

# Agenda

## Solent NHS Trust In Public Board Meeting

Date: Monday 29<sup>th</sup> March 2021

Timings: 9:30 – 11:00

Zoom Meeting

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	09:30	5mins	<b>Chairman's Welcome &amp; Update</b>	Chair	To receive
			<ul style="list-style-type: none"> <li>• Apologies to receive</li> </ul>		
			<b>Confirmation that meeting is Quorate</b> <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> <li>• a minimum of two Executive Directors</li> <li>• at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair</li> </ul>	Chair	-
			<b>Register of Interests &amp; Declaration of Interests</b>	Chair	To receive
2	09:35	20mins	<b>Patient Story</b>	Chief Nurse Officer	To receive
3	09:55	5mins	<b>*Previous minutes, matters arising and action tracker</b>	Chair	To approve
4	10:00	10mins	<b>Contemporary updates inc:</b> <ul style="list-style-type: none"> <li>• Item 4.1- Safety and Quality first &amp; feedback from Board to Floor Visits (<i>including 6 monthly update report</i>)</li> <li>• Item 4.2- Freedom to Speak Up - Any matters to raise to the Board</li> </ul>	Chief Nurse Officer	To receive
<b>Due to the level 5 national emergency, the following reports will be taken as 'read' only:</b>					
5		-	<b>CEO Report</b>	Deputy CEO / CEO	To receive
6			<b>Performance Management Report</b>	Executive Leads	To receive
7			<b>2020 NHS Staff Survey results</b>	Acting Chief People Officer	To receive
8	10:10	30min	<b>Exceptions from the above reports</b>	Chair / All	To discuss

Reporting Committee Exception Reports and Governance matters					
9	10:40	10mins	<ul style="list-style-type: none"> <li>• <b>Item 9.1- Workforce and OD Committee (18/03/2021)</b></li> <li>• <b>Item 9.2- Quality Assurance Committee (18/03/2021)</b> <ul style="list-style-type: none"> <li>- Supplementary paper (item 9.2.1)- Patient Safety Report (Q3)</li> </ul> </li> <li>• <b>Item 9.3- Mental Health Act Scrutiny Committee (11/03/2021)</b></li> <li>• <b>Item 9.4- Audit &amp; Risk Committee (25/02/2021)</b></li> <li>• <b>Item 9.5- Charitable Funds Committee (04/02/2021)</b></li> <li>• <b>Item 9.6- Governance &amp; Nominations Committee (09/02/2021)</b></li> <li>• <b>Item 9.7- Community Engagement Committee (11/03/2021)- Verbal update</b></li> <li>• <b>Non-Confidential update from Finance &amp; Infrastructure Committee (22/03/2021)- Verbal update</b></li> </ul>	Committee Chair	To receive
<b>Any other business</b>					
10	10:50	10mins	<b>Reflections</b> <ul style="list-style-type: none"> <li>• <i>lessons learnt and living our values</i></li> <li>• <i>matters for cascade and/or escalation to other board committees</i></li> </ul>	Chair	-
			<b>Any other business &amp; future agenda items</b> <ul style="list-style-type: none"> <li>• <b>Code of Conduct update</b></li> </ul>	Chair	-
11	11:00	---	<b>Close and move to Confidential meeting</b> 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	-

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**Date of next meeting:**

- **Monday 7<sup>th</sup> June 2021**



# Minutes

## Solent NHS Trust In Public Board Meeting

Monday 01<sup>st</sup> February 2021

Virtual Zoom Meeting

<b>Chair:</b> Catherine Mason, Trust Chair (CM)	
<b>Members:</b> <b>Andrew Strevens</b> , Acting CEO (AS) <b>David Noyes</b> , Chief Operating Officer Southampton and County Wide Services (DN) <b>Jackie Ardley</b> , Chief Nurse and Acting Deputy CEO (JA) <b>Dan Baylis</b> , Chief Medical Officer (DB) <b>Suzannah Rosenberg</b> , Chief Operating Officer Portsmouth (SR) <b>Jas Sohal</b> , Acting Chief People Officer (JS) <b>Gordon Fowler</b> , Acting Chief Finance Officer (GF) <b>Jon Pittam</b> , Non-Executive Director (JPi) <b>Mike Watts</b> , Non-Executive Director (MW) <b>Stephanie Elsy</b> , Non-Executive Director (SE) <b>Thoreya Swage</b> , Non-Executive Director (TS) <b>Gaurav Kumar</b> , Non-Executive Director (GK)	<b>Attendees:</b> <b>Rachel Cheal</b> , Associate Director of Corporate Affairs and Company Secretary (RC) <b>Gordon Muvuti</b> , Director of Partnerships (GM) <b>Sam Stirling</b> , Corporate Affairs Administrator (SS) <b>Sally Frost</b> , MSK Operational Lead (SF) <b>Sunnette Moore</b> , Interim Head of Quality & Professions-Primary Care Services (SM) <b>Sarah Grainger</b> , PRRT – Staff Story (SG) <b>Calum Mercer</b> , Associate Non-Executive Director (CMe)
<b>***Judgements and decisions have been made in the context of a level 5 national emergency***</b>	
<b>1</b>	<b>Chairman's Welcome &amp; Update, Confirmation that meeting is Quorate, Register of Interests &amp; Declarations of Interests</b>
1.1	CM welcomed all to the meeting, including CMe to his first Board meeting as an Associate Non-Executive Director.  There were no apologies to note. The meeting was confirmed as quorate.
1.2	The Board were asked to declare any new interests. There were no further updates to note.
<b>2</b>	<b>Patient Story- Verbal story</b>
2.1	SF shared a story on behalf of a patient from the MSK service and commented on pride of providing high quality care for patients, particularly through the pandemic. SM shared complexities of the service and high level of teamwork and care demonstrated.  The Board echoed pride and value of the team and emphasised the importance of celebrating excellence. <i>SF &amp; SM left the meeting.</i>
<b>3</b>	<b>Minutes of the meeting held 7<sup>th</sup> December 2020, matters arising and action tracker</b>
3.1	The minutes of the last meeting were agreed as an accurate record.
3.2	The following action was confirmed as complete: AC002337  <i>SG joined the meeting.</i>

<b>4</b>	<b>Staff Story</b>
2.1	<p>SG (Modern Matron- Pulmonary Rehab and Rapid Response (PRRT) Service) shared experiences of contracting Covid-19 and the affect on her family, mental wellbeing and work life. SG informed of phased return to work and positive support received from line managers and the occupational health team.</p> <p>SG highlighted increased understanding of required support for staff returning to work and emphasised the importance of recognising differences of each Covid-19 case.</p>
2.2	<p>CM commented on the importance of ensuring phased and supported return to work planning across the organisation. SG highlighted the ‘no blame’ culture and use of the Trust’s Heart Values.</p>
2.3	<p>TS asked about potential change in perspective when treating patients and SG shared greater understanding of the impacts on mental health.</p>
2.4	<p>DB commended the PRRT Team and its senior leadership and commented on the importance of this service towards delivering the NHS Strategy.</p> <p>AS also commended efforts in improving the rate for ‘medically fit for discharge’ across Portsmouth.</p>
2.5	<p>The Board discussed the effects of ‘long Covid’ and recognition of pressure across the entire workforce, including long term care, wellbeing and mental health/emotional support.</p> <p><i>SG left the meeting.</i></p>
<b>5</b>	<b>Contemporary updates</b>
5.1	<p><u>Safety and Quality first &amp; feedback from Board to Floor Visits</u>          JA explained the updated Board to Floor format and confirmed commencement for all staff from 2<sup>nd</sup> February 2021.</p>
5.2	<p><u>Freedom to Speak Up</u>          There were no matters to raise.</p>
5.3	<p><u>Contemporary Covid-19 Vaccination Update</u></p> <ul style="list-style-type: none"> <li>• The Board were briefed on activity following the opening of the Vaccination Hub at Oakley Road. It was confirmed that additional hubs had been mobilised in Basingstoke and Portsmouth.</li> <li>• AS reported that in Southampton, &gt;11,000 health and care staff had been vaccinated since the beginning of January and &gt;2000 members of public since last week.</li> <li>• The Board commended DN and the team, including the Communications Team for the extensive media/PR coverage.</li> <li>• CM and SE provided positive feedback following visits to the Oakley Road Vaccination Hub.</li> <li>• DN commended the support from all areas across the system.</li> </ul>
<b>6</b>	<b>Waiting Lists Review</b>
6.1	<p>DB provided an overview of the purpose of this report following review of business intelligence data and informed of full scrutiny required with service lines to consider waiting lists and possibility of patient harm.</p>

6.2	<p>Concerns within the Special Care Dentistry Service were shared, particularly in relation to waiting lists for GA treatments for children. Escalating risk for adults awaiting GA treatment was also raised and DN confirmed effort to maintain access to a small number of theatre lists.</p> <p>Ongoing review of high-risk cases was emphasised and the Board were assured of management of risks where possible. DN highlighted the national issues reflecting Special and General Dentistry.</p>
6.3	<p>Monitoring of RAG ratings to identify potential impact on other services was confirmed.</p> <p>The Board were briefed on pressures across services, including vasectomy service waiting lists, access to community urgent response and Primary Care and MSK.</p>
6.4	<p>DB provided assurance regarding national benchmarking position and ongoing work to understand risks. The Board acknowledged expectation for further deterioration of waiting lists and emphasised the importance of close system working.</p>
6.5	<p>JP acknowledged significant risk mitigation and oversight by commissioners however asked how evidence of harm would be measured going forward, particularly in relation to the wheelchair service waiting lists.</p> <p>DB informed of effective governance structure in place which would highlight any risks/harm as part of the Serious Incident process. The Board were informed of work to understand the clinical service escalations to ensure significant assurance of mitigations to reduce the risk of harm.</p>
6.6	<p>SE queried the data presented across organisations. The Board discussed challenges and AS informed of exercise to review the patient data system. <b>Action: Further work required to address data quality issues in relation to waiting list management information (AS).</b></p>
6.7	<p>TS asked about overall waiting list times and consideration of additional support from independent sectors. DB highlighted challenges regarding data quality and work being undertaken in relation to the identification of significant risks and commented on independent theatre resource being sought within Special Care Dentistry.</p>
6.8	<p>AS acknowledged the impact of the pandemic on waiting lists and emphasised the importance of needing appropriate consideration by the system on recovery across community and mental health services.</p> <p>GF commented on unknown funding settlement and emphasised the need for clear structures to prioritise impact and care requirements equally across acute and community services.</p>
6.9	<p>MW asked about consideration of potential harm, associated impacts and learning outcomes. Ongoing review of data quality and the long-term transformation requirements were highlighted. SR provided an overview of internal learning and DB commented on system discussions concerning resetting priorities to deliver effective place-based care in accordance with the NHS Long Term Plan.</p> <p><b>The Board noted the Waiting List Review.</b></p>
7	<p><b>Standing Reports</b></p>

7.1	<p><b>Due to the level 5 national emergency, the following reports were taken as ‘read’ only:</b></p> <ul style="list-style-type: none"> <li>• <b>Chief Executive Officer’s (CEO) Report</b></li> <li>• <b>Performance Management Report</b></li> <li>• <b>Infection Prevention Control (IPC) BAF</b></li> </ul>
<b>8</b>	<b>Exceptions from Standing Reports</b>
8.1	<p><u>CEO Report</u></p> <ul style="list-style-type: none"> <li>• AS explained the live Covid-19 dashboard used for in depth monitoring and review of the impact on services.</li> <li>• Agreement to extend Statutory &amp; Mandatory Training was highlighted.</li> <li>• <u>Southampton &amp; County Wide</u>– DN provided an update on additional bed capacity established and confirmed ongoing processes for staff redeployment and backfilling. Immediate focus on the Urgent Response and the PRRT Service was emphasised.</li> <li>• <u>Portsmouth</u>- SR reported challenges across the system, however informed of additional capacity established.</li> <li>• CM commended the 91% Flu Vaccination rate achieved.</li> </ul>
8.2	<p><u>Performance Report</u></p> <p>JA briefed the Board on challenges in relation to increased sickness rates and continued Covid-19 outbreaks on inpatient wards.</p> <p>The Board were assured of ongoing Wheelchair Service monitoring and review with CCG colleagues.</p>
8.3	<p><u>IPC BAF</u></p> <p>The usefulness of Board oversight was emphasised and JA highlighted extensive focus across service lines. CMe queried controls and processes in place and JA shared importance of a structured approach that enables the Trust to identify potential gaps and issues.</p>
<b>9</b>	<b>Reporting Committee Exception Reports and Governance matters</b>
9.1	<p><u>Workforce and OD Committee (21/01/2021)</u></p> <ul style="list-style-type: none"> <li>• MW reported streamlined governance structure and key business discussed.</li> <li>• Extensive staffing discussions were held and emphasis on wellbeing support shared.</li> <li>• Minor amendments to the Terms of Reference were highlighted. <b>The Board approved the Committee Terms of Reference.</b></li> </ul>
9.2	<p><u>Quality Assurance Committee (21/01/2021)</u></p> <ul style="list-style-type: none"> <li>• TS reiterated streamlined governance and informed of contemporary Covid-19 update held.</li> <li>• The IPC BAF was noted by the Committee (excluding amendments presented to Board).</li> <li>• Assurance of ongoing monitoring was highlighted.</li> <li>• The six-monthly Safe Staffing Report was noted.</li> </ul>
9.3	<p><u>Governance &amp; Nominations Committee (11/12/2020)</u></p> <p>Key business was summarised and CM confirmed that a further meeting was due to be held to agree changes in governance structure/Committee membership.</p>



9.4	<p><u>Community Engagement Committee (28/01/2021)</u></p> <ul style="list-style-type: none"> <li>• It was confirmed that a full briefing would be provided to the Board outside of the meeting.</li> <li>• SE commented on high quality demographic data presented and under reporting identified.</li> <li>• Positive discussions across the ICS were shared and the Board were informed that the Trust had been asked to participate in the Leadership Academy coaching programme.</li> <li>• SE highlighted that Leon Herbert (Committee member) had been invited to join the 'Turning the Tide' Board. JS also confirmed attendance and provided reflections from the inaugural meeting.</li> <li>• Ongoing consideration of engagement for Gypsy/Romany communities (including vaccination requirements) was emphasised.</li> </ul>
9.5	<p><u>Non-Confidential update from Finance &amp; Infrastructure Committee (22/01/2021)</u> It was confirmed that a full update would be provided at Confidential Board.</p>
9.6	<p>The dates of future meetings were confirmed as follows:</p> <ul style="list-style-type: none"> <li>• Mental Health Act Scrutiny Committee (11/02/2021)</li> <li>• Audit &amp; Risk Committee (25/02/2021)</li> <li>• Charitable Funds Committee (04/02/2021)</li> </ul>
<b>Any other business</b>	
<b>10</b>	<b>Reflections</b>
10.1	CM reflected on the meeting timings and valuable discussions held.
<b>11 Any other business &amp; future agenda items</b>	
11.1	<p><b><u>Post meeting note</u></b> <b><i>Further to the Board Effectiveness Review, presented at the December meeting where 4 themes were identified as areas for consideration, the following actions are being taken to address these:</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>Theme 1+2: Visibility of organisational strategy and business plan - Strategy will be discuss at a future workshop</i></b></li> <li>• <b><i>Theme 3: User and Carer involvement- To be progressed via the implementation of the Community Engagement Strategy</i></b></li> <li>• <b><i>Theme 4: Views from Partners and Stakeholders- 360-degree survey incorporated within the scope and specification of the Well Led Developmental Review, which will be commissioned for planned implementation cSeptember 2021</i></b></li> </ul>
11.2	No other business was discussed and the meeting was closed.
<b>12 Close and move to confidential meeting</b>	

# Action Tracker


Overall Status	Source Of Action	Department	Date Action Generated	Minute Reference/ Additional URN	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
On Target	Board meeting - In Public	Executive	01/02/2021	6.6	AC003390	BOD1- Waiting Lists Review	SE queried the data presented across organisations. The Board discussed challenges and AS informed of exercise to review the patient data system. <b>Action: Further work required to address data quality issues in relation to waiting list management</b>	Andrew Strevens	February 2021 update- This has been raised with Jonathan Prosser as CCIO and Sarah Howarth has Head of Performance. They are working through a plan to improve the DQ. Expectation is that this is a 6 month project.



## Board and Committee Cover Sheet

Item No.	4.1		
Presentation to	In Public Board Meeting		
Title of Paper	Board to Floor 6 monthly update		
Purpose of the Paper	The purpose of this paper is to provide a brief overview of the Board to Floor sessions, in the period September 2020 – March 2021		
Author(s)	Ruby Nandra & Victoria Leatherby (Regulatory Compliance Managers)	Executive Sponsor	Jackie Ardley, Chief Nurse
Date of Paper	March 2021	Committees/Groups previously presented	N/A
Action Required	For decision?	N	For assurance? Y
Recommendation	Board are asked to note this report		

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

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

## Purpose:

The purpose of this paper is to provide a brief overview of the Board to Floor sessions, in the period September 2020 – March 2021.

## Background:

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

In March 2020 Solent suspended the Board to Floor process in response to the Level 4 national emergency caused by the COVID-19 global pandemic.

From June 2020 Board to Floor sessions were undertaken in a different format via the remote MS Teams tool. This enabled Board members to support the core service teams and units once the initial anticipated surge of COVID-19 cases was no longer considered a risk.

The board virtually ‘visited’ four clinical areas across the organisation from September to November 2020. However, due to the second wave of the pandemic it was agreed to cancel Board to Floor sessions to reduce pressure on clinical services. This was to be reviewed in January 2021.

In January 2021 at the height of the second peak, it was agreed that that four 30min trust wide Zoom sessions would be scheduled until the end of March 2021. These were advertised through Solent Comms. The aim of these would be to maintain Board to Floor contact with a wider staff audience at times that were compatible to shift workers.

## Findings:

Service Line	Findings and Actions
<b>Mental Health -27.10.20</b>	<b>CRHT (Crisis Resolution Home Treatment Team)</b>  <b>Good Practice Highlights:</b> <ul style="list-style-type: none"> <li>• New service manager took over in March. Initially focused on team building strategies which the team have benefitted from but could not see the whole process through due to Covid-19.</li> <li>• Staff have kept positive and managers are very proud of a caring and empathetic team.</li> <li>• Main positive impact for team is having ‘settled management’ as lots of changes previously which did unsettle staff.</li> <li>• Managers have been able to recruit during the pandemic which was previously problematic. There has been recruitment into B3 posts. Some of these staff members were</li> </ul>

	<p>from the ward and managed to spend some time in CRHT prior to applying.</p> <ul style="list-style-type: none"> <li>• Covid-19 has created a faster pace of change within working practices. Staff have adapted well having been exposed to working in this rapidly changing environment.</li> <li>• Staff support has been offered in many new ways in light of the pandemic – regular skill slots, 1:1's, reflective practice with Psychologist – which has been received well by staff.</li> <li>• 100% compliance with clinical supervision.</li> <li>• Shift patterns were reviewed during Covid-19. Some staff members prefer to work longer days resulting in better work/life balance.</li> <li>• The change in shift patterns has made the service less reliant on bank/agency staff.</li> <li>• Good team communication was maintained by daily team meetings and the setting up a 'group chat' on mobile phones.</li> </ul> <p><b>Challenges discussed:</b></p> <ul style="list-style-type: none"> <li>• Covid-19 has caused a lot of anxiety. Some staff members were isolating. Staff were getting tired but reluctant to take leave. Managers are encouraging staff to take leave regularly.</li> <li>• The service has had to adapt to new ways of working. Many patient consultations were completed by phone and not in person. Not all patients have the technology to do online face to face sessions, so phone was the preferred method.</li> <li>• Discussion regarding the use of 'Attend Anywhere' and 'Visual' platforms – there is some work that needs to be done here to get this implemented.</li> <li>• Working from home proved challenging for the team as the team needed immediate access to support and a physical presence. Staff missed seeing colleagues – as impromptu chats were not happening.</li> <li>• Non-engagement policy and discharge processes need to be reviewed within CRHT. Concerns that if patients cannot be seen face to face, are not contactable by phone and do not have NOK details available particularly over a weekend – this could leave vulnerable patients at risk. Current policy has been ratified but a clearer process needs to be in place for the team to mitigate risks when staff are presented with this scenario – development of a SOP/flow chart to be considered.</li> <li>• Pending move to St. Mary's – team are worried about parking, permits and the distance between the ward and team – as this may affect relationships with ward staff and continuity of care for patients.</li> </ul>
<p><b>Adults Portsmouth – 5.11.20</b></p>	<p><b>Jubilee House (Rehabilitation Ward)</b></p> <p><b>Good Practice Highlights:</b></p> <ul style="list-style-type: none"> <li>• Staff showed a presentation about the journey of Jubilee House – where the ward was a year ago and how it is now – feedback from Board that this was excellent and will be shown at next Board meeting.</li> <li>• Team are very resilient – got through a lot of changes last year and just when reaching a point of stabilisation Covid-19 hit.</li> <li>• Team have worked very hard and length of stay reduced from 56 days to 14 days.</li> <li>• New ward manager started in July 2020 – has organised a lot of training. Staff had competencies to achieve and some staff had care certificates to work towards. A lot of training</li> </ul>

	<p>has been face to face at Jubilee as they have a large room for safe distancing. This made it accessible for all staff to attend and has helped with compliance.</p> <ul style="list-style-type: none"> <li>• Ward OT is on a rotation programme – she enjoys working on the ward and the team are very supportive.</li> <li>• Trust Chaplain spoke highly of a lovely team who provide exceptional care. Managers state the entire team make Jubilee as great as it is!</li> <li>• What have you learnt from the first wave Covid-19? Staff feel more prepared and the online resources on Zoom/Teams that Solent have provided have supported staff. There seemed to be a 'done to' approach the first time round and now staff feel more part of the process.</li> <li>• Patient voice – has been staying on the ward for 2 weeks. She reports that all the staff are fantastic, and she gets all the help she needs. Is in receipt of therapy and is happy with progress being made. Her only concern is large food portions at mealtimes as she doesn't believe in waste. Cannot fault staff. Has felt safe on the ward during Covid-19 and not felt isolated as 'you just have to accept situation, it's one of those things and we are in it together'. When asked if any improvements could be made – response was 'nothing can be done better'.</li> <li>• The team have a 'huddle' at the end of each shift where they can share positives and concerns. The focus is to share these issues before staff go home to highlight concerns early and celebrate achievement/good practice.</li> </ul> <p><b>Challenges discussed:</b></p> <ul style="list-style-type: none"> <li>• Jubilee has been though a long journey. The CCG visited last year, and concerns were raised which had a huge impact on staff. This led to reduced staff moral and increased sickness. All levels and depts within Solent got involved to help turn the situation around. The CCG returned in Nov 2019 and saw many improvements.</li> <li>• The ward focused on EOLC and now there is as rehabilitation focus, so staff have had to learn different skills.</li> <li>• Senior Staff Nurse – discussed the ward had been through a very big change and a lot of staff found this difficult as they didn't want to change. The ward had a shift in focus from EOLC to rehab. Now in a much better place and staff have persevered and got through.</li> <li>• Ward clerk – worked from home during the first wave of Covid-19. This was difficult as she found her work was limited. She returned during the summer and has been instrumental in arranging PPE and visitors onto the ward under Covid-19 precautions.</li> <li>• How are staff feeling in this second wave of Covid-19? Worried but realise they have got to carry on and do what they do best. It's important that we support each other as well being of staff and patients is crucial.</li> <li>• Ward staff have asked that messaging and comms are consistent to avoid confusion and anxiety.</li> <li>• Senior Managers– discussed how difficult and challenging the situation was at times but is completely different now. There are some original team members but a lot of new staff too. The approach previously was very 'reactive' but now more 'proactive'. Leadership team are very proud of the achievements.</li> <li>• Move from Jubilee House has been delayed due to Covid-19. This impacts on the current environment and plans for the new ward. IT is an ongoing issue but had boosters added to support this until the move.</li> </ul>
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	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Presentation was shared at Board Meeting.</li> <li>• Staff huddle idea to be explored by Quality and Safety team as example of good practice.</li> </ul>
<p><b>Mental Health – 17.11.20</b></p>	<p><b>Hawthorn Ward</b> (Hawthorn is an open acute psychiatric unit for informal patients and patients who are detained under the MHA)</p> <p><b>Good Practice Highlights:</b></p> <ul style="list-style-type: none"> <li>• The ward has moved to The Limes with 14 beds now available after having 20 on the old site which was no longer fit for purpose. The new ward was made safe in advance in discussion with all staff groups. A project manager worked with pharmacy, catering, patients, and staff.</li> <li>• Patients appear more content as there are improved lines of sight, décor, more safe spaces. The space has been risk assessed for minimal low scoring ligature points. Some are unavoidable but mitigation is in place including the improved line of sight for staff. Patients have their own enclosed rooms with bathrooms. While the corridors are not single sex, there are male and female lounges and a communal dining room.</li> <li>• Staff were involved in discussion and preparation for the move with understanding that there would be improvements for a short-term disruption. Service users were well prepared as the impact of the move could have been significant.</li> <li>• Staffing – approx. 40 staff with extra cover arranged daily as required. A Practice Educator is now in post to support staff training. Three international nurses have been recruited from India and due to start soon. They will be supported in possible culture changes, allocated a buddy, and eventually become buddies for the next cohort of nurses.</li> <li>• All support workers are now offered Band 2 – Band 4 Nurse associate apprenticeships at university (2 Years) and with the qualifications can apply for a 4-year Nursing degree at the Open University. Band 2 – Band 4 training positions are also offered to aid recruitment.</li> <li>• Bed base is now 14 from 22 (three of which were for Southern Health). There has been investment in CRISIS services and the wider infrastructure. There has been a reduction in the delayed transfer of care (DTOC) for social needs. The team is using evidence-based interventions across the service. Better relationships with housing and social care teams has also supported this. Plan is to increase bed numbers over Maples and Hawthorn so having 14 beds are temporary.</li> <li>• Numbers of patients completing suicide are not always reduced by in-patient admission, but staff use a clinical judgment tool to assess risk and document management.</li> <li>• The team chatted to a patient who told the group that she was in a 'lovely hospital with wonderful people' and the nurses looked after her. She stated she found the old ward and the new ward the same and was treated 'like a little angel'. She suggested there were limited options for vegetarians.</li> <li>• MHA training is more focused, and compliance has improved. Staff report they are confident in assessment, checking capacity and reduced restrictive options.</li> <li>• Medication errors are reduced from 70 plus in February to 6 in October. These are checked daily, and issues addressed by the ward manager and matron immediately.</li> </ul>

	<ul style="list-style-type: none"> <li>• During COVID-19 visiting was suspended and patients used tablets to contact family. Now there are rooms that allow for socially distanced visiting. Floors are wipeable, the room booked in advance, PPE provided, and cleaners are pre-booked to clean rooms between use.</li> <li>• The executive team and NEDs praised the team for a positive sharing culture and a positive session.</li> </ul> <p><b>Challenges discussed:</b></p> <ul style="list-style-type: none"> <li>• Some increases in caseloads due to a decrease in community services during Covid-19. There was a reduction in admissions and discharges. This was manageable in the first wave but may see another peak with more impact. Saw an increase in referrals to IAPT (Talking therapy service) for 19 to 25-year olds.</li> <li>• Difficulty with accessing training for Bank staff during Covid-19, for example face to face restraint training where all staff, including Bank, are required to be compliant.</li> <li>• Food variety was raised with the CQC during the virtual MHA inspection. However, staff report that this is due to a limited menu being available during the COVID-19 pandemic. In addition, the longer an inpatient stay the more likely the menu will be repeated, but patients are able to order takeaways and visit local shops (within COVID-19 restrictions).</li> <li>• Potholes on the driveway to the unit had been repaired but since the start of the pandemic they had become worse. This is in part due to the increased traffic while access to St James' is closed.</li> <li>• Staff wellbeing is ok but potential for burn out. JA suggested use of NHS Charity funds to support staff and requested ideas. Water bottles are available for staff to use on wards.</li> <li>• Staff struggle to get goggles for PPE as mask, visor and own glasses are making communication difficult. Eye protection is essential on the wards.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Team would benefit from a wellbeing space at St James' to mirror the area at St Mary's – JA /BML have discussed.</li> <li>• Potholes on the driveway to the unit had been repaired but since the start of the pandemic they have become worse – Estates have assessed.</li> <li>• Staff struggle to get goggles for PPE to replace visors – resolved by JA.</li> </ul>
<p><b>Dental – 15.12.20</b></p>	<p><b>Dental Services</b></p> <p><b>Good Practice Highlights:</b></p> <ul style="list-style-type: none"> <li>• Team celebrate how strong the Dental Team are and the great work they have achieved in these difficult times, the Dental teams are top of reports, be it Performance, Appraisals, Mandatory Training, Staff Surveys with the highest returns %. The trust is funding more money for the Dental Team service provision in recognition of their caseloads and challenges.</li> <li>• Strong Leadership teams throughout the COVID-19 situation. Good communication and they led from the front which made a big difference then as time went on the teams became even stronger despite a lot off staff being in new teams. They took best practices from other areas and situations and used them when they returned to their original teams. Everyone had a newfound respect for all levels / job roles.</li> </ul>



- “Visionable” is ground-breaking, especially to have it available so quickly. Hopefully it will continue to be used going forward.
- Every clinic now has a laptop / desktop with webcam facilities giving most nurses access if they require it. Dentists have laptops for home visits with webcams which have been in place for the past 6 weeks, allowing better communication for the teams.
- Recruitment is currently running for Dental Officers and Nurses to support in caseloads and more effective working.
- Personal Health / Well Being is a big focus. The executive team have been to see what Well Being initiatives are in place and have requested Service Lines appoint someone to review them to find out what staff would like to have. Dental service line has already introduced Well Being champions to support colleagues, running survey monkeys to see what support they would like to have and how they would like to receive it. Important not to forget staff shielding / working from home, ensuring they feel connected.

**Challenges discussed:**

- Concerns for complex patients that have not been seen for a period of time, this could be a ticking time-bomb, we need to be aware this may become an issue.
- A challenge to recruit a specialist Anaesthetist. Although no extra funding available the trust wants to explore ways of getting more anaesthesia time.
- General Anaesthesia cases are going well in Poswillo (owned site) however, when relying on working out of other sites, lists are cut short due to lack of anaesthetists.
- Fallow time proved a challenge during the early stages of COVID-19. Due to regulations you had to wait 60 minutes after seeing a patient before going back into the room to clean it ready for the next patient. This reduced caseload ability dramatically. Now other processes and equipment are in place and the fallow time has been reduced to 10/20 minutes meaning more patients can now be seen.
- IT is a challenge especially when working away from Solent sites. Other sites infrastructure does not cope as well, computers also must be reconfigured to work, it is getting better however it is still being reviewed and improved. More money has been invested to support IT in making this happen.
- The Northern patch of the Trust would like to have more Health & Well Being activities available in their areas as they appear to be predominantly happening in Portsmouth & Southampton, making it difficult for the Northern staff to attend.
- Some staff working from home are unable to have work distinction, unable to have a defined area to work in. Need to look at a long-term solution; currently NHS England do not have specific guidelines / recommendations.
- Majority of nurses do not have access to computers due to availability therefore completing training or doing zoom meetings was a challenge especially at the beginning.

**Actions:**

- Sites where Solent share with others to be reviewed with a view to look at possibilities for better options of space / facilities for staff and surgeries – in process.

<b>Trust wide Zoom Session - 2.2.21 3pm</b>	Notes not taken due to informal nature of session
<b>Trust wide Zoom Session - 25.2.21 6pm</b>	Notes not taken due to informal nature of session
<b>Trust wide Zoom Session - 9.3.21 3pm</b>	Notes not taken due to informal nature of session
<b>Trust wide Zoom Session - 25.3.21 6pm</b>	Yet to take place

### Conclusion

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

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

The plan for April 2021-June 2021 is to trial site visits once again with one Non-Executive Board member and one member from the Regulatory Compliance Team. These sessions will be for one hour and service specific allowing for the Board to engage with front line staff in their working environments.

Clear guidance for ward/team leaders to share with their teams is in place. All staff from all disciplines, grades and profession and encouraged to participate. This will allow all staff, rather than purely clinicians, to have the opportunity to meet with Board members; this broad-spectrum look will ensure that multiple voices are heard and reviewed.

The new format will be undertaken twice a week to allow for all service lines to be visited monthly. This will be reported on in the next Board report. Actions will also be logged and reviewed on VERTO which is overseen by the Regulatory Compliance Team.

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

# CEO Report – In Public Board

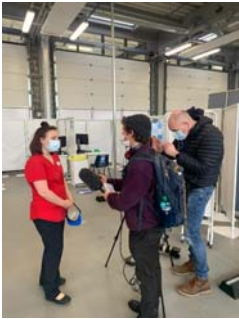
Date: 18 March 2021

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 5 National Emergency, contemporary updates will be provided where appropriate in relation to our continued response\*\***

## Section 1 – Things to celebrate

### We open four large-scale COVID-19 vaccination centres



Across late January and early February, we opened four large-scale COVID-19 vaccination centres to the public in Southampton, Portsmouth, Basingstoke and the Isle of Wight.

These openings generated local, regional, national and international media coverage which included live broadcasts and interviews with our staff.

Our role in the national programme, now means that more than 620,000 people across Hampshire and the Isle of Wight have received their first dose.

### Amazing artwork as a heartfelt thankyou

Children and staff from Rosewood Free School, a special school for children with profound multiple learning difficulties, have created and donated some beautiful artwork to our vaccination centre at Oakley Road.

The artwork is in recognition of the school staff receiving their COVID-19 vaccinations at Oakley Road as per the JCVI guidance.



### Solent Sessions podcast

We have recently created the [Solent Sessions podcast](#), designed to capture conversations with wellbeing experts and people in the community. The series is centred on what it really means to be your own best friend, and is available on Apple Music, Spotify and other podcast channels.



### NHS Charities Together- Garden areas for NHS staff



Two of our hospitals, the Western Community Hospital in Southampton and St James's Hospital in Portsmouth, are having outdoor areas transformed into garden spaces for our teams, thanks to NHS Charities Together funding. A [press release](#) explained that once the ground work is finished, our employees, will be able to enjoy these outdoor areas on their breaktimes.

## Section 2 – Internal matters (not reported elsewhere)

**Covid-19** [Link to BAF#61 – Major Incident, #65 – Covid recovery, #59- Demand and capacity, #55 -Workforce sustainability](#)

Across the HIOW system, and as reflected in national media, there are now very clear indications that we are over the peak of the latest wave of infections, albeit the numbers remain quite high in comparison to the first wave. Thankfully this is reflecting in an easing of the pressure across the system, but it remains noteworthy that we are clearly ‘not out the woods’ yet. Whilst we are starting to plan, and, in some areas implement a return to a more conventional service offer, we remain cognisant to the possibility of further spikes in covid related activity in the future.

The Trust Gold command arrangements remain in place, and this has enabled us to react appropriately throughout the crises, with periodicity adjusted to reflect the situation (currently twice weekly). Across the Trust we are actively planning the reset of services and the return of staff who we have redeployed to other areas. We do this whilst retaining the planning work we completed in the autumn (subject to a refresh) about lessons identified and how we might choose to adjust in the future taking advantage of the learning offered. We are also seeking to build in appropriate time and space for our people, who like so many colleagues across the NHS, have been operating in quite extraordinary ways for an extended period.

The Solent led mass vaccination centres across HIOW continue to perform very well and enjoy strong levels of support from across the entire community in terms of workforce and volunteers. At the time of writing (12 March) we had vaccinated close to 105,000 people at these centres. We continue to constantly assess our performance and conduct thorough learning reviews to make the experience even better – feedback has been extremely positive.

### Senior Leadership news

Helen Ives, Chief People Officer, has secured an exciting new role as the Director of Workforce for Hampshire and the Isle of Wight, part of the joint Executive team for the CCG and Integrated Care System. Helen will be starting her new role in April once her secondment to the national COVID-19 vaccination programme ends. We are incredibly grateful to Helen and everything she has achieved at Solent. Helen joined the Trust in 2016 to lead our great place to work programme before securing a substantive post as Solent’s Chief People Officer.



During her time in Solent, Helen has been at the forefront of the development of our culture, HR practices and the creation of a people-centred organisation. Helen’s leadership has had a strong influence on how people feel whilst at work and has been really evident through our NHS Staff Survey results, which are amongst the best survey results in the country and have improved year-on-year.

Jas Sohal will continue in the Acting Chief People Officer role until we recruit a substantive replacement.

Sue Harriman has returned to Solent from her highly successful secondment to the national vaccine programme, as planned, on 15 March. We are delighted to see her and look forward to learning from her experiences working with various partners on this vital project. We have been very proud of Sue and being able to see the roll-out, playing our part with the mass vaccination centres.



As reported via the last CEO Report to Board, we sadly say goodbye to our Non-executive Director colleague, Jon Pittam, who leaves us 31 March 2021 at the end of his tenure. Jon has been a great advocate of Solent over the years and we would like to formally thank him for his support and contribution, as well as wishing him all the best for the future.

Calum Mercer, joins us Non-executive Director from 1 April 2021, replacing Jon as Audit & Risk Committee Chair.

### **Staff Survey Results 20/21**

Over 66 per cent of Solent colleagues responded to the survey – which equates to 2,378 people. This is the highest ever response rate received, as well as the highest response rate of Trusts of our type.

Our scores are amongst the best when compared with other combined community and mental health/learning disability trusts. We are the top performing trust in three of the 10 key themes, including supportive managers, and creating a safe environment and safety culture where people feel able to confidently speak up. We also score better in many key questions; including whether people would be happy with the standard of care provided by Solent if a friend or relative needed treatment and whether people would recommend Solent as a place to work – the responses to both of these questions have improved for the fifth year in a row.

As part of their analysis of the results, the Health Service Journal has listed Solent in the top five best performing mental health trusts for responses to the statement 'I would recommend my organisation as a place to work.' (76%, up by 6% from 2019).

The survey also highlighted some areas for improvement. Whilst we score highly in equality, diversity and inclusion (9.4/10, with the top performing trust scoring 9.5), this continues to be a key priority for us as a Trust, ensuring we achieve our ambition to make significant and effective changes for the benefit of everyone. One area where we know we need to keep focusing our efforts is in tackling discrimination - it is really important that people feel they can speak out when they experience, or witness, discrimination.

Demand for NHS services continues to rise, and COVID-19 has meant that the way we provide care has rapidly changed for many of our services. This has resulted in some colleagues sharing that they have not always found it easy to meet the conflicting demands of the job and that they face unrealistic time pressures. Ensuring people are able to deliver the standard of care they aspire to, and the health and wellbeing of our people, remains an important area of focus. We will continue to identify ways to better support people so that they can have more time to focus on their own wellbeing, as well as supporting their patients and colleagues.

We will take time to further digest the results, focusing on the priority areas, to ensure we can take meaningful action at both Trust and service level. A separate report is presented to the Board.

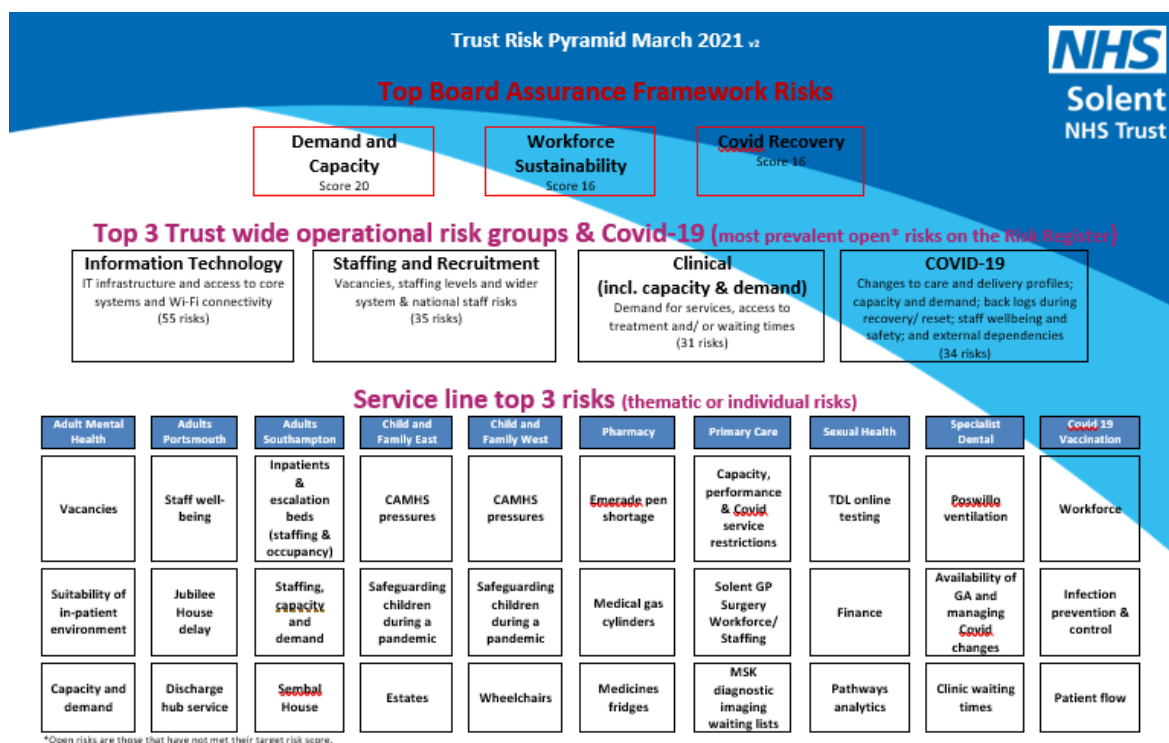
### **Reciprocal Mentoring**

We have been accepted to participate in the NHS Leadership Academy's [Reciprocal Mentoring for Inclusion Programme](#). This programme will help the Trust make equality changes at both a personal and organisational level. It is a systemic intervention designed to enable change that leads to greater equity of outcomes across the system, and should therefore lead to improved results in Solent's WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard) submissions as well as improved outcomes in our staff survey results. This is a long-term commitment that requires substantial investment of time from the partnerships involved.



## Operational Risk Register / Board Assurance Framework

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



The risk pyramid summarises our key strategic and trust wide operational risks. The risks on the pyramid continue to move and change at a greater pace than before the Covid-19 pandemic. Clinical (capacity and demand), staffing and recruitment, IT and Covid related risks remain the most prevalent risk groups on the Risk Register. Currently there are 34 (down from 38 in Jan 2021) Covid specific related risks - these are risks that specifically reference Covid in their description. Nine of these risks are classified as Very High, 22 High, 2 medium and 1 low. There are other existing risks that Covid may affect indirectly.

The 4 top themes of these risks remain:

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

At the 10 March 2021 Clinical Executive Group meeting, it was agreed that enhancements be made to the current risk definition thresholds, categorisation, risk description and scoring support mechanisms as well as training. This will lead to a refresh of the Risk Management Framework later in the year which will be presented to Board.



A summary of the highest risks (scoring  $\geq 12$ ) within the Board Assurance Framework (BAF) are summarised below

BAF number	Concerning	Lead exec	Raw score	Mitigated score (Current score)	Target score
59	Business as Usual - Demand and Capacity	David Noyes & Suzannah Rosenberg	16	20↑	6
55	Workforce Sustainability	Jas Sohal	20	16 External 12 internal 16 ↔	12
57	Quality Governance, Safety and Professional Standards	Jackie Ardley	20	16 ↑	8
61	Major incident and external environmental impact on the organisation (COVID-19)	David Noyes	20	15↓ External 8 internal 12 overall ↓ Target score achieved	12
63	Indirect Commercial Relationships	Gordon Fowler	20	16 External 6 Internal 12 overall ↔ Target score achieved	12
58	Future organisational function	Andrew Strevens	20	12 ↔	6
53	Financial Sustainability	Gordon Fowler	25	12 ↔	6
65	System Covid Recovery	Dan Baylis / Andrew Strevens	16	12 ↔	6

A more detailed report is presented to the Confidential Board.

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

### Hampshire and Isle of Wight (HIOW) Integrated Care System (ICS) update [Link to BAF#58 – Organisational Function](#)

The leadership posts within the ICS have been announced;



Discussions have started regarding the post COVID recovery activities, albeit these are in their infancy and require a review of what has gone well and what can be improved. We will continue to advocate the need for investment in community and mental health services to help reshape the delivery of health services in the future. Planning guidance is expected to be released on 25 March.

### Portsmouth and South East Hampshire (PSEH) System [Link to BAF#61 – Major Incident, #59- Demand and capacity](#)

The PSEH system is managing well but continues to see higher number of Covid positive patients in QA Hospital than in other areas of HIOW. Solent has closed the 7 surge beds on Spinnaker Ward but the remaining 8 additional beds at Jubilee House remain open. Redeployees are now being released back to their home teams. Mental Health services are beginning to see a rise in referrals across the board and the service is working on a capacity plan for future demand informed by the development of a HIOW ICS modelling tool.

### Southampton and South West Hampshire System Update [Link to BAF#61 – Major Incident, #59- Demand and capacity](#)

Given the changing situation with regard Covid 19, we have now de-mobilised the additional in-patient beds we had created at the Adelaide Health Centre. We are retaining and storing the equipment in case we need to make use of this to recreate additional capacity or for use in a similar emergency.

We have also successfully converted Tannersbrook wing at the Western Community Hospital to become an emergency system escalation capacity of 22 beds, which we can retain and utilise in extreme situations. In a similar vein, additional beds mobilised at the Royal South Hants wards in response to the latest phase of the crises have now been stood down.

**Isle of Wight (IoW) Update** [Link to BAF#58 – Organisational Function and BAF#66- Partnerships](#)

Mental Health Partnership

Relationships remain strong. We have provided some inpatient mutual aid and the operational teams are working much more closely together.

Community Services

Work on the ground between Solent and IoW Trusts was temporarily paused during the second wave of the pandemic. This has now restarted, which coincides with the appointed Programme Director starting in post.

**National Operating Planning Guidance** [Link to BAF#59- Demand and capacity, #53 Financial sustainability and ##27 Estates](#)

NHSE/I informed all Trusts that further information on FY21/22 Planning would be delayed and now be provided mid/end March 2021. No further information has been provided regarding key priorities for Trusts to plan for, but it has been stated that the full financial settlement for the NHS is still being confirmed. Funding has been confirmed that Q1 will be at current Full Year Q3 position, excluding Hospital Discharge Planning, and expectations are that Q2 will be similar. The ICS Capital funding allocations were due out week beginning 8 Mar 2021 but have still not been received. When information has been confirmed relevant papers will be produced for Board.




Andrew Strevens

**Deputy CEO and Chief Finance Officer**

## Board and Committee Cover Sheet

Item No.	6		
Presentation to	<i>In Public Board Meeting</i>		
Title of Paper	Trust Board Performance Report – February 2021		
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	16/03/2021	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"> <li>• <i>Receive the report</i></li> </ul>		

### 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;"><b>Sufficient assurance</b></p> <p>And, whether any additional reporting/ oversight is required by a Board Committee(s)</p>							
Executive Sponsor Signature								



## Table of Contents

<b>1. Operations Performance .....</b>	<b>2</b>
1.1 COVID-19 Response and Operational Performance Commentary .....	2
1.2 COVID-19 Integrated Dashboard.....	3
1.3 Chief Operating Officers' Commentary and Performance Subcommittee Exceptions.....	5
1.4 NHS Improvement Single Oversight Framework .....	7
1.5 Regulatory Exceptions.....	9
<b>2. Workforce Performance .....</b>	<b>10</b>
2.1 Workforce Integrated Performance Report.....	10
<b>3. Quality Performance .....</b>	<b>17</b>
3.1 Quality Performance Dashboard.....	17
3.2 Chief Nurse Commentary.....	18
<b>4. Financial Performance .....</b>	<b>27</b>
4.1 Chief Finance Officer Commentary.....	27
<b>5. Self-Declaration.....</b>	<b>28</b>
5.1 NHS Provider Licence - Self-Certification .....	28



## 1.1 COVID-19 Response and Operational Performance Commentary

This iteration of the Trust Board Performance Report covers the period January to February 2021, when the second wave of the COVID-19 pandemic was having a significant impact on normal service delivery within Solent NHS Trust and all other providers across the country. The Trust has taken a streamlined but focussed approach to performance governance during the COVID-19 response, emphasising attention on areas of performance that are most pertinent to the current climate.

### COVID-19 Integrated Dashboard (section 1.2)

The COVID-19 Integrated Dashboard is updated and utilised daily by Senior Managers and Executives across the Trust. This brings together a range of key metrics vital to understanding the current workforce, quality and bed occupancy position across the Trust. The data presented in the COVID-19 Integrated Dashboard is correct as of 16 March 2021.

The COVID-19 Integrated Dashboard continues to replace the usual operations dashboards in this month's report. All key matters of note from the Integrated Dashboard are referenced within the respective commentary sections.

The impact of this most recent wave of COVID-19 has now subsided considerably, and this can be seen particularly in the COVID vs. Non-COVID sickness absence chart included within section 1.2. The amount of COVID related sickness absence is now at around 0.5%, a significant reduction from the peak of 3.3% in mid-January. Further information on workforce performance can be found in section 2.1.

Since the start of the pandemic there have been nine patient deaths on our inpatient wards where the patient has been COVID-19 positive, with 3 of these occurring in the past two months. All deaths have been appropriately investigated and reported.

In recent weeks we have seen a reduction in our Statutory and Mandatory compliance whilst our workforce focusses efforts solely on the delivery of our core services. We currently monitor compliance on a 12-month basis, however there is no national requirement to do this. An internal decision has been agreed to extend renewal dates for core competencies for a further six months in recognition of the challenges we will face over the next few months.

### Nosocomial COVID-19 Infections

This second wave of COVID-19 has seen further outbreaks across both our community and mental health wards during January and February, causing ward closures to prevent further spread. This is predominantly due to the increase in COVID-19 cases across the local area and is a challenge faced by all NHS organisations. All necessary actions have been taken to protect staff and patients and all cases are managed in line with local and national Infection Prevention and Control guidance.

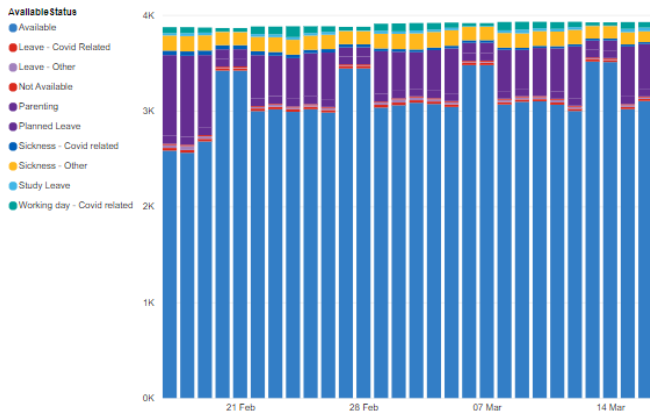
### Waiting Times

The impact of COVID-19 on our waiting lists continues to worsen as the focus of the past two months was shifted to delivery of priority services. A long-term plan is being developed between the Performance and Business Intelligence Teams and the Chief Clinical Information Officer (CCIO) to propose potential ways in which the Trust could improve their assurance around the validity of waiting lists, and ensure any risk to patients as a result of long waiting times is appropriately mitigated and documented.

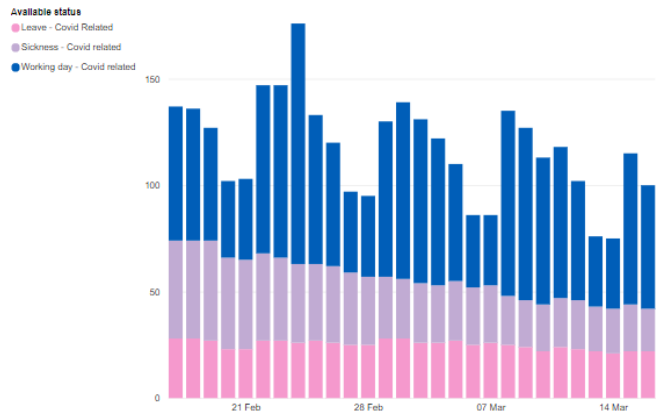


1.2 COVID-19 Integrated Dashboard  
Solent NHS Trust

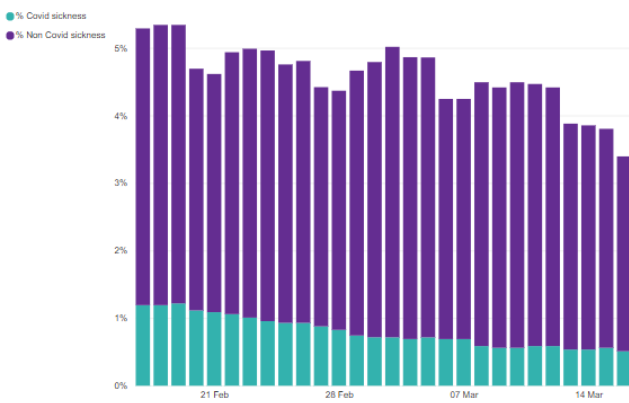
Workforce: Staff availability (ESR)



Workforce: Sickness and Covid related absence (ESR)



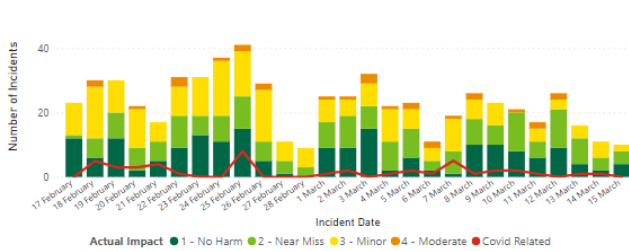
Workforce: COVID vs Non-COVID sickness as % of all staff (ESR)



Operations: Inpatient Occupancy/ Capacity (SystmOne)  
MOST RECENT POSITION

Cost Centre	Total Capacity	Total Occupied	Total DToC	Available Beds	Occupancy %	Date Recorded
402550 Orchards PICU - Maples	10	8		2	80%	16/03/2021 00:00:00
402555 Orchards Acute-Hawthorn	14	11		3	79%	16/03/2021 00:00:00
403074 Lower Brambles Ward	19	15	1	4	79%	16/03/2021 00:00:00
403076 Fanshawe Ward	18	12		6	67%	16/03/2021 00:00:00
403080 Snowdon Ward	14	14	1	0	100%	16/03/2021 00:00:00
403088 The Kite Unit	10	9	2	1	90%	16/03/2021 00:00:00
403130 Spinnaker Ward	16	12		4	75%	16/03/2021 00:00:00
403156 Brooker	22	14		8	64%	16/03/2021 00:00:00
403160 Jubilee Hse Contnu Care	20	13		7	65%	16/03/2021 00:00:00
405632 COVID19 Hamble House	0	0		0	NaN	20/07/2020 09:05:48
405634 COVID19 Adelaide	0	0		0	NaN	28/09/2020 12:34:11
Winter Resilience	0	0		0	NaN	
<b>Total</b>	<b>143</b>	<b>108</b>	<b>4</b>	<b>76%</b>		

Quality: Number of Incidents (Ulysses)



Workforce: Statutory & Mandatory Compliance

84%

Workforce: Clinical Supervision Compliance

71%

Quality Community Deaths  
COVID-19 DEATHS (ULYSSES)

102

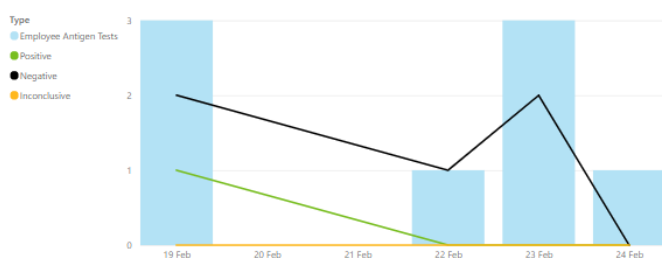
Quality Inpatient Deaths  
COVID-19 DEATHS (ULYSSES)

9

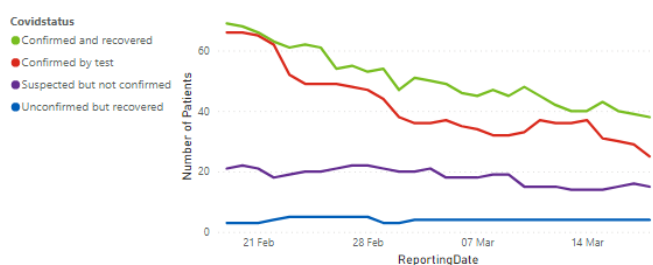
Quality: RIDDOR  
FROM 01/04/2020

0

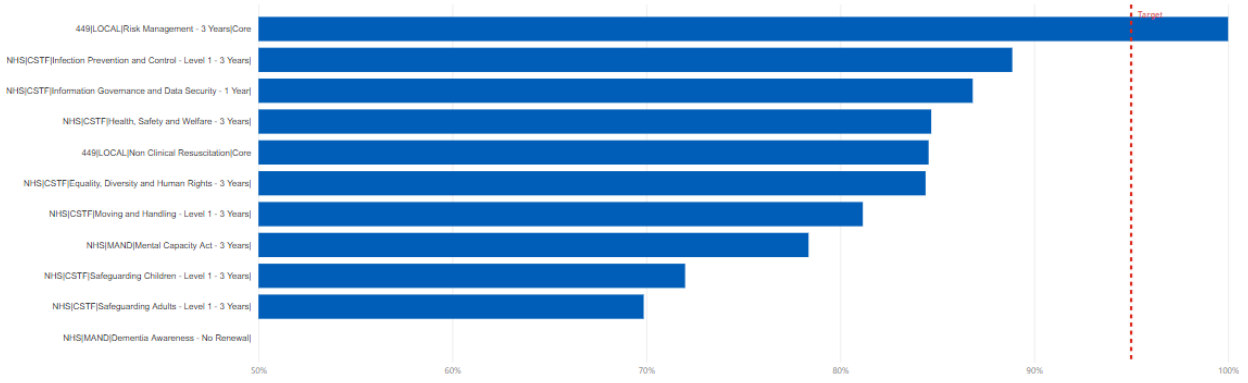
Workforce: COVID-19 Antigen (PCR) Tests



Operations: Patient-reported COVID-19 status (SystmOne)



Workforce: Statutory & Mandatory Training Compliance by Competency



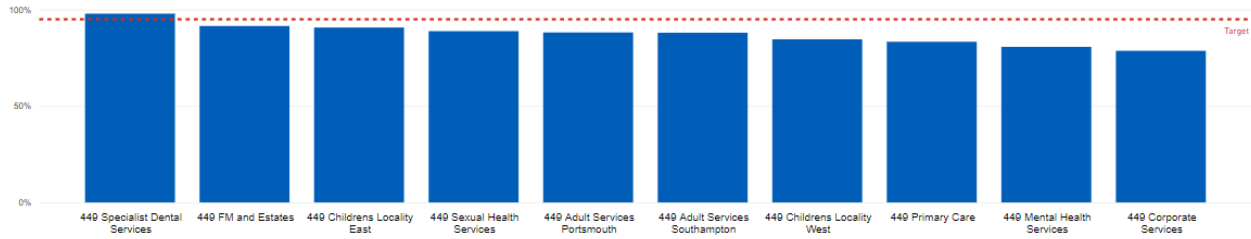
Workforce: Risk Assessment Completion for 'At Risk' Staff

92.1%

Workforce: Risk Assessment Completion for BAME Staff

99.7%

Workforce: Statutory and Mandatory Training Compliance Rate By Service Line





## 1.3 Chief Operating Officers' Commentary and Performance Subcommittee Exceptions

### Performance Subcommittees

The decision to stand down the Performance Review Meetings and the associated Performance Subcommittee meetings in December was extended over both January and February as a direct result of the pressures being felt across the Trust due to COVID-19. The Chief Operating Officers have provided their commentary on key areas as outlined below and any matters of urgent escalation have been dealt with on an exceptional basis.

### Southampton & County Wide Care Groups Chief Operating Officer's Commentary

#### *Children and Families West*

The Community Paediatric Medical Service has seen a significant increase in demand for child protection medicals with 35 in February, an increase of 10 from January. This was expected from learning after the first wave of COVID-19 earlier in the financial year showed similar increases, stretching the capacity of the team.

Paediatric Therapies waiting lists have grown significantly during the pandemic as resources have been utilised differently in part to support the vaccination centres and the trust's response to COVID-19 pressures. Consequently, for Southampton, there is a waiting list of over 300 children for first appointments and longer waits for treatment after first assessments. Now the workforce has been returned to normal establishment and service capacity is restored, we will begin to see a reduction in the waiting times and pressures, however this will take many months to return to pre-COVID-19 levels with existing resources and there are concerns about potential long-term impact on children due to these delays.

There are significant pressures on the Health Visiting service with rising demand and capacity hindered by hard to recruit vacancies, resulting in an increase in HRIs and incidents. In particular, the specialist Health Visitors are 75% over capacity. The service is working collaboratively with the Portsmouth 0-19 service on bespoke capacity & demand and complexity tools to provide a robust and safe data set to safely manage the demand.

Our specialist CAMHS continues to see increasing demand, with a 30% increase in referrals compared to the previous year. Due to limited capacity and hard to fill vacancies, this equates to an increase in waiting lists of approximately 30 service users per month. The autism assessment service closed to new referrals in February 2021 for a period of 6 months, to streamline the service's processes and referral criteria that will increase capacity and productivity. However, this will not mitigate the 300% increase in referrals seen over the last 8 years. CAMHS is working collaboratively with commissioners to review long-term solutions and consider immediate outsourcing opportunities.

#### *Special Care Dental Service*

The service is making positive progress towards securing additional theatre space and time, including the reopening of our own Poswillo centre. This will enable us to return to the delivery of General Anaesthetic work and add the most urgent cases on what is now a large waiting list for this service.



**Solent**  
NHS Trust

### *Primary Care and MSK, Pain and Podiatry / Sexual Health Services*

Services which were stood down during the peak, such as the MSK and Vasectomy Services, are beginning to be resumed now following a pause during the peak of the second wave of COVID-19. Many staff from within the service were redeployed to support high priority services and/or the Vaccination Centres. These staff are now returning to service and normal service delivery is resuming.

## Solent East Care Group Chief Operating Officer's Commentary

### *Adults Portsmouth*

The service line is returning to business as usual with the return of redeployees to their substantive teams as outlined in the table below. The seven additional surge beds opened on the Spinnaker Ward have now closed, however the additional eight beds at Jubilee House beds remain open for the time being. These are likely to close following the Easter bank holiday weekend which usually leads to capacity and demand challenges.

Learning Disability	All returned by end of Feb.
MSK	Returns planned and agreed with service
Community Neuro	Returns planned and agreed with service
Specialist Services	Pulmonary Rehabilitation staff will return in time for the next cohort of patients, majority of Speech and Language Therapy staff returned end of Feb, Bladder & Bowel returns planned and agreed with service
Rotational Physio	Will all be released for next rotation due to start on 14 April

### *Mental Health*

Brooker Ward has now re-opened following several weeks closure due to an outbreak of COVID-19. The Community Mental Health services have seen a rise in referrals across all teams which is increasing the waiting time for a first appointment (post triage). The service has also seen an increase in acuity in patients who are already known to the service. The national community transformation programme has now resumed. The national team have been pushing for recruitment to start in quarter one of 2021/22 but locally there is a significant amount of work that needs to be undertaken to define the model of service before that can begin. The Solent and Isle of Wight Trust Mental Health Operational Directors have begun to work together, both in terms of mutual aid and opportunities for shared learning.

### *Children and Families East*

There has been a 20% surge in referrals to our CAMHS service, negatively impacting waiting times. There have also been increased waiting times for the Paediatric Therapies and 0-19 services now that schools have returned. All referrals are being triaged and appropriately prioritised.

## 1.4 NHS Improvement Single Oversight Framework

Month: Feb-21

Indicator Description		Internal / External Threshold	Threshold	Current Performance	Capability	Variance
<b>Quality of Care Indicators</b>						
Organisational Health	Staff sickness (rolling 12 months)	I	4%	4.6%		
	Staff turnover (rolling 12 months)	I	14%	10.5%		
	Staff Friends & Family Test - % Recommended Employer	I	80%	*	*	*
	Proportion of Temporary Staff (in month)	I	6%	8.7%		
Caring	Written Complaints	I	15	14		
	Staff Friends & Family Test - % Recommended Care	I	80%	*	*	*
	Mixed Sex Accommodation Breaches	E	0	0		
	Community Friends & Family Test - % positive	E	95%	97.8%		
	Mental Health Friends & Family Test - % positive	E	95%	95.2%		
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%	89%		
	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%	● 97.3%		
Maximum 6-week wait for diagnostic procedures	E	99%	● 64.0%		
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%	● 91.9%		
<b>Improving Access to Psychological Therapies (IAPT)</b>					
- Proportion of people completing treatment moving to recovery	E	50%	● 58.0%		
- 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	1		
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\* Data collection paused during COVID-19 pandemic response  
 \*\* Data reported 3 months in arrears due to NHS Digital publication timescales

**Key**

<b>Capability</b>		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
<b>Variance</b>		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



## 1.5 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 1.4):

#### *Staff Sickness*

The staff sickness indicator continues to indicate that without significant intervention, the target will not be achieved, however the sickness rate has remained consistently at 4.6% for the past five months, lower than the 2019/20 average of 4.8%. 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 and marks a year since the target was last achieved. This is not surprising given the prevalence of COVID-19 and the pressures this has put on our services this past year. Further narrative on Workforce metrics can be found in the Workforce Dashboard Commentary (section 2.1).

#### *Maximum 6 Week Wait for Diagnostics Procedures*

Waiting times for Diagnostics procedures (applicable to the national DM01 submission) have flagged a 'Fail' on the capability rating following 10 months of significant under performance. Capacity has been reduced since the beginning of the COVID-19 response, and the action plan and trajectory put in place to restore this activity and associated performance has been significantly impacted by the national lockdown in November and the beginnings of the second wave. Solent continue to work closely with the third-party provider to monitor the waiting list backlog and ensure priority patients are appropriately triaged and seen.

#### *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 around 92% since the end of last financial year, when the focus shifted off of the DQMI and the national CQUIN scheme ending. Internal workstreams to improve the quality of the information within the MHSDS have taken a pause in recent months due to the emergence of a Hampshire and Isle of Wight group focussing on improving the consistency of MHSDS data collected across providers.

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

#### *Occurrence of any Never Event*

The lack of Never Events in recent months has flagged a 'Pass' on the capability rating, reflecting that none have occurred in the past seven months. The definition of Never Events has recently been revised and details of this can be found within the Chief Nurse Commentary (section 3.2).

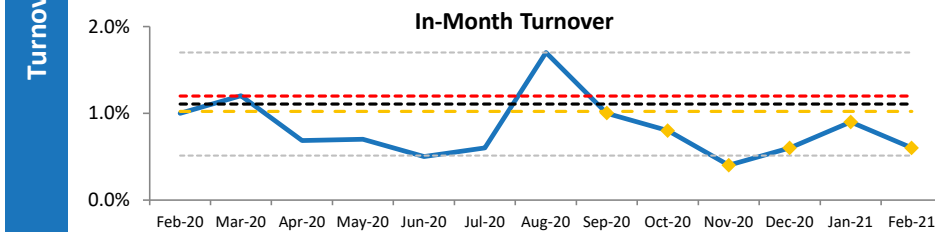
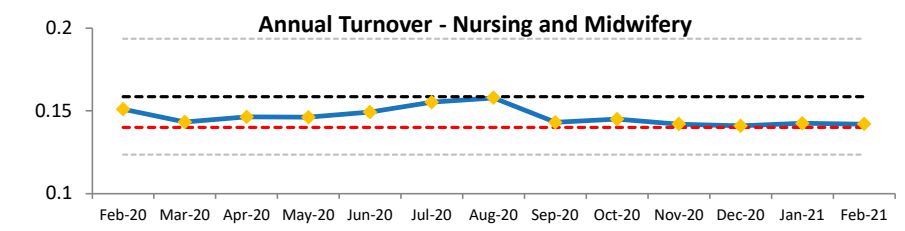
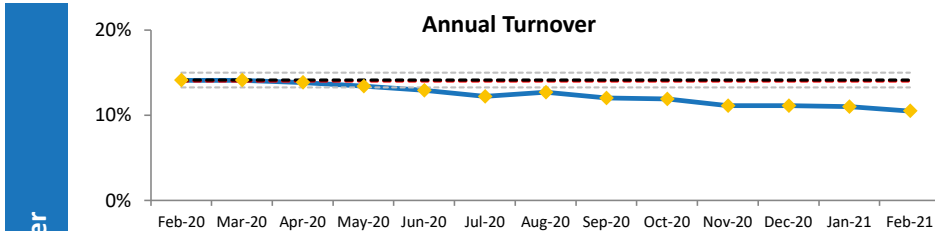
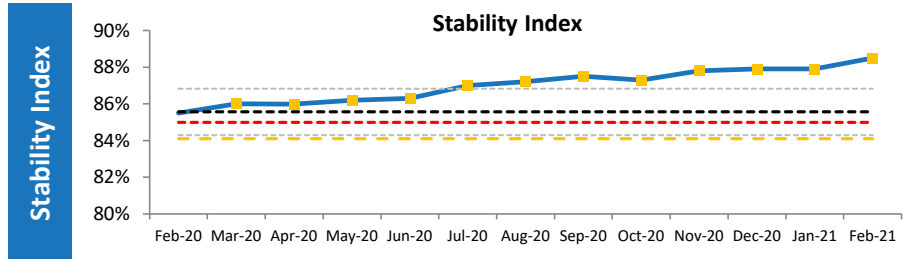
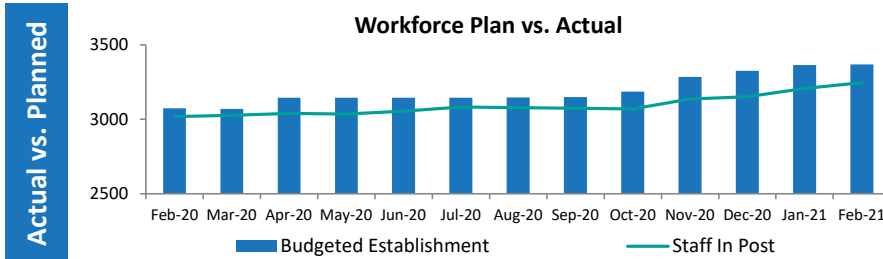
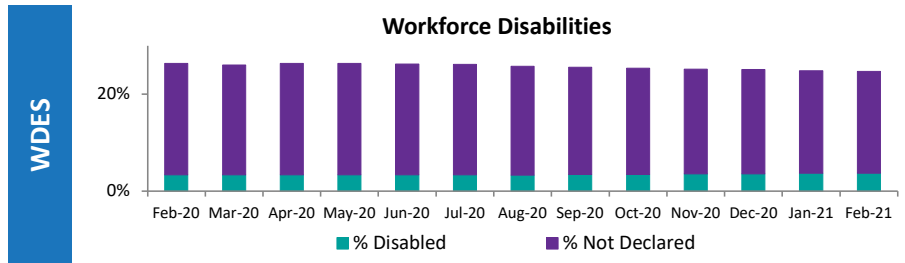
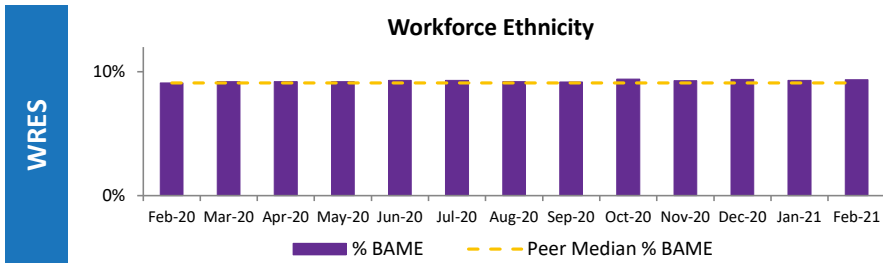
# 2.1 Workforce Integrated Performance Report

Month: Feb-21

## Planning

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

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



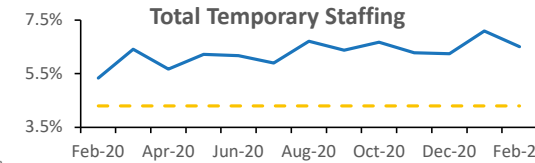
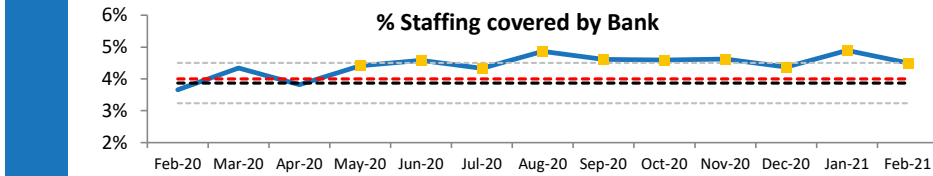
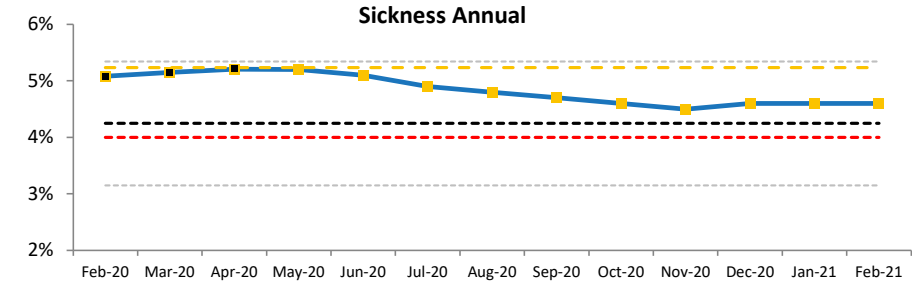
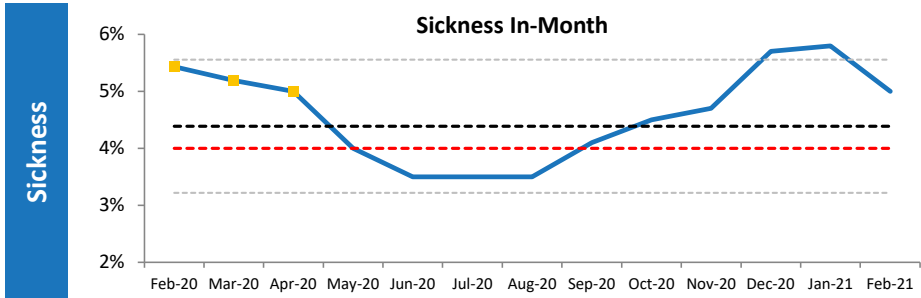
Previously Budgeted Establishment (BE) was based on temporary budget as BE for 2020/21 was paused due to COVID. BE now includes the Restoration and Recovery (R&R) plans and any TUPE's into Solent. Contingency planning has been undertaken to identify workforce requirements for surge requirements in response to COVID-19. Revised Solent, regional and system plans were submitted and approved in early October and are now reflected in the BE. Recruitment activity is progressing well to fulfil the workforce plans for M7 - M12. The Stability Index continues to remain stable at 88.5%, on an upward trajectory and above the mean since April 2020. Our workforce annual turnover has reported below the mean since April 2020.

# Deployment

Month: Feb-21

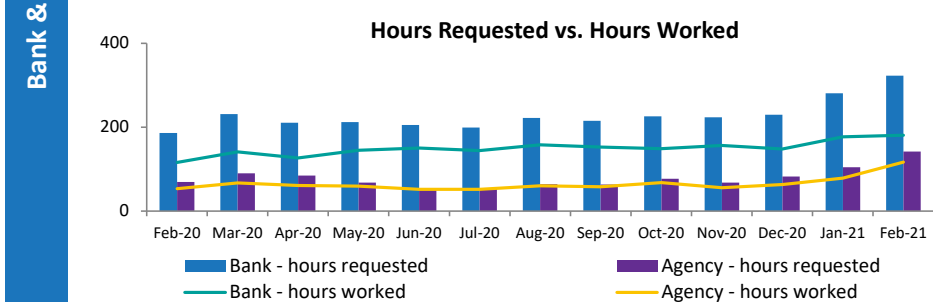
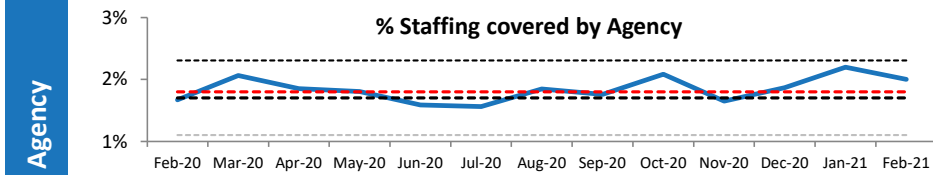
Key: — Data    - - - - - Target    - - - - - Mean    - - - - - Upper / Lower Control Limit

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



Rostering

Current Position: 1 / 4



Sickness in-month has decreased from 5.7 % in January to 5% during February. During February, 1.3% of sickness absence was COVID related sickness absence, a decrease from 2.1% in January. COVID-19 sickness will not be recognised in formal sickness management and additional support is in place for those suffering long term COVID-19 symptoms such as extended sick pay and phased return. Annual Sickness is reporting below the peer median and steadily decreasing from May 2020.

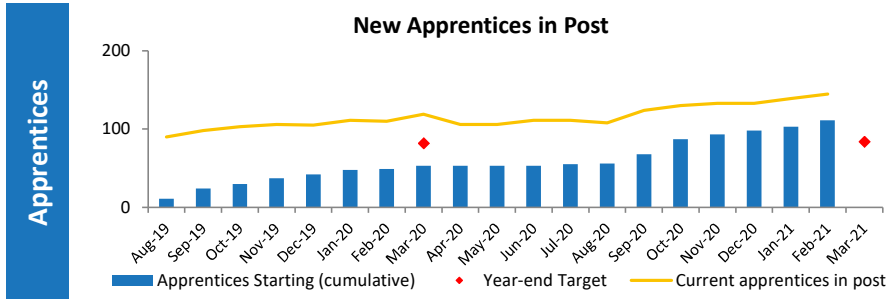
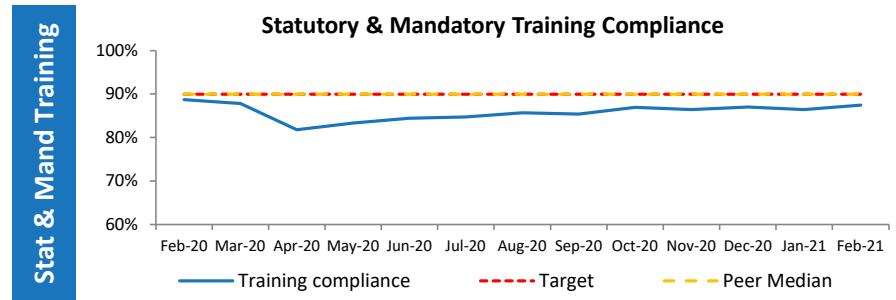
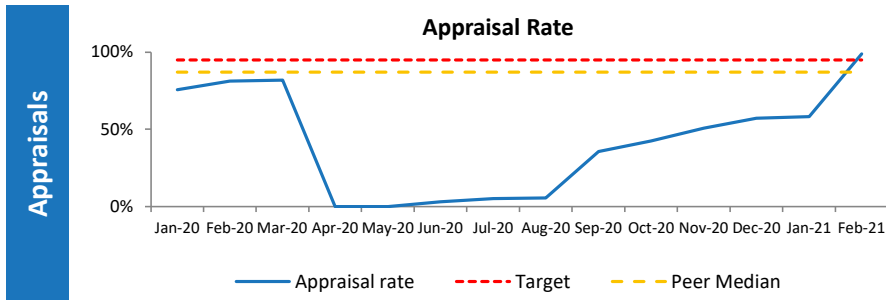
The total additional staffing (Bank & Agency) costs for February is £1,565,084. Use of Bank/agency has decreased in month by 10% with a total of 5408 shifts requested. Bank covered remained static at 67% of total requests and agency cover levels increased slightly to 26%. Increased demands have been attributed to COVID-19 outbreaks across all wards. Sickness and COVID shielding have also attributed to additional staffing levels required.

The number of block bookings across warded areas remains high and ongoing recruitment is in place to increase substantive staffing levels across services. International recruitment of overseas nurses will assist with the reduced of high agency costs across Mental Health services.

Bank recruitment remains focused on staffing our Vaccination Centres and increasing HCA bank levels for all areas.

## Development

Month: Feb-21



The statutory and mandatory training rate in February 2021 increased from 86% to 87%, against a target of 90%. The requirement to provide evidence of completion of 2019/20 appraisal objectives to ensure staff move to their next pay step point has been deferred until 2021/22.

The implementation of a new Learning Management System (LMS) is on track to go live in April 2021. This will be a significant boost for morale, and will significantly strengthen our learning and development infrastructure.

Increasing the intake of apprentices has been a focus for Q3 and Q4 and on target to increase the number of apprentices to 5% above target (35 across disciplines in 2020/21); we will be seeking to utilise apprenticeships as a structured pathway into the Trust, for career development, and this pipeline will also support succession planning and talent management.

**Engagement**

**Friends and Family Test (FFT)**

Percentage of Staff who would recommend Solent as an Employer

**80%**

**Q2 2019/20**

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

**Staff Survey**

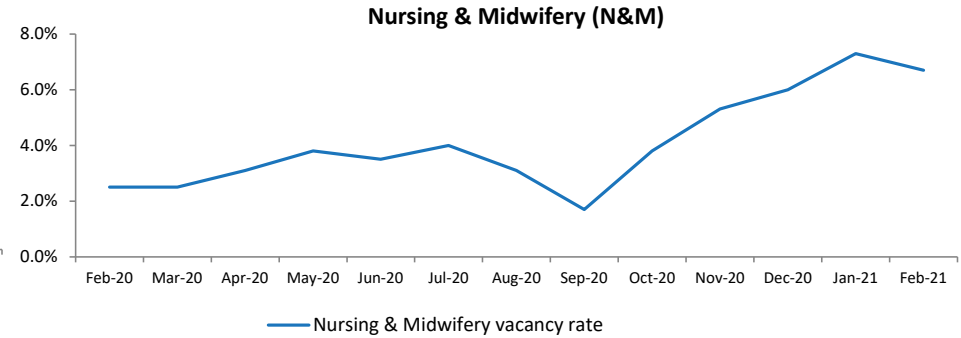
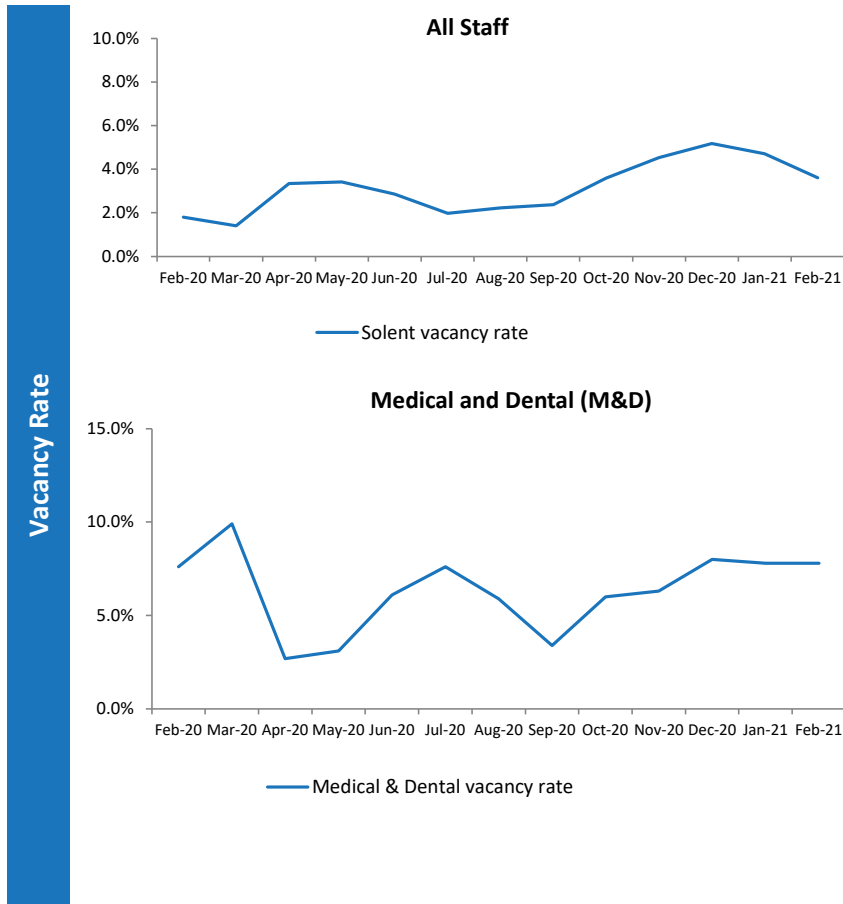
Percentage of Staff who would recommend Solent as an Employer

**76%**

**2020/21**

## Acquisition

Month: Feb-21



The current vacancy rate of 3.6% equates to 121.1 FTE across the trust, a decrease from 4.7% in January. Vacancy rates are highest in Facilities Management and Estates (FME) at 16.7% which equates to 40 FTE, contributing to 1/3 of the trusts vacancies. FME have opted to not fill substantive vacancies whilst redesigning team structure and continue to use bank and agency.

The trust vacancy rate has fluctuated since April 2020 and the vacancy rates now reflect our new BE from April - February. The R&R BE is now included in these figures, R&R plans have increased our BE from October 2020 – March 2021 meaning when the additional R&R BE has been reflected we expected the vacancy rate to rise. The successful recruitment plans will show an increase in staff in post numbers over the next few months when new recruits start their roles, reducing the gap between BE and staff in post numbers and reflecting a reduction in vacancy rate.

N&M vacancy rates show a steep increase. This is due to the R&R plans and new BE. N&M BE has increased by 91 FTE from October - February and staff in post numbers, although increasing by 50 FTE during Oct - Feb, haven't bridged the gap against new budgets yet. We are currently exploring a couple of options to create a pipeline of Mental Health Nurses in collaboration with International Global Learners Programme and have offered to 8 International Mental Health Nurses who arrive in March 2021. There are additional plans in place for a further 45 FTE General and MH nurses via International Recruitment programmes due to arrive during May, June, July and October 2021.

## Leadership and Culture

Month: Feb-21

### Learning

Weekly project meetings are underway for the Learning Management System (LMS) and IT requirements and site branding sessions are in progress. System training for the L&D team commenced in February along with data uploads. The target implementation date is on track for April 2021. Trust Induction is still being offered virtually over zoom and from the start of December has been held weekly to manage the increase in numbers of staff joining the Trust. The session is a welcome to the organisation, covering the goals, values and benefits of working in Solent.

### Engagement

During the winter lockdown we continued to run support calls and opportunities for people to connect. As well as increasing the number of CEO Q&As, we held calls on a range of topics, including support calls for people who are shielding, parents and wellbeing. We also established regular COVID-19 vaccine Q&A sessions for Solent and Southern employees. In response to feedback from colleagues Zooms have been scheduled for different times of the day, and on different days of the week; giving people more opportunity to attend.

There is an intrinsic link between employee engagement and supporting health and wellbeing. During February, we launched the podcast series, Solent sessions. The overarching concept for these podcasts is to educate people both in and outside of Solent using a variety of content; including stories and experiences from our staff, lifestyle and wellbeing information sessions. Four sessions were held during February. In addition, as part of our work around self-care and compassion, on Valentine's Day we launched a digital campaign, #LoveYourSmile. The campaign is designed to empower people to think and speak compassionately about themselves, whilst inspiring others to do so themselves. We also held a number of informal discussion sessions to celebrate LGBTQ+ history month. The online discussion sessions were well attended and were centred around how we can make positive change to make Solent a more inclusive and welcoming place to work for LGBTQ+ colleagues.

NHS England/Improvement has confirmed that the publication and lifting of the embargo for the NHS Staff Survey results as 11 March. Work is underway to ensure action planning happens at corporate and team level, with support tools being provided to managers to assist them to have good quality conversation with people in their team/s and to help with the creation of meaningful action plans.

### Leadership

During January our Leadership Development offer was on hold due to the COVID-19 crises. Online guides for leaders and managers have been promoted, these are from the NHS Elect online offer via our Solnet page.

We have been designing a programme of Line Management and Leadership Development interventions which combines a mixture of reference guides, e-learning and programmes of learning. The programme will be launched in April and we will continue to build on our offer throughout quarter one.

### Inclusion

Since the start of the pandemic we have been hosting parenting calls for employees with caring responsibilities especially focussed on school closures and the impact it has to work/ life balance. The regularity of Zoom calls increased following the announcement of a second school closure at the start of Jan 2021 when the country went into its third lockdown. The zoom calls are now supported by senior HR Colleagues who have been able to help with specific HR issues. So far 145 people have attended the calls and topics discussed include pressures of home schooling; Flexible working; Educational Health and Care Plans and Covid-19 testing process for children. Solent's diversity and inclusion response to Covid-19 has included partnership working with Our Version Media who are helping with a communications programme aimed at our BAME Communities regarding vaccine hesitancy. The LGBT+ Resource group hosted two events for LHBT+ History month. The first was a conversation around the TV drama "It's a Sin" and the second called "Mind Body and Spirit - How Can We Support LGBT+ Individuals & Gender Identity in the Workplace?" These well attended events invited a lot of discussion and debate, and provided an opportunity for the Diversity and Inclusion team to share about the work they are doing in this area. Child and Family Services are progressing with their work to consistently record protected characteristics of their patients in order to provide better care and targeted services. The Diversity and Inclusion teams are working with "Drop the Mask" to develop a short animation outlining the importance of this data collection which can be shared across the Trust.

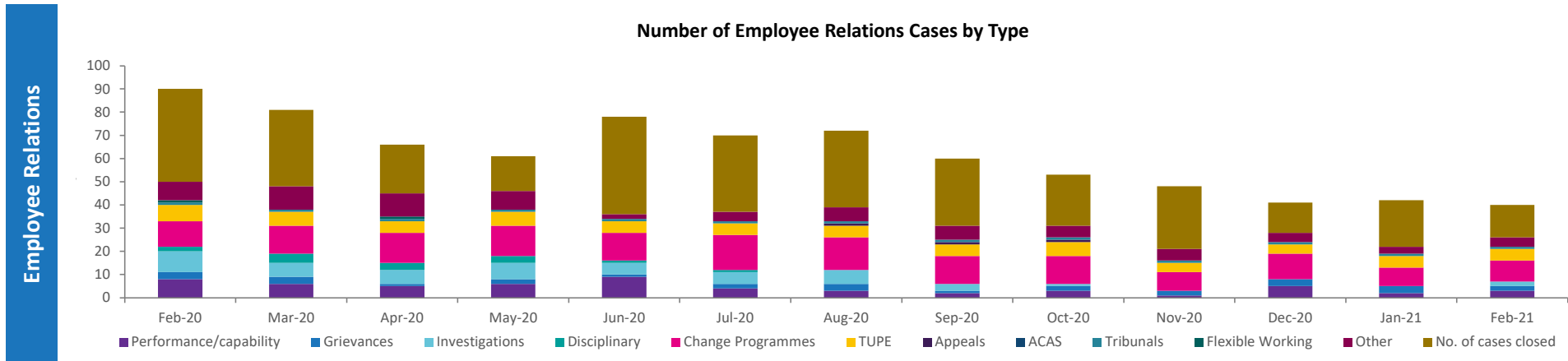
### Wellbeing

The Wellbeing COVID Urgent Response Plan implemented in January continues to be available. However, exit planning is underway with some services that now have measures in place and encouragement given to teams to identify Wellbeing Champions to help with a sustainable approach to wellbeing as part of everyday practice. The wellbeing focus is also shifting towards recovery with the introduction of individual wellbeing conversations and a new framework to include a wellbeing plan template, 1-1 conversation template and prompt as part of the appraisal process. Further support packages are also under development to support people during their recovery phase and we are in the process of engaging with people across the organisation to test out the plans and support needs. Our Mental Health First Aid training courses are due to start again in April and these are now being delivered in house by our Wellbeing Team (MHFA Instructors). The first course is full and a waiting list is building. The HIOW Occupational Health and Wellbeing programme has now started and we are working with the project team and a network group has been set up to assist joint working across organisations.



## Change and Employee Relations

Month: Feb-21



There are 94 cases currently being managed as at the end of February by the team, an increase of 19 compared with January. 2 cases are on hold due to COVID. 12% of all open cases are BAME employees, a total of 11 cases; of this total 5 cases are formal (non-sickness), and the remaining 6 are sickness related, with 5 of these being related to long COVID. There are 14 change management cases, 5 of which are TUPE. 2 are on hold due to COVID.

The new values-based Trust Resolution Approach launched in January 2021 aims to successfully resolve workplace conflict and provide a different, positive employee experience. There are 15 live cases being managed in the month of February by the Resolution Hub, who are focusing on an early resolution approach to support people to resolve matters earlier and quicker in a safe and supportive environment. The development of this team continues with successful completion for 3 team members in the mediation qualification, which is nationally accredited. With planning for a further cohort of mediators commencing training in September 2021.

### D&I ESR Data

People services are exploring reasons for non-completion of Diversity and Inclusion fields in ESR, the majority of which relate to declaring a disability. A monthly reminder has been introduced in employee self service in December 2020 to encourage individuals to check their information and complete missing fields to enable us to understand our population and prioritise decisions about patient and employee services/support accordingly. An engagement campaign led by resource groups will take place in February 2021.

### Diversity & Inclusion Fields completed in ESR

92.5%

Target - 100%

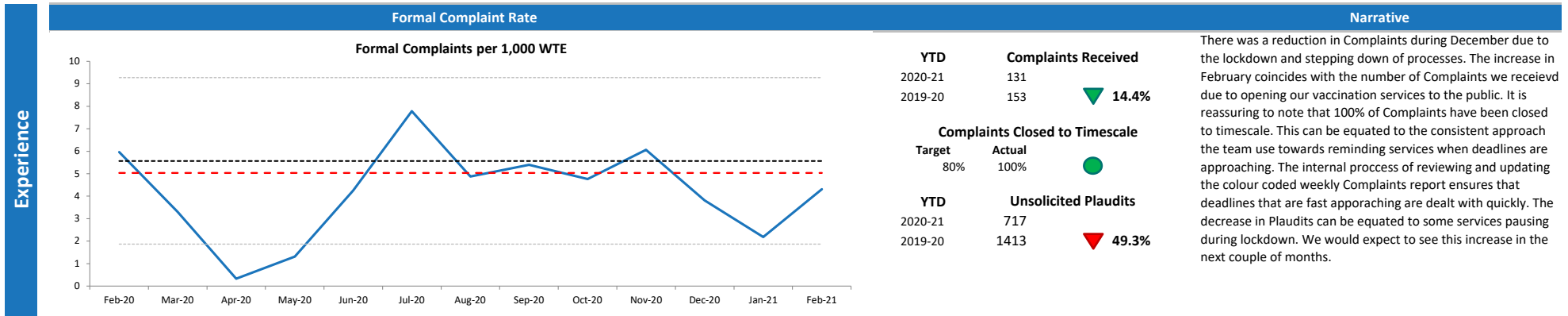
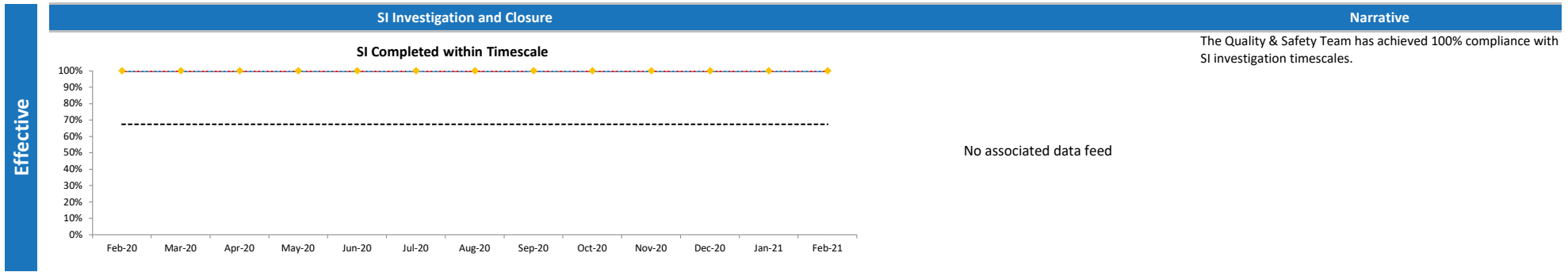
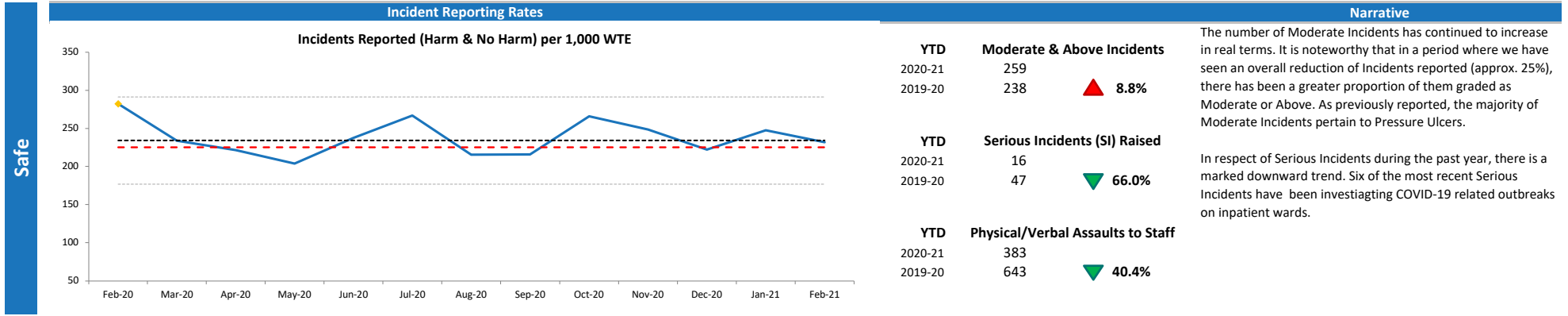
## Notes

Month: Feb-21

	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: Feb-21



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

- The Infection Prevention & Control (IPC) team continue to support all services across the Trust to follow safe IPC practice and to follow the national guidance in relation to Personal Protective Equipment (PPE).
- The 4 large Vaccination Centres across Hampshire & Isle of Wight (HIOW) are now fully operational. The Oakley Road Hospital Hub went live on 4 January 2021 with the public Vaccination Centre opening to the public on 25 January. All other sites commenced on 1 February 2021.
- To date the centres have vaccinated more than 100,000 people from across HIOW and are about to commence second dose vaccinations for health and care staff.
- There have been low numbers of incidents reported across the sites and the majority have been in the no harm category.
- A meeting was held in February with the CQC to review the large vaccination sites and to ensure all regulatory requirements are in place. No concerns have been raised at time of reporting.
- Due to the nature of the work being undertaken the teams on some sites continue to have challenges in meeting social distancing requirements. Work continues to address these challenges and to keep both our staff and members of the public safe.
- All four sites are supported by a range of volunteers from several volunteer organisations across HIOW and we are dependent on their amazing effort to ensure we can continue to deliver this ambitious programme of vaccination.
- To support people in communities to understand the benefits and risks of the vaccines the Clinical Director for the vaccine programme and the Experience of Care lead have taken part in a few question and answer (Q&A) sessions with community faith groups as well as a youth group.
- The Chief Medical Officer and the Clinical Director for the vaccine programme have facilitated several Q&A sessions for staff across the organisation over the past months. These will continue as long as they are helpful.

### Freedom to Speak Up

The Quarterly Freedom to Speak Up (FTSU) Oversight meeting, chaired by a Non-Executive Director (Chair of the Audit and Risk Committee) and attended by the Chief Executive, Chief People Officer, Chief Nurse and our Independent Lead FTSU Guardian is now well-established. The Chief Nurse and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and/or wellbeing.

#### *Notable events*

Successful recruitment of a further 5 guardians has taken place. Primary duties include case handling, proactive engagement and education sessions including induction and staff members leaving the trust. Two guardians are active members of resource groups (LGBTQ+ and BAME).

Unfortunately, due to the impact of the second COVID-19 wave, induction of the newly appointed guardians has been delayed until 31 March 2021 to ensure support is to a high standard.

Year to date, our Guardians have worked with the following cases:

- Quarter 1 – 12 cases
- Quarter 2 – 9 cases

- Quarter 3 – 8 cases
- Quarter 4 (current standing) - 10

Whilst there has been a reduction this financial year in case numbers, the guardians have seen an increase in non-FTSU enquiries leading to guardians providing many informal supportive conversations.

Thematically, the cases vary but more commonly involve behaviours and cultural issues rather than patient safety concerns. The added pressure of COVID-19 this year has seen a rise in wellbeing, infection prevention and flexibility related concerns.

The Oversight Committee remains focused on the 3 key workstreams agreed:

- Review model for Freedom to Speak Up/Cultural improvement delivery
- Widening agenda to connect with Service Lines
- External offer to support wider system

Despite the pressure of the current pandemic and reduction in non-essential meetings, the Lead Guardian has worked with service lines to promote and engage staff members, in a hope to increase their understanding and support for Freedom to Speak Up.

#### *Future commitments*

FTSU lead to continue working alongside the Diversity and Inclusion team and specifically the anti-discrimination work stream to support staff members who face discriminative actions and behaviours.

Develop new communications and engagement strategy to ensure all staff are aware of Freedom to speak up guardian team and how to access support when needed.

Work with learning and development team to ensure induction process supports and promotes Freedom to Speak Up as a support option for all staff members

## Professional Leadership & Clinical Standards

### *Infection Prevention Control – FIT Testing*

Following the submission of the quarterly IPC Business Assurance Framework (BAF) to Board in January 2021, a working group has now been established to oversee the ongoing adherence to IPC guidance in response to COVID-19. This group facilitates shared learning across the Service Lines and enables additional support to address any queries services may have.

The IPC team have confirmed that all staff who require FFP3 or hoods have now been FIT tested. Solent have received a British supply of masks, regarded as a more sustainable supply long-term and communication has been issued to staff to enable FIT testing to be booked as and when needed.

To support the provision of FIT testing, the IPC have recently recruited a dedicated postholder to oversee the FIT testing service, commencing in March 2021.

### *International recruitment*

Our international recruitment programme is moving at pace, with 8 Mental Health nurses joining us in March and April. They will embark on a 6-8-week induction programme, supported by the Mental Health Educator in Practice and newly appointed Pastoral Care Support Worker, including objective

structured clinical examination (OSCE) bootcamp closely followed by the formal OSCE and applying to join the Nursing and Midwifery Council (NMC) register. Additional funding is being made available to increase our cohorts throughout quarters 3 and 4 in 2021 /22. We are liaising with Hampshire Hospitals Foundation Trust to support the recruitment of Register Nurses (RNs) across all Solent inpatient wards. Our current cohort consists of 40 international nurses with the potential to rise to 56 pending a further successful bid.

#### *Enhanced Health in Care Homes Education Programme*

In conjunction with Southampton City CCG Quality Team, Solent has delivered an education programme throughout quarters 3 and 4 for the staff of Care Homes and Home Care providers within Southampton City. Specialist representatives from a variety of services, including Podiatry, Dementia Care, Diabetes, Nutrition & Hydration and Dentistry have each presented a combination of theory and practical support for staff.

The aim of the sessions was to enhance the knowledge and skills of the predominately unregistered workforce, which in turn would enhance the care the residents receive. Following each session evaluation was collated and a certificate of attendance given.

We have now liaised with Hampshire CCG's to develop a similar programme county wide of which our specialists have volunteered their expertise.

#### *HCSW2020 Funding*

Additional funding has been made available via bid process to support our Healthcare Support Worker (HCSW) cohort of staff. We have successfully bid for an Educator in Practice (EiP) specifically for HCSW, to support career development. This is pending appointment. A further bid has been submitted to expand the EiP role for HCSW across both cities including community, inpatients, and specialist services, the development of career café and HCSW Conference as well as support for recruitment and onboarding.

#### *Mental Health Optimal Staffing Tool (MHOST)*

The MHOST tool supports clinical areas to evidence their acuity and dependency levels daily for one month per quarter. This enables the clinical leads to evaluate the whole time equivalent (WTE) staff required to safely staff wards. We are undertaking a pilot in March with formal rollout in April 2021. There are ongoing discussions regarding the development of acuity and dependency tools for both adult inpatients and community nursing.

## Community Engagement & Diversity and Inclusion Arm

#### *LGBT+ History Month 2021*

For the second year, the Solent Staff LGBT+ and Allies Resource Group have embraced LGBT+ History Month with two virtual events held during February supported by a communication strategy and strong social media presence:

- Event 1: "Spill the Tea" Russell T Davies, It's a Sin
- Event 2: "Spill the Tea" Mind, Body and Spirit – How can we support LGBT+ individuals and Gender identity in the workplace?

These events were extremely well attended, and the discussions held reflect the successful creation of a safe space for all involved.

A series of recommendations were subsequently identified to take forward:



1. For the Diversity and Inclusion team to plan a programme of work to improve the working lives of LGBTQIA, and for the Resource Group to support and influence this.
2. To actively progress working with Stonewall to assess our organisation and help identify areas of improvement to enable greater inclusion. It is envisaged this will also positively impact upon other protected characteristics.
3. To continue to raise the profile of LGBTQIA staff within the organisation and promote a positive working environment free from discrimination, encouraging progression and development.
4. To continue to provide regular safe spaces for employees to raise concerns and seek support, whilst actively listening to marginalised group.

#### *International Nurses*

The Diversity and Inclusion team have attended two cultural readiness meetings with nursing and support staff. Kate Sonpal has led on discussions at ward level where the new international nurses will be working. These meetings allowed for open questions, concerns and discussions pertaining to how the staff might be feeling in a safe environment. Innovative ideas about how to make the new nurses feel welcome were discussed and actioned.

#### *Parenting Calls*

Since the start of the pandemic Kate Sonpal has been hosting parenting calls for employees with caring responsibilities especially focussed on school closures and the impact it has to work/ life balance. The frequency of these video calls increased following the announcement of a second school closure at the start of 2021 when the country went into its third lockdown. The calls are now supported by the HR Consultancy Team who have been able to help with specific HR issues. So far 145 people have attended the calls and topics discussed include pressures of home schooling; Flexible working; Educational Health and Care Plans and COVID-19 testing process for children.

#### *Diversity and Inclusion COVID-19 Response*

Leon Herbert has been leading on Solent's diversity and inclusion response to COVID-19. This has included partnership working with Our Version Media who are helping with a communications programme aimed at out BAME Communities regarding vaccine hesitancy.

#### *Coaching and Mentoring*

Solent were successful in being selected to participate in the NHS Leadership Academy's Reciprocal Mentoring Programme and several members of the team attended the initial onboarding call. The concept will be presented to the Board in early Summer for their approval. The team have been working closely with Hennessey Coaching to develop a group coaching programme for staff with protected characteristics. This pilot programme is launching in April and registration is now open.

#### **Alongside Communities**

The Solent approach to engagement and inclusion was published in October 2020. Since then we have been working with people from our local communities to develop a plan which will guide the delivery of the changes we need to make over the next 5 years. The plan has been agreed with the Trust Board and the delivery of our ambitions to improve health and reduce health inequalities start in April.

#### *Asset Based Community Development (ABCD)*

To support the delivery of Alongside Communities we have secured the support of Cormac Russell of Nurture Development. He works internationally with local communities and supportive organisations to support inclusive, bottom up, community change. We are working to develop and

provide a range of learning and development opportunities for members of Solent to increase awareness, understanding and capability to, in turn, support that change in a sustainable way.

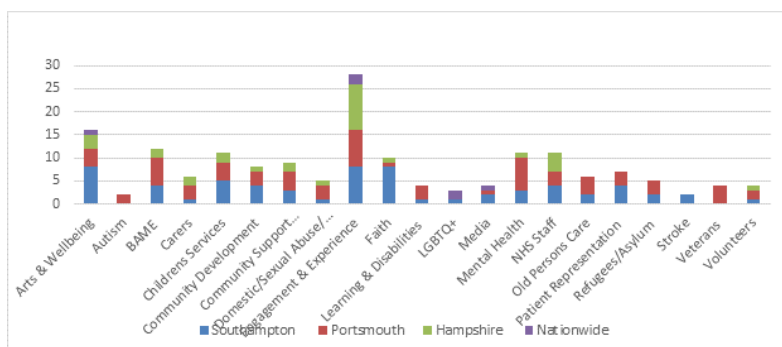
*Community Engagement Projects*

We have agreed to several community projects with local charities and voluntary organisations which will support the delivery of Alongside Communities:

Project	Community Partner	Aim
Carers Support	Good Mental Health Cooperative, Portsmouth	To provide programme of wellbeing support for carers of people living with mental ill health
Story Telling Champions	Touch Network Southampton	To develop the skills of 24 people (12 members of Solent teams and 12 patients/community partners)
Mobile Story Telling – create, capture and share	Our Version Media CIC and InFocus Photography	To develop the skills of team members in the collection of stories from a diverse range of people and communities. To produce a community documentary.
Virtual Dementia Cafe	Admiral Nursing	To provide a virtual café to support people with dementia and those who care for them, and to recruit and train volunteers to support.
Gypsy, Romany and Traveller Awareness	Gypsy Lives	To raise awareness about Gypsy, Romany and Traveler culture amongst mental health workers and increase confidence and skills in engaging with these community groups.
Carers Support – BAME communities	Carers Southampton	To develop a focussed support offer to carers from the BAME community who currently do not access and use the services as much as they could.
Reducing social isolation – a postal support offer	Communicare Southampton	To introduce postal service of updates about health and wellbeing to people in the Southampton area who experience social isolation and who do not have access to or who choose not to use IT.

*Community Partners Programme*

The Community Partners Programme was designed to improve our understanding of, and reach into, our local communities. We currently have 167 individuals and groups registered, with a further 73 in the pipeline, equating to an estimated reach of over 10,000 people. The programme is starting to represent our local community more fairly. We have established where we need to improve our connections and are going to undertake some focussed engagement work with groups we seldom hear from.



### Sharing our approach:

- Healthwatch Hampshire approached us to support the development of their engagement strategy and to provide some development for their Board members to help prepare them to deliver their ambitions.
- Alongside Communities has been shared with Gloucester Integrated Care System (ICS) and we will be continuing to support their work as they move forward.
- We participated in the recent ABCD Jamboree, an international celebration of asset-based community development.

## Quality, Risk and Patient Safety

### *Patient Safety Strategy*

The first version of the Patient Safety Strategy was published in July 2019. The strategy outlined the plans for how the NHS will continue to improve and make things safer for patients over the next 5-10 years. A requirement of the strategy was for each NHS Organisation to appoint a Patient Safety Specialist by November 2020, which we have done by seconding the Quality and Safety Manager to this role. The Specialist will manage the implementation of the Patient Safety Strategy, involving patients and staff to shape and define the patient safety culture within the Trust. An integral part of this will be to introduce patient safety champions and to implement the national patient safety incident investigation training programme.

During January and February due to the increase of COVID-19 cases, the specialist was seconded to a Service Line to work clinically and to support with the Service Line's Serious Incidents and Complaints. They have also continued to work within the Quality and Governance team, supporting the newly appointed Head of Quality and Safety and the newly seconded Quality and Safety Manager, with the Trust's patient safety responsibilities.

### *Information Governance (IG)*

The Information Governance Team, have celebrated many successes recently including:

- Fully implemented efficiencies within the Freedom of Information (FOI) and Subject Access Request (SAR) processes, leading to full compliance (above 95%) in the last six months for SARs and last four months for FOI's.
- IG Incidents have started to show a downward trend and increased cascading of lessons learnt have been implemented. The team is now looking at proactive and pre-emptive communications, to reduce incidents further.
- The team have implemented COVID-19 business continuity plans for FOI, SAR and IG Incidents, which have greatly relieved pressures on services and still ensured full compliance. The team are now risk assessing if these practices should stay in situ long term, supporting both the Trust's legal needs and pressures on services.
- The team is now supporting the Learning & Development team with IG Training compliance, with compliance now increasing by 1-2% per week.
- A number of new processes have now been implemented, to monitor and record the Trust's legal Data Protection Compliance with new tools now introduced to achieve this centrally within the IG team, without placing additional burden on services nor slowing down activities.

## Performance

### *Incident Updates*

There has been a significant reduction in the total number of incidents reported in January/February

2021 compared with both previous years. However, the number of Incidents classed as Moderate has increased. Of these, the majority (87.5%) are Pressure Ulcers classed as Category 3 or above. The table below provides a summary:

Year	Total Incidents reported	+/- versus previous year	Number of incidents classed as Moderate	+/- versus previous year	Number of Pressure Ulcers	Pressure Ulcers as % of moderate incidents
2019	1541	-	44	-	32	72.7%
2020	1788	+16.0%	42	-4.6%	34	81.0%
2021	1329	-25.6%	56	+33.3%	49	87.5%

Of the seven Moderate incidents reported in January/February not resulting from a Pressure Ulcer, six will be investigated as Serious Incidents – see below. The seventh involved a patient requiring emergency admission to an acute provider after choking on medication.

There has been one High Risk Incident requiring investigation declared in January/February 2021 compared with seven in 2019 and five in 2020. The investigation is seeking to determine whether the current systems and processes the Trust has in place to manage the return and distribution of laptops, is sufficiently robust.

In response to the current pressures on Clinical Staff dealing with COVID-19, the investigations into staff assaults and falls mentioned in the previous report have been put on hold. The Learning from Incidents & Deaths Panel will revisit the outcomes of these at the earliest opportunity.

#### *Serious Incident (SI) Update*

In January/February 2021, we declared six Serious Incident investigations. This compares to ten in the corresponding months in 2019 and four in 2020.

Following the three SI investigations declared in November/December 2020 as a result of COVID-19 outbreaks on inpatient wards, a further three have been declared in January/February 2021 at Fanshawe and Snowdon Wards (Adult Services Southampton) and Brooker Ward (Adult Mental Health). On each occasion the wards were closed to admissions and there were examples of nosocomial (Healthcare Acquired) infection of patients. Immediate learning from these has been shared across the Trust in the form of Learning Posters and Alerts to ensure our IPC procedures remain robust.

The Quality & Governance Team have streamlined the investigation process relating to multi-patient outbreaks, introducing a standardised and more focused Commissioning Brief and setting expectations as to the content of the SI Reports. They have also liaised and consulted with local CCGs and other Healthcare providers to agree a standard approach to declaring an Outbreak related SI.

Of the remaining three SI's declared in the period, one relates to an IG Breach when patient data was emailed to the wrong address, a second incident was declared when a patient became unresponsive after they were started on a syringe driver of morphine (prescribed by the General Practitioner) and a third when it was discovered that a patient had not been informed of a positive test result for syphilis in February 2020 and treatment did not start until January 2021.

In February 2021 NHS England published revised guidance on the classification of 'Never Events'. The amended list of incidents categorised as a Never Event no longer includes Wrong Tooth Extraction. However, the change is not retrospective, so the one incident reported last year in the Special Care Dental Service will still stand as a Never Event.

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

#### *Experience of Care: Complaints Update*

In January and February 2021, the Trust received a total of 22 formal complaints, a decrease of 7 from the previous two months. Child and Family and Adult Mental Health continue to receive a higher number of complaints, which could be due to the complex needs of their patients, with an increase also being seen in Adults Portsmouth who received 4 complaints, compared to 2 in November and December.

The complaints by service line are in the table below:

Service Line	January 2021	February 2021
Adults Portsmouth	1	3
Adults Southampton	1	0
Children's Services	1	4
Primary Care	1	3
Sexual Health	2	0
Adult Mental Health	2	2
SPA (Single Point of Access)	0	1
Special Care Dentistry	0	0
Corporate	0	1
Infrastructure	0	0
<b>Total</b>	<b>8</b>	<b>14</b>

Of the complaints received during January and February 2021, the themes relate to clinical (8; 2 Adults Portsmouth, 1 Adults Southampton, 1 Child & Family, 2 Mental Health Services and 2 Sexual Health Services), staff attitude (4; 1 Child & Family, 1 Mental Health Services, 1 Primary Care & 1 Single Point of Access), communication (5; 1 Primary Care, 1 Corporate Services, 1 Adults Services Portsmouth, 2 Child & Family) appointments (2; 1 Child & Family, 1 Primary Care) and 2 further complaints relating to general procedures and 1 relating to facilities.

During the period of January and February, three service concerns were escalated to formal complaints at the request of the complainants. The team de-escalated 1 formal complaint to a service level concern. The feedback was originally logged formally; however, upon speaking further with the complainant, they were happy for the service to resolve locally at service level initially.

A total number of 68 service concerns were received in January and February, an increase in 4, with 64 being received in November and December. Most of the concerns raised related to Child & Family (16) Adult Mental Health (13) Primary Care (14) and Sexual Health Services (16). We also received 4 Professional Feedbacks during January and February.

A total number of 106 Advice and Signposting's were received in January & February 2021; this includes both internal, and external signposting. This is compared to 95, which was received in November & December. A number of enquiries have been received by the team since Christmas regarding the COVID vaccine following the launch of the vaccination centres and hospital hub.

The team have closed 8 formal complaints during this period. 5 complaints were found to be Partially Upheld, 1 was Upheld, 1 Not Upheld, and 1 closed as withdrawn. As of the end of February 2021, the team currently has 21 open formal complaints. Six complaints have been reopened, due to unresolved issues and the complainant disagreeing with the provided response. Upon further contact from a

complainant following receipt of their response, we are, now liaising with the service before re-opening a complaint on Ulysses, to check they are in agreement with re-opening, or whether a phone call may be the best way forward in resolving any remaining issues. This new process has been introduced to try and help reduce pressures on service lines during the current pandemic whilst staff have been redeployed to other areas.

We have now received an update from the Parliamentary and Health Service Ombudsman (PHSO) with regards to the one outstanding PHSO case which was in the preliminary assessment stage. The PHSO have advised us that they will not be investigating this complaint as it is out of time, and they have not seen sufficient reason to put their time limit aside so will be taking no further action against the Trust. The service (Child & Family) have been made aware.

We have continued to achieve our 100% acknowledgement of new complaints being received within 3 working days.

#### *Friends and Family Test (FFT)*

Overall, the total number of responses has increased significantly during January – February 2021 (903) compared to the previous months of November - December (576). This has resulted in a higher number of responses reporting they would not recommend the service related to themes around communication, waiting times and care. A summary of responses can be seen below:

Month	No of responses	Recommend	Not recommend	Issues re “not recommend”
Jan 21	319	305	7	<ul style="list-style-type: none"> <li>• Unhelpful               <ul style="list-style-type: none"> <li>– Understaffed</li> <li>– the initial service was very prompt. Most of the time the nurses were great. one nurse was very unprofessional</li> </ul> </li> <li>• Waiting times               <ul style="list-style-type: none"> <li>– my child and I had to wait over an hour for her appointment and we arrived on time. We were sat in the waiting room with other parents and children which I thought wasn't ideal with COVID</li> <li>– it was a good experience to be physically seen by the practitioner finally – it has taken months to get this appt</li> <li>– COVID aside, there seems to be barriers between my GP decision that I need referring to an expert and actually seeing one. I spent 2 months talking to a physio before I finally got to see a specialist for a potential spinal issue that is worrying.</li> </ul> </li> <li>• Cancelled appointments</li> </ul>
Feb 21	584	564	6	<ul style="list-style-type: none"> <li>• Communication               <ul style="list-style-type: none"> <li>– very unorganised, thousands of volunteers standing around not being able to help or direct us where we were supposed to be going. No social distancing.</li> <li>– the woman at the vaccine card distribution centre was rude</li> <li>– I get different answers from different nurses which is not helpful</li> </ul> </li> <li>• Care               <ul style="list-style-type: none"> <li>– nursing care was amazing but treatments felt very rushed as thought conveyor belt surgery. Caterers were poor sloppy and slapdash with orders often not being fulfilled and forever being chased up by the nursing staff who quite frankly had enough to do</li> </ul> </li> </ul>



## 4.1 Chief Finance Officer Commentary

### Month 11 Results

The Trust is reporting an in-month adjusted deficit of £196k, £315k favourable to plan and YTD adjusted surplus of £94k, £1,475k favourable to plan. The in-month variance is due to additional education and training income and Mental Health Discharge income, partially offset by an increase in medics pay. The YTD variance is predominantly due to a reduction in COVID-19 costs and lower pay costs for investments because of delays in recruitment.

### COVID -19 Expenditure

The Trust continues to incur additional revenue expenditure because of COVID -19. YTD revenue expenditure linked to COVID-19 reached £9.2m.

The Trust received reimbursement of actual COVID-19 expenditure for months 1 to 6 which has been replaced by an allocation of block funding for COVID-19 for months 7 to 12.

COVID-19 capital projects totalling £1.6m have all been approved by the Department of Health and Social Care.

### Capital

The Trust's Capital Resource Limit (CRL) for 2020-21 is £11.4m, consisting of £5.2m internally generated funding and £6.2m of public dividend capital (PDC) and COVID-19 funding. YTD spend is behind plan, is closely monitored and expected to finish on target by the year end.

### Cash

The cash balance was £49.7m at 28 February, £19.0m favourable to plan. The increase is due to higher receipt of advance top up and COVID-19 funding following changes to financial regime arrangements in the second half of this financial year and slower than expected capital spend YTD. The cash flow balance is expected to reduce to £27m at the end of this financial year as the advance arrangement of income receipts ended in February 2021.

The current financial regime is expected to continue into quarter 1 of 2021/22 at least and therefore the rolling 12-month cash flow forecast assumes that the cash inflows and outflows will continue at this year's level subject to inflationary increase as appropriate.

### Aged Debt

The Trust's total debt was £5.6m at the end of February, an increase of £0.6m on January due to customers taking longer than 30 days to pay invoices because of debtor pay-run dates straddling month end. 91+ days overdue debt at the end of month was £0.3m.





**Solent**  
NHS Trust

## NHS Provider Licence – Self Certification 2020/21 – February 2021

### Condition G6 – Systems for compliance with licence conditions:

#### Requirement

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



#### Response

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

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

### Condition FT4 – Governance Arrangements:

#### Requirement

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



#### Response

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

#### Requirement

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



#### Response

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


 Requirement
 

3

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

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

## Response

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

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

The Composition of Committees is also kept under constant review to take into consideration and periods of unscheduled /planned leave, the impact of vacancies effecting quoracy as well as any recommendations made following Internal Auditors (or other external review). All NED positions are currently substantively filled, however our Audit & Risk Committee NED chair leaves at the end of their tenure, 31 March 2021. We have therefore successfully recruited in accordance with succession planning and our colleague commenced 1 February 2021 as Associate NED to ensure appropriate handover before commencing in role substantively from 1 April 2021. NED Committee membership and composition has therefore been reconsidered accordingly. In September 2020, the Board considered and amended its executive composition and that of its Committees following interim leadership changes and will do so again imminently in light of the return of the substantive CEO on 15 March 2021.

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 had been on the Phase 3 Recovery and Restoration system plans with block payments. The main change was the removal of additional top-up payments to breakeven, replaced by allocation of block funding for Covid-19, basic top-up and growth income. Solent had been asked to deliver greater activity to support the various ICPs it covers which resulted in a planned investment of c£2m above the funding arrangements. However, in late December, the national pandemic situation worsened and therefore Solent reprioritised its plans to focus on vaccination centres, urgent response services, inpatient facilities, mental health and mutual aid to partners; to increase capacity staff are able to carry forward more leave, or sell it to the Trust. At the time of writing, the improvement in community transmission and reduction in the national threat level (to 4) will mean the phased return of staff to their usual teams. Due to these fluctuations, the year end financial results are being reforecast.

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.

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, however our Audit & Risk Committee NED chair leaves at the end of their tenure, 31 March 2021. We have therefore successfully recruited in accordance with succession planning and our colleague commenced 1 February 2021 as Associate NED to ensure appropriate handover before commencing in role substantively from 1 April 2021. NED Committee membership and composition has therefore been reconsidered accordingly. In September 2020, the Board considered and amended its executive composition and that of its Committees following interim leadership changes and will do so again imminently in light of the return of the substantive CEO on 15 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.

Item No.	Item 7.1					
Presentation to	Trust Board					
Title of Paper	2020 NHS Staff Survey results					
Purpose of the Paper	Provide overview of NHS Staff Survey results and next steps					
Author(s)	Andrea Hewitt, Head of Communications	Executive Sponsor		Jas Sohal, Acting Chief People Officer		
Date of Paper	14 March 2021	Committees/Groups previously presented		-----		
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X
Positive / negative inequalities	n/a					
Summary of key messages / findings	<ul style="list-style-type: none"> <li>• 66% of people responded to the survey. The best response rate amongst organisations of our type.</li> <li>• Solent’s scores are amongst the best when compared with other combined community and mental health/learning trusts.</li> <li>• We were the top performing trust in three of the 10 key themes. We scored above average in 9 themes and average in 1 theme. We score the best in several questions.</li> <li>• Our scores improved in 42 questions (11 questions improved by 3% or more), stayed the same in 5 questions and decreased in 24 questions (2 questions decreased by 3% or more).</li> <li>• Our results show that we are strong in some very important areas including: putting patients first, our reporting and learning culture, our speaking up culture, and the support received from immediate managers.</li> <li>• The survey continues to highlight some areas which need attention.             <ul style="list-style-type: none"> <li>○ Diversity and inclusion remains a top priority. Whilst we are amongst the best scoring Trusts in this area, there is still further work to be done.</li> <li>○ People shared that it’s not always easy to meet the conflicting demands of the job and that they face unrealistic time pressures.</li> <li>○ Self-care continues to be a theme which needs attention.</li> <li>○ The survey results also suggest that we need to ensure there is genuine involvement across the Trust.</li> </ul> </li> </ul>					

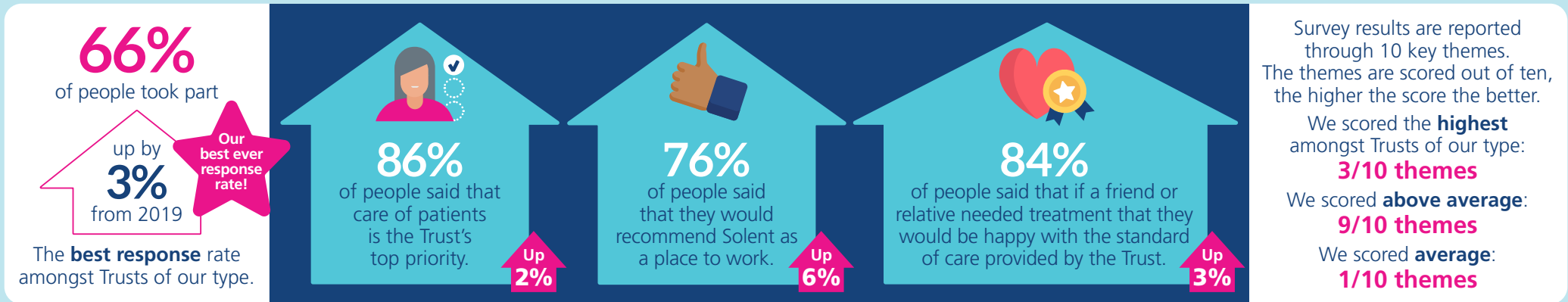
	<ul style="list-style-type: none"> <li>• At a Trust level, we will develop an action plan focussing our improvement work in the areas which need attention.</li> <li>• Action planning will also occur within services over the coming weeks. Tools will be provided to help managers undertake conversations, and people will be recommended to follow a model of celebrate, sustain and grow.</li> <li>• The survey included some specific questions around your experiences of working during COVID-19. Our Research and Improvement Team will feed these responses into the 'learning from the pandemic' work.</li> </ul>			
Action Required	For decision?	N	For assurance?	Y
Summary of Recommendations	The In Public Board are asked to: <ul style="list-style-type: none"> <li>• Note the content of this report and advise if any additional assurance related to performance against objectives is required.</li> </ul>			

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

Level of Assurance	Sigificant		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; color: #800040;">Significant, sufficient, limited or no assurance</p> And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature								



# 2020 NHS Staff Survey headlines



## Theme results





Safe environment – bullying and harassment



In this theme, a higher score suggests that people have experienced low levels of harassment, bullying or abuse at work from service users, the public, managers and colleagues.

Best	Average	Worst	Slightly better than last year
8.8	8.3	7.6	



Safe environment – violence



A score closer to 10 in this theme demonstrates that people have experienced low levels of physical violence from service users, the public, managers and colleagues, whilst at work.

Best	Average	Worst	No change from last year
9.8	9.5	9.1	



Safety culture



This theme asks questions about whether people feel able to raise concerns or incidents and how fair they are treated when they do so, as well as whether their concerns are addressed.

Best	Average	Worst	Significantly better than last year
7.5	6.9	6.1	



Staff engagement



This theme reflects how people say they feel whilst at work; engaged staff will recommend the Trust as a place to work and receive treatment.

Best	Average	Worst	Slightly better than last year
7.5	7.2	6.6	



Team working



The questions in this theme ask people whether their team has a set of shared objectives and whether people meet with their team to discuss effectiveness.

Best	Average	Worst	No change from last year
7.4	7.0	6.6	

## Next steps

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

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



# NHS Staff Survey 2020

Headlines

15 March 2021

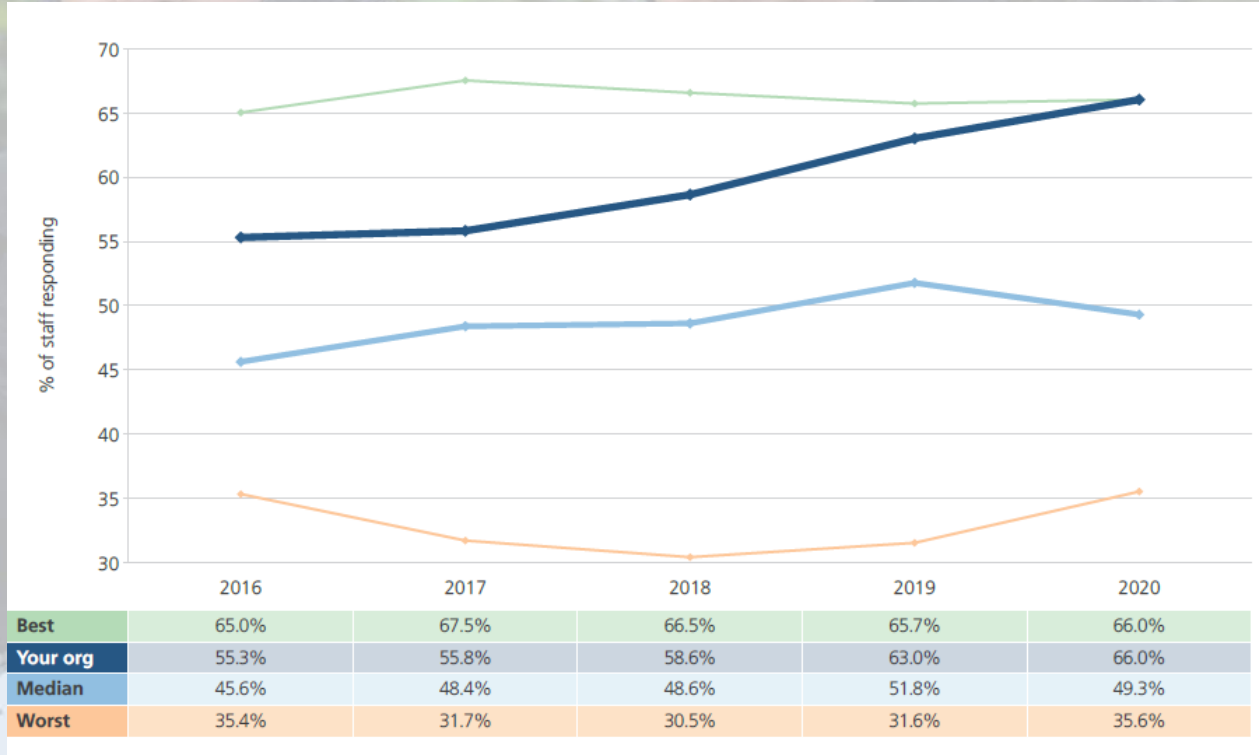
# 2020 NHS Staff Survey – Response rate

66% completed survey  
2,378 respondents

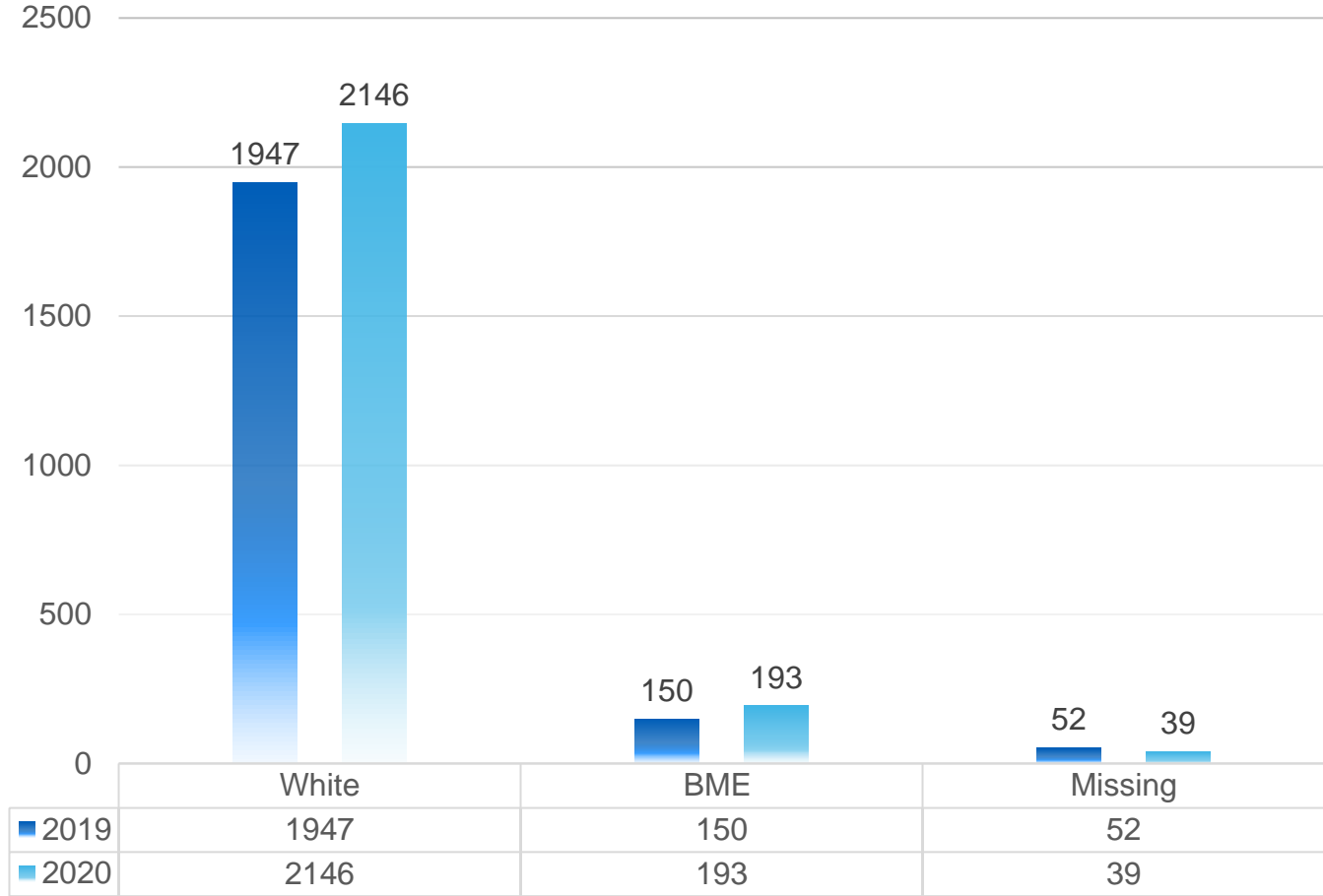
Highest ever response rate and best response rate in class

63% previous response rate

49% average response rate for similar Trusts



# Response rate by ethnicity 2019 v 2020

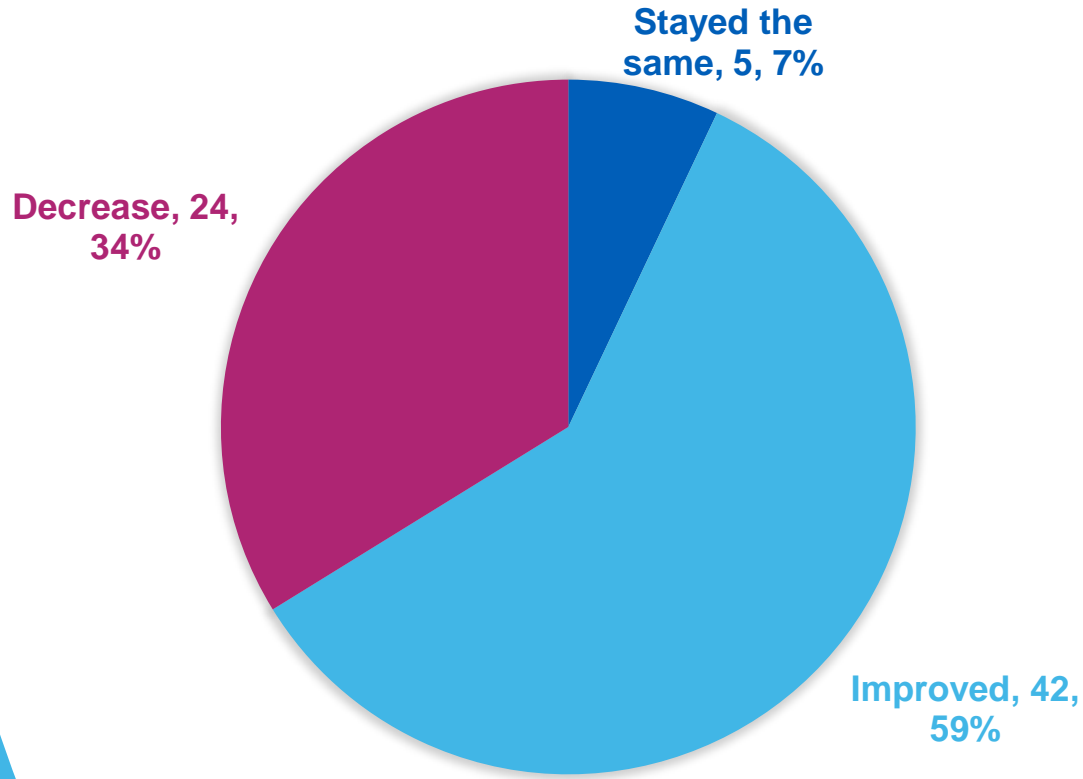


The number of people from BME backgrounds who participated in the survey has increased this year.

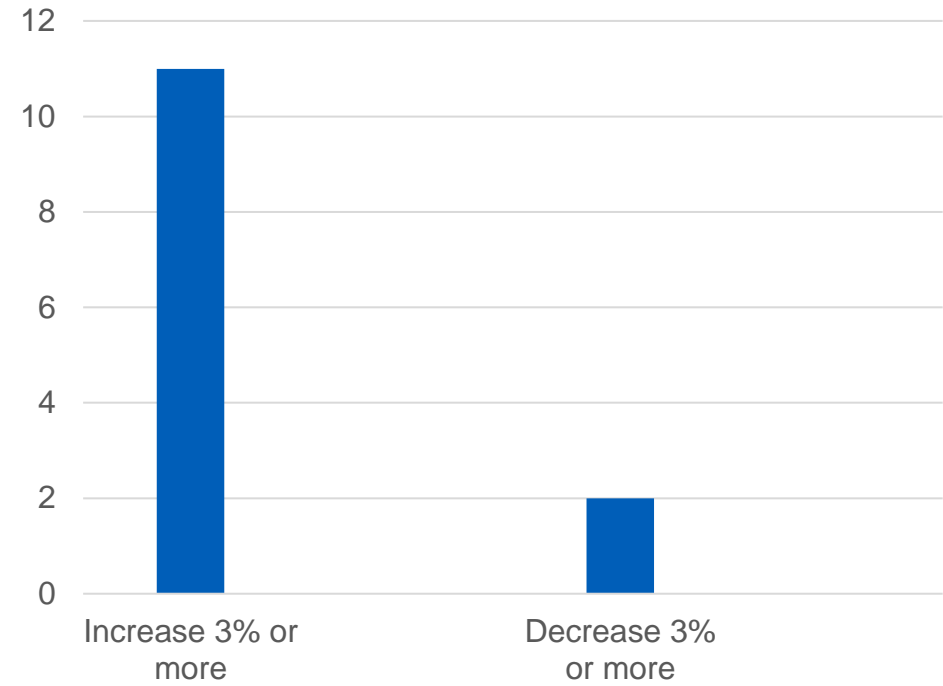
\* BME means mixed/ multiple ethnic, Asian/ Asian British, Black/ African/ Caribbean/ Black British/ Arab and any other ethnic background (as referenced in Staff Survey)

# 2019 v 2020 question comparison

Overall positive results, with improving picture.



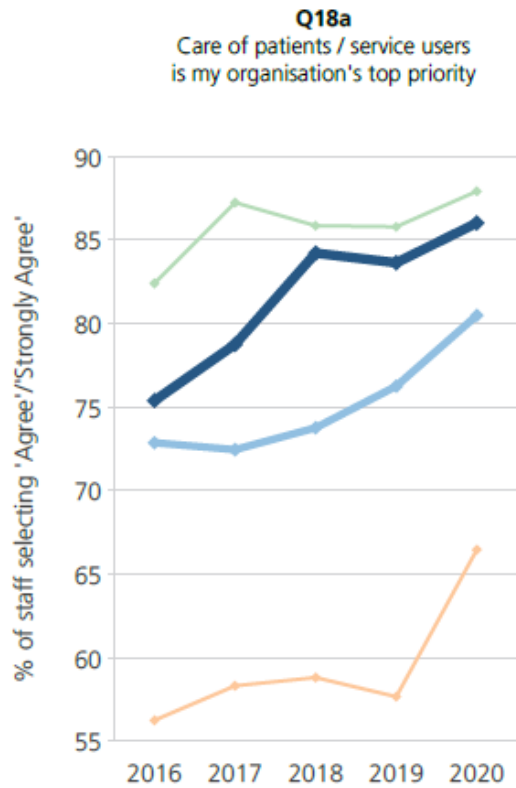
Number of questions which stayed the same, improved or decreased in score



Number of questions where there is an increased positive score of more than 3% and decreased score of more than 3%

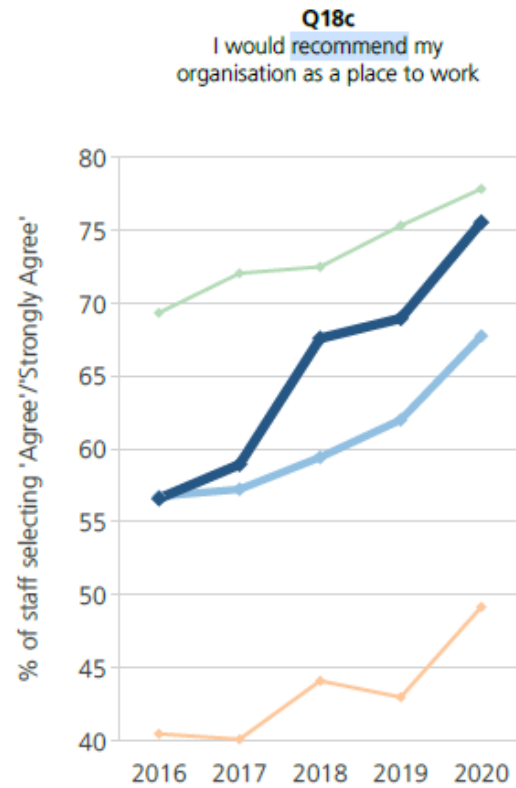


# Key questions



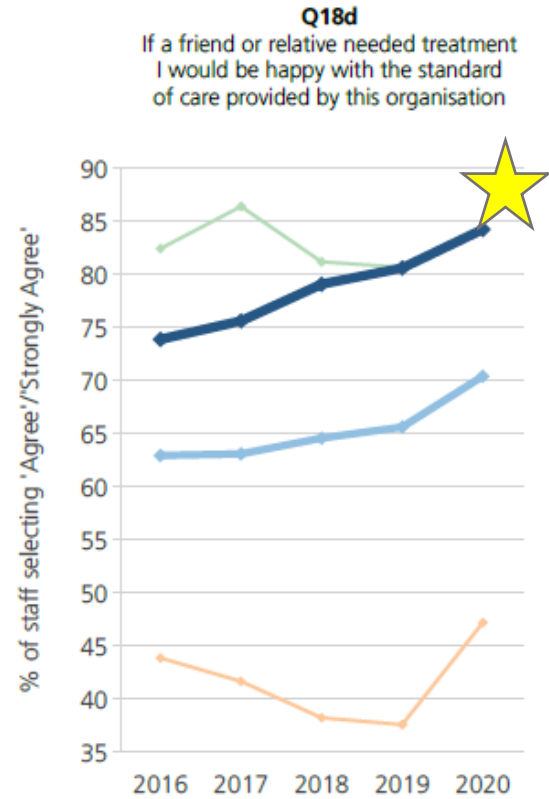
<b>Best</b>	82.4%	87.2%	85.8%	85.8%	87.9%
<b>Your org</b>	75.4%	78.7%	84.2%	83.6%	86.0%
<b>Average</b>	72.9%	72.4%	73.8%	76.2%	80.5%
<b>Worst</b>	56.3%	58.3%	58.8%	57.7%	66.5%

↑ 2.4% increase since 2019



<b>Best</b>	69.3%	72.0%	72.4%	75.3%	77.8%
<b>Your org</b>	56.6%	58.9%	67.5%	68.9%	75.5%
<b>Average</b>	56.8%	57.2%	59.4%	62.0%	67.7%
<b>Worst</b>	40.5%	40.1%	44.1%	43.0%	49.2%

↑ 6.6% increase since 2019



<b>Best</b>	82.4%	86.3%	81.1%	80.6%	84.2%
<b>Your org</b>	73.8%	75.6%	79.0%	80.5%	84.2%
<b>Average</b>	62.9%	63.1%	64.5%	65.6%	70.4%
<b>Worst</b>	43.9%	41.7%	38.2%	37.6%	47.2%

↑ 3.7% increase since 2019

Really positive results in three key questions.

The number of people who said they would recommend Solent as a place to work or for care, if a friend or relative needed treatment, has increased for the fifth year in a row.

**Best performing Trust for the question:**

'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.'

And, 5<sup>th</sup> best performing provider of mental health services for this question. (HSJ, 2021).



# Theme results

Circa 50 questions are categorised into 10 different themes.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	9.4	2116	9.4	2347	Not significant
Health & wellbeing	6.4	2133	6.7	2367	↑
Immediate managers †	7.5	2136	7.6	2361	Not significant
Morale	6.6	2113	6.7	2364	↑
Quality of care	7.4	1827	7.5	2027	Not significant
Safe environment - Bullying & harassment	8.7	2118	8.8	2336	Not significant
Safe environment - Violence	9.7	2119	9.7	2354	Not significant
Safety culture	7.4	2128	7.5	2365	↑
Staff engagement	7.3	2147	7.4	2372	Not significant
Team working	7.2	2102	7.2	2317	Not significant

- Statistically significantly better results in 3 themes
- Better results in an additional 4 themes
- Same score in 3 themes

# Theme results – Trust overview



Best performing:  
3 themes

Above average:  
9 themes

Average:  
1 theme

## High scoring areas

Support received  
from immediate  
managers

Reporting and  
learning culture

Speaking up culture

Opportunity for  
people to show  
initiative, and trust  
and respect shown  
by colleagues

The difference  
people feel they  
make and how  
satisfied people are  
with the care they  
give

Low levels of people  
experiencing  
violence /  
harassment, bullying  
or abuse at work /  
discrimination

Patients at the centre

## Identifying areas for improvement

Themes where we score closest to 'worst' organisation, or where we score average

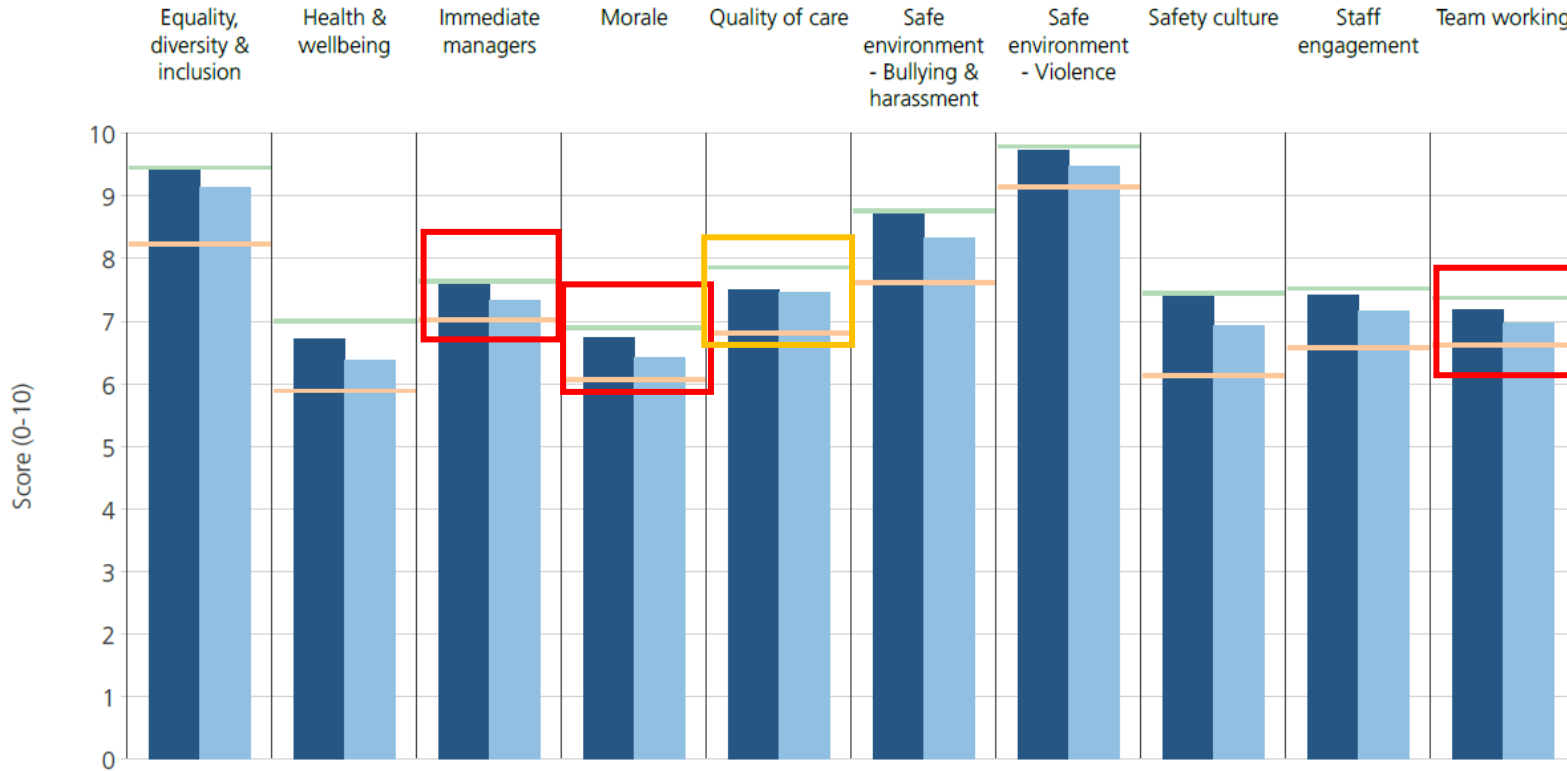
Lower scoring themes

Lower scoring questions (2020 benchmark of 60%)

This analysis has helped us to to highlight key themes

# Themes closest to worst and the average

Where the 'Your org' column/value is lower than the benchmarking group 'Average', or close to, quickly identifies areas for improvement. In addition, the closer the organisation's result is to the worst score, the more concerning.



**Closest to average:**

- Quality of care

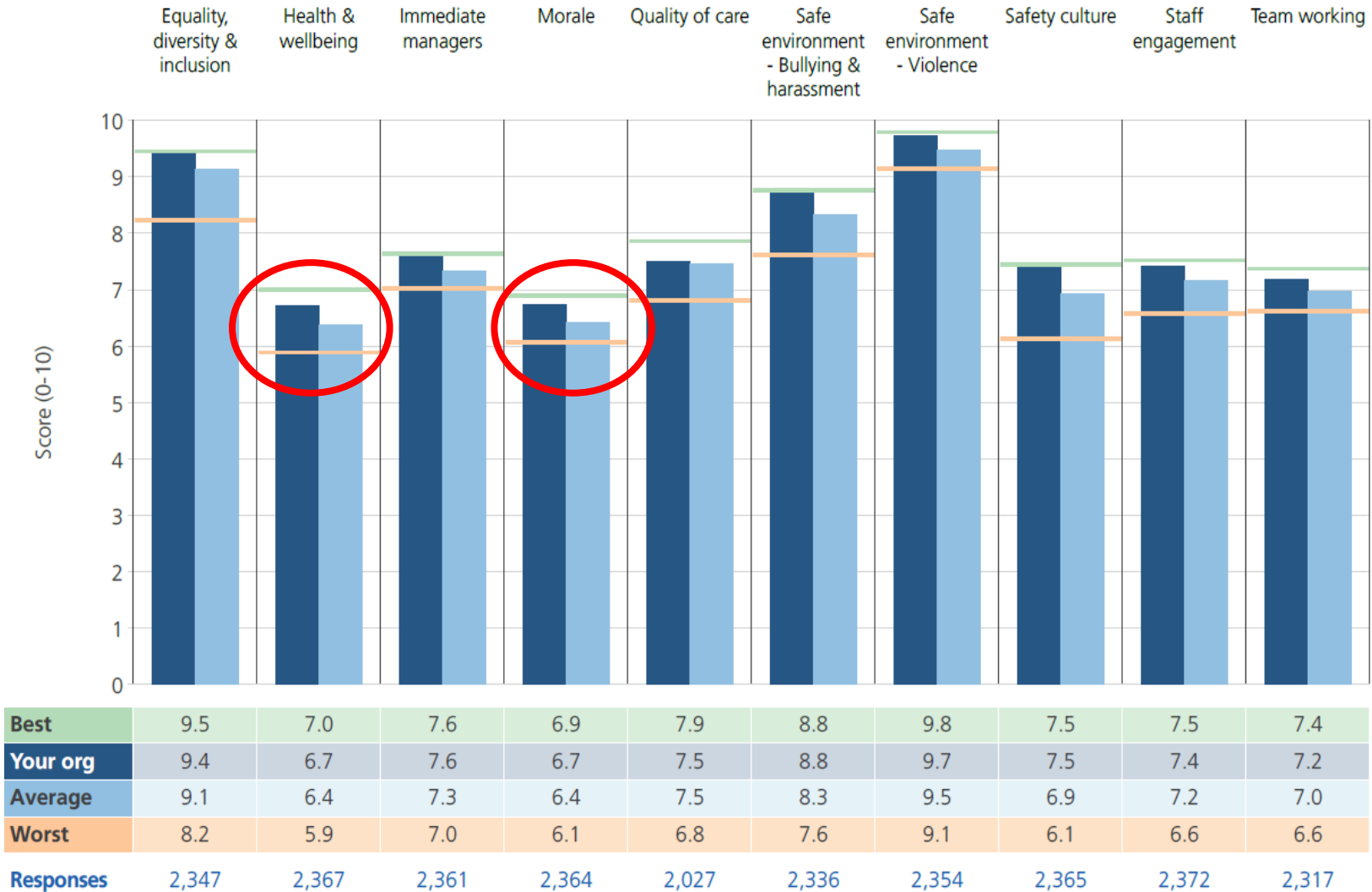
**Closest to worst:**

- Immediate managers
- Morale
- Team working

<b>Best</b>	9.5	7.0	7.6	6.9	7.9	8.8	9.8	7.5	7.5	7.4
<b>Your org</b>	9.4	6.7	7.6	6.7	7.5	8.8	9.7	7.5	7.4	7.2
<b>Average</b>	9.1	6.4	7.3	6.4	7.5	8.3	9.5	6.9	7.2	7.0
<b>Worst</b>	8.2	5.9	7.0	6.1	6.8	7.6	9.1	6.1	6.6	6.6
<b>Responses</b>	2,347	2,367	2,361	2,364	2,027	2,336	2,354	2,365	2,372	2,317

# Plus lower scoring themes

Need to consider where theme scores are lower, even if they are well performing compared to other Trusts.



## Immediate managers – Questions behind the theme

This theme focusses on the support people receive from their immediate manager, including how involved people feel and the recognition people receive.

Overall measure	2019	2020	% change
The support I get from my immediate manager	80.3%	81.8%	Improvement 1.5%
My immediate manger gives me clear feedback on my work	73.6%	74.2%	Improvement 0.4%
My immediate manager asks for my opinion before making decisions that affect my work	65.6%	67.5%	Improvement 1.9%
My immediate manager takes a positive interest in my health and well-being	81.6%	83.2%	Improvement 1.6%
My immediate manager values my work	81.8%	82.6%	Improvement 0.8%






Denotes area of interest

Under each theme are underlying questions which gives us the opportunity to look deeper.



## Morale – Questions behind the theme

The questions for this theme focus on how people are involved, respected, encouraged and recognised whilst at work.

Overall measure	2019	2020	% change
 I am involved in deciding on changes introduced that affect my work area / team / department	59%	57.4%	Decrease 1.6%
I receive the respect I deserve from my colleagues at work	79.1%	80.4%	Improvement 1.3%
 I do not have unrealistic time pressures (*note question phrasing)	22.6%	27.4%	Improvement 4.8%
I have a choice in deciding how to do my work	64.8%	66.9%	Improvement 2.1%
 Relationships at work are not strained	55.4%	59.4%	Improvement 4%
My immediate manager encourages me at work	81.6%	81.0%	Decrease 0.6%
I often think about leaving this organisation (*note question phrasing)	22%	19.5%	Improvement 2.5%
I will probably look for a job at a new organisation in the next 12 months (*note question phrasing)	18.1%	15.4%	Improvement 2.7%
As soon as I can find another job, I will leave this organisation (*note question phrasing)	10.8%	9.6%	Improvement 1.2%

## Quality of care – Questions behind the theme

Within this theme, questions centre around how satisfied people feel with the quality of care they can provide, if they feel they make a difference and if they feel they can deliver the care they aspire to.

Overall measure	2019	2020	% change
I am satisfied with the quality of care I give to patients / service users	80.7%	82.9%	Improvement 2.2%
I feel that my role makes a difference to patients / service users	89.8%	89.6%	Improvement 0.2%
I am able to deliver the care I aspire to	67.3%	70.1%	Improvement 2.8%







## Team working – Questions behind the theme

The questions in this theme asked people whether their team has a set of shared objectives and whether people meet with their team to discuss effectiveness.

Overall measure	2019	2020	% change
The team I work in has a set of shared objectives	80%	78.8%	Improvement 1.2%
The team I work in often meets to discuss the team's effectiveness	72.3%	71.8%	Decrease 0.5%

# Health and wellbeing – Questions behind the theme

This theme reflects how supported people feel in terms of their health and wellbeing. It includes people’s reflections on flexible working, and the support offered to people to help them take positive action on the their health and wellbeing, and if they feel unwell.

Overall measure	2019	2020	% change
The opportunities for flexible working patterns	63.4%	67.2%	Improvement 3.8%
Does your organisation take positive action on health and well-being? ('Yes definitely': 52%, 'Yes, to some extent': 45)%	43%	52.3%	Improvement 9.3%
 In the last 12 months have you experienced musculoskeletal problems(MSK) as a result of work activities? (*note question phrasing)	26.1%	28.9%	Decrease 2.8%
 During the last 12 months have you felt unwell as a result of work related stress? (*note question phrasing)	38.1%	39.5%	Decrease 1.4%
 In the last three months have you ever come to work despite not feeling well enough to perform your duties? (*note question phrasing) <ul style="list-style-type: none"> <li>- Pressure from manager: 18.2%</li> <li>- Pressure from colleagues: 16%</li> <li>- Pressure on self: 94.4% </li> </ul>	53.6%	40.0%	Improvement 13.6%

## Lower scoring questions – 60% or less

Overall measure	2019	2020	
In the last three months have you ever come to work despite not feeling well enough to perform your duties? (*note question phrasing)	53.6%	40%	Improvement 13.6%
Senior managers here try to involve staff in important decisions	45.7%	47.4%	Improvement 1.7%
Senior managers act on staff feedback	47%	48.4%	Improvement 1.4%
Communication between senior management and staff is effective	51.8%	56.3%	Improvement 4.5%
I never/rarely have unrealistic time pressures (*note question phrasing)	22.6%	27.4%	Improvement 4.8%
I am involved in deciding on changes introduced that affect my work area / team / department	59%	57.4%	Decrease 1.6%
I am able to meet all the conflicting demands on my time at work (*note question phrasing)	42.8%	44.9%	Improvement 2.1%
There are enough staff at this organisation for me to do my job properly	34.5%	42.7%	Improvement 8.2%
I am satisfied/ very satisfied with my level of pay	42.7%	40.9%	Decrease 1.8%

## Key themes for improvement

Involvement and  
feedback

Time pressures,  
conflicting demands

Pressure to come to  
work, work related  
stress, self care

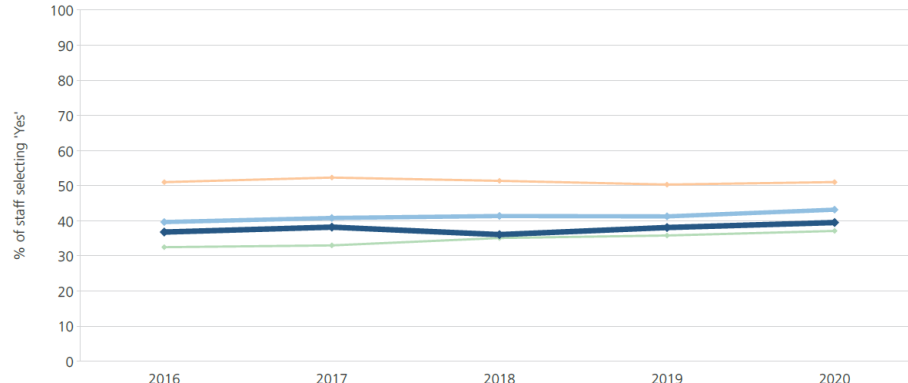
There is a direct link between people feeling under pressure, having conflicting demands and people feeling stressed, putting themselves under pressure to come to work and MSK issues.

# Continued trend in thematic areas, aim to see increase



Survey Coordination Centre

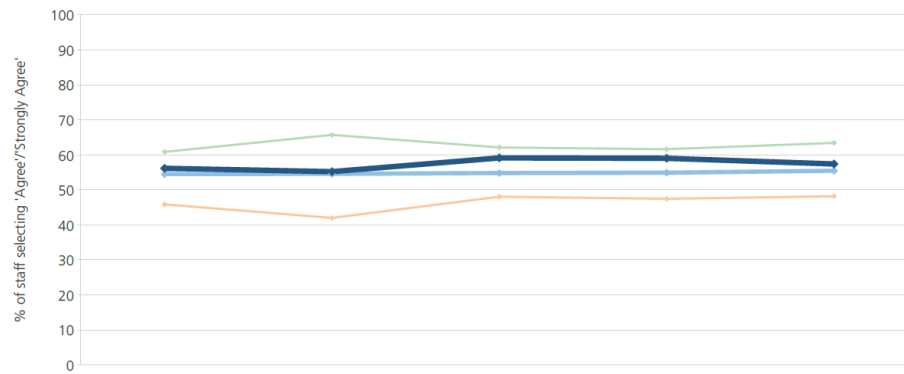
2020 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q11c > During the last 12 months have you felt unwell as a result of work related stress?



<b>Worst</b>	51.0%	52.3%	51.4%	50.3%	51.0%
<b>Your org</b>	36.8%	38.2%	36.1%	38.1%	39.5%
<b>Average</b>	39.6%	40.8%	41.4%	41.2%	43.2%

Survey Coordination Centre

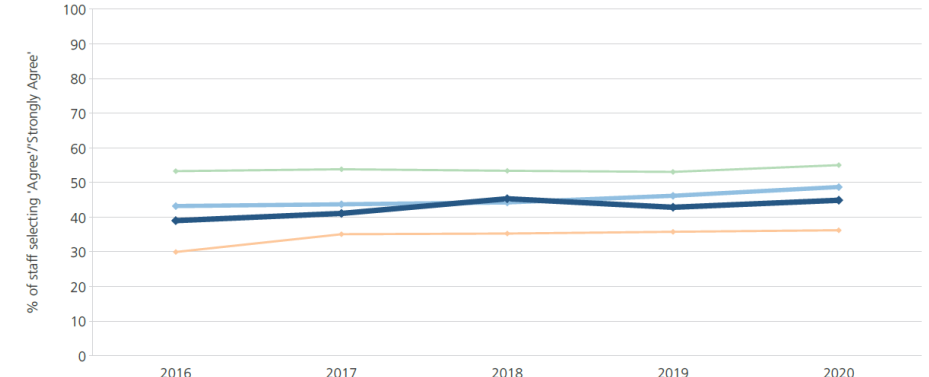
2020 NHS Staff Survey Results > Question results > Your job > Q4c > I am involved in deciding on changes introduced that affect my work area / team / department



<b>Best</b>	60.8%	65.7%	62.1%	61.6%	63.4%
<b>Your org</b>	56.1%	55.2%	59.1%	59.0%	57.4%
<b>Average</b>	54.5%	54.6%	54.8%	54.9%	55.5%
<b>Worst</b>	45.9%	42.0%	48.0%	47.4%	48.2%
<b>Responses</b>	1,773	1,865	2,028	2,136	2,362

Survey Coordination Centre

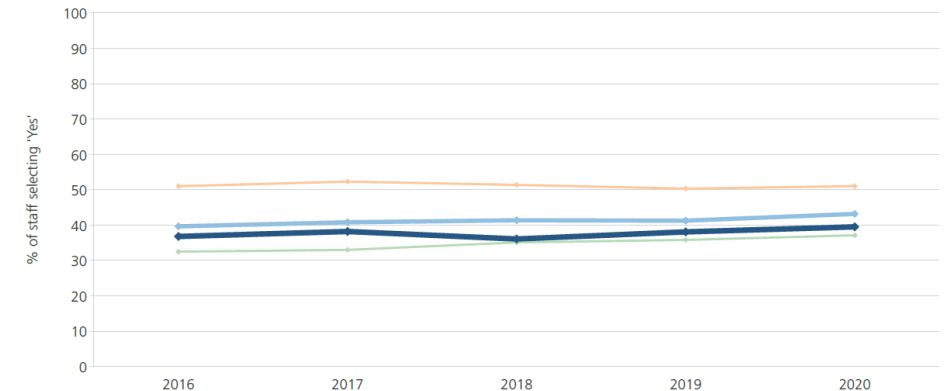
2020 NHS Staff Survey Results > Question results > Your job > Q4e > I am able to meet all the conflicting demands on my time at work



<b>Best</b>	53.3%	53.8%	53.4%	53.0%	55.0%
<b>Your org</b>	39.0%	41.1%	45.3%	42.8%	44.9%
<b>Average</b>	43.2%	43.7%	44.2%	46.2%	48.7%

Survey Coordination Centre

2020 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q11c > During the last 12 months have you felt unwell as a result of work related stress?

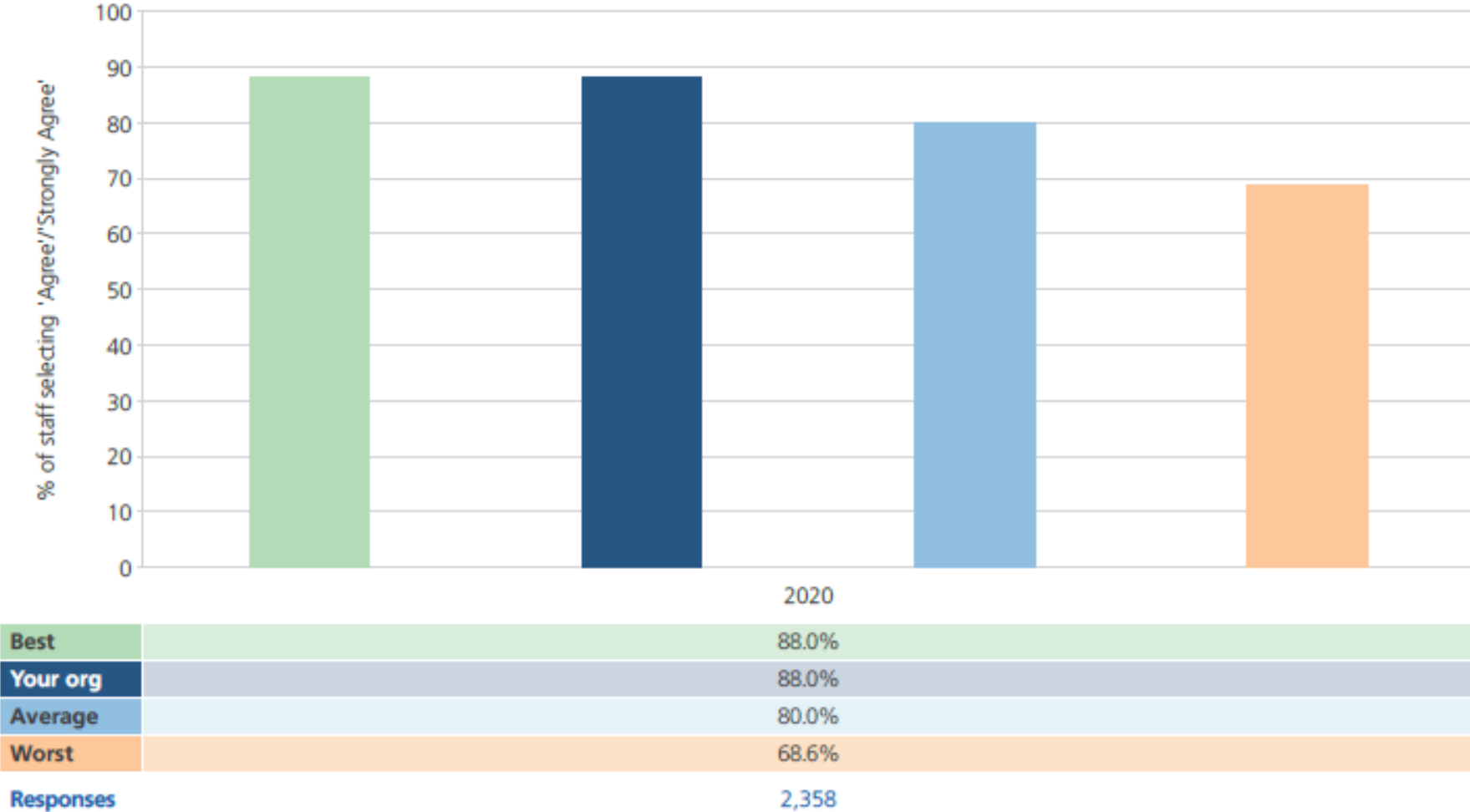


<b>Worst</b>	51.0%	52.3%	51.4%	50.3%	51.0%
<b>Your org</b>	36.8%	38.2%	36.1%	38.1%	39.5%
<b>Average</b>	39.6%	40.8%	41.4%	41.2%	43.2%
<b>Best</b>	32.5%	33.0%	35.1%	35.8%	37.1%
<b>Responses</b>	1,755	1,851	2,020	2,124	2,358

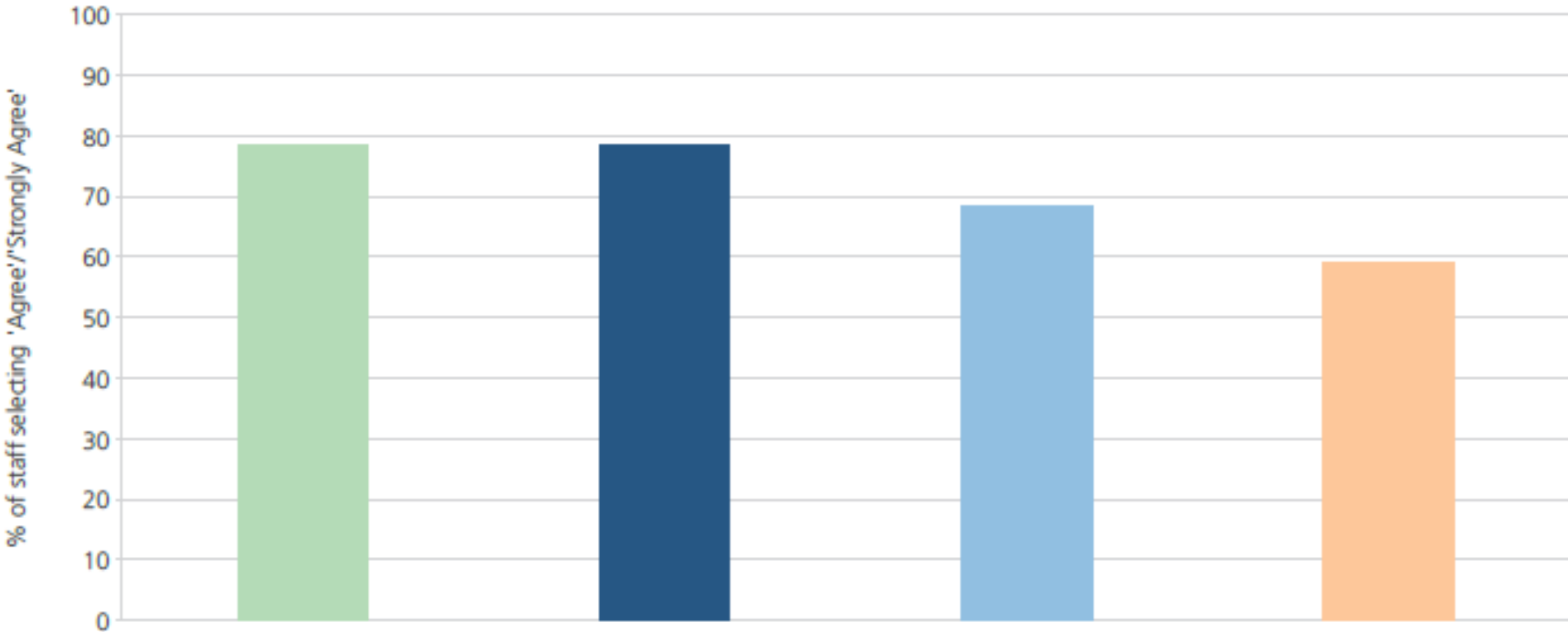


Two new questions this year, with positive results.

# “I feel safe at work”



# “I feel safe to speak up about anything that concerns me in this organisation”



2020

Best	78.3%
Your org	78.3%
Average	68.3%
Worst	59.0%

Responses 2,362

## Free text reporting

We will receive analysis and reporting on the responses to the two new free text questions included in this year's survey (Q21a and Q21b).

A national free text report will also be made publicly available.

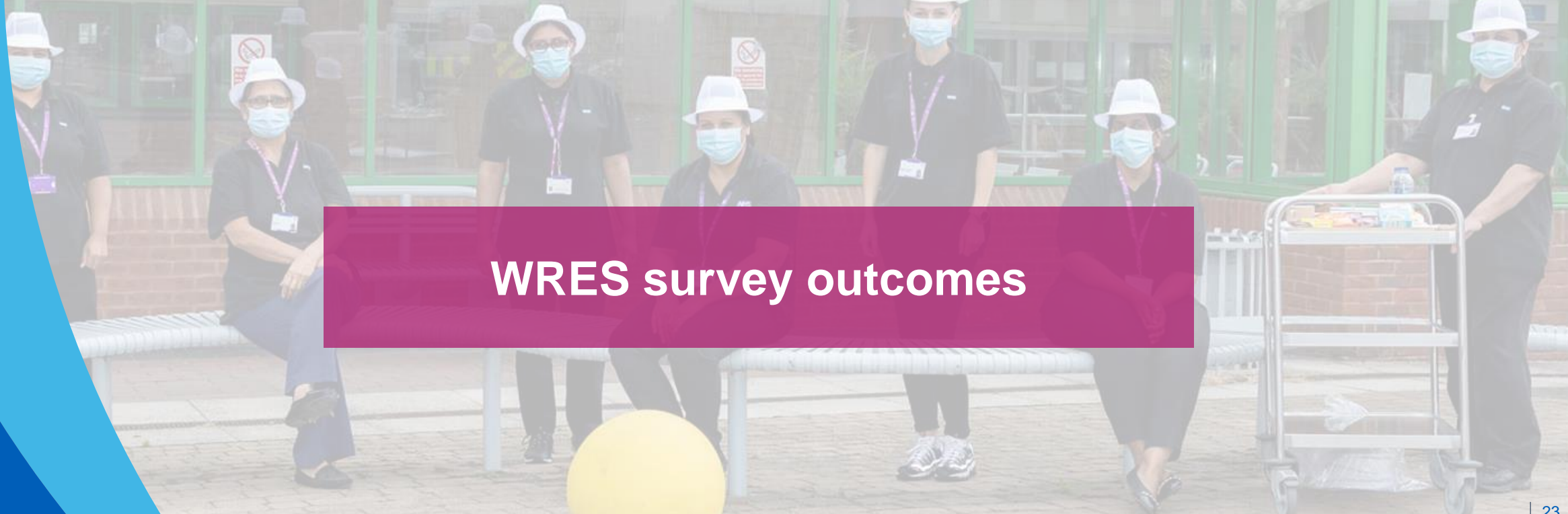
These will follow shortly.

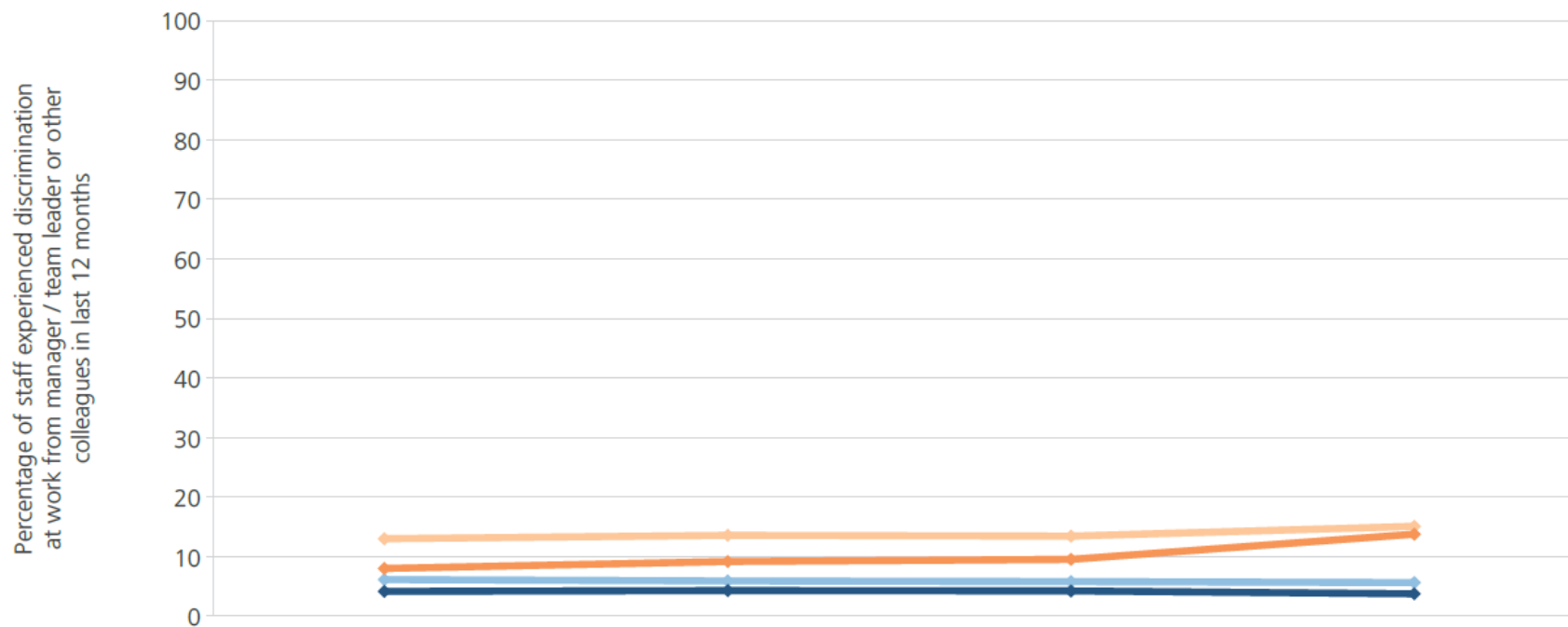
## COVID learning

the survey included some specific questions about your experiences of working during COVID-19.

Our Research and Improvement Team has been capturing and learning from changes made in the pandemic, by understanding the experiences of people in Solent. Responses to these questions will feed into that piece of work.

**WRES survey outcomes**





	2017	2018	2019	2020
<b>White: Your org</b>	4.1%	4.3%	4.2%	3.7%
<b>BME: Your org</b>	8.0%	9.2%	9.5%	13.8%
<b>White: Average</b>	6.1%	5.9%	5.8%	5.6%
<b>BME: Average</b>	13.0%	13.6%	13.4%	15.1%
<b>White: Responses</b>	1,688	1,842	1,917	2,111
<b>BME: Responses</b>	125	120	147	189

Average calculated as the median for the benchmark group

Not all respondents have responded to this question

## What we have been doing - 2020

- Substantive role for Head of Diversity and Inclusion, Trust wide
- Growth in membership of BAME Resource Group
- Acceptance on to NHS Leadership Academy Reciprocal Mentoring Programme
- Coaching programme for underrepresented groups (launch April 2021)
- 99% of staff reporting their ethnicity on ESR
- Cultural readiness meetings to support international nurses held
- Pawan Lall now a certified WRES expert
- Role of Freedom to Speak Up Guardians

## What we are doing now

- WRES taskforce group
- Work to review recruitment policy and processes to ensure transparency and inclusivity
- Anti-discrimination taskforce group
- Promotion of BAME Resource Group as a safe space



# Action plan –Deep dive 2021

Milestones – prior to WRES Submission in August 2021	When / Review	Accountable Lead
WRES: Deep Dive into priority service lines	1 May 2021	Anna Rowen and Kate Sonpal
Service Line Directors to submit quarterly WRES returns through the HR &OD reporting process	1 August 2021	Submission to Anna Rowen, share with the WRES Taskforce
Online Equality Impact Analysis training currently under development which will increase awareness of potential areas of discrimination when making organisational decisions and writing policies	1 July 2021	Kate Sonpal
Pilot - The “Big Conversation” to include discussions on race, ethnicity and culture	31 May 2021	Leon Herbert
Development of an online diversity and inclusion library	1 July 2021	Leon Herbert and Kate Sonpal
Explore diverse/BAME representation in interview panels	1 July 2021	Anna Rowen, Gemma Pegram and Kate Sonpal
Lunch and Learn session to focus on race & white fragility	1 August 2021	Leon Herbert

A photograph of a female nurse in a blue uniform, smiling and pointing towards the camera. She is standing in a hospital corridor with a blurred background showing a whiteboard with colorful sticky notes. A large blue curved graphic is on the left side of the image.

# Action planning

# Action planning

Not an additional job  
– intrinsic part of  
leadership



Some tips and questions to help guide the team meeting



### Look at the data

- What are the comparisons with last year and with Solent as a whole?
- What is the overall picture by survey section ("Your job", "Your manager")?
- Have any "good" scores been maintained or "poor" scores stayed low?
- What is the response rate? A low response may make action planning more difficult.



### Prepare for the meeting

- Speak to your colleagues: What are they planning to do with their teams? Can you use any of their ideas?
- Send reports out to your team in advance with some questions to get them thinking.
- How will you structure the meeting? Consider splitting the team into small groups to look at specific questions or survey sections and feed back to the rest of the team.

Top down and bottom  
up – conversation is  
two ways



### At the meeting

- Ask for a volunteer: onto the flipchart (use the templates if that works, or design your own)
- To take minutes and record actions
- To act as "engagement champions": these people can help gather feedback from colleagues, cascade information from meetings to other colleagues, use their network to get ideas from other teams.
- Encourage people to focus on what is already going well, not just on the low scores.
- Discuss and agree on the next steps, further meetings, maintaining progress against action plans, feeding back to senior managers.



### Discuss the results

- Are there any surprises in the results – positive and negative?
- Do the results reflect what people see every day?
- Ask people what they think is behind the high and low scores.



### Agree what action to take

- Focus on actions that your team can do themselves, rather than something that needs a lot of central support, or that they can't change (e.g. pay rates).
- Pick things that will have the greatest impact on the team, or things that the team feel are most important.
- Make sure that everyone has some responsibility for making changes, you may be the manager, but everyone has a role in delivering the changes.



### Questions to discuss as a team; these will help to maintain focus over the rest of the year

- How will the action plan be shared with other teams in your service?
- What will people see in team performance and behaviour that tells them progress is being made?
- How will the team recognise and celebrate progress and successes?
- How will set-backs be tackled?
- What can the team do to maintain momentum in a way that increases both response rates and engagement scores in the next survey?



### Create a visual plan

- Use the word template to visually display your team results and action plan.
- The template includes three sections:
  - **Celebrate:** Include the areas that you, as a team, are most proud of
  - **Sustain:** In this section include what you plan to continue to do as a team
  - **Grow:** Use this section to outline actions and tasks that will deliver change.

Toolkit developed to  
support curious  
conversations:  
**Celebrate, Sustain,  
Grow**



# Action planning

Action planning is an engagement exercise

An accountability thread runs through these conversations

Staff survey action planning added as agenda time to all meetings, SLBs and PRMs

Business plans to articulate what the priorities are, actions take and measures



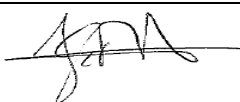
**Discussion**



Item No.	9.1				
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 18 March 2021				
Author(s)	Jayne Jenney, Corporate Support Manager and Assistant Company Secretary	Executive Sponsor	Jas Sohal, Acting Chief People Officer		
Date of Paper	18 March 2021	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	<ul style="list-style-type: none"> <li>• <b>A general contemporary update on Trust activity</b> was provided:                             <ul style="list-style-type: none"> <li>○ The Committee was informed of the current redeployment position and of close working with vaccination centres to plan and facilitate the return of staff. Assurance was given that shifts are actively being filled by Solent bank staff and NHSP.</li> <li>○ The Committee was updated on work in progress to ensure <b>staff wellbeing</b> is maintained including the rest, reflect and recover initiative, the development of a wellbeing dashboard and an app to connect with individuals who are not located in the workplace.</li> <li>○ Staffing numbers who have not yet received the vaccine was shared. Confidence and hesitancy was discussed as well as initiatives to encourage further uptake. It was noted that 1-1 meetings have been offered for individuals to meet with JA and DB however further consideration was required on the best approach going forward.</li> <li>○ An update was provided on the People and OD plans that continued throughout the pandemic. The Learning and Management system was noted to be on track for delivery in April and significant work has been undertaken on E-Rostering with workforce training and upskilling progressed.</li> <li>○ A new model is being worked on to formally secure similar working practices currently in place for HR Consultant support across service lines post Covid.</li> <li>○ The latest 1% pay award for 21/22 was discussed. The Committee were not aware of any concerns raised by Solent staff at this time.</li> <li>○ The Committee noted that the POD Group is to be reinstated.</li> </ul> </li> <li>• The <b>Communications Update and Dashboard</b> for quarter 3 was received. It was noted that part of recovery work is to look at the Communications strategy to align with requirements based on lessons learnt throughout the pandemic.</li> <li>• The Committee was briefed on the latest <b>Staff Survey Results</b>. Notable areas of improvement compared to the last survey were highlighted. An area of concern regarding percentage of staff experiencing discrimination at work was discussed and is to be reviewed to understand better. A more detailed report on the data is to be shared at the next WoD including what has been addressed / plans in place to address areas of concern prior to the WRES assessment taking place in August.</li> <li>• The <b>Workforce Performance &amp; Sustainability Report</b> was received. Clarification was given that there is no appraisal target this year due to the pandemic. Assurance has been provided through People Partners that wellbeing conversations are taking place.</li> <li>• The Committee noted the <b>Employee Relations Assurance Report, Risk Appraisal Framework and Board Assurance Framework Report</b>.</li> </ul>				

	<ul style="list-style-type: none"> <li>An overview of the <b>Diversity and Inclusion update</b> was noted including the roll out of coaching programmes for staff from underrepresented groups, acceptance onto NHS Leadership Reciprocal mentoring Programme and representation at systemwide level through membership at HIOWs 'Turning the Tide Board and People Programme Board'</li> <li>The exception reports for <b>JCNC and DDNC</b> were noted.</li> <li>The Committee also noted the <b>Reciprocal mentoring for Inclusion Programme</b> and <b>HR Management and People Practices Capacity and Capability reports</b>.</li> <li>The Committee noted the <b>R&amp;R Recruitment Report</b> and commended the continued significant work undertaken on recruitment activities to the reset and recovery agreed plans.</li> </ul>		
Action Required	For decision?	N	For assurance? Y
Summary of Recommendations	The Board is asked to: <ul style="list-style-type: none"> <li>Note the exception report</li> </ul>		

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								



## Board and Committee Cover Sheet

Item No.	9.2		
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 18 <sup>th</sup> March 2021.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Non-Executive Sponsor	Thoreya Swage, Non-Executive Director (Committee Chair)
Date of Paper	March 2021	Committees/Groups previously presented	-.-
Action Required	For decision?	N	For assurance? Y
Recommendation	The Board is asked: <ul style="list-style-type: none"> <li>To note the report from the Committee</li> </ul>		

### 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)							

## Summary of business transacted:

- Due to the level 5 national emergency, the Committee streamlined meeting governance in order to receive contemporary updates in relation to Covid-19 activity. This included, importantly, updates from the Chief Nurse on matters of **quality, safe staffing, Covid-19 vaccinations/shielding and Freedom to Speak up**.
- The following reports were noted by the Committee:
  - **Patient Safety (including Learning from Deaths, SIs, and incidents) Quarterly Report**- The Chief Nurse presented the report and extensive discussions regarding medicines management were held. Improvements for further assurance were noted and it was agreed to provide a deep dive at the next meeting. (*item 9.2.1 of supplementary Board papers*)
  - **Experience of Care (Patient Experience/Complaints & Community Engagement) Quarterly Report**- The Associate Director of Community Engagement briefed the Committee on work taking place, including engagement with hard to reach groups, improvements and learning from complaints. The Committee were informed of recruitment undertaken and shared regional and national recognition of engagement work.
  - **Safeguarding Quarterly Report including Section 11 Audit 2021**- The Committee were informed of further in-depth service line review being undertaken by the Quality Improvement and Risk (QIR) Group, following increase in cases. Potential changes to future contractual reporting (from 2022) were shared.
  - **Infection Prevention & Control Quarterly Report**- The Committee noted the report and assurance of the Adenosine Triphosphate (ATP) inpatient ward results was provided.
  - **ID Strategy Implementation Update**- The Integrated Learning Disability Services Manager provided an update and commented on the impact of Covid-19. The Committee commended integrated working and liaison across teams.
  - **DSPT Baseline Assessment (Information Governance)**- Change in practice and ongoing work to support services was highlighted. Updates to the publication scheme and learning was shared.
  - **Ethics Panel Update**- The Committee were informed of panel effectiveness in relation to challenge and impacting change.
  - **COO's & QIR Exception Report**- The Chief Nurse took comments on the report, including queries in relation to pharmacy/vaccine supply and status of sexual health education local authority input. The Committee noted the report.

## 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.	9.3		
Presentation to	In Public Board		
Title of Paper	Mental Health Act Scrutiny Committee Exception Report		
Purpose of the Paper	To summarise the business transacted at the Mental Health Act Scrutiny Committee held on 11 <sup>th</sup> March 2021.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Non-Executive Sponsor	Thoreya Swage, Non-Executive Director (Committee Chair)
Date of Paper	March 2021	Committees/Groups previously presented	-,-
Action Required	For decision?	N	For assurance? Y
Recommendation	The Board is asked: <ul style="list-style-type: none"> <li>To note the report from the Committee</li> </ul>		

## For presentation to Board and its Committees:

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)							

## Summary of business transacted:

- The Mental Health Act and Mental Capacity Act Lead took comments on the **Mental Health Act Report**.
  - The Committee were briefed on the appropriateness of S2, S3 and S52 cases.
  - Increase in S62s were reported and ongoing monitoring confirmed.
  - Comments from the Committee were taken and assurance provided.
- Standard scrutiny of the **Restraint and Seclusion Assurance Report** took place. The Committee reviewed and considered episodes of seclusion, to ensure cases were appropriate and lawful. Extensive data discussions were held (specifically in relation to ethnicity) and it was agreed to review further trends and understanding of all benchmarks at the next meeting.
- The Mental Health Act and Mental Capacity Act Lead provided an **Associate Hospital Managers Update**. Recruitment and phased induction approach were shared.
- The **White paper's reform of the Mental Health Act 1983** was presented. The Committee were briefed on updates and the consultation process.
- The Committee noted that there were no open **Internal Audit Recommendations** to report in relation to Mental Health.
- The Committee noted that there were no new risks to report in relation to the **Board Assurance Framework (BAF)**.

## Board and Committee Cover Sheet

Item No.	9.4		
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 25 <sup>th</sup> February 2021.		
Author(s)	Sam Stirling, Corporate Affairs Administrator	Non-Executive Sponsor	Jon Pittam, Non-Executive Director (Committee Chair)
Date of Paper	February 2021	Committees/Groups previously presented	----
Action Required	For decision?	N	For assurance? Y
Recommendation	The Board is asked: <ul style="list-style-type: none"> <li>To note the report from the Committee</li> </ul>		

### 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)							

## 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 in relation to response to the Covid-19 pandemic.
- The Committee were also informed of 3 **Special Payments** processed during the reporting period.
- The Acting Chief Finance Officer shared proposal for **Write offs** of minor existing debt, which the Committee agreed.
- The Committee were informed of recent **Accounting Standards Update** (of which there was further deferral of IFRS 16) and the expected impacts were discussed.
- The Committee were briefed on the expected **financial timetable** for 2021.
- Ernst & Young presented the **External Audit Progress report** and shared updates to the Outline Audit Plan 2020/21 (as presented in November 2020), due to financial uncertainties across all NHS entities, as presented by the DH Financial Framework, STP/ICS control total arrangements and commissioner funding for 2021/22. Completion of planning and testing was confirmed and the Committee were assured that no issues had been identified.
- The Committee received an assurance report in relation to **IT asset management processes and update on laptop status in light of Covid-19 and staff homeworking**. An extensive overview of the Trust responses to concerns were shared- including confirmation of an initial audit of hardware and processes to identify Dormant/Inactive/Downed Devices. Significant work is being performed over the next 3 months to strengthen procedures and to identify what has happened to existing assets as location is unclear.
- The Trusts' internal auditors, PwC presented the **Internal Audit Progress Report**. The Committee noted the report 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	Completed	Completed	Completed	Completed	In progress
IT: Outsourced IT services tender assurance	Chief Operating Officer – Southampton and County Services	February 2021	Completed	Completed	Completed	Completed	Completed	Completed	In progress
Risk Management: Restoration of services/ recovery from Covid-19	Interim Chief Finance Officer	February 2021	Completed	Completed	Completed	Completed	Completed	Completed	In progress
Data Security Protection (DSP) Toolkit	Chief Operating Officer – Southampton and County Services	February 2021	Completed	Completed	Completed	Completed	Completed	In progress	
Health and safety and occupational health	Interim Chief People Officer	May 2021	Completed	Completed	Completed	Completed	w/c 5th April		
E-rostering and payroll	Interim Chief People Officer	May 2021	Completed	Completed	Completed	Completed	w/c 12th April		
Follow up	Interim Chief Finance Officer	May 2021	Completed	Completed	Completed	Completed	w/c 1 March		

A summary of current open internal audit actions and revised implementation dates were provided. The Committee noted revalidation exercise due to take place.

- The Local Counter Fraud and Security Specialist presented the **Counter Fraud Progress Report** and shared Covid-19 impact on planned work and delay of proactive exercises to ensure focus on priority work, such as IT Asset Management. The Committee were assured of completion of mandatory tasks.

Increased reporting of cyber enabled frauds and planning to consider a Counter Fraud Cyber Strategy was noted.

- There was no update to provide in relation to **External reviews / (un)announced visits**.  
The Committee were informed of regular inpatient Mental Health Act Compliance Visits- with no actions of concern identified.  
The Chief Nurse reported that there were no issues to highlight following the quarterly CQC meeting and informed of Covid-19 Vaccination Centre governance review being undertaken.

### 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.	9.5		
Presentation to	Solent NHS Trust In Public 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, 4 February 2021		
Author(s)	Belinda Brown, Executive Assistant to Chief Executive	Sponsor	Gaurav Kumar, NED – Committee Chair David Noyes – Executive Sponsor
Date of Paper	11 February 2021	Committees/Groups previously presented	----
Summary of key issues/messages	<p>Prior to the commencement of the meeting, the committee paused for a moment of silent reflection to honour Captain Sir Tom Moore on his sad passing and to recognise his fund-raising contribution for the NHS during the Covid-19 crisis.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>Reviewed the proposed submission for the <b>NHS Charities Together Stage 3 Grant application</b>. The committee noted that the submission proposal is to use the grant funding to support staff resource groups such as BAME, LGBTQ+, MultiFaith and Disability. The committee requested that further work be made to strengthen the submission, to ensure all the criteria of the grant is fully met.</li> <li>received the <b>Quarter 3 2020/21 Finance Report</b> - it was acknowledged that <b>the charity had now received the £50K for the Covid-19 Second Wave grant</b> and further <b>public donations of £3,124.00</b>. It was noted that <b>£943</b> had been spent in the quarter on the purchase of mental health resources for patient activities at The Orchards. The committee received an update on the Covid 19 grant awards, noting that the charity had received in total <b>£109,500</b> from NHS Charities Together between May 2020 and August 2020, from the <b>Covid-19 Appeal Grant Award, stage 1 (distributions 1, 2 and 3)</b></li> <li>Agreed to the recommendation to stay with the charity's current audit provider (James Cowper Kreston), following an exercise conducted by the Finance Team to ascertain whether savings could be made from other audit providers</li> <li>Acknowledged receipt of the <b>NHS Charities Together Second Wave grant award</b> letter and were informed that the full amount of <b>£50K</b> had been approved. The committee were informed of the conditions of the award, which included acknowledgement of the award on the Trust's website and social media channels, for up to date reporting on the grant spend to be provided, and the provision of a case study and photographs for <b>NHS Charities Together</b> to use. The committee were also informed of the imminent requirement of a remittance return to <b>NHS Charities Together</b>, to detail how the fund is to be spent by the Trust. The committee <b>agreed</b> for the Executive team to review suggestions of use of grant funds from the Head of Estates at an Executive meeting (scheduled for 17 February) and to inform the committee of the decision.</li> <li>Received an update on works progress of the memorial gardens at St Mary's Community Hospital and the Western Community Hospital, noting that the works will be fully completed in March 2021, due to weather, when surfacing</li> </ul>		


	<p>work can be carried out and the benches installed. The committee further discussed wording of the memorial plaques for the benches in the wellbeing gardens and <b>agreed</b> for DN and RC to sign off wording. The committee also discussed the official opening of the wellbeing gardens and suggested that local celebrities be approached</p> <ul style="list-style-type: none"> <li>• Received an update from Communications, informing that pictures of the wellbeing gardens had been shared on social media and a story had been published by the Daily Echo.</li> <li>• The committee were informed by Communications of a fund-raising event made by the Defence School of Policing and Guarding, which raised <b>£1,063.96</b> for the charity. The committee noted that a Thank You letter will be sent</li> <li>• Noted that the Trust had been given the opportunity to participate in the <b>NHS Charities Stage 2 partnership</b> grant, led by UHS, and that the bid had been submitted. The committee were informed that if the bid is successful, that it is suggested for the funding to be used to enable the installation of external ‘gym’ type activity equipment within external patient gardens at the Orchards building in Portsmouth, which would greatly enhance the patient experience.</li> </ul>			
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								

Item No.	9.6																
Presentation to	Trust In Public Board																
Title of Paper	Governance & Nominations Committee																
Purpose of the Paper	To summarise discussions held at the Governance and Nominations Committee on 9 February 2021																
Author(s)	Jayne Jenney, Corporate Support Manager & Assistant Company Secretary	Executive Sponsor	Catherine Mason (Committee Chair)														
Date of Paper	9 February 2021	Committees/Groups previously presented	-														
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)	No impact (neutral)	Y												
Summary of key messages / findings	<p>During the action tracker review, concerns were noted with regards to proposed service visits by Associate Hospital Managers and it was agreed to review the visiting protocol for re-presenting to a future committee if arrangements are to continue.</p> <p>The main purpose of the Committee was to consider key changes to NED committee composition considering Jon Pittam's departure at the end of March 2021 and Calum Mercer joining the Trust from 1 April 2021. The Committee discussed arrangements and approved the following recommendations:</p> <table border="1"> <thead> <tr> <th>Calum Mercer</th> <th>Gaurav Kumar</th> <th>Mike Watts</th> </tr> </thead> <tbody> <tr> <td> <b>Chair</b>            Audit &amp; Risk Comm  <b>Member</b>            Gov &amp; Noms Comm            WoD Comm            (from 1 Feb in shadow form)         </td> <td> <b>Chair</b>            Strategic Partnership Comm            WoD to attend if required to ensure quoracy         </td> <td>To be Deputy Chair</td> </tr> <tr> <th>Stephanie Elsy</th> <th>Thoreya Swage</th> <td></td> </tr> <tr> <td>No longer permanent member of WoD - will attend if required to ensure quoracy</td> <td>To be FTSU Lead NED</td> <td></td> </tr> </tbody> </table> <p>It was also agreed to update respective Terms of Reference accordingly.</p>					Calum Mercer	Gaurav Kumar	Mike Watts	<b>Chair</b> Audit & Risk Comm <b>Member</b> Gov & Noms Comm WoD Comm (from 1 Feb in shadow form)	<b>Chair</b> Strategic Partnership Comm WoD to attend if required to ensure quoracy	To be Deputy Chair	Stephanie Elsy	Thoreya Swage		No longer permanent member of WoD - will attend if required to ensure quoracy	To be FTSU Lead NED	
Calum Mercer	Gaurav Kumar	Mike Watts															
<b>Chair</b> Audit & Risk Comm <b>Member</b> Gov & Noms Comm WoD Comm (from 1 Feb in shadow form)	<b>Chair</b> Strategic Partnership Comm WoD to attend if required to ensure quoracy	To be Deputy Chair															
Stephanie Elsy	Thoreya Swage																
No longer permanent member of WoD - will attend if required to ensure quoracy	To be FTSU Lead NED																
Action Required	For decision?	Y	For assurance?														
Summary of Recommendations	<p>The In-Public Board is asked to:</p> <ul style="list-style-type: none"> <li>Ratify the NED Committee Composition agreed by the Governance &amp; Nominations Committee.</li> </ul>																

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

Level of Assurance <i>(tick one)</i>	Significant	X	Sufficient		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;">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	 <p><b>Catherine Mason, Trust Chair and Committee Chair</b></p>							