wk national targets achievement monitored 6 week diagnostic targets achievement monitored Delayed transfers of care targets achievement monitored Contractual targets monitored Solent NHS Trust works with its partners to ensure smooth transitions along care pathways and between providers Automated, daily waiting list reports available to all staff Solent NHS Trust meets constitutional standards whilst acknowledging: <ul style="list-style-type: none"> increased waiting times across multiple services as a direct result of the impact of COVID-19 on service provision. Lengthy waiting times for procedures under general anaesthetic within our Special Care Dental service. Patients are triaged prior to adding to the waiting list and any patients requiring urgent care appropriately prioritised. NHS England kept fully sighted on the position. 	

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

Nationally approved treatment, drugs and programmes			Executive Lead = Dan Baylis, CMO	
Pledges		How do we demonstrate Compliance		Exceptions to compliance
<ul style="list-style-type: none"> to provide screening programmes as recommended by the UK National Screening Committee (pledge). 		<ul style="list-style-type: none"> Chlamydia Screening Newborn Screening 		
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance

You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.	Compliant	Green	<ul style="list-style-type: none"> • NICE compliance is part of the annual clinical audit plan (national and local). Report to QIR Quality Assurance Committee. • Also monitored via Medicines Management Committee • Medicines Management & Safety Policy • Medicines Management Committee 	None
You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.	Not applicable	N/A	Duty rest with commissioners	N/A
You have the right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.	Not applicable	N/A	Duty rest with commissioners <ul style="list-style-type: none"> • HPV Vaccination programme • Child Immunisation Programme • Flu Vaccination programme • Future Covid Vaccination programme 	N/A

Respect, consent and confidentiality			Executive Lead = Jackie Ardley, CN and Acting Deputy CEO	
The NHS also commits to:		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively (pledge); that if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution (pledge); to anonymise the information collected during the course of your treatment and use it to support research and improve care for others (pledge); where identifiable information has to be used, to give you the chance to object wherever possible (pledge); to inform you of research studies in which you may be eligible to participate (pledge); and to share with you any correspondence sent between clinicians about your care (pledge) 		<ul style="list-style-type: none"> Waiting times Leaflet availability Complaints feedback Caldicott Guardian Information Governance adherence Records review and audit Research Strategy All clinicians have access to the summary care record All patient records now electronic. 		Where it is not deemed in the best interest of the client or family to share data
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to be treated with dignity and respect , in accordance with your human rights.	Compliant	Green	<ul style="list-style-type: none"> Our values Dignity at Work Policy (Bullying & Harassment) Quarterly essence of care benchmarking on Dignity and respect Quarterly survey of patient and carer experience Complaints process and quarterly monitoring of themes and trends. DOLS audits Monitoring of compliance with the new Care Act 2014 within the Safeguarding Adult framework Policies subject to impact assessments Monitoring of compliance with mixed sex accommodation Chaperone Policy Interpreter service available Monitoring of compliance with EDS2 Data Protection Compliance Policy Monitoring of compliance with Accessible Information Standards 	None
You have the right to be protected from abuse and neglect , and care and treatment that is degrading.	Compliant	Green	<ul style="list-style-type: none"> Level 1- 3 Safeguarding training for Children and Adults Prevent Training Safeguarding referral in place Safeguarding Audits Safeguarding Supervision Policy – policy update and reviewing training offer to ensure high quality supervision Participation in MASH and MARAC Safeguarding Steering Group Safeguarding Safeguarding Children, Young People and Adults at Risk Policy Compliance with MHA, and review through committee Domestic Abuse Policy Safeguarding Advice Line for all Staff Safeguarding Strategy 2020-2023 Active participation in children and adult safeguarding partnership boards and sub-committees 	
You have the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests	Compliant	Green	<ul style="list-style-type: none"> Consent to Examination and Treatment policy and consent audits Safeguarding Children, Young People and Adults at Risk of Harm Policy Domestic Abuse Policy Care Programme Approach (CPA) Standard Care Policy Information Leaflets DoLs and MCA Training on DoLs and MCA Advocacy Service and MHA advocates Compliance with MHA, and review through committee 	None
You have the right to be given information about the test and treatment options available to you, what they involve and their risks and benefits.	Compliant	Green	<ul style="list-style-type: none"> Service Information leaflets Initial and Pre-operative assessments Consent to Examination and Treatment Policy 	None
You have the right of access to your own health records and to have any factual inaccuracies corrected.	Compliant	Green	<ul style="list-style-type: none"> Access to Health Records Policy/Subject Access Requests Data Protection Compliance Policy Information Sharing Protocols SIRO and Caldicott positions held at Board level Data Security & Protection Toolkit Submission 	None
You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure.	Compliant	Green	<ul style="list-style-type: none"> Patient feedback Data Security & Protection Toolkit Submission Information Sharing Protocols Caldicott Principles, Data Protection, Caldicott & Confidentiality Policy SIRO and Caldicott positions held at Board level 	None

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

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


Involvement in your healthcare and in the NHS			Executive Lead = David Noyes /Suzannah Rosenberg COOs	
The NHS also commits:		How do we demonstrate compliance?		Exceptions to compliance
<ul style="list-style-type: none"> provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge); to work in partnership with you, your family, carers and representatives (pledge); to involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge); and to encourage and welcome feedback on your health and care experiences and use this to improve services (pledge). 		<ul style="list-style-type: none"> Board In-Public papers Service users are involved in planning many services Focus groups Consultation groups with patient/public involvement Alongside Communities The Solent Approach to Engagement and Inclusion Strategy 2020-2025 		None
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care , and to be given information and support to enable you to do this. Where appropriate, this right includes your family and carers. This includes being given the chance to manage your own care and treatment, if appropriate.	Complaint	Green	<ul style="list-style-type: none"> Core question asked in the quarterly patient experience survey programme Consent to Examination and Treatment Policy Patient information leaflets Complaints/concerns process Key element of Solent Values Involvement in care planning and having a copy of care plan End of Life Policy 	
You have the right to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which, in the opinion of a healthcare professional, has caused, or could still cause, significant harm or death. You must be given the facts, an apology, and any reasonable support you need.	Complaint	Green	<ul style="list-style-type: none"> Duty of Candour SIRI policy Complaints policy Emphasis on timely local resolution of complaints and concerns 	
You have the right to be involved, directly or through representatives , in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.	Complaint	Green	<ul style="list-style-type: none"> Service users are involved in planning many services Focus groups Consultation groups with patient/public involvement Alongside Communities The Solent Approach to Engagement and Inclusion Strategy 2020-2025 	

Complaints and Redress			Executive Lead = Jackie Ardley CN and Acting CEO	
The NHS also commits			How do we demonstrate compliance?	Exceptions to compliance
<ul style="list-style-type: none"> to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and the fact that you have complained will not adversely affect your future treatment to ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again; and to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services 			<ul style="list-style-type: none"> The Trust has an open and honest approach to complaints and is willing to accept when standards have not been at a level they would expect. Apology is always made in these circumstances and the complainant will be informed of what actions are to be taken to resolve the problem. The Trust has a continuous improvement plan to ensure learning is implemented. Numbers of complaints and a trend analysis is reported to the Board bi-monthly within the Performance report. Details of all complaints, in particular those which have required improvements to be made are recorded and shared with Senior Managers and discussed at monthly Service Line Governance Meetings in an effort to provide assurance that actions are completed but also to allow other teams to share in the lessons learned. Freedom to Speak Up: Raising Concerns Policy, Resolution policy, Staff friends and family. 	None
Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
You have the right to have any complaint you make about NHS services dealt with efficiently and to have it properly investigated.	Compliant	Green	<ul style="list-style-type: none"> Complaints, Concerns, Enquiries & Compliments Policy: listening to service users Emphasis on early and appropriate local resolution Complaints Report The Trust has implemented a policy in relation to Duty of Candour, and staff are informing patients/service users who may have suffered harm of their ability to raise a complaint. The Trust welcomes all feedback from our service users and sees complaints as an opportunity to review and improve the standard of care we are providing. All complaints are thoroughly investigated by a senior member of staff and responses scrutinised by members of our Executive Team prior to being sent. The CEO reviews all formal complaints responses prior to release Duty of Candour Quarterly Learning from Experience Panel 	None
You have the right to discuss the manner, in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.	Compliant	Green	<ul style="list-style-type: none"> The Trust's PALS & Complaints Service make contact within 3 working days with anyone who has made a complaint. Where possible and desirable to the person making a complaint, a local resolution meeting will be arranged with the service in an attempt to meet their needs and provide assurance. In cases where a local resolution does not fully resolve the issues, the service will agree a date for the completion of the complaint investigation with the person involved Once a complaint has been responded to a satisfaction questionnaire is sent to the complainant to ask if they feel they have been discriminated in any way because of having made a complaint. A meeting with the Service involved is always offered When appropriate, and it need, a member of the PALS & Complaints Services will attend to support with the complaints process and any questions Details of the Independent Complaints Advocacy Service are also included in the Trust's acknowledgement letters and complaints leaflet 	The satisfaction questionnaire remains under review due to the redeployment of 3 PALS and Complaints staff during the first wave of Covid 19.
You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.	Compliant	Green	<ul style="list-style-type: none"> Where there is an unavoidable delay to the response due to either the complexity of the issue or service delays the organisation will contact the complainant either by phone, email or letter to explain. Complainants can also meet with service and corporate leads to understand the outcomes in more detail and to be assured of lessons learnt and changes made. The trust follows the guidance of the Duty of Candour Policy as best practice in relation to informing complainants of the progress/outcome of an investigation. 	None
You have the right to take your complaint to the independent Health Service Ombudsman , if you are not satisfied with the way your complaint has been dealt with by the NHS.	Compliant	Green	<ul style="list-style-type: none"> In every formal response letter, the Trust provides information on the right to refer a complaint to the 2nd stage of the NHS complaints process, the Ombudsman. Contact details for the Ombudsman's office are also included in our complaints leaflet and Trust website 	None
You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.	Compliant	Green	<ul style="list-style-type: none"> All complainants are informed of their rights to progress the complaint further if they are dissatisfied with the organisational response 	None
You have the right to compensation where you have been harmed by negligent treatment.	Compliant	Green	<ul style="list-style-type: none"> NHS Resolution Risk Pooling membership Litigation Process 	None

Staff			Executive Lead = Jas Sohal, Acting CPO	
The NHS commits:			How do we demonstrate compliance?	Exceptions to compliance
<ul style="list-style-type: none"> to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability (pledge); to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities (pledge); to provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential (pledge); to provide support and opportunities for staff to maintain their health, wellbeing and safety (pledge); <ul style="list-style-type: none"> to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families (pledge); to have a process for staff to raise an internal grievance (pledge); and to encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996 (pledge) 			<ul style="list-style-type: none"> All staff have job descriptions and all staff should have an annual appraisal As part of the annual appraisal discussion, staff have the opportunity to discuss and agree their personal development plans 	None
Staff Rights	Compliant / Non-Compliant	RAG status	How do we demonstrate compliance?	Exceptions to compliance
have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;	Compliant	Green	<ul style="list-style-type: none"> Flexible Working practices Occupational Health and Wellbeing Service Counselling Service and Employee assistance programme (24/7 confidential line) Special Leave Policy Living our values 	None
have a fair pay and contract framework;	Compliant	Green	<ul style="list-style-type: none"> Agenda for change pay scales embedded Committed to Living Wage pledge 	None
can be involved and represented in the workplace;	Compliant	Green	<ul style="list-style-type: none"> Staff Side partnership working Joint Consultative Committee & Doctors & Dentist Negotiating Committee Staff Resource Groups: BAME, Disability, Multi Faith and LGBT+ Engagement Programme Staff Survey Workforce & OD Committee People & OD Group . 	None
have healthy and safe working conditions and an environment free from harassment, bullying or violence;	Compliant	Green	<ul style="list-style-type: none"> SEQOHS (Safe, Effective, Quality Occupational Health Service) accreditation Health & Safety Committee & Policy Joint Consultative & Negotiating Committee Health & Wellbeing Forum that includes optimising wellbeing and the lived experience of staff Wellbeing Champion Network Dignity at Work Policy (Bullying & Harassment) Staff Survey Freedom to Speak up Guardians . 	None
are treated fairly, equally and free from discrimination ;	Compliant	Green	<ul style="list-style-type: none"> D&I Strategic Group Staff Resource Groups: BAME, Disability, Multi Faith and LGBT+ D&I Annual Reporting D&I Solent Strategy 2020 onwards NHSEI Workforce Standards: WRES, WDES, Gender Pay Gap, SOM, EDS2 WRES – Race Equality Taskforce – 10 year aspirational plan Ongoing Awareness raising, D&I conversations at all levels D&I team of expertise in all areas of Inclusion Systems and Process reviewed with a D&I lens regularly 	None
can in certain circumstances take a complaint about their employer to an Employment Tribunal ;	Compliant	Green	<ul style="list-style-type: none"> Resolution Policy Improving & Managing Conduct Policy and Suspension Policy 	None
can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest.	Compliant	Green	<ul style="list-style-type: none"> Freedom to Speak Up Policy Freedom to Speak Up Steering Committee (quarterly) Incident reporting system Freedom to speak up guardians Awareness drive is in progress to ensure all staff feel comfortable in raising concerns 	None

Item No.	13				
Presentation to	In-Public Board meeting				
Title of Paper	Workforce and OD Committee Exception Report				
Purpose of the Paper	To summarise the business transacted at the Workforce and OD Committee held on 19 November 2020				
Author(s)	Jayne Jenney, Corporate Support Manager and Assistant Company Secretary	Executive Sponsor	Jas Sohal, Acting Chief People Officer		
Date of Paper	19 November 2020	Committees/Groups previously presented	N/A		
Statement on impact on inequalities	Positive impact (inc. details below)	Negative Impact (inc. details below)	No impact (neutral)	X	
Summary of key messages / findings	<p>The committee received a Workforce Performance and Sustainability report and reviewed the key workforce objectives. It was noted that overall, despite the Covid-19 situation, the workforce position remains relatively positive. The committee noted the additional workforce planning work being undertaken and improvements to internal support mechanisms to improve the wellbeing and morale of existing staff.</p> <p>The Communications Dashboard was shared and the committee was updated on quarter 2 social media and digital analytics, media and PR activity and Solent publications and events. Winter communication plans were also discussed.</p> <p>A Risk Appraisal update was provided and it was noted that the main risk remains to be that of workforce planning and shortage of key skills. Sufficient assurance was given that risks are being managed within the existing People and OD strategy and plan. Progress with E-Roster audit findings were shared and an update on two future planned audits was provided.</p> <p>Board Assurance Framework revised risk scores were considered and agreed.</p> <p>Committee exception reports were noted from the POD Group, Joint Consultative Negotiating Committee and DDNC. It was agreed that Mike Watts be invited to attend a future POD Group meeting to ensure WOD ToR are being met. It was also requested that Clinical Excellence Awards decisions be looked at for impact on pay gap</p> <p>The Committee Effectiveness Review outcome report was presented. It was agreed that it would be good to use the outcomes as a basis to review agenda of future meetings.</p> <p>The Committee received a deep dive into Diversity and Inclusion data that was requested to assure the quality of the data recorded and note the progress made towards its diversity and inclusion objectives and action plans. Progress to date was provided.</p> <p>The committee agreed that areas of the original Workforce Optimisation Programme are descope due to recent changes to HR. This will help to stabilise the team whilst priorities and capacity can be reviewed. It agreed to descope temporary staffing processes focusing on agency and off framework use and organisation design principles. It was agreed to continue with the E-Roster Improvements Programme.</p> <p>The committee was briefed on work in progress to support the embedding of flexible, agile and virtual working within the Trust.</p>				
Action Required	For decision?	N	For assurance?	Y	
Summary of Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the exception 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 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								

Board and Committee Cover Sheet

Item No.	16		
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 5 th November 2020.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Non-Executive Sponsor	Jon Pittam, Non-Executive Director (Committee Chair)
Date of Paper	November 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 Acting Chief Finance Officer presented a report outlining the **Single Tender Waivers** processed since the last meeting. Rationales were provided, mainly around timing and renewals of tenders due to COVID, which were noted by the Committee.
- The Trusts' internal auditors, PwC presented the **Internal Audit Progress Report** and **final Internal Audit Plan**. The Committee noted the final plan and a summary of further progress against the 2020/21 audit plan was provided:

Review to be undertaken	Executive Sponsor	Target AC date	Audit Sponsor identified	Scoping meeting(s) held	Terms of reference	Fieldwork dates confirmed	Fieldwork completed	Report issued to Solent	Review complete
Finance: Financial Data	Interim Chief Finance Officer	May 2021	Completed	Completed	In progress	In progress			
IT: Outsourced IT services tender assurance	Chief Operating Officer – Southampton and County Services	February 2021	Completed	Completed	Completed	Completed	w/c 9th Nov		
Risk Management: Restoration of services/ recovery from Covid-19	Interim Chief Finance Officer	February 2021	Completed	Completed	In progress	In progress			
Data Security Protection (DSP) Toolkit	Chief Operating Officer – Southampton and County Services	February 2021	Completed	Completed	Completed	Completed	In progress		
Health and safety and occupational health	Interim Chief People Officer	May 2021	Completed	Completed	In progress	In progress			
E-rostering and payroll	Interim Chief People Officer	May 2021	Completed	Completed	In progress	In progress			
Follow up	Interim Chief Finance Officer	May 2021	Completed	Completed					

Extensive discussions were held in relation to outstanding Internal Audit actions and associated deadlines, especially for high-risk actions associated with IT asset management and E-rostering. It was agreed that further assurance regarding Asset Management, as well as processes implemented to support home working would be provided at the next meeting.

- The Committee received an assurance report in relation to **ICT Procurement**, to provide high level assurance that the ICT Future Operating Model has the best opportunity of producing a successful contract, following a competitive and compliant procurement process. Assurance was also obtained that the procurement process has a rigorous governance procedure, enabling the future contract(s) to be fit for purpose, whilst demonstrating value for money. The report demonstrated that the lessons learned from the 2012/13 procurement had been reflected in the current procurement programme, project management, risk management and governance. Assurance of internal governance and control mechanisms in place surrounding the Asset Management Internal Audit action was provided.
- A deep-dive report on **Internal Audit- E-Rostering Recommendations** was received. Extensive discussions were held in relation to system challenges and the roster improvement programme. It was agreed that a stocktake of progress and a new business plan was needed to make use of the strategic capacity of the E-Rostering system, which would be subject to review at the Workforce and OD Committee. It was also agreed that an update would be submitted back to this Committee to provide further assurance of risk mitigations and process control following that reset.

- The Local Counter Fraud and Security Specialist presented the **Counter Fraud Progress Report** and noted changes to the government issued 'Government Functional Standard', that would be in place from April 2021.
The Committee were informed of significant rise in the number of fraud alerts issued to the Trust and the importance of awareness was emphasised.
Completion of the Bribery Risk Assessment was noted.
A significant decrease in referrals since the start of the pandemic was also reported.
- The **Committee Effectiveness Review/Appraisal** was noted.
- Ernst & Young presented the **Outline Audit Plan 2020/21** and provided an overview of the areas of focus in relation to new and standing risks.
The Committee were informed of changes to the National Audit Office (NAO) 2020 Code, impacting future reporting.
- Ernst & Young also briefed the Committee on key findings and recommendations from the **Redmond Review**.
- The **Clinical Audit Annual Plan- 6-month review** was presented and an overview of active work to ensure effective review and tracking of audits across service lines was provided. An update on the impact of Covid-19 was also shared.
- There was no update to provide in relation to **External reviews / (un)announced visits**.
Ongoing regular discussions with the CQC were highlighted and the Committee were informed of recent Mental Health Act Compliance visit- with no actions of concern identified.

Decisions made at the meeting:

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

Recommendations:

There are no specific recommendations to note.


Other risks to highlight (not previously mentioned):

There are no risks to highlight.

Board and Committee Cover Sheet

Item No.	17		
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 19 th November 2020.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Executive Sponsor	Thoreya Swage, Non-Executive Director (Committee Chair) Jackie Ardley, Chief Nurse & Acting CEO
Date of Paper	November 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** or **Urgent Matters of Safety** to report.
- **Partnership Governance Arrangements**- Extensive discussion was held regarding Covid-19 activity in the Trust and the system. The Chief Operating Officers briefed the Committee on current position across localities and an overview of the Covid-19 and Flu vaccination programmes were shared.
- The Committee **noted** the following reports presented:
 - **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.
 - **Infection & Prevention Quarter 2 Report**- The Head of Infection, Prevention & Control provided an overview of work from quarter 2 including Covid-19 activity. Key messages, themes and challenges were shared.
 - **Patient Safety Quarter 2 Report**- The Chief Nurse & Acting Deputy CEO shared the report and the Committee discussed increased reporting.
 - **BAF consideration & oversight of risks**- The Committee agreed risk score updates reported. Assurance was provided in terms of continual response and review of controls and mitigations.
- The **Ethics Panel Exception Report** was presented and discussions were held in relation to further communications required to promote the forum.
- The Committee received a verbal update on **Regulatory Compliance matters (including CQC matters, recent visits and any NHSE/I items)**. The Chief Nurse & Acting Deputy CEO informed the Committee of 2 new lead CQC inspectors and highlighted invitation to join a future Board meeting. No concerns were raised.

Decisions made at the meeting:

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

Recommendations:

There are no specific recommendations to note.

Other risks to highlight (not previously mentioned):

There are no risks to highlight.

Board and Committee Cover Sheet

Item No.	20.1		
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, 5 November 2020		
Author(s)	Rachel Cheal, Company Secretary	Sponsor	Gaurav Kumar, NED – Committee Chair David Noyes – Executive Sponsor
Date of Paper	5 November 2020	Committees/Groups previously presented	----
Summary of key issues/messages	<p>The Committee:</p> <ul style="list-style-type: none"> received the Quarter 2 2020/21 Finance Report - it was acknowledged that year to date donations of £52,047, consisting of £50k Covid-19 Appeal Grant Award from NHS Charities Together and several general public donations totally £2,047. It was noted that pleasingly, public donations had been made via the Go Fund Me on-line platform. It was noted that a total of two generous donations by NHS Charities Together have now been received, in Q1 2020/21 being £59,500 (as part of the Stage 1 Grant, distributions 1 and 2) and in Q2 a further £50k (distribution 3). agreed that it would be prudent for the Finance Team to conduct a small exercise to predict potential audit fees in light of increased donations. agreed that an application for the NHS Charities Together Stage 3 Grant be made, which would result in an additional £77k being donated to the charity, specially to support recovery plans (award calculated at £3 per head, based on 3.500 headcount, rounded to the nearest +500). It was suggested that consideration be given to Trust wide Occupational Health and Wellbeing activities that could be supported via this route. considered funding requests submitted and concluded that the request to sponsor an external sports team was not in keeping with the Charity's objects. The Committee supported the donation of staff time to participate in a fundraising event with a strategic partner. acknowledged that following receipt of the Independent Examiners report, that the accounts and annual report will now be submitted to the Charity Commission, ahead of the 31 January 2021 deadline received an update on progress against the NHS Charities Together Covid-19 grants. It was confirmed that the 'ground breaking' event for the Wellbeing Gardens at both St Marys Hospital and the Western Community Hospital are due to take place week of 7 December, with the work expected to complete by 24 December. Opening events are planned post- Christmas. <p>The Committee were also informed of the intention to include a memorial tree at the St Mary's Hospital garden in memory of a colleague. Artists images are included as Appendix 1.</p> <p>The Committee acknowledged the need for the gardens to be maintained and discussed options to do so, including the potential for staff volunteers and connections with the wider Trust's Community Engagement programme</p>		

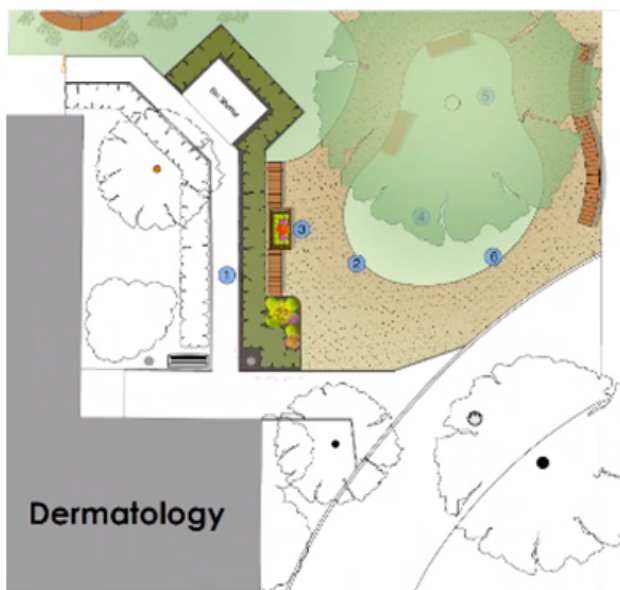
	<ul style="list-style-type: none"> • agreed the updated Terms of Refence, following their annual review (Appendix 2) • acknowledged progress made against the Committees objectives, as part of the mid-year review and agreed the recommendations proposed in terms of formalising progress against communications plans and donation spending. The Committee also received the results of the Annual Committee Effectiveness Review. 			
Action Required	For decision?	N	For assurance?	Y
Recommendation	The Board is asked to receive the above summary of business transacted.			

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

Level of Assurance <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								

Appendix 1

Artist impressions of the Wellbeing Garden areas at St Mary's Hospital campus



Artist impression of Wellbeing Garden areas at Western Community Hospital campus



Solent NHS Trust

Charitable Funds Committee – Terms of Reference

1 Constitution

- 1.1 The Charitable Funds Committee (The Committee) is a Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference. These Terms of Reference will be reviewed at least annually by the Trust Board to ensure they remain appropriate.

- 1.2 The Charitable Funds Committee exists to carry out functions delegated to it by Solent NHS Trust, which is the Corporate Trustee of the Charity that is registered with the Charity Commission as Portsmouth & South East Hampshire Charitable Fund (number 1053431), now Solent NHS Charity. The Charity is also known as 'Beacon', Solent NHS Trust Charity.

- 1.3 The Corporate Trustee, through its board, has delegated day to day management of the charity to the Committee, including delegable functions as defined in regulation 16 of the NHS Trusts (Membership & Procedures) Regulations 1990 [*and under section 11 of the Trustee Act 2000 once authorised as a Foundation Trust*].

2 Purpose

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

3. Duties

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

3.2 Policies & Procedures regarding Charitable Funds

The Committee will

- establish policies and procedures required for the effective day to day management of the Charitable Funds.
- ensure that the Trust's policies and procedures for charitable funds and investments are followed.
- review and approve the Trust's policies and procedures for the use and investment of charitable funds.
- approve the Charity accounts on behalf of the Board, as Corporate Trustee

3.3 Investment Portfolio

The Committee will

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

3.4 Brand Development and Fundraising

The Committee will

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

3.5 The Committee will conduct an annual appraisal of its effectiveness.

4 Membership

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

- Non-Executive Director
- Chief Operating Officer
- Deputy Director of Finance

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

5 Attendees

5.1 Attendees invited to the Committee will be;

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

6 Meeting administration

- 6.1 The Executive Assistant to the Acting CEO shall act as the secretary of the committee. Papers will be circulated in accordance with the Trusts Standing Orders. Minutes of the meeting will be circulated to members once agreed by the Chairman.
- 6.2 The Finance Lead will ensure that the delegated approvals for expenditure are recorded and reported to the next Charitable Funds Committee, when these are above the limits noted in Financial Regulations, and approved by the Acting Chief Executive.

7 Quorum

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

8 Frequency

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

9 Authority

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

10 Reporting

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

Version
Agreed at Charitable Funds Committee

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Date: November 2020

Date of Next Review

Date: October 2021