Agenda
Solent NHS Trust In Public Board Meeting

Date: Monday 7th February 2022
Timings: 9:30 – 13:00
Meeting details: Zoom

Judgements and decisions made in the context of a Level 4 National Incident

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	09:30	5mins	**Chairman's Welcome & Update** • **Apologies to receive**	Chair	To receive
			Confirmation that meeting is Quorate *No business shall be transacted at meetings of the Board unless the following are present;* • *a minimum of two Executive Directors* • *at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair*	Chair	-
			Register of Interests & Declaration of Interests	Chair	To receive
2	09:35	30mins	**Patient Story – Adults Portsmouth**	Acting Deputy CEO & Chief Nurse	To receive
3	10:05	30mins	**Staff Story – Claire Godwin, Transformation Manager - Asset Based Community Development Programme**	Chief People Officer	To receive
4	10:35	5mins	***Previous minutes, matters arising and action tracker**	Chair	To approve
Quality and safety first					
5	10:40	10mins	**Safety and Quality – contemporary matters including:** • **Board to Floor feedback** • **Freedom to Speak Up matters**	Acting Deputy CEO & Chief Nurse Chief of Staff	Verbal update / To receive
6	10:50	10mins	**Safe Staffing Report**	Acting Deputy CEO & Chief Nurse	To receive

7	11:00	15mins	**Patient Safety Strategy including related training** *with Associate Nurse Director Quality & Safety and Patient Safety Specialist*	Acting Deputy CEO & Chief Nurse with Patient Safety Specialist	To receive
Items to approve					
8	11:15	10mins	**The Clinical Framework**	Chief Medical Officer	To approve
Items to receive					
9	11:25	15mins	**The Big Conversation** With Anna Rowen, Associate Director of D&I	Chief People Officer	To receive
10 minute break					
10	11:50	20mins	**Chief Executive's Report**	Acting CEO	To receive
11	12:10	25mins	**Performance Report** *Including:* • *Operations* • *Workforce* • *Quality* • *Financial* • *Research* • *Self-Declaration*	Executive Leads	To receive
Reporting Committees and Governance matters					
12	12:35	15mins	**People Committee -** *Exception report from meeting held 20 January 2022 Supplementary paper:* *12.2 - Health & Wellbeing Direction draft proposal*	Committee chair	To receive
13			**Engagement and Inclusion Committee –** *Exception Report from meeting held 9 December 2021*	Committee chair	To receive
14			**Mental Health Act Scrutiny Committee-** *No meeting held to report. Next meeting 17 February 2022*	Committee chair	To receive
15			**Audit & Risk Committee –** *Verbal update from meeting held 3 February 2022*	Committee chair	To receive
16			**Quality Assurance Committee-** *Exception report from meeting held 20 January 2022 including:*	Committee chair	To receive

			16.2 – Research & Development Strategy *Supplementary papers available:* *16.3 - Patient Safety Quarterly Report and Learning from Deaths (Qtr 2)* *16.4 - Prospectus*		
17			**Governance and Nominations Committee** – *Exception report from meeting held 13 January 2022.* *Supplementary papers available:* *17.2 Scheme of Delegation* *17.3 Standing Orders* *17.4 Standing Financial Instructions* *17.5 Compliance with NHS Constitution* *17.6 Committee Terms of Reference*	Committee chair	To receive
18			**Non-Confidential update from Finance & Infrastructure Committee**– *non confidential verbal update from meeting 24 January 2022*	Committee chair	To receive
19			**Charitable Funds Committee** – *Verbal update from meeting held 3 February 2022*	Committee chair	To receive
Any other business					
20	12:50	10mins	**Any other business and reflections including:**	Chair	-
21			• ***lessons learnt and living our values*** • ***matters for cascade and/or escalation to other board committees***		
22	13:00	---	**Close and move to Confidential meeting** The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows: "that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'" (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)	Chair	-

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Date of next meeting:

- *4th April 2022*

NHS Solent NHS Trust

Minutes
Solent NHS Trust In Public Board Meeting

Date: Monday 6th December 2021
Timings: 9:30 – 12:55
Meeting details: Virtual meeting via MS Teams

Chair: **Catherine Mason,** Trust Chair (CMa)	
Members: **Andrew Strevens,** Chief Finance Officer (AS) **Jackie Munro**, Chief Nurse (JM) **Dan Baylis**, Chief Medical Officer (DB) (from item 2.8) **Suzannah Rosenberg**, Chief Operating Officer Portsmouth (SR) **Jas Sohal**, Chief People Officer (JS) **Mike Watts,** Non-Executive Director (MW) **Thoreya Swage**, Non-Executive Director (TS) **Gaurav Kumar**, Non-Executive Director (GK) (from item 2.3) **David Noyes,** Chief Operating Officer Southampton and County Wide Services (DN) **Stephanie Elsy,** Non-Executive Director (SE) **Calum Mercer**, Non-Executive Director (CMe) **Apologies:** **Sue Harriman,** Chief Executive Officer (SH)	**Attendees:** **Gordon Fowler**, Strategic Transformation Director & Director of Estates (GF) **Rachel Cheal**, Chief of Staff & Corporate Affairs (RC) **Jayne Jenney**, Assistant Company Secretary and Corporate Support Manager (JJ) **Sandra Glaister,** Company Secretary (SG) **Chantal Homan,** CAMHs (CH) (until item 3) **Liz Read,** CAMHs Liaison Matron (LR) (until item 3) **Kate Sonpal**, Head of Diversity & Inclusion (KS) (item 7 only) **Leon Herbert,** Head of Diversity & Inclusion System Wide (HL) (item 7 only)

**Judgements and decisions made in the context of a Level 3 National Incident**

1	**Chair's Welcome & Update, Confirmation that meeting is Quorate, Register of Interests & Declarations of Interests**
1.1	CMa welcomed guests and explained the planned format of the meeting. Apologies were noted as above. It was noted to be the last official Board meeting whilst the CEO, SH is still in post and although absent from the meeting, CMa formally thanked SH for the contribution and time spent with the Trust. The departure in December of the COO, Southampton and County Wide Services, DN was also noted. CMa thanked DN for his work and wished him every success in his new COO role.
1.2	The meeting was confirmed as quorate. The Board were asked to declare any new interests. There were no further updates to note.
2	**Staff Story – CAMHS ED Liaison Team**
2.1	JS introduced Chantal Homan (CH) and Liz Read (LR). CH informed the Board of her position within the CAMHs Southampton service and explained her career background and progression within the Trust. CH provided an overview of the services

	provided and shared the positive level of innovation, commitment and strong leadership in place. Recruitment and retention were noted to be a significant challenge as well as maintaining the emotional wellbeing of staff due to being a high demand service. CH informed the Board of the Team's philosophy to ensure people are 'held in mind', the concept of which was explained. CH also shared the support provided by senior managers.
2.2	LR explained her journey within the Trust and of the work undertaken to set up the ED Liaison Team established this year. LR highlighted staffing challenges during times of absence due to the small scale of the service as well as difficulties with recruitment and retention. The average number of weekly referrals was noted and work to support parents and carers was explained. LR briefed the Board on her leading role in managing delayed discharges for children who are admitted for longer than deemed necessary from a medical perspective.
2.3	SR asked if CAMHs and Adults teams work well together within UHS. LR confirmed sharing best practice and learning achieved. LR also explained the role of the High Intensity Service User Group to ensure transition age groups 17-18 have a streamlined package of care from one service to the other. *GK joined the meeting from this point.*
2.4	At the request of JS, CH shared staff wellbeing interventions provided including a focus on 'national' days, shared plaudits and regular motivating emails.
2.5	JM asked if the ED Liaison Team, work within the inpatient wards. CH explained the role of the team to see all young people that present to the ED with mental health crisis and the care pathways in place. Challenges with people presenting from different geographical areas was highlighted however, good relationships with other Trusts are being achieved.
2.6	GF asked if teams feel supported. LR confirmed positive engagement with management and of being listened to with new ideas instigated.
2.7	CH echoed feeling supported and shared the benefits of the high-level support and challenge approach that contributes to innovative motivation. CH highlighted challenges with suitable estate to meet the needs of autistic children and of consideration being given to a potential site in progress. CH also shared the Team's desire for support to introduce a social media presence and co-produced website.
2.8	CMe referred to the service engagement with social care organisations and asked how patients and carers get involved in the care provided. CH explained the strong links with Heads of Service and Directors and of a significant focus on developing relationships with Multi Agency Safeguarding Hub (MASH). CH highlighted the importance of meeting the needs of parents and carers as well as young people. CH explained the process when working with 'Re:minds'. *DB joined the meeting at this point.*
2.9	MW asked why staff are leaving the service. CH shared key themes raised during exit interviews including a return to inpatient care, high pressures, long working hours and significant risk associated with decision making.
2.10	CMa asked if there is any more recruitment support required. CH confirmed significant conversations held by the team with regards to retention and further discussions with Penny Smee and Deborah Spreadbury have been arranged.

2.11	DB commented on the importance of supporting staff when managing risks and suggested a strategy is required to assist in making risk-based decisions in the community.
2.12	SE asked what support is available to staff to alleviate anxieties and if interventions are available to manage personal career pathways to avoid losing expertise. CH confirmed support available through the Occupational Health Team.
2.13	CMa suggested further discussion is held at QAC on strategy for community based decisions. **Action: DB** CMa thanked CH and LR for sharing their stories. *CH and LR left the meeting at this point.*
3	**Minutes of the meeting held Monday 4 October 2021, matters arising and action tracker**
3.1	The minutes of the last meeting were confirmed as an accurate record. Actions AC004088, AC004089 and AC004090 were confirmed as complete. Regarding action AC003947, AS confirmed that a new system is not yet in place and a decision is expected this week. Action to remain open and a further update is to be provided during Confidential Board.
4	**Safety and Quality – contemporary matters including:** • **Board to Floor feedback including 6 monthly Board to Floor update** • **Freedom to Speak Up matters**
4.1	<u>Board to floor visits</u> JM reported that the scheduled December visit has been postponed due to the new variant with the view to reintroduce visits in the new year once the data is understood. CMa thanked the team for maintaining visiting arrangements within the changing circumstances.
4.2	<u>Freedom to Speak Up matters</u> There were no matters to report.
5	**Health & Safety Annual Report**
5.1	The Health & Safety Annual Report was received as read. GF shared the outcome and comments made by PWC following the internal audit undertaken. It was noted that Solent has several well-designed controls in place with processes formed effectively. All advisory recommendations in-housing hard FM have been actioned and are complete. GF referred to the summary of key areas reported and confirmed that all ambers are being addressed. An increase in near misses was highlighted due to IPC visits and proactive health and safety work undertaken. Changes to the percentage on the table illustrated on page 19 of the report were noted.
5.2	CMa praised the internal audit outcome. CMa also commented on the positive achievement of resourcing FM, particularly during Covid times. CMa asked that congratulations are passed to non-clinical colleagues for their hard work to ensure front line staff can carry out their duties.

5.3	JM asked that thanks be relayed to Dave Keates, Health and Safety Lead, for his hard work in keeping the organisation safe.
5.4	TS asked if services have reflected and learnt lessons during this reporting period. GF confirmed that areas of learning will be detailed within this year's report.
5.5	CMa commented on being encouraged by the increase in near miss reporting and asked if the learning has been shared with those involved. GF confirmed this to be the case.
5.6	RC asked if the 'statement of intent' needs to be updated. AS confirmed SH's approval. The version presented was noted to be from the previous year as this was the annual report. **The Board approved the Health & Safety Report for the period 1 April 2020 to 31 March 2021.**
6	**Organisational Strategy including Solent Strategy Delivery Plan**
6.1	AS informed the Board of further amendments to the Solent Strategy brochure as requested during previous Board discussions. AS explained the Solent Strategy Delivery Plan that provides an outline of next steps. It was noted that critical success factors and KPIs will be defined in March next year.
6.2	CMe asked how the Trust will share the strategy externally. AS explained plans to circulate to stakeholders as well as through community engagement routes being developed. Community partners have also been involved in the development of the strategy.
6.3	DB commented on strategy links to Trust activity with Primary Care and suggested further encouragement is needed for communications and relationships alongside PCNs.
6.4	The Board discussed the next steps, key areas and how to measure delivery. RC suggested an interconnectivity with the Well Led review and possible key elements that link to BI commitment.
6.5	**The Board:** • **approved the publication of the strategy brochure.** • **noted the delivery commitments to achieve the 15 strategic priorities** • **approved the new improved approach to business planning noting short to medium strategic approach** • **approved the Solent Strategy Milestone Plan which sets out the high-level roadmap for implementation of the Trust strategy.**
6.6	The in-public meeting paused to receive a confidential patient story. --------------------------- break ---------------------------------
7	**The In-Public meeting reconvened.** **Diversity and Inclusion Annual Report**
7.1	*Kate Sonpal and Leon Herbert joined the meeting at this point.* JS informed the Board of amendments made to the report presented to the People Committee following clarification on data and summarised the report content. JS drew the Board's attention to the progress made as outlined in the summary however highlighted slower progress than anticipated due to the pandemic and changing priorities. It was noted that the Reciprocal Mentoring Programme is also paused until next year.

7.2	CMe suggested introducing more categories in addition to requirements to achieve a better understanding of diversity. CMe also commented on the lack of information on medical workforce. KS confirmed that further guidance is awaited with regards to medical workforce and further data is expected to be available for next year.
7.3	GF asked if there is comparative information available with regards to BAME and white staff who face abuse from patients. GF also enquired about the decision made to re-join Stonewall.
7.4	JS explained the reasons for the decision to re-join Stonewall following discussions with SH, whilst acknowledging the likelihood of receiving comments following media reports. JS confirmed that the partnership will continue to be reviewed going forward.
7.5	Regarding staff facing abuse, LH informed the Board of areas of significant work in progress on workforce antidiscrimination. It was noted that an evaluation report is awaited from the 'Big Conversation' initiative that will provide clarity and determine direction of travel to make improvements over time.
7.6	SE shared her disappointment at the level of bullying reported and asked if there are any national comparatives available. JS confirmed that the Trust is under the national median despite the numbers reported.
7.7	RC queried the reported lack of reasonable adjustments made for staff with disabilities that contradicts the Trust's position of being above the national benchmark. KS provided assurance of a new action plan in place and a disability staff network set up to make changes. It was also noted that an adjustment policy is to be written next year to ensure a clear process can be followed. In addition, KS informed the Board of a dedicated role to be created to provide such support.
7.8	TS queried the reported BAME categories of the Board membership. It was agreed to review the self-declarations made and adjust as necessary. **Action: RC**
7.9	JS informed the Board of a critical review being undertaken by Jon Bashford on strategy and diversity and inclusion, to identify areas of focus required.
7.10	GK asked if national benchmarking is used. JS confirmed that it is a requirement to use WRES national data. KS reported that Trust targets are set against each national standard to make improvements against our own action plans regardless of activity elsewhere. GK asked if there is a strong focus on patient and service user data to gain an understanding of the people the Trust serves. KS reported that there is work in progress to improve the data within Children's services. KS to circulate a copy of the action to the Board for information. **Action: KS**
7.11	JS welcomed a comment with regards to providing a resolution hub to discuss all matters connected to bullying and harassment as an independent resolution. To be discussed further with RC as Freedom to Speak up Lead.
7.12	LH informed the Board of a meeting arranged with ICS colleagues who would like to review Solent's work on anti-discrimination.
7.13	CMa acknowledged the positive work in progress and of the aspiration of the Board to make sure there is equity of access and experience for all employees and service users. CMa also acknowledged that although statistics could be better, the Trust continues to move in the right direction of travel. **The Board noted the Diversity and Inclusion Annual Report and were assured that the Trust is adhering to the Public Sector Equality Duty.** *LH and KS left the meeting at this point.*

8	Chief Executive's Report
8.1	• AS highlighted the imminent departures of DN, SH and TS and thanked them all for their contributions. • The Trust has received an HSJ Award for Staff Engagement. • The Staff Survey has now ended, and responses awaited. More detail will be reported in March. • AS shared concerns around staff morale and fatigue which has been acknowledged as an issue for most health organisations at this time. **The Board noted the CEO Report.**
8.2	<u>Advisory Notice</u> RC informed the Board of preparation work in readiness for the Independent Public Inquiry due to commence in the spring next year. It was noted that the scope and organisations involved is currently unknown. RC explained the decision made by executives following due consideration to retain leaver and current staff information of Band 8c and above including medics and dentists and other individuals involved in the pandemic. Communications are being planned.
8.3	CMa queried why an advisory notice has been issued in the absence of a 'stop' notice. RC explained the circumstances around the change due to legal challenge.
8.4	SE asked why action is being taken when the content of the inquiry is currently unknown. RC explained areas of preparation required including supporting technology for document storage. **The Board approved the Advisory Notice with a view to receiving further information within the Confidential Board.**
9	Performance Report
9.1	CMa introduced the report and asked that any feedback on the document's new format is forwarded to AS. <u>Operational</u> • AS informed the Board of significant work being undertaken to reach out to non-vaccinated staff, following the recent government announcement that all front-line staff are to be vaccinated by 1 April 2022. • AS informed the Board of three times a week Portsmouth and South East Hampshire System (PSEH) CEO calls taking place to review data and consider possible work to relieve system pressures. AS reported that approximately £7m has been bid for to be spent between now and the end of the financial year. There are currently ambulance handover pressures in the (PSEH) system.
9.2	<u>Portsmouth</u> • SR highlighted the immense pressures experienced by staff since August. Additional beds in Jubilee were noted with a further 5 beds to be opened if adequate staffing is available. • The Care Home Team is to be extended to cover weekends and more care spaces are being opened in PRRT. SR reported that additional funding requested will enable further assistance at the ED front door.

9.3	Southampton • DN shared a similar level of pressure within Southampton including high bed occupancy and community nursing demand exceeding capacity. • The Urgent Response Service is noted to be doing well however is receiving a high demand of patients. Bank and agency staff are being considered to assist. • The Board was informed of successful work undertaken for autism assessment with a third party that has reduced waits significantly within Children's Services. • DN reported that the ED CAMHS Liaison Team is proving to be successful with less Southampton based children resulting in UHS hospital admissions. • MSK are running additional clinics to address a waiting list backlog. • DN briefed the Board on latest Dental reconfiguration to treat special care children. A reduction in fallow time has assisted in the number of patients being seen. DN informed the Board of GA intervention arrangements as detailed in the report. • Staff shortages are increasing due to sickness and annual leave being taken. CMa asked if the staffing position is impacting on service delivery. DN confirmed this to be the case. • DN updated the Board on the vaccination programme delivery and of further capacity planned to manage the new variant in Southampton, Portsmouth and the Isle of Wight to ensure people are boosted by the end of January.
9.4	MW reported that the People Committee have agreed to closely monitor the staff element of the BAF. The Board discussed workforce pressures in some detail.
9.5	SR informed the Board of waiting list data quality reviews being conducted across service lines that is to be discussed at the January Performance Meeting. It was noted that a deep dive will be presented to the Executive Officers Group following which, an informative report will be presented to the Board.
9.6	Regarding safe workforce, JM informed the Board of the Trust's requirement to provide a safe staffing report on a six-monthly basis with future reports to include community services information.
9.7	CMa highlighted missing commentary in the Performance report relating to item 4.1 Quality Performance Dashboard. AS to amend and recirculate with the meeting minutes. **Action: AS**
9.8	Finance AS highlighted that the Trust has been significantly underfunded for the pay award however, provided assurance of remaining confident in achieving a breakeven position for H2. **The Board noted the Performance Report and further updates.**
10	**People Committee**
10.1	• MW reported that the committee reviewed the Workforce Risk Appraisal report and agreed to review timelines and risks to ensure appropriate actions are being taken and up to date following audit actions raised. • The committee also noted the success of the LMS system and effective monitoring of training to ensure staff are compliant with training needs.
10.2	GK asked if the Board could receive an update on the LMS system to understand the return value of the investment to the organisation. **Action: JS to produce a report to the Board**

	The Board noted the exception report and further update.
11	**Engagement and Inclusion Committee**
11.1	There was no meeting held to report. Next meeting scheduled for 9 December 2021.
12	**Mental Health Act Scrutiny Committee – *Exception report from meeting 4 October 2021***
12.1	• TS informed the Board of a reduction in the number of restraints and seclusions since the transfer of patients to a larger environment to undertake a refurbishment. • The committee also reviewed ethnic origins reported during the last 2 years and it was noted a further breakdown of categories is required. • The committee were informed of work in progress to achieve a balance of young and older adults attending MHA hearings. **The Board noted the exception report and further update.**
13	**Audit & Risk Committee – *Exception report from meeting 4 November 2021***
13.1	• CMe informed the Board that a contract management deep dive was received. An extensive process and new systems being considered should significantly improve performance over time. • The committee also looked at the efficacy of the BAF and received assurance of the effectiveness of all Board reporting committees to ensure fit for purpose. **The Board noted the exception report and further update.**
14	**Quality Assurance Committee – *Exception report from meeting 18 November 2021***
14.1	• JS informed the Board that the committee discussed staff willingness to be vaccinated in light of the new compulsory requirement for patient facing staff. • The committee also received the Pascoe report and discussed recommendations being met. A further update has been requested on progress at the next meeting. **The Board noted the exception report and further update.**
15	**Governance and Nominations Committee – *Exception report from meeting 22 October 2021***
15.1	**The Board noted the exception report.**
16	**Non-Confidential Update from Finance & Infrastructure Committee – *Exception report from meeting 22 November 2021***
16.1	• SE reported that the committee granted retrospective approval for the Health Education England contract due to the associated required timeframe. • The Trust's position on the Living Wage was discussed following an issue raised with regards to some staff being paid less per hour. JS provided assurance that the Trust has always been committed to making sure all staff are employed at Band 2 and up and will continue to live by this principle.
16.2	With regards to the contract approval, DB reported that the contract has been presented to all providers via the Wessex Deanery and is awarded in line with activity across the whole of the NHS.

	The Board noted the exception report and provided retrospective approval of the new contract C46942. The Board also supported the recommendation for Solent to engage with the ICS regarding the Living Wage.
17	**Charitable Funds Committee – *Exception report from meeting 4 November 2021***
17.1	GK informed the Board that the committee agreed to pursue the NHS Charities Together Stage 3 application. DN was also thanked for his leadership of the charity and wished well for his new role. It was noted that AS will be taking the lead following DN's departure. **The Board noted the exception report and further update.**
18	**Any other business**
18.1	**The Board noted approval of the following documents via Chair's action.** • **Terms of Reference following a change in membership and Trust Standing Orders**
18.2	**The Board noted the approval of the following documents at the F&I Committee.** • **Scheme of Delegation and Standing Financial Instructions**
18.4	RC asked the opinion of Board members with regards to the future format of virtual and hybrid meetings. It was agreed to discuss further and make a decision at the Executives meeting.
19	**Lessons Learnt and matters for escalation / cascade**
19.1	There were no further matters to discuss. CMa thanked those in attendance and closed the meeting.
20	**Close and move to Confidential meeting**

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Date of next meeting:
• ***7 February 2021***

Action Tracker

Overall Status	Source Of Action	Date Action Generated	Minute Reference/ Additional URN	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
On Target	Board meeting - In Public	06/12/2021	2.13	AC004328	BOD 1 - Staff Story CAMHS ED Liaison Team	CH shared key themes raised during exit interviews including a return to inpatient care, high pressures, long working hours and significant risk associated with decision making. DB commented on the importance of supporting staff when managing risks and suggested a strategy is required to assist in making risk-based decisions in the community. CMa suggested further strategy discussions at QAC for community-based decision.	Dan Baylis	28/01/2022 - To be considered at the March Quality Assurance Committee (CMO was on leave during Jan meeting). BAF#1 High quality safe care entry also updated to reflect risk held in the community.
On Target	Board meeting - In Public	06/12/2021	7.8	AC004329	BOD1 - Diversity and Inclusion Annual Report	TS queried the reported BAME categories of the Board membership. It was agreed to review the self-declarations made and adjust accordingly.	Rachel Cheal	The correct reporting of BAME catagories was clarified. Action complete.
On Target	Board meeting - In Public	06/12/2021	7.10	AC004330	BOD 1 - Diversity and Inclusion Annual Report	GK asked if there is a strong focus on patient and service user data to gain an understanding of the people the Trust serves. KS reported that there is work in progress to improve the data within Children's services. KS to circulate a copy of the action to the Board for information.	Anna Rowen	28/01/2022 - Information circulated. Action complete.
On Target	Board meeting - In Public	06/12/2021	9.7	AC004331	BOD 1 - Performance Report	CMa highlighted missing commentary in the Performance Report relating to item 4.1 Quality Performance Dashboard. AS to arrange amendment and recirculation with the meeting minutes.	Andrew Strevens	26/01/2022 - Document amended. Action complete
On Target	Board meeting - In Public	06/12/2021	10.2	AC004332	BOD 1 - People Committee Exception Report	GK asked if the Board could receive an update on the LMS system to understand the return value of the investment to the organisation. It was agreed that JS produce a report for presentation to a future Board.	Jas Sohal	25/01/2022 - report to be presented to the April Board meeting

Report template- Board and Committees

Item No.	6.1		Presentation to	Solent NHS Trust Board	
Title of paper	Six Monthly Safe Staffing Report June – November 2021				
Purpose of the paper	This report provides an overview of the Nursing & AHP safe staffing status for the period June to November 2021 and is set out in line with the National Quality Board (NQB) standards				
Committees /Groups previous presented and outputs	Quality Improvement and Risk Group: Noted and supported recommendations within				
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral) X
Positive / negative inequalities	Describe here further the positive or negative impact (Delete row if no impact/neutral impact)				
Action required	For decision		For assurance	X	
Summary of Recommendations and actions required by the author	The Group is asked to: • Note the outcome of the six-monthly safe staffing report and the impact of the COVID-19 pandemic on the workforce. • Following review of workforce metrics, quality indicators and divisional commentaries the staffing levels across the nursing & AHP workforce in Solent NHS Trust were deemed as safe. • Note the ongoing work to improve the approach to safe staffing and incorporate the Staffing Assurance Framework for Winter Preparedness December 2021 into the work being undertaken and planned				

To be completed by Exec Sponsor - Level of assurance this report provides:							
Significant		Sufficient	x	Limited		None	
Exec Sponsor name:	**Jackie Munro**			Exec Sponsor signature:	*JAMunro*		

Executive Summary

This report provides Trust Board an overview of the Nursing & AHP safe staffing status for the period June to November 2021. It provides assurance that arrangements are in place to safely staff the services in line with the National Quality Board (NQB) (2016) safe staffing guidance.

It also aims to provide assurance that nurse staffing levels within each ward/unit are appropriate to meet the needs of patients and service users in our care and explain the approaches in place to monitor and manage staffing levels.

The Board is asked to note the current reported position, including the actions taken in response to Covid-19 pandemic and to endorse the action being taken to maintain and monitor safe staffing levels across the organisation.

Key highlights

- NHSEI produced guidance regarding Staffing Assurance Framework for Winter Preparedness December 2021. A benchmarking process has been undertaken consequently and safe staffing escalation weekly meetings have been introduced.

- In addition, services have been asked to submit a daily situation report to rate their compliance against their safe staffing levels for the 24-hour period.
- A position paper in respect of Safe Staffing is being presented at People forum with a set of recommendations for the future and a summit planned for end of January 2022
- There has been an increase in HCSW vacancies and because of successful national bids, an Educator in Practice (EiP) has been introduced to support the induction and pastoral support specifically for unregistered staff.
- International Recruitment has continued throughout the period across adult and mental health inpatient areas
- Successful bid to design, develop and deliver a community nursing transition programme for international as well as UK based nurses has progressed with 8 nurses identified to commence programme in Q4.

1. Introduction

1.1 This report provides the Trust Board with an overview of the Nursing & AHP staffing status and linked quality metrics for the period June to November 2021 and is set out in line with the NQB (2016) safe staffing guidance and expectations to provide assurance that arrangements are in place to safely staff our services with the right number of nurses and midwives with the right skills at the right time and provides an explanation about how this was achieved.

2. Background

2.1 Solent NHS Trust have a duty to ensure staffing levels are adequate so that our patients are cared for by appropriately registered and experienced staff in safe environments. This right is enshrined within the NHS constitution (2015) and Health Act (2009) which make explicit the Board's corporate accountability for quality. Demonstrating sufficient staffing is one of the quality and safety standards as set out in 'Hard Truths' (2014) a publication from the Care Quality Commission (CQC).

2.2 In its guidance the NQB (2016), sets out a series of expectations and a framework within which organisations and staff should make decisions about safe staffing and emphasises the requirement for NHS provider Boards to be accountable for ensuring that their organisation has the right skills in place for safe, sustainable and productive staffing. The key expectations are set out below:

Expectation One	Expectation Two	Expectation Three
Right Staff	**Right Skill**	**Right Place & Time**
- Evidence based workforce planning - Professional Judgement - Compare staffing with peers	- Mandatory training development and education - Working with the Multi-disciplinary team - Recruitment and retention	- Productive workforce and eliminating waste - Efficient deployment and flexibility - Efficient employment and minimise agency

2.3 This report covers period June – November 2021, with in-patient data published via an upload to Unify each month and now includes Care Hours Per Day (CHPPD) data.

2.4 Whilst Solent NHS Trust recognises that the national mandate for reporting relates to in-patient nurse staffing levels the Trust continues to include and acknowledge the contribution other

disciplines make to ensure that clinical teams deliver safe, effective and high-quality care in an increasingly complex environment.

2.5 In line with the most recent NQB guidance in relation to CHPPD, the Trust has not identified any clinical inpatient teams where Allied Health Professionals should be included in the planned staffing levels, the criteria being that they are permanently part of the ward roster. This position is reviewed at the safe staffing meetings and will be amended should models of service delivery change.

3. Overview of Period June to November 2021
3.1 Safe Staffing Meetings: to include improvements in last 6 months

Safe staffing meetings have continued during this reporting period and were a critical component of our continued response to the Covid-19 pandemic. Within the reporting period particular attention was paid to the recovery of services and to the well-being of our teams. The safe staffing meetings enabled our Ward / Service Leaders and Matrons to escalate their successes and challenges to the Chief Nurse and / or their delegate.

A review of the safe staffing meeting format was undertaken during this period to ascertain the appropriateness of the agenda, with the aim to reduce duplication of information between service line assurance frameworks and operational / performance reviews.

Because of the review, a Safe Staffing Dashboard is under development and is due to be piloted in Q4. However, it has also transpired that there is an opportunity to utilise a product within Health Roster; Safer Care, that could support and enhance the information and forecasting available to us. This will be further explored in Q4.

3.2 Within the reporting period June 2021 – November 2021, with reference to Covid-19, the following challenges that may have an impact on safe staffing provision were discussed and strategies to address explored:

- Levels of redeployed staff and the impact upon staff wellbeing: It is noted that during the period there was less staff redeployment. However, of those redeployed the experience was much improved from Wave 1, especially with regards to management of rosters. Some staff continue to support the vaccine centres external to their permanent contract.
- Impact on service capacity to deliver within limited resources and expertise: During the return to business as usual (BAU), services had taken the opportunity to explore new ways of working and developing a mixed model of remote and face to face consultations. Whilst this did not impact upon staff requirement i.e. a reduction of wte, it enabled staff to work flexibly and address concerns regarding morale and well-being.
- Services noted that the support from the Occupational Health team and Health & Well-Being Team was much appreciated and services took opportunities within the reporting period to host "away days" for staff to re-engage and connect.
- Throughout the period, there continued to be concern regarding further waves requiring additional bed capacity and how in future this could be facilitated. A review of previously identified in Southampton was undertaken to reduce the reliance on outpatient areas being utilised. This enables the staffing model to replicate our existing in-patient areas, accepting that an increase may be required to reflect an increased complexity / acuity.
- During the latter part of Q2 and in Q3, services were challenged by the increase in staff being contacted and required to isolate and is noted to be a difficult period for all services.
- Throughout the period there had been a notable challenge to fill bank & agency shifts. This was predominately attributed to the availability of shifts within vaccine centres, staff having to isolate / care for school aged children and bank / agency unavailability due to school holiday periods.
- As a direct consequence of the safe staffing meeting review and Winter Preparedness Guidance, further consideration of the format of the safe staffing meetings will be undertaken within Q4.

3.3 During this reporting period the position in relation to reliance on temporary staffing in some service areas, particularly across mental Health services, remained a concern and continued to be monitored and strategies planned to reduce reliance on bank and agency solutions. Historically there has been a reliance on bank Healthcare Support Workers (HCSW's). Therefore, a focused recruitment programme has been undertaken in conjunction with HR, EiP for HCSW's and the Chief Nurse team.

The programme consists of a focused recruitment day, onboarding and ensuring service leads and EiP keep in touch with new starters prior to their commencement date. A robust induction programme, including attaining the Care Certificate with the EiP is also included. During the first 3 months of employment the EiP will liaise directly with individuals to ensure they have a smooth induction and orientation to the ward environment.

There continue to be challenges with effective roster management across all teams and the safe staffing meetings continue to focus on five key elements:
1. Roster approvals within timescale – Additional training has been offered to challenged areas.
2. Net hours balance position
3. Bank & Agency usage
4. Annual leave/unavailability
5. Roster approval timescale has improved

An area of focus has been maintained upon the annual leave of staff, acknowledging the additional burden the "carry over" of leave from 2020 / 2021 to 2021 / 2022 has brought in addition to staff reluctance to take leave. The development of the safe staffing dashboard / utilisation of Safer Care module will enable a live review which will support improvement and focus.

3.4 As reported previously the Mental Health Inpatient wards aim to utilise the Mental Health Optimal Staffing Tool (MHOST), recording and reviewing the acuity and dependency of the patient cohort against an established criterion. This enables benchmarking and to set evidence based, patient need driven staffing levels, alongside professional judgement and CHPPD. The implementation commenced following an initial delay due to the pandemic, but it has highlighted a need for additional training and education on the tool which will be undertaken in early 2022.

3.5 A continuing priority from the previous report was to develop / identify key indicators linked to the delivery of safe staffing provision referred to as "Red flag incidents". Following discussion within safe staffing meetings and with developers of the dashboard these are to be included within the safe staffing dashboard. Both Mental Health and Physical Health in-patient areas have considered the key indicators to drive the red flag notification process. Some of these indicators are in place across established dashboards (e.g. falls, missed breaks, TOIL, complaints etc), with focus now placed on the co-ordination of these key indicators via the dashboard process to inform the safe staffing discussions and actions which may be required as a result. This is linked to the principles of the safer care nursing tools, where work to establish red flags would support development and implementation of a Solent wide tool, further strengthening our ability to identify potential areas of concern requiring further investigation and action.

4. **Vacancy and recruitment**

4.1 Successful International Recruitment (IR) continues with 38 International Educated Nurses (IEN) employed since March 2021 and a further 2 that the Trust IR programme has supported to convert their international qualification to a UK NMC qualification. These 2 individuals were previously working as support workers within our services.

Plans remain in place to recruit a further 18 nurses within Q4. These nurses will be for Mental Health Inpatients and Adult and Mental Health Community Nursing. Our IR trajectories are on track to be achieved. Further recruitment linked to ICS Mental Health and Community Nurse bid submission will see the trust plan to recruit throughout 2022 until December 2023.

5   Absence Rates & Temporary Staffing

5.1 Annual leave remains static and within the expected 11-17% range and focussed work on annual leave continuing throughout the service lines. It is noted that within month there are some variances and leads have been encouraged to ensure staff take the required leave.

5.2 Introduction of trust wide daily safe staffing reviews commenced in December 2021 in response to the Winter Preparedness Guidance and are overseen by Chief Nurse or their delegate. The weekly staffing escalation meetings are held via TEAMS and take a 2-week forward view of planned staffing levels and current gaps in achieving plan. This ensures all staffing related escalations are reviewed and safe decisions are made and communicated in a timely way.

5.3 The table below illustrate the agency and bank request rate and fill rate across the reporting period. This supports monitoring and review of agency and bank usage and progress in relation to total establishment, vacancy, additional posts, headroom utilisation, agency reduction and overall nursing productivity.

June 21 – November 2021	Req	Bank	%	Agency	%	Unfilled	%
MHS SERVICES	7121	3182	45%	3389	47%	550	8%
PORTSMOUTH ADULT SVS	3366	2295	68%	488	14%	583	18%
PORTSMOUTH CHILDREN SVS	893	890	99%	0	0%	3	1%
SOUTHAMPTON ADULT SVS	4746	2998	63%	1439	30%	309	7%
PRIMARY CARE	592	592	100%	0	0%	0	0%
SOUTHAMPTON CHILDREN SVS	2041	2030	99%	0	0%	11	1%
SPEC DENTAL SERVICES	98	98	100%	0	0%	0	0%
SEXUAL HEALTH SERVICES	385	384	99%	0	0%	1	1%
TOTALS	19242	12469	65%	5316	28%	1457	7%

6   Shift Fill Rates

6.1 The table below provides an overview of planned & actual staffing levels and ratios for the reporting period. It is noted that all areas are in the main working above plan for both registered and unregistered staff. This reflects the level of acuity and dependency of patients as well latterly increased bed capacity in some areas. In the small number of cases where wards were under plan it is noted the corresponding role was significantly over plan to ensure the wards remained safe and patients received the appropriate care. On these occasions the senior clinical team use professional judgement to take safe decisions.

Jun-21

	Day Fill Rate		Night Fill Rate	
	Registered	Care Staff	Registered	Care Staff
AMH Orchards - Hawthorn	130.0%	206.7%	118.0%	156.0%
AMH Orchards - Maples	175.0%	115.8%	180.0%	120.0%
The Limes	116.0%	126.7%	124.0%	122.0%
Jubilee House	152.0%	137.0%	122.0%	134.0%
Spinnaker	135.2%	102.4%	120.0%	100.0%
Lower Brambles	120.0%	118.0%	120.0%	120.0%
Fanshawe	147.2%	122.7%	120.0%	120.0%
Snowdon Ward	164.0%	162.4%	126.0%	120.0%
Kite	133.0%	130.0%	120.0%	224.0%

Jul-21

	Day Fill Rate		Night Fill Rate	
	Registered	Care Staff	Registered	Care Staff
AMH Orchards - Hawthorn	104.0%	148.9%	96.8%	124.7%
AMH Orchards - Maples	145.2%	96.4%	153.2%	105.1%
The Limes	98.4%	108.3%	100.0%	115.3%
Jubilee House	114.8%	112.9%	104.8%	96.8%
Spinnaker	123.2%	96.1%	100.0%	90.3%
Lower Brambles	121.3%	94.1%	100.0%	100.0%
Fanshawe	111.0%	97.3%	100.0%	96.8%
Snowdon Ward	145.2%	140.6%	100.0%	100.0%
Kite	105.6%	110.1%	109.7%	193.5%

Aug-21

	Day Fill Rate		Night Fill Rate	
	Registered	Care Staff	Registered	Care Staff
AMH Orchards - Hawthorn	96.8%	140.9%	95.2%	101.1%
AMH Orchards - Maples	134.7%	98.8%	151.6%	101.4%
The Limes	94.1%	104.6%	96.8%	105.6%
Jubilee House	112.3%	110.5%	104.8%	96.8%
Spinnaker	121.9%	84.5%	100.0%	100.0%
Lower Brambles	118.7%	113.4%	100.0%	100.0%
Fanshawe	103.9%	96.2%	98.4%	109.7%
Snowdon Ward	128.2%	151.6%	109.7%	108.1%
Kite	96.8%	117.7%	96.8%	200.0%

Sep-21

	Day Fill Rate		Night Fill Rate	
	Registered	Care Staff	Registered	Care Staff
AMH Orchards - Hawthorn	106.7%	139.4%	91.7%	104.4%
AMH Orchards - Maples	147.5%	100.8%	145.0%	104.3%
The Limes	100.0%	97.2%	103.3%	102.5%
Jubilee House	102.0%	115.0%	111.7%	93.3%
Spinnaker	126.7%	78.0%	100.0%	98.3%
Lower Brambles	108.0%	126.1%	100.0%	121.7%
Fanshawe	98.7%	96.1%	96.7%	105.0%
Snowdon Ward	117.5%	154.0%	96.7%	100.0%
Kite	99.2%	106.3%	100.0%	208.3%

Oct-21

	Day Fill Rate		Night Fill Rate	
	Registered	Care Staff	Registered	Care Staff
AMH Orchards - Hawthorn	104.0%	138.7%	88.7%	125.8%
AMH Orchards - Maples	146.0%	99.6%	148.4%	106.9%
The Limes	94.6%	105.1%	97.8%	107.3%
Jubilee House	94.8%	133.9%	125.8%	85.5%
Spinnaker	98.7%	91.0%	100.0%	79.0%
Lower Brambles	99.4%	123.1%	100.0%	150.0%
Fanshawe	98.7%	95.2%	100.0%	143.5%
Snowdon Ward	119.4%	140.0%	98.4%	100.0%
Kite	98.4%	107.7%	100.0%	172.6%

Nov-21

	Day Fill Rate		Night Fill Rate	
	Registered	Care Staff	Registered	Care Staff
AMH Orchards - Hawthorn	109.2%	127.2%	105.0%	106.7%
AMH Orchards - Maples	149.2%	104.0%	153.3%	109.5%
The Limes	103.9%	95.6%	101.1%	99.2%
Jubilee House	98.7%	136.7%	133.3%	93.3%
Spinnaker	113.3%	98.0%	100.0%	96.7%
Lower Brambles	100.0%	135.0%	98.3%	145.0%
Fanshawe	98.7%	95.0%	98.3%	148.3%
Snowdon Ward	103.3%	144.0%	98.3%	100.0%
Kite	102.5%	99.6%	100.0%	146.7%

6.2 With reference to CHPPD; daily staffing numbers and the daily patient count at midnight are aggregated for the month. Whilst this method does not represent the total and fluctuating daily activity, turnover or the peak bed occupancy it provides reliable and consistent information and a common basis for comparisons to measure, review and reduce variation at ward level within organisations and within similar specialties across different trusts. CHPPD data should **not** be considered in isolation and viewed with additional data sources as changes in speciality, staffing levels and service moves. Reviewing it in isolation could demonstrate a misleading picture in terms of safe staffing levels.

6.3 The collection of planned and actual daily staffing numbers enables the trust to demonstrate at ward level the extent to which rosters are filled by registered and unregistered nurse (day and night) showing a % shift fill rate.

6.4 Additional work is required to ensure CHPPD for each clinical environment is reviewed. This will be undertaken within Q4 and Q1 2022/23 and will form part of future safe staffing reports.

7.Safety and Quality Incidents

7.1 When considering safe staffing it is essential to consider other indicators to identify if there has been any adverse impact because of below planned staffing numbers. The table below summarises the incident reporting for in-patient wards in relation to key indicators which are considered when looking at safe staffing during this reporting period.

7.2 The review of incident data shows a further reduction in the number of incidents in comparison to the previous period where 666 incidents were reported.

There has also been an increase in reported physical assaults from 113 to 141 from the previous reporting period, with the most significant reporting within the Kite Unit at 72. This has a direct impact on the morale of staff and a correlation to the increased requirement for additional staffing to provide one to one or two to one care during an acute phase of patient care plan.

In response, the senior leadership team are undertaking a review of the ward environment to include the impact of additional requirements to provide one to one and two to one care and the acuity / complexity of the patient cohort and the establishment / skill mix.

The highest levels of medications errors continue to be in the acute metal health wards. Previously the Mental Health wards reported a decrease in their medication errors, however, this has unfortunately increased during this report period with Hawthorn ward reporting an increase from 36 incidents to 50 and Maples 25 incidents to 59. This will be reviewed within the safe staffing meetings, acknowledging that this has been a continual theme of incidents and following remedial action early in 2021, initial progress does not appear to have been sustained.

It is concluded that this is not related to low staffing levels but may have a correlation to the continued reliance in these areas on temporary staffing, skill mix, number of Registered Mental Nurse (RMN) vacancies and the number of staff who require support as they are a IEN or a Newly Qualified Nurse (NQN). As previously highlighted, this will be explored in more detail in the MH Safe staffing meeting.

Ward/Cause Group	Assault – Verbal/Gestures/ Bullying	Assault – Sexual/Obscene	Assault – Physical	HR and Staff	Medication Errors	Pressure Ulcers	Slips, Trips and Falls	Total
COVID19 Adelaide	0	0	0	0	0	0	0	0
Fanshawe Ward (RSH)	1	0	3	7	16	25	33	85
Jubilee House	0	0	0	2	27	12	10	51
Jubilee House	0	0	0	0	0	1	0	1
Lower Brambles	1	0	1	4	4	5	22	37
Snowdon Ward	3	0	0	2	17	0	1	23
Spinnaker Ward (SMH)	1	1	0	0	29	25	21	77
Spinnaker Ward (SJH)	0	0	0	0	1	0	0	1
Kite Unit (WCH)	11	2	72	2	6	1	8	102
The Limes (LIMES)	1	0	2	0	2	0	7	12
Hawthorn	9	3	11	5	50	0	5	83
Maples	18	1	52	2	59	0	6	138
TOTAL	45	7	141	24	211	69	124	627

8. Complaints

8.1 During the reporting period there has been no significant variation in the number of formal complaints received, 12 compared to 11 in the previous reporting period. The Mental Health

Acute Adult inpatient areas received the most complaints with Maples and Hawthorn both receiving 3 formal complaints alongside 1 service concern for Maples and 2 for Hawthorn. The number of service concerns has seen a decrease from 12 to 11 in the same timeframe. The recurring theme in both complaints and service concerns continues to be staff attitude and communication in relation to clinical treatment and/or care provided and therefore it is concluded that there is not a causal link between complaints and safe staffing levels.

9. Service Line Commentaries

9.1 **Adult Southampton Inpatient**
Inpatient

Key successes	June to November continued to be a busy period within the Adults Southampton Inpatient teams. Operational challenges continued and increasing acuity and dependency enabled inpatient teams to consider the admission criteria and clinical skills required in response to the increasing acuity. Consideration of team being able to give Intravenous antibiotics.
	Whilst positive IR across all ADS inpatients wards, this has brought challenges also to transition of IENs to an NHS environment. Upon reflection, the transition period required review on an individual basis.
	There has been retirement of key senior nurse leaders and this has brought opportunities for succession within the team at B8, B7 and B6.
Key challenges	Because of senior nurse leader's retirement there has been positive succession, it is acknowledged that the team have undertaken a period of resettlement.
	In response to the pandemic there has been continual flex of the bed capacity within all inpatient areas. This has created uncertainty and demand to increase workforce to support additional capacity.
	A high incidence of staff (whether permanent or temporary staff) were required to isolate, this had a significant impact on absence from work and availability of bank / agency staff impacting upon staff morale.
	Management of IENs, NQN and new starters increases challenges for supervisors
Key initiatives	Consideration of HCSWs "batch" recruitment for inpatient and community areas.

Community

Key successes	The community teams have introduced Auto Allocate. A tool to assist the allocation of clinical caseload. Whilst intensive in the initial phase, it supports the ability of senior leaders to effectively allocate and supports the allocation of skill mix.
Key challenges	The service has identified a high level of RN vacancies and acknowledge a high number of mature staff who may be considering their future career.
Key initiatives	IEN Community Nurse Pilot has seen a robust marketing and recruitment process undertaken and 4 nurses have been appointed to commence the transition

programme.

9.2 Adult Portsmouth Inpatients & Community

Inpatient

Key successes	Conversion of Unregistered Nurse (URN) with Nursing Qualification in home country to UK NMC registered Nurse. Now has B5 post within ward
Key challenges	Decision relating to future of Jubilee House has significantly impacted upon morale of team and decreased stability with RNs considering leaving the Trust. Due to system pressures there has been additional bed capacity within both inpatient areas. This has created challenges to staffing and reliance on temporary staffing.
Key initiatives	Review of inpatient capacity post Jubilee closure.

Community

Key successes	Community services have undertaken a review and aligned the community teams to the City PCN's. This supports continuity of medical and community care.
Key challenges	Number of vacancies at B5 & B6
Key initiatives	IEN Community Nurse Pilot has seen a robust marketing and recruitment process undertaken and 4 nurses have been appointed to commence the transition programme.

9.3 Child and Families

There have been no safe staffing meetings due this period. These are currently being rescheduled. The increase in safeguarding activity is having an impact particularly on the community paediatric medical and nursing teams who provide the child protection medical examination service. The issues relating to this have been appropriately escalated.

9.4 Sexual Health

Meetings has been rescheduled to 3 monthly and no significant concerns raised or escalations

9.5 Specialist Dentistry

Meetings has been rescheduled to 3 monthly and no significant concerns raised or escalations

9.6 Primary Care

Podiatry – continued challenges to recruit to senior podiatry posts (B7). The team plan to explore international recruitment.

MSK – returning to BAU and reviewing new ways of working.

There has been successful recruitment to key roles within the GP Surgery and primary care nursing team during this period. The team are an active participant in the vaccination programme and have worked as part of the PCN response during this time.

9.7 **Mental Health**

Inpatient

Key successes	Continued vacancies within RMN workforce. Throughout reporting period staged recruitment of IENs and robust support in place to support to undertake OSCE and join UK NMC Register. Ongoing recruitment anticipated throughout 2021 /22 & 2022/ 23. Recruitment plan to recruit HCSW across all MH wards – first cohort to undertake induction Q4.
Key challenges	Changes within leadership teams across all inpatient areas which is being supported by the senior leadership team.
Key initiatives	HCSW recruitment, Continued IEN recruitment.

10.0   Recommendation

The Committee are asked to note:

- The six-monthly safe staffing report and the impact of the COVID-19 pandemic on the workforce.

- Following review of workforce metrics, quality indicators and divisional commentaries the staffing levels across the nursing & AHP workforce in Solent NHS Trust were deemed as safe.

- The ongoing work to improve the approach to safe staffing and incorporate the Staffing Assurance Framework for Winter Preparedness December 2021 into the work being undertaken and planned

Item No.	**9.1**		Presentation to	Board
Date of paper	24 January 2022		Author	Dan Baylis, Chief Medical Officer
Title of paper	Clinical Framework			
Purpose of the paper	To present to the Board the final version of the Clinical Framework			
Committees /Groups previous presented and outputs	Previously shared and discussed with Board in draft.			
Statement on impact on inequalities	Positive impact (inc. details below)	x	Negative Impact (inc. details below)	No impact (neutral)
Positive / negative inequalities	Our clinical framework reflects the core belief that everyone deserves equitable access to high-quality health and care services which support their health and independence, no matter who they are or where they live. Delivery of this framework will help Solent continue to improve the services we deliver – we will work with our communities to develop innovative approaches to maximise access to healthcare.			
Action required	For decision	x	For assurance	
Summary of Recommendations and actions required by the author	The Trust Board is asked to approve publication of the framework			

To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant		Sufficient	X	Limited		None	
Exec Sponsor name:	Dan Baylis, Chief Medical Officer			Exec Sponsor signature:			

Key messages /findings

In June 2021 the Board approved our Clinical Framework, which forms part of our wider Organisational Strategy (approved by the Board in December 2021).

Our Clinical Framework is not a strategy, rather, it is a set of principles to describe how we will work to achieve the best outcomes for the populations we serve. The framework has been developed by our employees across our organisation and in collaboration with local partners; it is a live and evolving document which formally underpins how our organisation is run and the decisions that are made.

Great care

01 Safe and effective services

02 Alongside communites

03 Outcomes that matter

04 Life-course approach

05 One health and care team

06 Research and innovation

07 Clinical and professional leadership

The clinical priorities we have set out form the first seven of the Trust's 15 strategic priorities.

The Board are asked to ratify the final version of the Clinical Framework (Appendix 1).

Our clinical framework

Contents

Welcome

From our Chief Medical Officer and Chief Nurse

The NHS is incredible. Since it's foundations in 1948 it has been constantly evolving to meet the needs of the people of the United Kingdom. As we stand here, in 2022, the NHS has never been more important, responding to the challenges of a global pandemic and of an aging population with increasingly complex physical and mental health needs. We are so incredibly proud of how Solent has evolved as a well-formed part of the NHS, serving the people of Hampshire and the Isle of Wight. Over the past 10 years, our journey has led us to become a truly values based organisation with people at our heart, producing some of the best patient, and workforce outcomes nationally.

At Solent, we will continue to look forward to becoming even better at delivering high quality care, coupled with a positive experience for both the people we look after, and our workforce. We believe that substantial change in the way we deliver care in communities is needed to meet the new challenges of the NHS over the next 10 years - we recognise that we cannot do this alone. We are committed to working collaboratively at a local community level with primary care and, when required, at the scale of our cities and regions. Our principal identity is that we work as one team for the NHS and alongside our friends and partners in social care, in the voluntary sector and alongside our communities too; if we are truly all together then we will achieve great things!

Our Clinical Framework is not a strategy, rather, it is a set of principles to describe how we will work to achieve the best outcomes for the populations we serve. The framework has been developed by our employees across our organisation and in collaboration with local partners; it is a live and evolving document which formally underpins how our organisation is run and the decisions that are made.

The Clinical Framework is also for people outside our organisation. It is for the communities we serve to help facilitate greater, equitable and non-discriminatory access to our services. It is also for the people we work with; if we can describe who we are and what we do, then we can more easily identify opportunities to start talking and to work together for the greater good.

We hope you enjoy looking over this document and that it stimulates thought, enquiry and opportunity.

Dan Baylis
Chief Medical Officer

Jackie Munro
Chief Nurse

At Solent, we will continue to look forward to becoming even better at delivering high quality care, coupled with a positive experience for both the people we look after, and our workforce.

Our services in the community

In care homes
- Anticipatory care planning - planning people's future care needs
- Specialist community nursing (diabetes, tissue viability, speech and language therapy)
- Older persons mental health and dementia services

In general hospitals
- Psychiatry liaison
- Reablement services
- Urgent response services
- Supportive discharge teams
- Dental care under general anaesthetic

In GP surgeries
- Physiotherapy and foot health
- Health promotion services
- COVID vaccination and recovery
- Primary care services
- Homeless healthcare services

In community hospitals
- Mental health inpatient wards
- Specialist neurological rehabilitation
- Pharmacy
- Community rehabilitation wards
- Community outpatient services (e.g. physiotherapy, speech and language therapy and cardiac and pulmonary rehab services)

At home
- Community nursing
- End of life services
- Hospital at home
- Urgent response services
- Rehabilitation and reablement services
- Special care dentistry

In health clinics
- Health visiting
- Children's therapies
- Community mental health services
- Child and adolescent mental health services (CAMHS)
- Sexual health and HIV services
- Long term conditions support (e.g. diabetes, heart failure and respiratory)
- Psychology, chronic fatigue and pain services
- Special care dentistry

In schools
- School nursing
- Immunisations
- Mental health services

Our strategic framework

These are our values

They are embedded in our culture and underpin everything we do

| Honesty | Everyone counts | Accountability | Respect | Teamwork |

This is our vision

It is the future we are working to achieve

Health and care teams working with communities to make a difference, so everyone has easy access to safe and effective care, keeping more people healthy and independent throughout their lives.

This is our mission

These are the things which drive us

Great care

Great place to work

Great value for money

Our clinical framework

Our clinical framework is a core element of the Trust's overarching organisational strategy.

Great care

01 Safe and effective services

02 Alongside communites

03 Outcomes that matter

04 Life-course approach

05 One health and care team

06 Research and innovation

07 Clinical and professional leadership

The clinical priorities we have set out here form the first seven of the Trust's 15 strategic priorities. Our clinical framework describes the way we provide health services in Solent. It sets out the principles and priorities we will work to, in line with our commitment to deliver Great Care. Our clinical framework describes how Solent's clinical services will work to meet the needs of patients, local communities and partners. It guides our leaders, clinicians and teams in their design and delivery of clinical services.

At the heart of this framework is the Solent commitment to work in a very different way alongside our communities. Our 'great care' priorities have been created in response to the things our communities have told us are important.

The framework will inform internal organisational development, ensuring the organisation is in the best position to meet the needs of our patients. It will help our partners understand Solent's commitments and priorities to enable and improve our joint-working and collaboration for the benefit of patients, the communities and the local health and care system.

Our clinical framework priorities

How we will deliver great care

Delivering great care is about maintaining high quality standards – standards which improve the experience for service users and staff and enable us to provide safe, effective services. **Our formula for great care is a simple as 1, 2, 3:**

Safe + Effective + Experience = Great care

Safety is paramount

Effectiveness is measured

Experiences of service users and staff guide us

SEE our formula for great care!

We treat thousands of people every day and service user safety means working proactively to minimise the chance that things could go wrong. If they do, we are open and honest with people and their families about what has happened and we take steps to reduce the chance that the same thing could happen again.

Clinical effectiveness means providing the right care for each individual service user. It means we are constantly thinking about what we do and consider whether it is having the desired result for each service user. If it is not, we will make a change.

Our service users are at the centre of everything we do. By listening to service users and asking them about their experience, we will ensure that they, and their families and carers, are receiving care that is respectful of, and responsive to, individual service user preferences, needs and values.

01

We provide safe, effective services which help people keep mentally and physically well, get better when they are ill and stay as well as they can to the end of their lives.

How we will deliver great care

Alongside Communities is the Solent approach to engagement and inclusion. It was co-created with people from our local communities including community groups, voluntary organisations and people who work in our services.

Alongside Communities describes our ambitions to improve health, reduce health inequalities and improve the experience of care for people who use our services.

We shall do that by:

Enabling people who use our services and members of our local community to actively participate in activities, groups and key decisions

Continuing to **extend our reach to the community** recognising the skills and expertise they have to offer

Building positive relationships with those individuals and groups who experience inequities in health and health care provision.

Alongside Communities describes our ambitions to improve health, reduce health inequalities and improve the experience of care for people who use our services.

02

Our communities are at the heart of what we do and we will work alongside our communities to improve the way we deliver care.

We will co-create outcomes with service users, communities and partners, including those who are seldom heard. We will seek to understand how we can positively impact experiences of care and health outcomes by listening, understanding how we're doing, continuing to do the things we do right, constantly learning and improving. Outcomes will be meaningful, measurable and transparent.

Outcomes will clearly describe the impact on people and communities and reflect and measure the *effectiveness* of care. **They will be used to:**

Improve the way we deliver care – we will ensure our services are focusing on the priorities which really matter to people and achieving outcomes that count.

Enhance quality, safety and experience of care – we will be transparent and open when we make mistakes, involving people at every stage to co-produce the learning and improvement.

Improve access to care – we will work with communities to develop innovative approaches to maximise equitable access to healthcare.

We will seek to understand how we can positively impact experiences of care and health outcomes by listening, understanding how we're doing, continuing to do the things we do right, constantly learning and improving.

03

We will focus on outcomes that matter, co-created with the people who know our services best.

Everyones' health and wellbeing is influenced through their life by a wide range of social, economic, environment and behavioral practices. We will take a life course approach to prevent ill health which recognises all the different factors which influence our ability to remain well and independent. As part of this approach, we will personalise our care ensuring individual priorities, strengths and needs are at the centre. We will actively seek to remove barriers to good care by working collaboratively to improve service user experience.

» Through our life course approach we will **focus on maximising potential in childhood** and early adulthood, maintaining good health, living successfully with chronic disease and anticipating and responding to decline.

» We will **personalise care focusing on the question 'what matters to you?'**, ensuring people have choice and control over the way their care is planned and delivered.

» We will **work collaboratively to develop seamless pathways** which remove barriers to care and reduce unnecessary handovers between teams/organisations.

» We will seek to make every contact we have with service users count, encouraging behaviour change, prioritising early intervention and enabling access to a range of services which will enable people to live well.

04

We will adopt a life-course approach which removes barriers and personalises care.

How we will deliver great care

For us, there are three key levels of scale: in neighbourhoods alongside Primary Care and Primary Care Networks (PCNs), place-based at a city/sub-county level and at an Integrated Care System (ICS) level across Hampshire and the Isle of Wight (HIOW).

Alongside Primary Care and PCNs

We will work alongside primary care to provide and share workforce to meet the needs of our communities across the life-course.

We will work alongside PCNs to help improve the long-term resilience of primary care, supporting organisational delivery and enabling PCNs to benefit from our scale and resources (e.g. operational support, governance, estates, facilities, technology and workforce, including wellbeing).

We will help build trust and relationships with our colleagues working in local communities, focusing on joint working - not competition – identifying clear ways of working and developing the demonstrator hub model based around Solent GP practices.

Place-based

We will work with colleagues in community health, mental health, local authorities and local acute Trusts to develop appropriate models of care and tailor our services to meet local needs at a city/sub-county level.

We will provide specialist, proactive services in partnership with health and social care providers and the voluntary and community sector to reduce health inequalities, enable people to live well and ensure people are able to remain in their home environment wherever possible.

We will work in partnership to improve responsive (intermediate) models of care (emergency response, hospital at home, community and mental health beds, Same Day Emergency Care (SDEC), rehabilitation services etc.) to reduce pressure on acute services and help ensure people are treated in the right place at the right time.

ICS-level

As key partners in the HIOW ICS, we will provide clinical leadership to co-create comprehensive, effective pathways of care across HIOW. We will ensure models of care meet local need at each level of scale, enable people to live well, reduce health inequalities and improve experience of care.

We will adopt the 'one NHS team' approach and embrace the new NHS Duty to Collaborate; jointly owning ICS ambitions to provide effective, appropriate, resilient services across HIOW.

Where services benefit from being delivered at scale by a single provider (e.g. integrated sexual health, HIV, specialist dental services) we will lead their delivery, if we are best placed to do so, embracing an ethos of continuous improvement, in line with our clinical objectives.

05

We will work collaboratively, at the appropriate scale, as one health and care team.

Organisational boundaries in health and care delivery are not important to service users. We will work alongside our communities, other health and care providers and providers from the voluntary, community and social enterprise sector to create delivery teams which provide appropriate services at the right scale, according to need. **We will not work in isolation and we will be one health and care team.**

Our services will be delivered at the appropriate level of scale to ensure they meet the needs of our local communities.

How we will deliver great care

We believe that excellent care is underpinned by a culture of learning and innovation. We are committed to the principle that research active organisations provide better service user outcomes.

≫ We will **drive and support the development of a strong evidence base around community and mental health care services**. We will do this with academic and service user partners.

≫ We will continue to **increase access to research, innovation and improvement opportunities** for staff and service users, particularly for those not usually included. Research and innovation will be a core part of our workforce and organisational development planning, and a core component of leadership capability.

≫ We will **use structured methods to continuously evaluate** and quality improve our services. We will ensure learning is shared locally and nationally.

≫ We will **use research and innovation principles** to help us establish innovative partnership working with other providers, our service users and our communities.

06

We will drive and embrace research and innovation to deliver excellent, evidence-based care.

We are proud of our clinicians who work in multidisciplinary teams, increasingly breaking down traditional professional boundaries. They are at the heart of our organisation, working with service users and alongside GPs and clinicians from other organisations.

We will empower clinicians at all levels to feel integral to their service and to identify and describe change alongside strong operational support.

To us, strong clinical and professional leadership means:

Inspiring and **driving change**

Focusing agendas around **person centred quality, safety and outcomes**

Being visible and **having a voice**

Our clinicians are at the heart of our organisation and we empower them to deliver excellent care, achieve meaningful change and working in partnership.

07

We will ensure strong clinical and professional leadership is at the heart of delivery and decision making across our area.

Summary and next steps

This framework has been created to reflect the things our people, our communities and our partners have told us are important.

Our clinical framework is a core element of the Trust's overarching organisational strategy, and will operate alongside other key strategies and plans to enable progress against all 15 of the Trust's strategic priorities.

A strategic delivery plan will sit alongside our priorities to set out the actions we will take to create meaningful impact; we will monitor this plan and assess the impact of the changes we make, to ensure we are making timely progress towards achievement of our vision. Our priorities will be embedded in quality processes, business plans, and as well as team and personal objectives.

Our Trust Board will monitor progress against our plans and ensure work is prioritised and resourced appropriately, to maintain momentum.

This framework has been created to reflect the things our people, our communities and our partners have told us are important. We will enable staff, service users, communities and partners to actively participate in activities and key decision making to help us deliver and monitor progress, and ensure we are held to account against the commitments we have made.

The next few years will be a time of significant change for the health and care system; Solent will be agile and responsive to this. The priorities we have set will adapt over time, in response to the changing environment and as we look to work ever closer with primary care and our partner organisations. We will regularly review and refresh our strategy and plans to ensure we can respond to new challenges and opportunities, and make the biggest difference to our local communities.

Item No.	9.1			Presentation to	Public Board	
Title of paper	The Big Conversation – Diversity and Inclusion Update Presentation					
Purpose of the paper	The aim of this presentation is to provide an update at Public Board on the outcomes, learning and areas for improvement resulting from the Big Conversation including the priorities for the next 12 months with regards to the Diversity and Inclusion Plan for Solent NHS Trust.					
Committees /Groups previous presented and outputs	Presented at Execs on 26th January 2022 – confirmed that this presentation was to be delivered at public board on 7th February 2022.					
Statement on impact on inequalities	Positive impact (inc. details below)	This presentation and the work it outlines aims to reduce inequalities	Negative Impact (inc. details below)		No impact (neutral)	
Positive / negative inequalities	The Big Conversation was held to provide an opportunity for the Trust to learn from lived experiences of colleagues with the explicit purpose that by doing so an appropriate Diversity and Inclusion Plan can be developed to address inequalities.					
Action required	For decision			For assurance	X	
Summary of Recommendations and actions required by the author	The Public Board is asked to: • Note the content of this report and advise if any further assurance related to performance against objectives is required.					
To be completed by Exec Sponsor - Level of assurance this report provides:						
Significant		Sufficient		Limited		None
Exec Sponsor name:	Jas Sohal, Chief People Officer			Exec Sponsor signature:		

Executive Summary

The attached accompanying presentation will be delivered at Public Board on the 7th February 2022. The purpose of the presentation will be to provide an update on the following areas.

- What is the Big Conversation and why did we have it?

- What did we do?

- Examples of comments from the Big Conversation

- What we need to do more of

- The next 12 months – Diversity and Inclusion Strategy and Plan

- Where we are now and our priorities for 2022/23

Item 9.2

NHS
Solent
NHS Trust

Solent NHS Trust

The Big Conversation Update for Public Board

Anna Rowen

Interim Associate Director of Diversity and Inclusion

7TH February 2022

inclusion included

Great care at the heart of our community

Building on the work of staff networks

Rapid Insights

Facilitated online listening conversations Big Conversation

What did we do?

Rapid Insights

Over **400 members** of staff responded to these sessions (only c10% of Solent's workforce)

Of those responding, over 200 stated that they had experienced discrimination in any workplace over the past 2 years

The top three factors were cited as:
- **Bias**
- **Education**
- **Career opportunities**)

Equality, diversity & inclusion

Score (0-10)
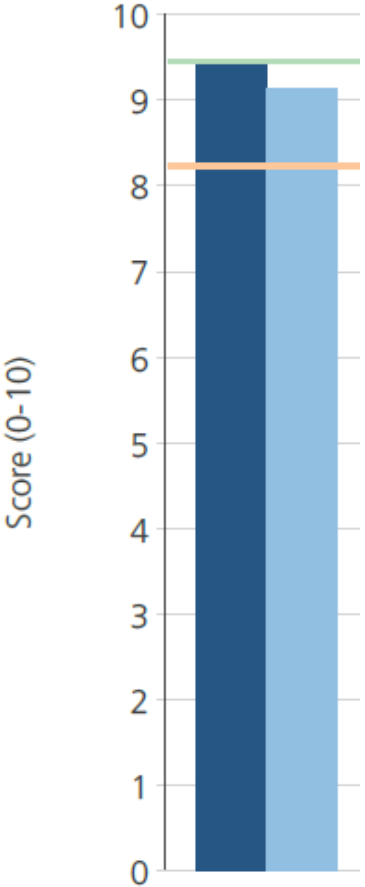
Best	9.5
Your org	9.4
Average	9.1
Worst	8.2
Responses	2,347

NHS Solent NHS Trust

3

Examples of comments from the Big Conversation

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Menopause is still a taboo subject despite the efforts of the Trust to raise awareness. Perimenopausal and menopausal women are not receiving the support needed

A female service user refusing to be seen by an Asian male working in the sexual health service, with no obvious justification, and when raised with the manager they received a lack of support to deal with the matter.

Staff with learning needs and hidden disabilities are not visible across the Trust and not in leadership roles.

Staff unaware of marriage traditions (and the stigma of divorce) in other cultures, leading to assumptions and prejudiced comments.

There are still expectations that all women must have/want children. Conversations become exclusionary

Female staff member reported that they sometimes feel unsafe on their way to or from work when they have finished late/early. Manager response was to 'get a grip'.

Member of staff asked to move a small picture of him and his partner off his desk as a colleague found it uncomfortable.

Patient told disabled member of staff that he wanted to be treated by someone more competent.
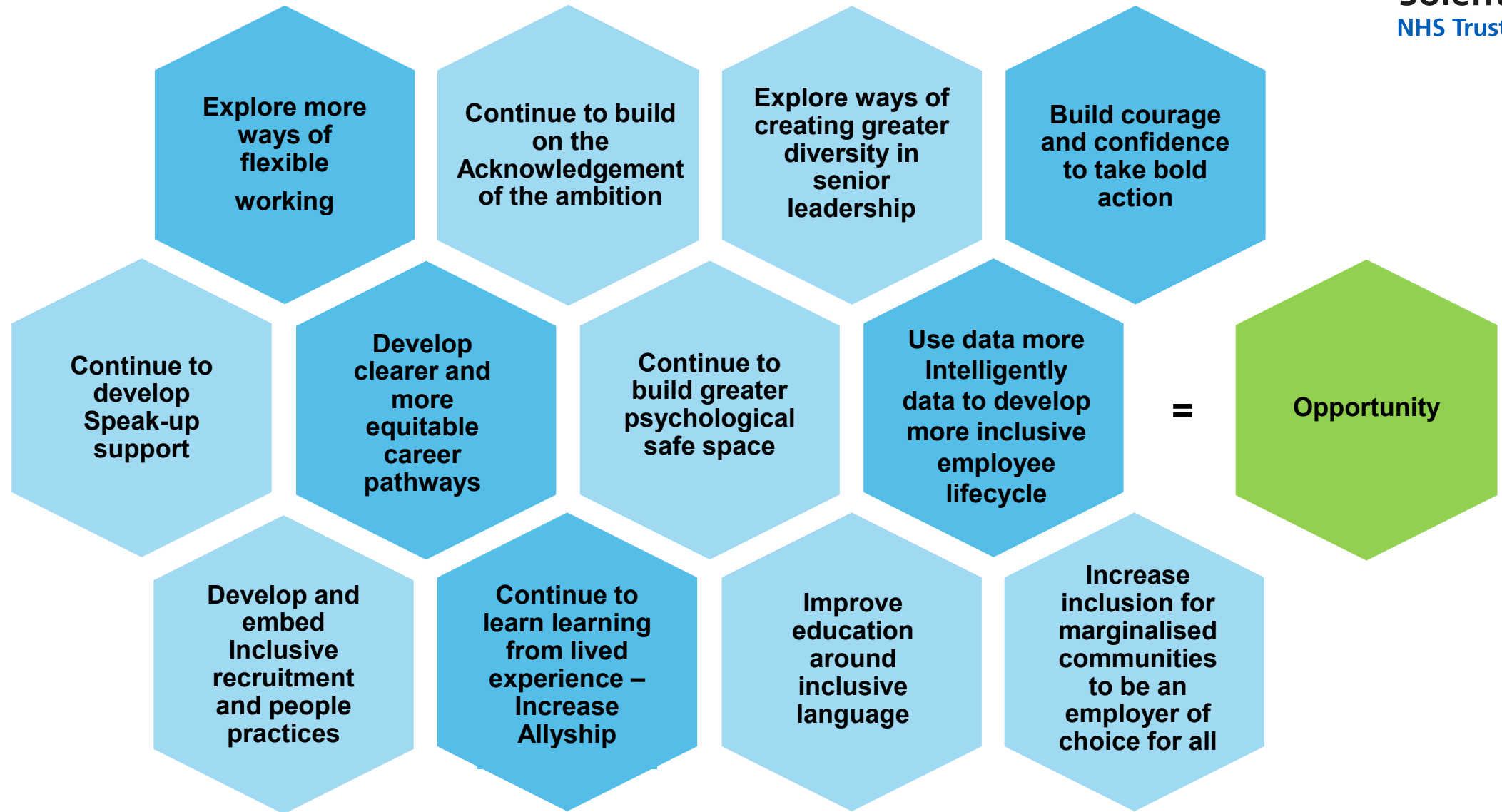
Patient refused to be treated by staff member who they (incorrectly) assumed was Muslim.
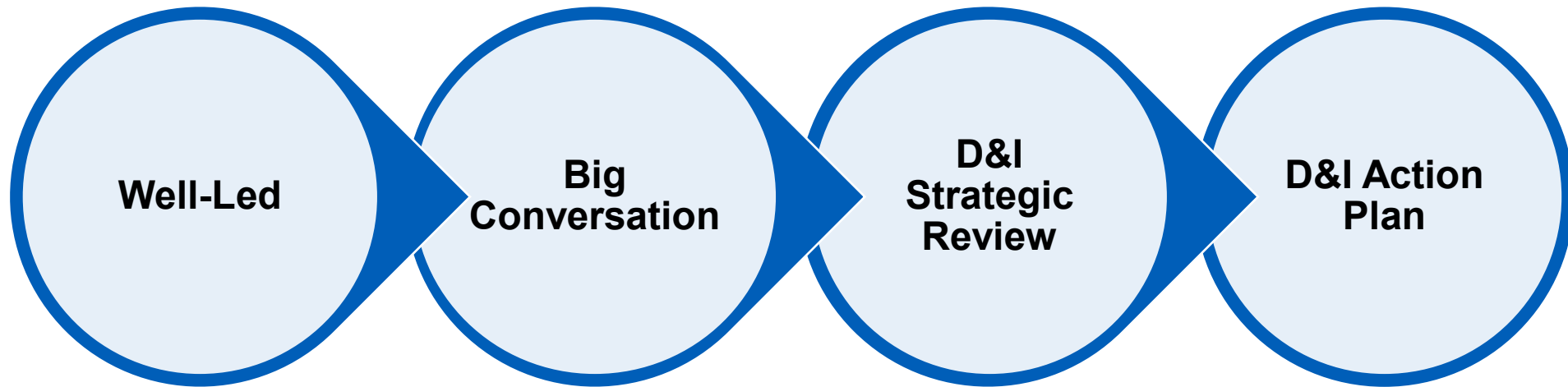
Where we are now & our priorities for 2022/23

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Road Map

1 Education & awareness

2 Speaking up

3 Cultural belonging

4 Ways of working

Phase 1

Alignment

Making it work

Phase 2

Implementation

Making it happen

The Goals

Ensure inclusive recruitment and that opportunities for growth are available for all

Develop an inclusive culture and sense of belonging for all

Critical actions over the next 12 months: DI Team - Trust - System

Questions and Discussion

CEO Report – In Public Board

Date: 28 January 2022

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

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

Section 1 – Things to celebrate

Sexual Health Services MP visits

Our Sexual Health Services were visited by Paul Holmes MP and Councillor Fairhurst, Eastleigh. In addition, a request to visit the team in Portsmouth came from Stephen Morgan MP. In support of these visits, and for the promotion of the 40th Anniversary of HIV being diagnosed in the UK, we worked with the Terrance Higgins Trust to promote early detection of the virus, and end to the stigma around the illness and the prevention through advanced treatment PrEP. www.itv.com/news/meridian/2021-09-29/catch-up-itv-news-meridian-west Our Sexual Health Team were also cited for early adoption of a personal health record system earlier in July. www.digitalhealth.net/2021/12/sexual-health-charity-live-information-system/

Child and Family Services Online portal

Our Child and Family Services launched an online portal in December to help parents and families access information and support during pregnancy, birth and beyond, all written and approved by local health professionals. The digital portal – Family Assist Solent – can be accessed at any time, from a phone, tablet or PC, and will deliver key pieces of information by e-mail to registered users at the relevant stages throughout pregnancy and the different stages of a child's life.

Celebrating Disability History Month

Videos produced by our Diversity and Inclusion team formed part of a national pilot on recruiting international staff to work for us as community nurses. The videos told a story going behind the scenes with current community nurses who have come from overseas, sharing their journey and working experience. As part of Disability History Month in December, we hosted two Zooms sessions with Mark Cutter and Haseeb Ahmad (two people living with a disability sharing their story), and held a Teams event to raise awareness around disability and create a platform to focus on the history of disabled people's struggle for equality and human rights. The internal session was hosted by our Disability Staff Network to raise awareness of what disabled really means and what our Trust and specifically this network does to support disabled staff. We also shared key messages throughout the month on disability in the workplace and how better to manage and understand staff.

Section 2 – Internal matters (not reported elsewhere)

Board news

Note from the Acting CEO

I would like to formally thank Sue Harriman for her support and dedication to Solent NHS Trust over the last seven years. Sue left Solent at the beginning of February 2022 for her new role as designate Chief Executive of the NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB). Sue was an inspirational leader and instrumental in securing the Trust's ongoing financial stability, achieving a 'Good' CQC rating and 'outstanding' rating within the caring domain, as well as notable achievements in sustained staff survey and engagement scores, culminating in the prestigious Health Service Journal Award for Employee Engagement in November 2021. We have therefore implemented the following leadership arrangements;

- I have taken on the role as Acting CEO whilst the organisation seeks a substantive post holder
- Chief Nurse, Jackie Ardley, is providing additional support in the role of Acting Deputy CEO in addition to her current role. Jackie will also be the chair of the Health & Safety Group
- Gordon Fowler has been appointed on an interim basis as Acting Chief Finance Officer, and retains his strategic transformation and estates portfolio

The Governance and Nominations Committee also endorsed Board and Committee membership changes.

The Board are asked to note the changes in chair arrangements for the Health and Safety Group.
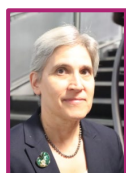
I would also like to thank Thoreya Swage, Non-Executive Director (NED) for her service and dedication to Solent – Thoreya leaves us at the end of January. Since joining us in February 2020, Thoreya has chaired our Quality Assurance Committee and Mental Health Act Scrutiny Committee. We held interviews for a Clinical NED successor on 26 January and will be announcing the appointment shortly, subject to approval by the NHSE Appointments Panel.

COVID-19

Response to Level 4 National Incident - our command centre response

During January we activated a virtual command centre in response to the national incident. This has ensured that:

- Coordination occurs between Gold Command (twice weekly), weekly clinical leadership and daily Executive oversight meetings.
- All cascade and return actions from NHS England are logged, assessed and tracked to completion where an action is required from Solent.

Strategic decision insight supports scenario planning for the worst-case scenario, by;

- Modelling when covid-related staff absence is forecast at different thresholds.
- Combining daily safe staffing, capacity and performance reports from services to assess real-time capacity and demand on the day in services as part of our system response.
- And finally, linking this information to escalation thresholds and the required prioritisation actions across services, in different scenarios.

This culminated in a centrally coordinated, re-deployment return to quickly identify, assess and train corporate and service staff for front-line roles as escalation thresholds are achieved, and identify an always available group of re-deployable staff. We stepped down command centre structure in late January but continue to assess the situation with a view to reinstating them as needed. Crucially we continue to provide CEO led communications to all staff every couple of days in recognition that the uncertain times we find ourselves in are very challenging for our staff.

With the announcement to changes in Plan B restrictions we are now working with our managers regarding how this may impact on those that would like to return to the workplace. Within the NHS, all current infection prevention and control and personal protective equipment (PPE) guidance remains unchanged at present (even after Plan B restrictions are removed).

Omicron Variant and Winter – Workforce response

To respond to the call to boost the population in response to the Omicron variant, vaccination capacity was doubled in our mass vaccination centres. Our workforce were asked to provide support to this by working additional shifts. Winter pressures also meant that services needed staff to fill gaps in urgent and emergency teams, again by offering additional shifts. We provided a financial incentive which was slightly higher for those working in services, the impact of which was highly effective in enabling services to provide safe patient care and for the booster programme to run effectively.

Vaccination programme

We celebrated the first anniversary of our vaccination centres in January 2022 and have delivered a total of 753,200 vaccines since opening.

We continue to deliver covid vaccinations from the three mass vaccination centres across Hampshire and the Isle of Wight and up until the 23 January 2022 have delivered 624,878 first and second dose vaccines. Since the 15 December, due to the national response to Omicron, the mass vaccination centres along with system partners increased capacity within the centres to roll out the booster vaccination programme. This has been successfully mobilised and to date has delivered 128,322 boosters. The vaccination centres are now open to walk-ins as well as booked appointments for first and second dose vaccination in anyone aged 12 and over, and for first, second and boosters for anyone aged over 16.

The vaccination teams have stood back up the community outreach/roving programme to deliver vaccinations in community settings, to increase uptake and reduce inequalities. This model will be supplemented by a mobile vaccination service provided by 'Solutions for health' working with Solent to deliver vaccinations in hard-to-reach settings/communities.

Our school immunisation service started delivering second dose vaccinations in schools across Southampton, Portsmouth and the IoW from the 10 January, this is supplemented with staff from the vaccination centres. Whilst the programme is to delivery second doses the team continues to offer first doses as part of the ongoing evergreen offer.

We have seen a reduction in the numbers of people attending the vaccination centres due to the early success of the vaccination and booster programme. We are now exploring new ways of delivering the vaccination programme in community locations to ensure we reach as many people as possible.

Workforce matters

Staff Vaccinations

Vaccinations continue to be one of the main priorities for the Occupational Health and Wellbeing Service. The Flu vaccinations have been delivered by the Immunisation (Imms) Team supported by a few peer vaccinators. The same Team have been supporting individual member of staff to access COVID vaccination appointments, delivering additional staff only clinics and providing expert advice and guidance.

Influenza Vaccination

As at the date of reporting 27 January 2022 91% of our eligible staff have received flu vaccinations, this includes 99.9% of our nursing and midwifery staff and 95.2% of medical staff. All other staff groups are above 80%. The national target was 87% which we had exceed by 1st Jan this year. The Occupational Health Team have worked with Service Lines to deliver the programme and it should be noted that 91% of FM and Estates colleagues were vaccinated with the group being historically hard to reach.

COVID Vaccinations

96.5% of staff had had 1st and 2nd vaccinations and 89.5% of eligible staff have had boosters. At the time of reporting 1.5% of staff had had 1 vaccination and 2% were either declining vaccination, or their vaccination status could not be confirmed. This equates to 57 members of staff confirming that they are declining vaccination and 56 people who have yet to have a second vaccination. We have 2 members of staff with medical exemptions and 22 who have temporary (maternity) exemptions. The implementation of Vaccination as a Condition of Deployment is being led by the People Partnering Team and Occupational Health continues and the formal process will commence on 4th February. Staff continued to be supported by their line managers, People Partners and Occupational Health.

Staff Morale

Staff morale is being impacted by the fatigue colleagues are feeling due to rising workloads predominantly related to the consequences of the pandemic and the national emergency with the Omicron Variant. Our sickness levels are also increasing each month with stress and mental health reasons being the prevalent reason, closely followed by Covid related leave. This is further referenced within the Performance Report.

Demand and Capacity

Contemporary update urgent care pressures

We are very proud of the response from all of our staff (front line, back office, clinical and non-clinical) to the ongoing winter pressures, which have been exacerbated by the Omicron wave. When we have asked them to go the extra mile, work differently, consider taking on extra shifts or redeployment, they have responded positively and professionally, understanding the need to keep our patients and communities safe and cared for. Both the Southampton & South West and Portsmouth & South East systems have been extremely challenged with high attendances and admissions into the acute hospitals. This was further compounded by a serious water leak which affected a number of wards at Queen Alexandra Hospital (Portsmouth) on 7 January which resulted in a major incident being called across Hampshire & Isle of Wight. A spotlight on our response to Omicron and this incident is included in the Board performance report.

Contemporary update on waiting lists and recovery

Services remain vigilant in managing their wating lists to ensure patients waiting are not being harmed. All patients on a waiting list have been triaged and patients can contact the service should their needs change which could mean they are seen sooner. Whilst some work on trajectories and data quality has continued it has been difficult to prioritise whilst our focus has been responding to the demands of the Omicron wave. As we begin to return to business as usual, we will be able to complete the data quality work, refresh the waiting lists trajectories and identify the service areas which require the most attention. We will plan to complete this work by the end of March and provide an update at the April Board.

Operational Risk Register
The risk pyramid summarises our key strategic and trust wide operational risks.

Top Board Assurance Framework Risks

| Demand, capacity & access | Workforce sustainability | Digital maturity | Strategic partnerships | High quality safe care |

Top 3 Trust wide operational risk groups & waiting lists (most prevalent open* risks on the Risk Register**)**

Information and Comms Technology
IT infrastructure, access to core & partner systems/ info, and Wi-Fi connectivity.
(60 risks. 40 raised by the IT team, 5 corporate & 15 by clinical services) ▼

Capacity and Demand
Mismatch between available resources and demand for services.
(49 risks) ▲

Staffing and Recruitment
Vacancies, staffing levels and wider system & national staff risks.
(43 risks) ▲

Waiting Lists
Delays caused by changes to care and delivery profiles during Covid, deferred referrals now coming through, staff redeployment etc. causing backlogs.
(30 risks) ▼

The Trust top 3 risk groups remain unchanged. Information and Comms Technology, Capacity and Demand, and Staffing and Recruitment are the top three risk groups, with waiting lists also included as a risk domain. All are being actively managed through our care groups and assurance is sought at the relevant Board Committees.

Board Assurance Framework (BAF)
The organisations strategic risks, within the Board Assurance Framework are summarised as follows.

As a consequence of the draft Well Led Developmental Review Report from AuditOne and suggested consideration as follows: *The BAF format does not provide an assessment over the*

BAF Risk	Raw Score	Residual Score	Target Score
Demand, capacity and accessibility	S5 X L5 = 25	S5 x 4L = 20	S4 x L4 = 16 – by End March 2022 S4 x L3 = 12 – by end July 22
Workforce sustainability	S5 X L4 = 20	S4 x L4 = 16	S4 x L3 = 12 by summer 2024/25
Digital Maturity	S5 X L4 = 20	S5 x L3 = 15	S4 x L3 = 12 – by March 2023
Strategic Partnerships	S5 x L4 = 20	S4 x L4 = 16	S4 x L3 = 12
High quality safe care	S5 XL5 = 25	S5 x L3 = 15	S5 x L2 = 10- by end Q3 202/23
Financial sustainability	S4XS4 =16	S3xs3 =9	S3 x L2 = 6 – by end June 22
3rd party contractor assurance	S4 x L4 = 16	S3 x L2 = 6↓	S3 x L2 = 6 – by end June 22

level of assurance for the controls in place. Equally, there is no clear alignment between the controls and their assurance. Therefore, it is difficult for the reader to assess the adequacy of any particular control, a review has therefore been undertaken piloting a revised format with BAF#1 High Quality Safe Care. The pilot was tested at the January 2022 Quality Assurance Committee and it was agreed that the executives consider this further to ensure changes are value adding prior to being rolled out further across all remaining six BAF entries. Further details are provided within the Confidential CEO Report.

Further to the December 2021 Board meeting, the Executive considered the residual score associated with BAF#3: 3rd Party Contractor Assurance, on 12 January 2022.Consequently it was agreed by the Quality Assurance Committee at their meeting on 20 January 2022, that
- The risk be reduced to the mitigated score, of S3 x L2 = 6
- The CQC be briefed accordingly at the next regular Engagement Meeting
- The NED Chair of the Finance & Infrastructure Committee, whom had been previously involved in QA Committee discussions regarding Wheelchairs also be briefed.

Section 3 –System and partnership working

Hampshire and Isle of Wight (HIOW) Integrated Care System (ICS) update
We have continued to participate in the regular HIOW ICS system calls including attending twice weekly CEO calls, twice weekly Portsmouth and South East Hampshire System calls, and once a week Southampton and SW Hampshire System calls. The frequency of these meetings are all being reconsidered in light of improving infection rates.

IOW Partnership Update

The partnership work has, in the main, been paused to enable IOW & Solent staff to focus on service delivery in the face of the third wave of the pandemic. However, some partnership work has continued in mental health services. We will need to be mindful that although the Omicron wave is abating, we are still in winter and facing significant backlogs of routine work across community and mental health services. We will need to carefully balance these pressures alongside our programme of partnership work.

Update on HIOW Mental Health Provider Collaborative

A small strategic working group for HIOW has been established and meets for the first time in February. Recent guidance from NHS E confirms the expectation that all Integrated Care Systems should have a mental health provider collaborative in place by 1 April 2022. We will be working to achieve this timescale, subject to the appropriate Board approvals.

Board and Committees

Item No.	11.1	Presentation to	**In Public Trust Board**
Date of paper	24 01 2022	Author	Zoe Pink, Interim Head of Performance
Title of paper	Trust Board Performance Report		
Purpose of the paper	The report describes the key operational issues facing the organisation, including the services connected with Urgent and Emergency Care and the increasing demand on our services. It triangulates workforce and other issues and describes the actions that the organisation is taking to mitigate the issues.		
Committees /Groups previous presented and outputs	N/A		

Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X
Positive / negative inequalities	Describe here further the positive or negative impact (Delete row if no impact/neutral impact)					
Action required	For decision	————	For assurance		X	
Summary of Recommendations and actions required by the author	The in Public Board is asked to: • Note the report					

To be completed by Exec Sponsor - Level of assurance this report provides :						
Significant		Sufficient	X	Limited		None
Exec Sponsor name:	Andrew Strevens, Deputy Chief Executive & Chief Finance Officer	Exec Sponsor signature:				

Key messages /findings

Table of Contents

1.1 COVID-19 Response and Operational Performance Commentary

This iteration of the Trust Board Performance Report covers the period November to December 2021, when the Trust had resumed normal performance governance processes following a period of exception-based reporting due to the COVID-19 pandemic response.

COVID-19 Integrated Dashboard (section 1.2) and Executive Board Review Dashboard

The COVID-19 Integrated Dashboard is updated and utilised daily 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 25 January 2022.

The COVID-19 Integrated Dashboard continues to replace the usual operations dashboards in this month's report. Development has begun to identify a range of more meaningful operational metrics for the Board to consider to demonstrate performance management across the Trust, with initial discussions taking place at the monthly Performance Management review within Executives.

Incentive Payments

All clinical and associated non-clinical frontline staff who book onto shifts through the Solent bank, revived an additional £140 payment for each shift worked between 18 December and 31 January to ensure continuity of service throughout the festive period and ongoing Omicron response.

The data from Solent's bank service shows the fill rate for 2021 during the festive period was high, with only 67 shifts unfilled. Recalled shifts[1] showed 264 additional shifts were worked by our substantive staff during this period.

The feedback from managers during the safer staffing meetings has been positive, with many service's believing the incentive made a difference to staffing over the festive period. It's understood there was a slight lull in additional shifts being picked up by both substantive and bank staff at the start of January, but an increase of interest is being seen. The scheme is to be extended due to its success alongside data modelling not being suggestive of an end point of current pressures.

18.12.2020 – 31.12.2020 Total Requested: 2847	**18.12.2021 -31.12.2021** Total requested: 2185
Bank filled 1361 – 47.80% Agency filled 568 – 19.95% Total Filled 1929 – 67.75% Unfillable 236- 8.29% Recalled 682- 23.95%	Bank Filled 1355- 62% Agency filled 341-15.6% Total filled 1696 – 77.6% Unfillable 67 – 3% Recalled 422 – 19.3%
01.01.2021 – 20.01.2021 Total Requested: 4740	**01.01.2022 – 20.01.2022** Total requested: 3623
Bank filled 2483 – 52.4% Agency filled 917 – 19.3% Total filled 3400 – 71.7% Unfilled 262 – 5.5% Recalled 1078 – 22.7%	Bank filled 2284 – 63% Agency filled 456 -12.6% Total Filled 2740 - 75.6% Unfillable 212 – 5.9% Recalled 671 – 18.5%

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[1] Recalled shifts when the bank is no longer needed to cover a shift (usually due to internal cover being found).

Special care Dental Service

The services 104+ week waiters have been highlighted by Solent's executives to support requests for additional theatre capacity at our acute partners. HHFT (Hampshire Hospitals Foundation Trust) and PHU (Portsmouth Hospital University) have responded positively and are considering their ability to offer additional sessions. Patients as part of the Special Care Dental Service are not counted in RTT(Referral to Treatment) figures, as they do not meet the national definition.

Clinical teams are ensuring that long waiters are reviewed regularly to maximise opportunity to identify patients with signs and symptoms which would prompt clinical prioritisation. Two lists in January were cancelled as a consequence of the major incident declared due to flooding at PHU and there have been patient cancellations relating to COVID infection affecting the patient/household. It is not possible to fill these short notice cancellations due to isolation and swabbing requirements.

Urgent Care reporting

Over the past months the focus has been on improving 2 hour response processes and procedures.

Colleagues across the Trust are working to identify activities which classify as 'urgent response' alongside guaranteeing consistency wherever possible across all reporting mechanisms. This is an evolving process with an MDT (multi-disciplinary team) approach, of which all options are explored to expedite the implementation of the changes.

November saw a compliance rate between 78-93% across both services, with December compliance being between 79-91%[2]

In December, PRRT (Portsmouth Rapid Response Team) shows 81% of patients were able to remain/return to their own home (over a hospital admission) with the service seeing a 62% average improvement in function of discharged patients. URS (Urgent Response Service) reports a similar favourable avoidance rate at 87%.

URS Southampton are working with PRRT and the wider system as part of the 100 day challenge to develop plans to support our system partners to intercept category 3 and 4 calls from SCAS (South Coast Ambulance Service). URS & PRRT are involved in the webinar series and are developing procedures to implement in due course.

Vaccinations

COVID

96 % of staff are now fully vaccinated. Highest vaccination rates are seen within Doctors, 100 % fully vaccinated. Nursing & Midwives show 99.55% fully vaccinated (as at 17th January 2022).

Flu

Influenza Vaccine Uptake is now 91% (as at 17th January 2022).

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[2] Figures are expected to increase after identification of urgent response activities alongside manual records being digitalised.

Covid Dashboard
Trust Wide

Employee Availibility
Future sicknesses are where employee has no end date / future end date on their records

Current sickness numbers - rolling 14 days　　*
ALL REPORTS • REFRESHED: 09:04:14

Available status	12/01/22	13/01/22	14/01/22	15/01/22	16/01/22	17/01/22	18/01/22	19/01/22	20/01/22	21/01/22	22/01/22	23/01/22	24/01/22	25/01/22
Sickness - Covid Related	102	98	93	73	73	70	67	69	70	64	49	47	39	38
Sickness - Other	184	178	172	146	146	167	178	163	173	162	132	131	118	109
Total	286	276	265	219	219	237	245	232	243	226	181	178	157	147

Staff availability - rolling 24 months
TRUST WIDE

Available status
- Available
- Leave - Covid Related
- Leave - Other
- Not Available
- Parenting
- Planned Leave
- Sickness - Other
- Study Leave
- Working day - Covid related
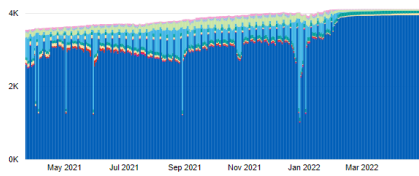
Today's staff absentees (Covid related)　　**
BY SERVICE LINE

Service line	Staff	Covid absence	Covid positive	Track & trace	Caring responsibility
449 Adult Services Portsmouth	22	5	3	0	0
449 Adult Services Southampton	38	11	8	0	0
449 Childrens Locality East	13	4	3	0	0
449 Childrens Locality West	12	5	5	0	0
449 Corporate Services	9	3	3	0	0
449 FM and Estates	9	2	1	0	0
449 Mental Health Services	28	4	3	0	0
449 Primary Care	7	3	4	0	0
449 Sexual Health Services	9	2	1	0	0
449 Specialist Dental Services	10	6	5	0	0
Total	157	45	36	0	0

Covid status - rolling 12 months
TRUST WIDE

Covid status
- Sickness - Covid related
- Working day - Covid related
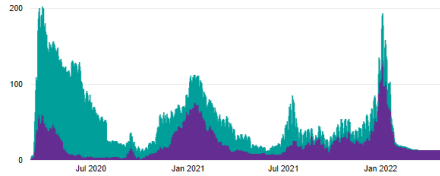
Sickness and Covid related absence - rolling 24 months
TRUST WIDE

Available status
- Leave - Covid Related
- Sickness - Covid Related
- Sickness - Other
- Working day - Covid related
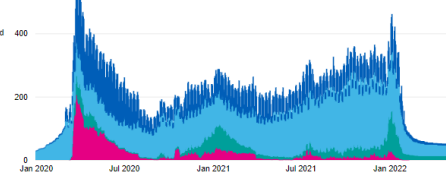
Covid vs non Covid sickness as % of all staff - rolling 12 months
TRUST WIDE

- Sickness other %
- Covid sickness %
- Covid related leave %

Sickness as % of all staff - rolling 12 months
TRUST WIDE
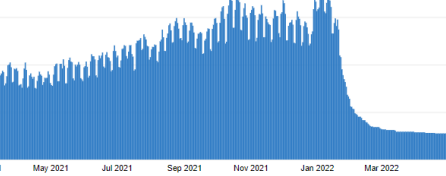
Unavailability status for staff - rolling 12 months
TRUST WIDE

Unavailability status
- Leave - Covid Related
- Leave - Other
- Not Available
- Parenting
- Planned Leave
- Sickness - Covid related
- Sickness - Other
- Study Leave
- Working day - Covid related
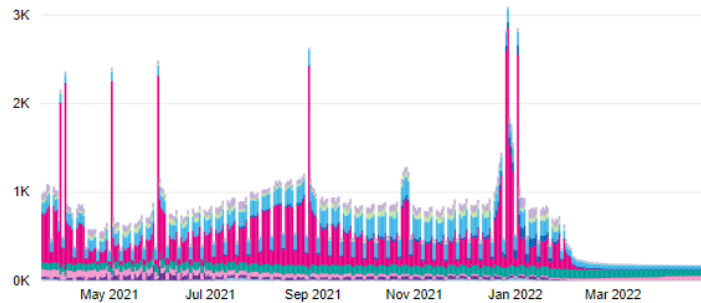
Future sickness - where an employee has no end date/future end date on their records.

* Current Sickness numbers – individuals recored as being sick'.

** Staff absentees' – individuals absent from work but not due to sickness i.e. isolating, care of dependants

Covid Dashboard
Trust Wide

Incidents

Number of incidents
IN PREVIOUS 4 WEEKS

Impact status
- 1 - No Harm
- 2 - Near Miss
- 3 - Minor
- 4 - Moderate
- Covid Related
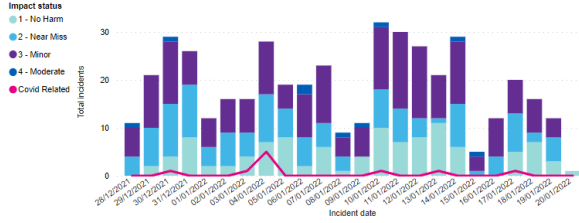
RIDDOR FROM 01/04/2021	Incidents IN PREVIOUS 4 WEKS	Serious incidents IN PREVIOUS 4 WEEKS
6	481	1

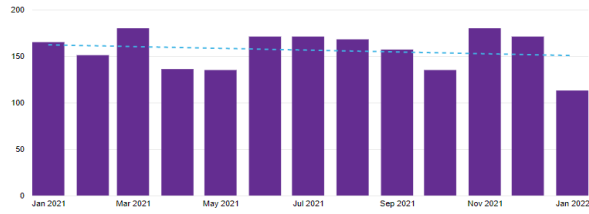| Community Deaths - Covid FROM 01/04/2020	Inpatient Deaths - Covid FROM 01/04/2020	Total Deaths - Inc Suicide FROM 01/04/2020
117	14	479

Covid Dashboard
Trust Wide

Inpatient Activity

Hospital admissions
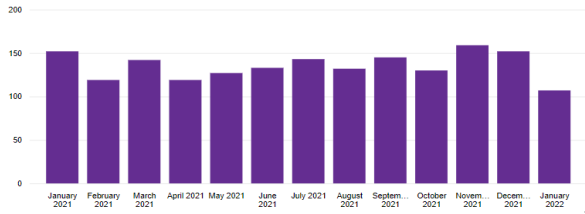
Hospital discharges

Bed space available, Bed space occupied, Total DToc, Available beds, Occupancy %
BY COST CENTRE, DATE RECORDED

Cost Centre	Bed space available	Bed space occupied	Total DToc	Available beds	Occupancy %	Date recorded
402550 Orchards PICU - Maples	16	6		10	37.50%	24/01/2022 08:00:00
402555 Orchards Acute-Hawthorn	13	11		2	84.62%	24/01/2022 08:00:00
403074 Lower Brambles Ward	24	23		1	95.83%	24/01/2022 08:00:00
403076 Fanshawe Ward	19	17		2	89.47%	24/01/2022 08:00:00
403080 Snowdon Ward	17	16		1	94.12%	24/01/2022 08:00:00
403088 The Kite Unit	10	8		2	80.00%	24/01/2022 08:00:00
403130 Spinnaker Ward	17	16	5	1	94.12%	24/01/2022 08:00:00
403156 Brooker	22	13		9	59.09%	24/01/2022 08:00:00
403160 Jubilee Hse Contnu Care	19	17		2	89.47%	24/01/2022 08:00:00
Total	**157**	**127**	**5**	**30**	**80.89%**	

Available beds	% bed occupancy
30	81%

Occupied beds

127

Covid Dashboard
Trust Wide

Statutory & Mandatory Training inc Clinical Supervision

Clinical supervision compliance %
BY SERVICE LINE
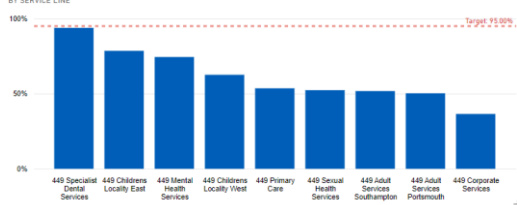
Clinical supervision
TOTAL COMPLIANCE %

62%

Statutory & mandatory training complaince %
BY SERVICELINE
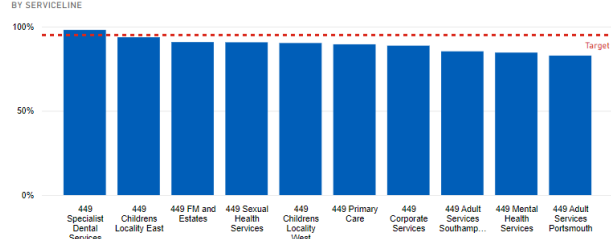
Statutory & Mandatory Train...
TOTAL COMPLIANCE %

88%

1.3 Chief Operating Officers' Commentary

Spotlight On Our Response to C19 Omicron Variant

In November 2021 the first case of the Omicron variant was detected in South Africa and as infections rapidly increased around the world throughout December, NHS Organisations were instructed to enter a state of preparedness. Early modelling suggested that infections could reach 2.5 times that of the January 2021 peak and that organisations could expect staff sickness level of up to 30%.

On the 13th December 2021, Amanda Pritchard – NHS Chief Executive, wrote to senior leaders across health and care services confirming the immediate priorities as follows:

> 1. Ensuring the successful ramp-up of the vital COVID-19 vaccine programme
> 2. Maximising the availability of COVID-19 treatments for patients at the highest risk of severe disease and hospitalisation
> 3. Maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes
> 4. Supporting patient safety in urgent care pathways across all services, and managing elective care

As a Community Trust, our response has been focussed through our Adults Southampton and Adults Portsmouth Service lines, predominantly supporting the urgent and emergency care pathways and our acute partners, University Hospital Southampton and Portsmouth University Hospital.

Inpatient Bedded Capacity

Additional capacity across Solent inpatient units was stood up in early December 21 to meet expected winter pressures, higher acuity patients and provide surge capacity to the PSEH and SSW systems to support timely hospital discharges.   This increased our total community bedstock by 18% (n.14)

> Portsmouth & South-East Hampshire System
> Jubilee ~ 5 additional beds
> Spinnaker ~ 2 additional beds

> Southampton and South-West Hampshire system
> Snowdon ~ 2 beds
> Lower Brambles ~ 5 beds

Throughout January occupancy rates have largely exceeded the optimum range of 92% - 95% which is considered a critical metric to system flow[1].

---

[1] Where rates are lower than the optimum this is predominantly as a result of positive covid cases on the ward (and the temporary closure of a bed) but has also been impacted by staff absences.

		4.1.22	5.1.22	6.1.22	7.1.22	10.1.22	11.1.22	12.1.22	13.1.22	14.1.22	17.1.22	18.1.22	19.1.22
Adults Portsmouth	Spinnaker	100%	94%	94%	100%	100%	94%	94%	94%	89%	89%	100%	100%
	Jubilee	88%	94%	94%	100%	71%	82%	82%	82%	100%	100%	100%	100%
Adults Southampton	Fanshawe	95%	100%	100%	84%	95%	95%	95%	84%	95%	95%	89%	100%
	Lower Brambles	96%	96%	96%	96%	96%	92%	96%	96%	100%	100%	100%	96%
	Snowdon	94%	94%	94%	100%	94%	100%	94%	81%	78%	78%	83%	94%
	Kite*	90%	90%	90%	90%	90%	90%	80%	80%	80%	80%	80%	80%

* 10 bedded unit making 92-94% unachievable

The trend lines below demonstrate that bed occupancy in Portsmouth has been increasing, in line with the C1 modelling predictions for acute admissions. The spike on 7 January was in response to the flood at PHU when 5 additional were opened at Jubilee House over the weekend period. These beds were not utilised which then results in the occupancy dip. In Southampton the occupancy trend has been maintained within optimum levels but rising in the last week, again in line with the forecast.
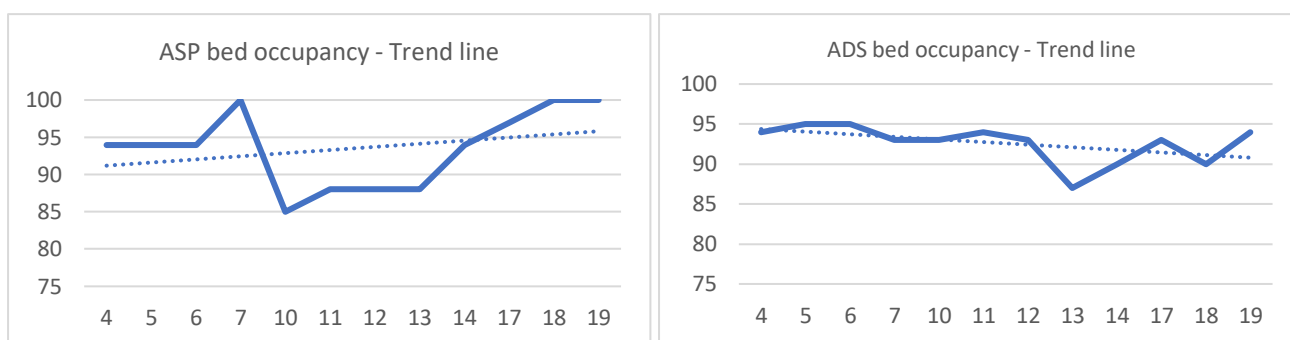
Bank and Agency and additional shifts fill has been consistent over the period, largely attributed to the **financial incentive** meaning ward RAG ratings for Safe Staffing have been maintained at Amber or Green.

Ward RAG	4.1.22	5.1.22	6.1.22	7.1.22	10.1.22	11.1.22	12.1.22	13.1.22	14.1.22	17.1.22	18.01.22
Portsmouth											
Southampton											

Medically Optimised for Discharge (MOFD)

MOFD is being used as a key metric to assess the performance of community health and social care services but is a crude measurement and we are still seeking to understand the correlation between the number of MOFD patients, acute hospital occupancy and any resulting performance challenges such as ambulance handovers. However, it remains an important measure for us to focus on. The numbers below are a joint health and social care responsibility for all discharge pathways from the acute hospitals.   Both service lines are working to provide 7 days therapies across all units and to ensure senior decision makers are present to support admission avoidance and facilitate discharge.

MOFD Portsmouth (Solent only)

20 20 22 22 26 29 27 28 33 35 28 28

MOFD - Southampton (Solent only)

62 69 64 73 68 74 78 83 81
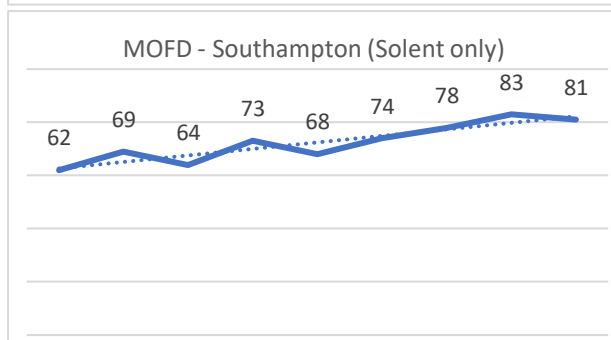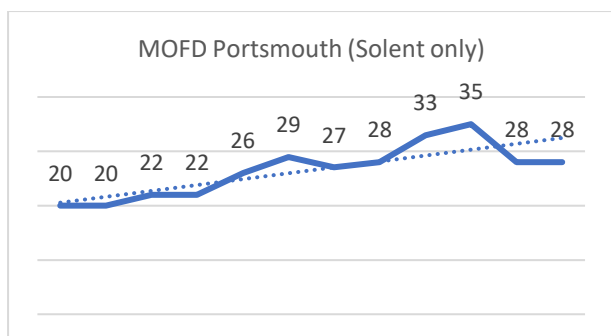
Urgent Community Response

Clinical capacity has been expanded within URS in Southampton and PRRT in Portsmouth to provide fast, responsive Urgent Community Response Services (including Virtual Wards) and senior staff have been redeployed to work withing the SCAS call centre to direct appropriate patients to these services avoiding conveyance to hospital.

Adults Portsmouth had looked to increase pull from the acute trust and supported a reduction in MOFD long waiters over the period.
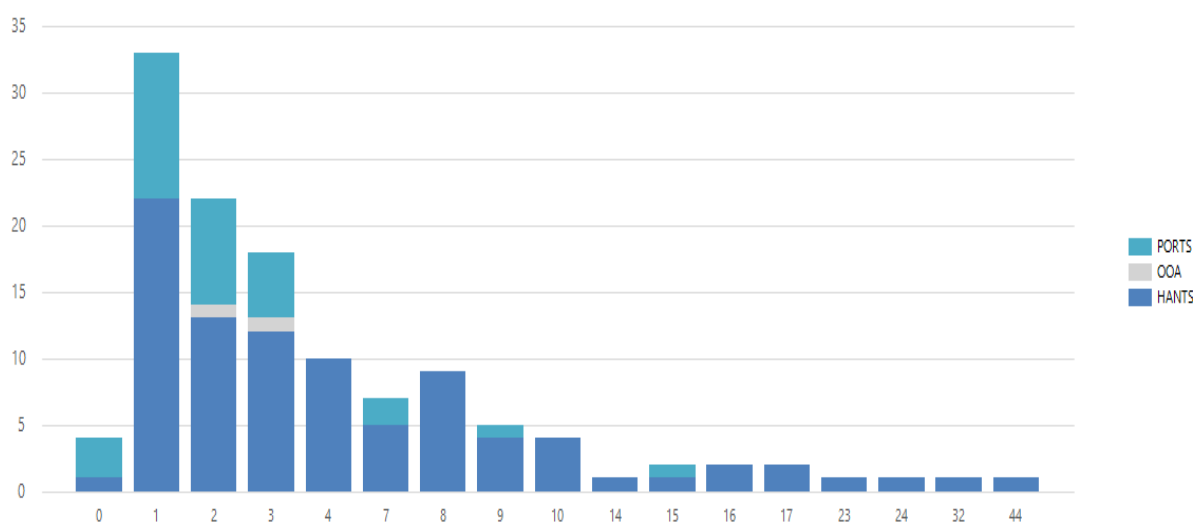
For Adults Southampton additional clinical staff have enabled an increase in patient facing care hours from 488.75 to 541.62 which will be maintained beyond the immediate pressures. Capacity for URS Health has consistently been maintained within planned, optimum levels at the start of each day <75% to facilitate flow.

Planning for Super Surge Response

Adults Portsmouth & Southampton have been preparing for a move to the next stage of response, providing super surge capacity within local systems, as follows:

> Standing up:
> Cummulative additional bedstock 36% (n.28)
>
> Portsmouth
> Jubilee 5 beds, Spinnaker 5 beds (2 gym + 3 dining room)
> PRRT 105 care spaces - opportunity to increase flow through earlier discharge into locality virtual wards
>
> Southampton
> Fanshawe 2 beds (dining room), Snowdon 2 bed (dining room),
> URS - Additional 200 care hours
> Virtual Ward capacity clearly articulated and patient pathways defined
> - CO@Home/Respiratory hubs
> - URS/PRRT Vitual Wards (Higher acuity/specialised - circa 30% of activity)

Whilst the national and local modelling has to date not indicated super surge capacity is currently required the services lines remain on standby to implement as and when required. This will be enabled though financial incentives for staff to work additional shifts, HCA training for non-clinical staff and refresher training for registrants as well as detailed and sliding scale reduction plans relating to other service lines to free up employees for redeployment.

Mass Vaccination Centres

In response to the Omicron variant and a push to get local communities' urgent access to COVID-19 vaccination ahead of 31st December 2021, surge capacity was stood up in the Mass Vaccination Centres across Hampshire and the Isle of Wight (HIOW) on the national booking system (NBS).

Site closure plans for bank holidays over the Christmas period were revoked and all sites remained open for the festive period, with the exception of closures on 25th and 26th December.

Additional workforce was sourced from a number of areas; redeployees, bank staff, voluntary organisations, Hampshire Fire & Rescue and the military, alongside additional support from the workforce bureau.

From 16th December NBS capacity was increased to the following *(some days had slight variation due to workforce availability)*

- Oakley Road, Southampton - increased to an average of 3.5 PODs (1820 PER DAY) with a maximum of 2300
- Hamble House, St James, Portsmouth – increased to an average of 3 PODs (1560 per day) with a maximum of 2000
- Riverside, Isle of Wight- increased to an average of 2 PODs (1040 per day) with a maximum of 1440
- Total daily average capacity on NBS of 4420 appointments per day (maximum of 5740 per day)

In addition to the capacity on NBS being increased sites offered walk-in appointments for anyone aged 12 and above, for 1st, 2nd and booster vaccinations.

Utilisation of this additional capacity has been lower than anticipated:

- Southampton – 76%
- Portsmouth – 41%
- IOW – 47%

Capacity delivered is detailed below:
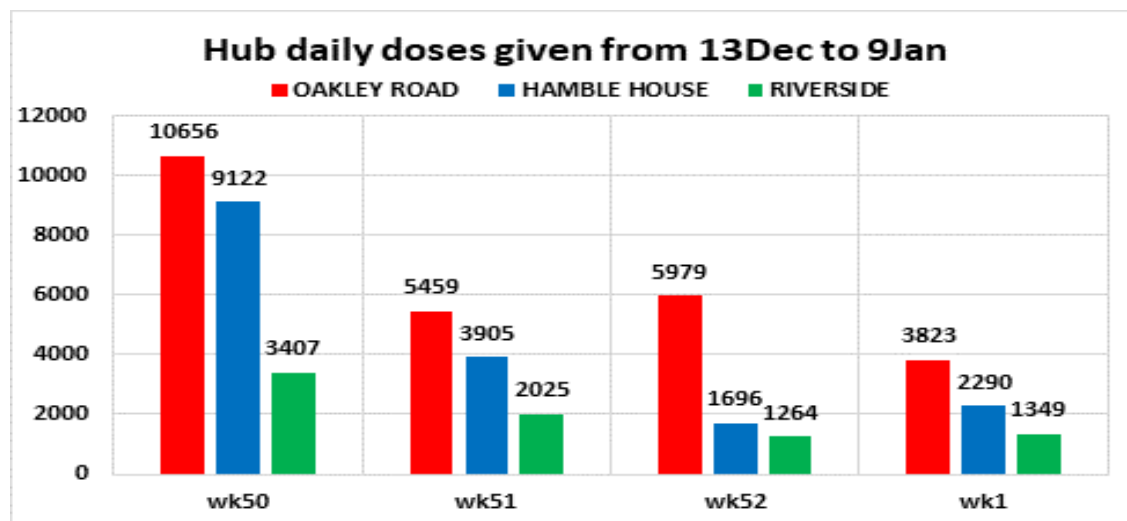
The additional surge capacity was stood down from January 2022 and sites reverted to previous capacity levels whilst the service relaunched the community outreach service, bringing vaccination to the heart of our communities and underserved populations across HIOW.

None of what we have achieved so far and are planning for would have been possible without the commitment, flexibility and resilience of our workforce, of whom we are extremely proud and thankful.

Indicator Description	Internal / External Threshold	Threshold	Current Performance (Nov-21)	Capability	Variance	Current Performance (Dec-21)	Capability	Variance
Quality of Care Indicators								
Organisational Health								
Staff sickness (rolling 12 months)	I	4.5%	5.3%	?	H	5.3%	?	H
Staff turnover (rolling 12 months)	I	10 - 14%	11.8%	P		12.0%	P	
Staff Friends & Family Test - % Recommended Employer	I	80%	*	*	*	*	*	*
Proportion of Temporary Staff (in month)	I	6%	4.1%	P		4.3%	P	
Caring								
Written Complaints	I	15	18	?		12	?	
Staff Friends & Family Test - % Recommended Care	I	80%	*	*	*	*	*	*
Mixed Sex Accommodation Breaches	E	0	0	P		0	P	
Community Friends & Family Test - % positive	E	95%	96.3%	?		92.3%	?	
Mental Health Friends & Family Test - % positive	E	95%	97.7%	?		100.0%	?	
Effective								
Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	E	95%	69.9%	?		100.0%	?	
% clients in settled accommodation	I	59%	70.8%	P		70.7%	P	
% clients in employment	E	5%	3.9%	F		4.3%	F	
Safe								
Occurrence of any Never Event	E	0	0	?		0	?	
NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	1	?		0	?	
VTE Risk Assessment	E	95%	92%	?		98%	?	
Clostridium Difficile - variance from plan	E	0	0	P		0	P	
Clostridium Difficile - infection rate	E	0	0	P		0	P	
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	E	0	0	P		0	P	
Escherichia coli (E.coli) bacteraemia bloodstream infection	E	0	0	P		0	P	
MRSA bacteraemias	E	0	0	P		0	P	
Admissions to adult facilities of patients who are under 16 yrs old	E	0	0	P		0	P	
Operational Performance								
Maximum 18 weeks from referral to treatment (RTT) – incomplete pathways	E	92%	97.7%	P		96.8%	P	
Maximum 6-week wait for diagnostic procedures	E	99%	85.0%	F		89.0%	F	
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	E	0	31	?		42	?	
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50%	60.0%	P		60.0%	P	
Data Quality Maturity Index (DQMI) - MHSDS dataset score**	E	95%	91.4%	F	H	91.4%	F	H
Improving Access to Psychological Therapies (IAPT)								
- Proportion of people completing treatment moving to recovery	E	50%	56.4%	P		54.3%	P	
- Waiting time to begin treatment - within 6 weeks	E	75%	97.3%	P		95.4%	P	
- Waiting time to begin treatment - within 18 weeks	E	95%	99.4%	P		99.7%	P	
Use of Resources Score								
Use of Resources Score	E	2	3	?		2	?	

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

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

1.5 Regulatory Exceptions

The NHS Improvement Oversight Framework was initially implemented in 2019/20. This was not refreshed during 2020/21 due to the COVID-19 pandemic. In 2021/22 a new System Oversight Framework has been developed to replace the current Oversight Framework. Work is underway to review the guidance and develop local monitoring of this information. This will replace the existing oversight metrics in due course.

Significant negative exceptions on this month's NHS I Oversight Framework (section 1.4):

Staff Sickness
Staff sickness has remanded consistent in the months of October November and December, at 5.3 percent which is above the Trust target of 4.5 percent. It is to be expected sickness will remain higher than target due to our continued COVID response (Omicron wave) seeing sickness from COVID alongside an increase in Stress and Anxiety type illnesses.

Data Quality Maturity Index (DQMI) – Mental Health Services Dataset (MHSDS) Dataset Score
Accurate and meaningful data is essential for an organisation not only to retain oversight on patient safety, but also to ensure effective and timely decision making. The Trust's current DQMI score remains consistent at 91% for the last eight months, which however sees the 95% target not achieved.

The continued expectation is to realise an improvement over the following months after employing three additional Data Assurance Officers. The restart of internal workstreams has been hindered by wider operational challenges and resourcing within Business Intelligence, which is currently being addressed. The Trust continues to be actively engaged in wider System MHSDS groups, with the aim to share best practice and understanding.

Maximum 6 Week Wait for Diagnostics Procedures
The % performance for individual service lines in the last four months remained below target at 85-89%, which however is an improvement from previous months figures of 76-79%.

MRI waits are improving, it's anticipated that some December patients will be seen in February, with January referrals seen in late February or early March, but within timescales. There is not a significant waiting list for X-Rays, but the frequency of the mobile unit can result in breaches of waiting time targets which is being monitored. There is still a significant wait for Ultrasounds, with demand outstripping capacity, an update on current progress is due to understand progress and any reductions list.
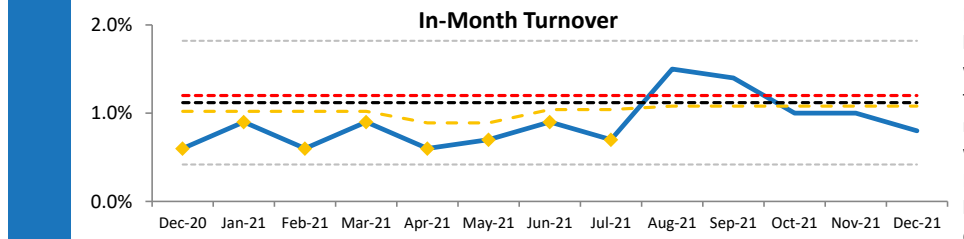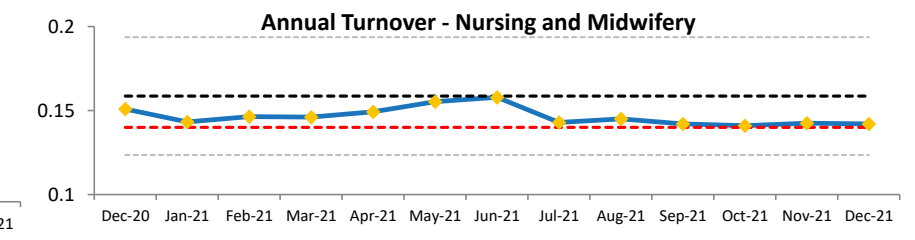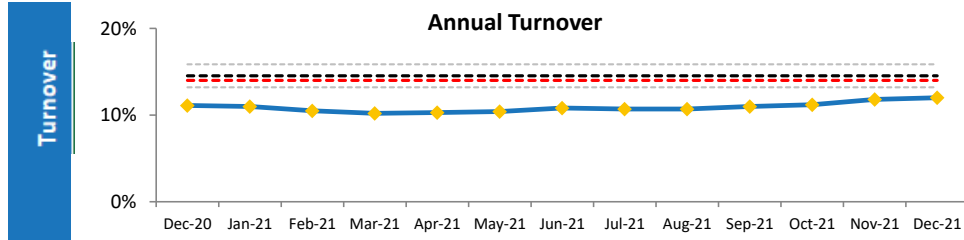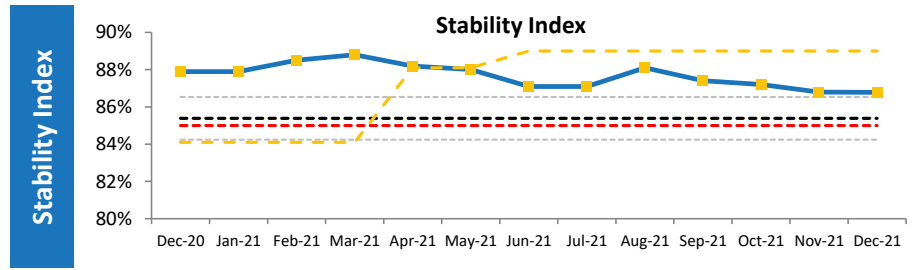
Planning

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

WRES

Workforce Ethnicity

■ % BAME - - - Peer Median % BAME

WDES

Workforce Disabilities

■ % Disabled ■ % Not Declared

Actual vs. Planned

Workforce Plan vs. Actual

■ Budgeted Establishment ——— Staff In Post

Stability Index

Stability Index

Turnover

Annual Turnover

Annual Turnover - Nursing and Midwifery

In-Month Turnover
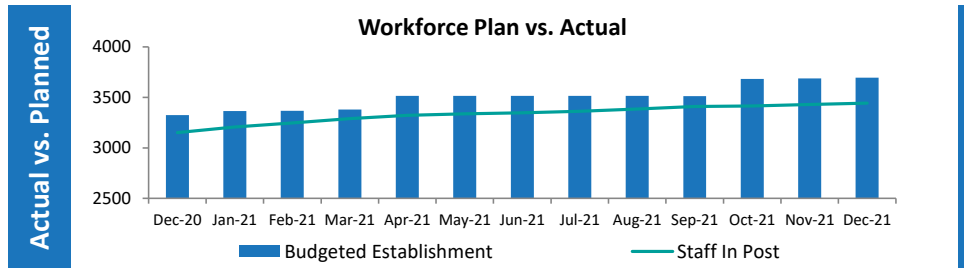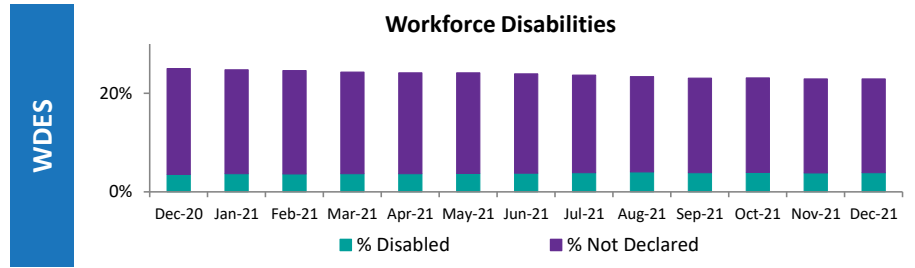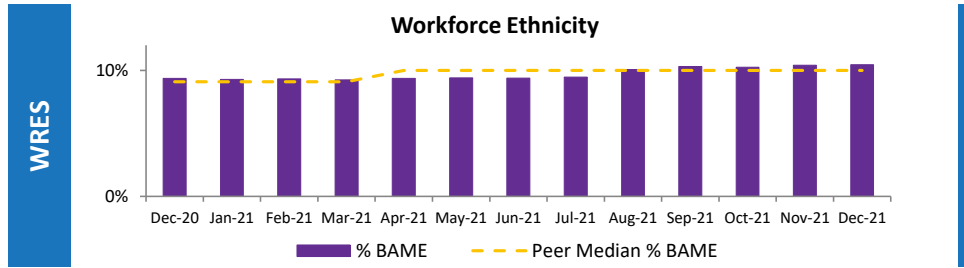
Budgeted Establishment has been updated following the H2 workforce plan submission and has increased by 171 FTE. Approx. 50 FTE of this budget increase is due to the School Aged Imms Programme during Q3 which will be delivered by bank staff and will not be included in Q4. Stability Index has remained the same this month at 86.8%. Stability Index is a retention metric, a measure of the % of staff in the Trust 12 months ago, who remain at the Trust 12 months on. The stability index peer median, based on trusts within the ICS has however increased to 89%, however we continue to record above the Solent mean. During December we can see our in month turnover reduce by 0.2%, to 0.8%. Annual turnover increased by 0.2% to 12% in December. With turnover of staff increasing we can expect the stability index to decrease if leavers are within their first year of employment with the Trust.
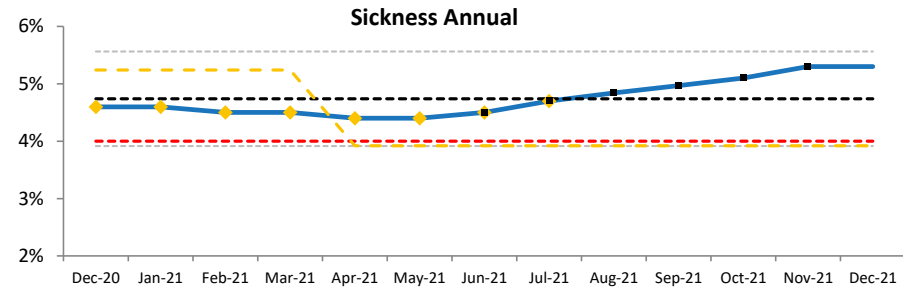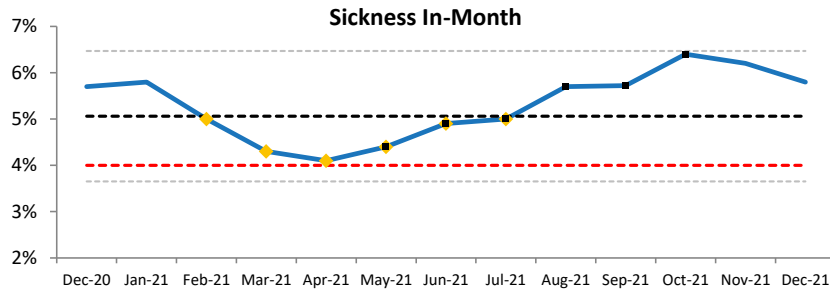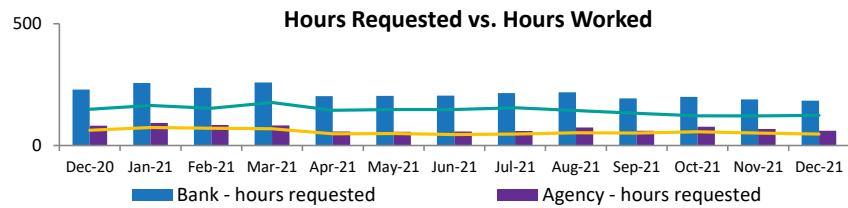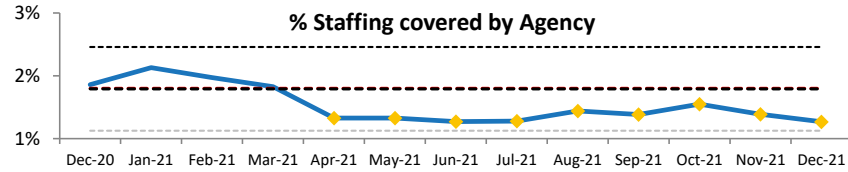
Deployment
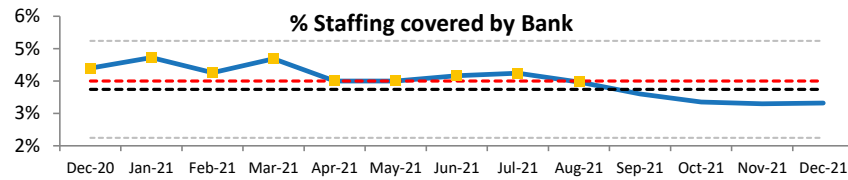
Key:
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----- Upper / Lower Control Limit
◆ 6 Points Above/Below Mean
■ Rising/ Falling Trend (6 points)
- - Peer Median

Sickness
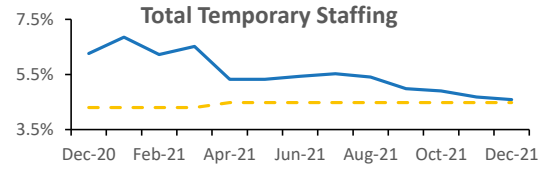
Sickness In-Month

Sickness Annual

Bank & Agency

% Staffing covered by Bank

% Staffing covered by Agency

Hours Requested vs. Hours Worked

■ Bank - hours requested   ■ Agency - hours requested

Total Temporary Staffing

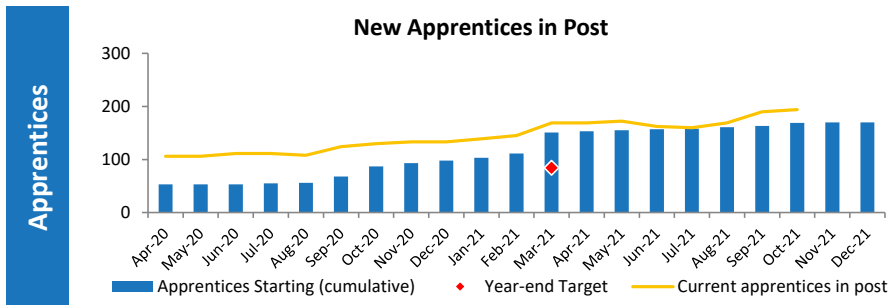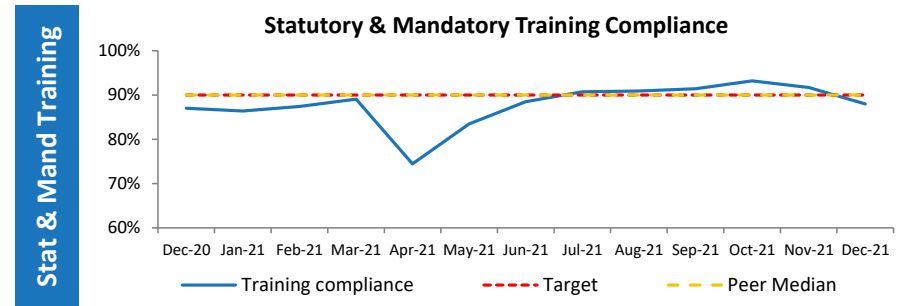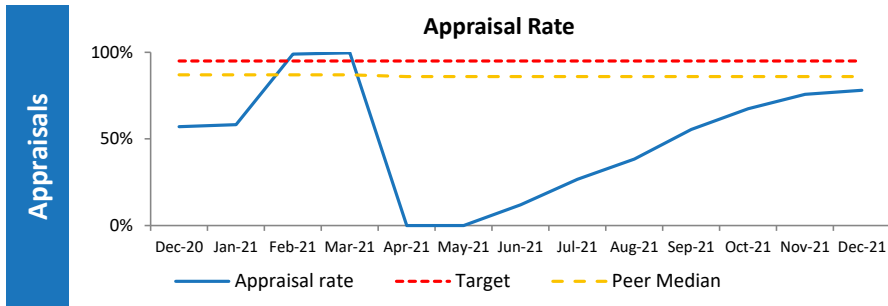## Rostering

Current Position: 1 / 4

Sickness in-month decreased from 6.2% in November to 5.8% in December, October saw the highest recording for in month sickness since April 18 and just below the Upper confidence level for in month sickness of 6.5%. In month sickness has been increasing over the last 6 months and exceeds the Solent Mean of 5%. 1.4% of in-month sickness relates to COVID-19 absence, this has increased from 0.9% in November.

Annual Sickness has also been increasing from 4.4% in April 21 to 5.3% in December 21. Annual sickness was previously reporting below the peer median, however having updated the peer median, Solent are now above the peer median of 3.9% when benchmarked against trusts of the same type at July 2020 (latest data available). We expect to see annual sickness increasing over the coming months based on in month sickness increase. The top 3 highest reasons for December in-month sickness are 1. Anxiety, stress and depression, 2. Infectious diseases (Covid), and 3. Cold, cough, flu and influenza. December has seen an increase in shifts due to high acuity and Covid isolations.

Overall there were 4337 shifts requested with an overall fill rate of 95.6% - With Bank filling 3341 shifts (77.03%) and agency fill at 18.56%.

The bonus incentive for clinical and front line services has seen a high number of shifts filled by Bank and January already looking to be busier than December with to date over 3372 shifts requested so far. We are still on alert with beds increasing and anticipate requests increasing.

In Month Cost: Bank - £276777   Agency - £196631

Appraisals

Appraisal Rate

Legend: Appraisal rate — Target — Peer Median

Apprentices

New Apprentices in Post

Legend: Apprentices Starting (cumulative) ◆ Year-end Target — Current apprentices in post

Stat & Mand Training

Statutory & Mandatory Training Compliance

Legend: Training compliance — Target — Peer Median

The LMS platform, My Learning continues to receive great feedback that it is clear and easy to use. Statuary and mandatory compliance for December stands at 93.11% with a target of 90%. Appraisal compliance has increased from 76.03% to 78.51%.

We have had a decrease by 1 of the total number of apprentices on programme to 190. We have 63 that have started in this financial year with further 30 waiting to start on programme. The target for 21/22 is 90. Our top 6 apprenticeship Programmes are; Business and Admin level 3, Registered Nurse Degree, Trainee Nurse Associate, Senior Healthcare Support Worker, and Registered Nurse Degree RNMH. Information sessions from training providers have been running for staff and managers and recordings of the briefing sessions are available via My Learning. The services with the highest % per total headcount are Dental, Corporate, Mental Health and Adults Services Southampton.

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
due to the COVID-19 pandemic.*

Staff Survey

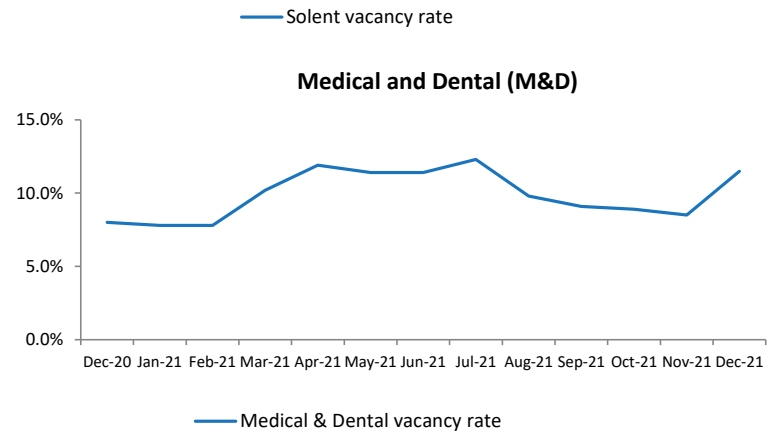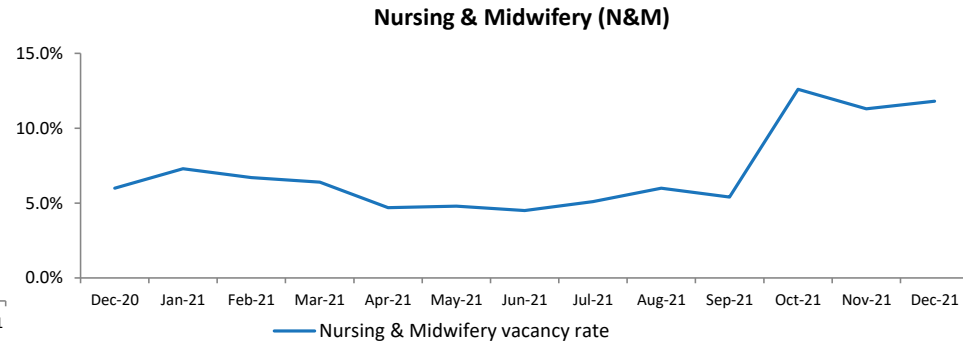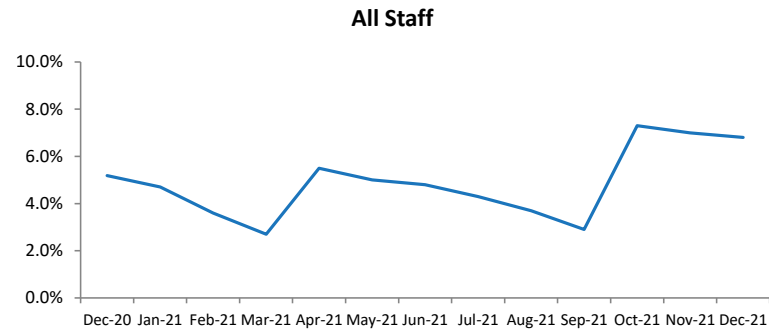Percentage of Staff who would recommend Solent as an Employer

76%

2020/21

Vacancy Rate

All Staff

Solent vacancy rate

Medical and Dental (M&D)

Medical & Dental vacancy rate

Nursing & Midwifery (N&M)

Nursing & Midwifery vacancy rate

The Trust vacancy rate has decreased from 7% in November to 6.8% in December following H2 WF plans being submitted. The current vacancy rate of 6.8% equates to 251 FTE across the trust. Vacancy rates are highest in Childrens West, with 65.3 FTE vacancies, however approx. 50 FTE of these are due to the School Aged Imms Programme during Q3 which will be delivered by bank staff.

Adults Southampton vacancy rate 10.4%, equates to 57.4 FTE.

Mental Health vacancy rate of 8.8% equates to 42.9 FTE.

Adults Portsmouth vacancy rate 12.1% equates to 55.3 FTE.

Facilities Management and Estates at 11.5% which equates to 29.4 FTE.

We continue to recruit Mental Health Nurses into the Acute/PICU setting in Portsmouth and our next cohort has arrived with more planned for early Feb22'. Community Nursing pilot recruitment is now complete and onboarding has commenced. Applicants will join our community teams in Southampton and Portsmouth. Further international recruitment activity is complete for Senior Community Mental Health Nurses to mirror the pilot adult community nursing model, with internal sourcing our international colleagues who have been working in adult mental health services. Further recruitment is underway for Mental Health Nurses and Occupational Therapists to supply to the ICS and we are in the early stages of planning the strategy for this workstream.

Leadership and Culture

Learning

The LMS platform, My Learning continues to receive great feedback that it is clear and easy to use. Statuary and mandatory compliance for December stands at 93.11% with a target of 90%. Appraisal compliance has increased from 76.03% to 78.51%.

We have had a decrease by 1 of the total number of apprentices on programme to 190. We have 63 that have started in this financial year with further 30 waiting to start on programme. The target for 21/22 is 90. Our top 6 apprenticeship Programmes are; Business and Admin level 3, Registered Nurse Degree, Trainee Nurse Associate, Senior Healthcare Support Worker, and Registered Nurse Degree RNMH. Information sessions from training providers have been running for staff and managers and recordings of the briefing sessions are available via My Learning. The services with the highest % per total headcount are Dental, Corporate, Mental Health and Adults Services Southampton.

Engagement

At Christmas time, Sue Harriman, Chief Executive sent a small gift (with proceeds donated to NHS Charities Together) and thank you card to every employee as a clear sign of recognition. Sue also shared an end of year message through the medium of film.

NHS Staff Survey results are due in the first quarter of 2022. Work continues to ensure action planning happens at corporate and team level, with support provided to managers to assist them in having a good quality conversation with people in their team/s and to help with the creation of meaningful action plans.

Leadership

In Q3 we ran 5, one day workshops with The SimComm Academy exploring how to 'Manage Challenging Conversations'. 72 staff members attended and, to date, 30 have returned feedback (42% response). Attendees were asked how much they agreed with 11 statements before and then after participating in the workshop. 80% or more of attendees demonstrated an improvement across 10 out of the 11 questions. The most significant improvement overall was for the question 'I am empowered to make personal changes in my own communication style'.

Coaching and Wellbeing: 11 Solent qualified coaches have been identified at both level 7 and level 5, with an additional 2 people in training. These coaches are now part of a Solent Coaching Network helping to shape the systems and processes and governance needed to ensure safe and effective coaching.

A pathway for directing coaching enquiries has been developed and due for launch early this year 2022. In the interim enquiries are coming to a central point and allocation to an appropriate coach based is on need. This means using both Solent coaches and external providers listed on the HIOW Coaching Framework.

The Delve Deeper Wellbeing programme is now under development and due to be piloted from February 22 and discussions are underway with a couple of Service Lines. This programme is designed to use a group coaching approach facilitated by a Coach and Wellbeing Practitioner. The programme is intended to increase the awareness of the link between wellbeing and leadership and to empower managers to do a deep dive to look at what works and the challenges and barriers to supporting people's wellbeing. The focus is on small service groups working collectively to better understand wellbeing and to generate creative solutions together which support sustainable wellbeing practice and coaching skills development through this experience.
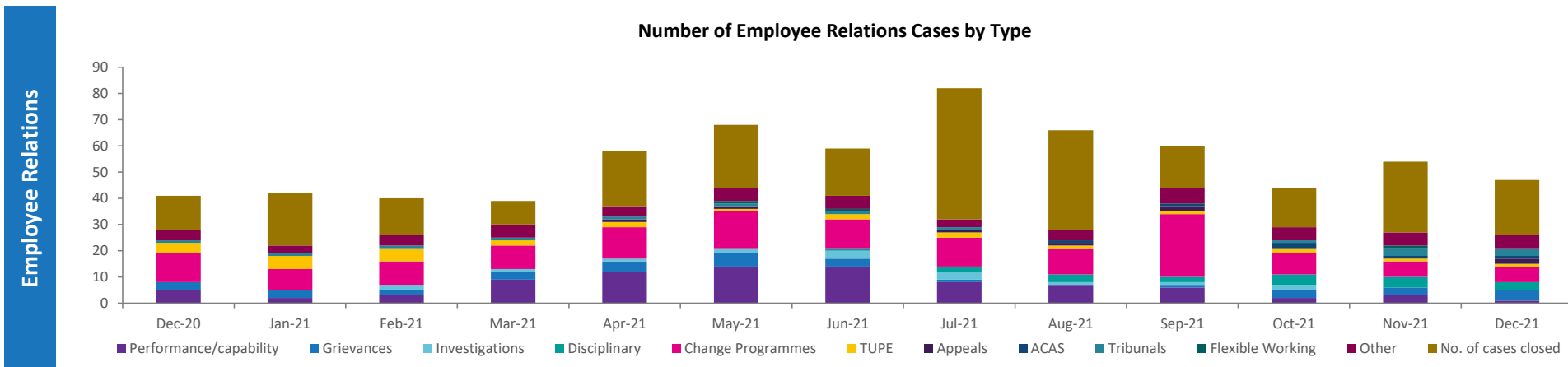
Inclusion

The Diversity and Inclusion key themes for the following year are - Ensure inclusive recruitment and that opportunities for growth are available for all and Develop an inclusive culture and sense of belonging for all – with the accompanying roadmap continue to be socialised across the Trust. Jon Bashford has conducted a strategic review of our Diversity and Inclusion work.   The new Interim Associate Director has now been appointed and in post for the next year– this post will be leading on the delivery of the priorities as identified as part of the strategic review – these include, but are not exhaustive: Developing a D&I action plan and road, consolidating the team roles and functions in order to support the delivery of the plan, secure accountability across the Trusts in terms of D&I, design and implement a D&I dashboard so that data can be used intelligently to monitor the plan and drive improvement. The Big Conversation ran four well-attended sessions and the report, including recommendations and draft QIP written – this is going to exec and board this month for sign off. The launch of the Reciprocal Mentoring for Inclusion programme is being planned whilst we wait for confirmed sessions dates from the Leadership Academy.

Wellbeing

Occupational Health continues to respond to high Mental Health challenges across the Trust; there is very little change in the demand picture: stress, anxiety, depression and a range of mental health needs with an increase in MSK referrals; it is interesting to note that staff presenting with MSK symptoms often have underlying mental health challenges. The OH and WB team offer a vast range of support to staff; we have joined with the PP teams and now attend service line meetings, where the focus is on the holistic support of the service lines and the challenges they face, as opposed to discussing individual sickness absence cases (these are discussed in a specific meeting) - this approach ensures that good practice is shared, the managers feel supported, guidance is offered at an early stage and that the service lines have a relationship with the OH and WB team, allowing them to discuss challenges as they arise. These meetings and data gathered will help to determine where and what type of support is required for service lines- noting not all service lines have the same challenges. The wellbeing team continue to work closely with L&D and their H&W leadership training and coaching model to inform needs and support a collaborative approach. Referrals into Occupational Health are predominantly mental health and are complex; with onward referrals to the wellbeing team, Occupational Health Physician or external companies/charities; the time required for these referrals is generally longer with more frequent reviews required. We have a dedicated MDT who support those staff who have been absent from work for an extended period of time following covid infection, the team meet on a weekly basis- there is a strong link to the People Partner and the manager, with regular case conferences as required.   The requirement for supporting new staff into the Trust has increased due to the recruitment drive- not only does this increase the numbers of health questionnaires that need to be assessed, but also the numbers of vaccinations and blood tests required.

Our Flu campaign continues to go well with 89% of Frontline Solent Staff now vaccinated. Information and support is being offered to any Solent Staff who are not fully vaccinated to ensure that they are fully aware of the national guidance around mandatory vaccination of NHS Staff. Currently 96%% of staff are fully vaccinated and 87.1% have received a booster 1% have only had 1 vaccination and currently 3% have declined.

Employee Relations

Number of Employee Relations Cases by Type

Legend: Performance/capability, Grievances, Investigations, Disciplinary, Change Programmes, TUPE, Appeals, ACAS, Tribunals, Flexible Working, Other, No. of cases closed

As at 31st December, the People Partnering team are holding 103 active cases (which includes 33 long Covid cases and 18 cases that require pro-active interventions and input from the People Partners but are not formal ER cases), a reduction of 10 cases from last month. Of the 103 open cases 15% of cases involve BAME employees. 2 BAME staff are involved in formal ER matters (2% of the 103 open cases). We have 6 formal ER cases currently, so if 2 of those relate to BAME then they make up 33% of the formal ER cases. 11 employees are recorded as having a disability.

19% of cases relate to long term sickness, 5 of which relate to individuals who have been off for longer than 6 months and 4 of which relate to individuals who have been off for longer than 9 months and are high priority.

7 cases are currently pro-actively being managed through early intervention approaches (e.g. coaching, facilitation and mediation) to respond to workplace conflict and there are 3 cases this month being managed through a formal resolution approach.

D&I ESR Data

To encourage staff to update their equality and diversity information, a new Portlet has been added to the ESR dashboard for staff, called "My Equality and Diversity". This will allow staff to update their Ethnic Origin, Country of Birth, Sexual Orientation, Religious Belief, Marital Status and Disability more easily and we hope to see an increase in information being declared. Comms will follow at a later date.

Diversity & Inclusion Fields completed in ESR

99.8

Target - 100%

Notes

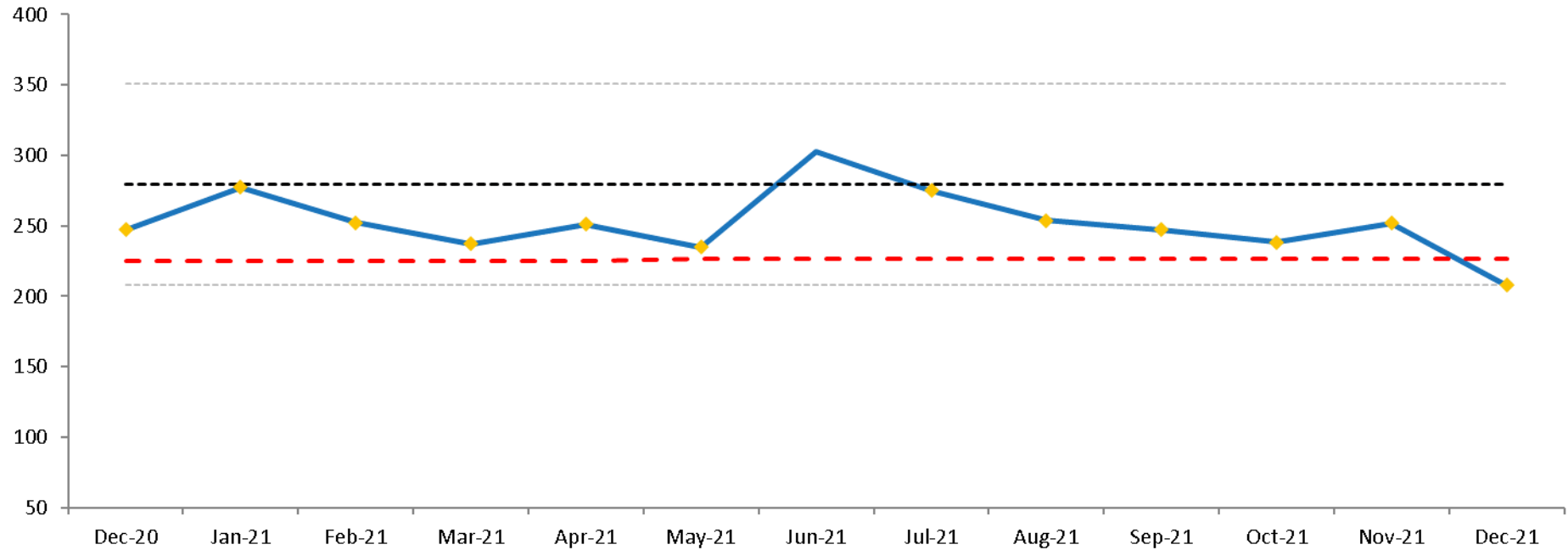| Metric	Benchmark
Workforce Ethnicity (WRES) - % of staff who are BAME	Peer median based on the trusts within our STP at April 2021
Stability Index – Staff retention rate	Peer Median based on the trusts within our STP at March 2021
Turnover In Month	Peer Median based on the trusts within our STP at May 2021
Sickness Absence Rate (Annual)	Peer Median based on benchmarking against trusts of the same type at July 2020
Proportion of Temporary Staffing	Peer median based on the trusts within our STP at February 2020
Appraisal Rates	Peer Median based on benchmarking against trusts of the same type at September 2019
Statutory & Mandatory Training Compliance	Peer median based on the trusts within our STP at September 2019

Benchmarking

Chief Nurse Report

The Chief Nurse Directorate have recently reviewed the format and content of the Chief Nurse Report. The revised format presents the data and findings alongside each other, with greater emphasis placed on learning captured and actions to be taken as a result. The format of the report will continue to be reviewed over the coming months to ensure it meets the requirements of the Board.

Incident Reporting

Safe

Incidents Reported (Harm & No Harm) per 1,000 WTE


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

QUALITY: Chief Nurse Directorate Commentary (November – December 2021)

Overall incident numbers remain constant compared to the same period in 2019 and 2020.

Over the same period staff numbers have increased which indicates a downward trend in incident reporting, as demonstrated in the chart above. As more training sessions are conducted, in particular with members of staff who are new to the Trust, we expect to see a corresponding increase in the number of incidents reported along with an improvement in the quality of reports.

There has been an increase in the number of incidents reported which involved Assault, Verbal or Physical, against staff. This peaked in September, as shown by the All incidents line in the graph below and has fallen since. Primary Care (13) and Adult Services Southampton (22) also recorded their highest totals year to date in September 2021. We have been unable to identify a cause for this trend but acknowledge how the impact of the current national pandemic has influenced patient behaviour. As a result, all staff received debrief sessions from the security lead in the Trust, decisions were made on an individual basis relating to the staff member and what action they would like the Trust to take. With regards to security, we have increased support on individual sites as identified. The security lead will continue to audit on a regular basis with the information being presented at Health and Safety.

Assault - Physical or Verbal against staff
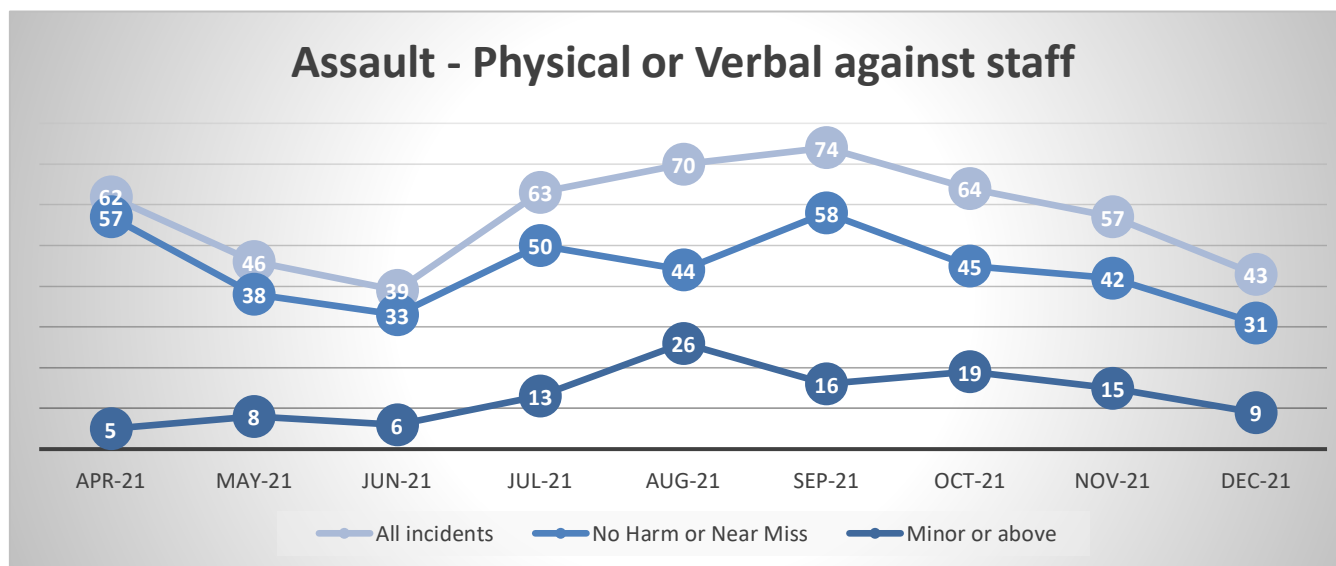
Adult Mental Health continues to report the greatest number of Assaults against Staff. Between August and October, AMH staff reported 46 incidents with an Actual Impact of 3. Minor out of a total year to date of 79. Numbers have fallen in November and December.

Eff	Since June, sixteen separate incidents have been reported (eleven graded as 3. Minor) involving South Central Ambulance Service (SCAS) which are indicative of SCAS being under increasing strain. These incidents had affected staff confidence when calling for emergency paramedic support and, in several cases, had the potential to directly affect patient safety.	
Eff	**Learning & Action from Incidents**	

Incident Reporting Levels: Whilst incident reporting numbers have remained constant over this reporting period (when compared with same period last year), the increase in staffing numbers does indicate a downward trend in incident reporting.

To strengthen the understanding of incident reporting out in service, the Quality & Safety team have developed a new training package for both Incident Reporting and Incident Reviewing, with monthly sessions now available on My Learning for all staff to book. Further developments including an online package and recordings of previous sessions are planned. The new package of training has been delivered within Child & Family Services – East, following this we have seen incident numbers start to increase. We anticipate a similar impact as we support Services to access training and uptake increases.

Working collaboratively with colleagues across the Chief Nurse Directorate, we recognise the challenge for services when managing hugely complex complaints and/or overseeing complicated incidents with multiple threads. In response to this and to further strengthen our offer of support to Services, the team are working to develop a framework of support for services to access when needed – pulling together a broad range of specialist advice/experience across the trust to offer targeted tailored support, advice and expertise. The proposed framework is due to be shared with QIR over the coming months.

Incidents re Assaults against Staff: The Quality & Safety Team have been monitoring the incidents relating to Assaults against staff including the review of a number of incidents related to the Vaccination Centres. Whilst the team acknowledge that the numbers have started to fall, plans are now in place for senior representatives from Quality and Safety, Health and Safety and the Security Management Specialist to complete joint site visits, enabling the review of safety and security of our staff as a collaborative approach, combining clinical, security and environmental expertise. We will share the findings of this shortly.

SCAS Emergency Transport Challenges: The Quality & Safety team noted an increase in the number of incidents related to SCAS Emergency Transport, the Quality & Safety Team commenced monthly discussions with the Clinical Governance Leads for SCAS to understand the system pressures SCAS are experiencing and ensure any problems were highlighted and acted on. Several actions have resulted:

- SCAS have made changes to how the HealthCare Professional (HCP) Line operates to ensure it doesn't cut-off prematurely. Initial feedback from in-patient areas has confirmed that the solution has worked.
- The Trust Resuscitation and Skills Lead has adapted training material to include more guidance on the use of the HCP Line.
- The Quality & Safety Team will continue to escalate incidents for review to SCAS and will provide feedback to reporters to maintain confidence in the use of the HCP Line.

The Quality & Safety Team will continue to monitor incidents involving SCAS throughout Quarter 4 and feedback any relevant information to our frontline staff as appropriate, enabling services to make daily operational decisions informed by the current pressures on the system.

Learning from patient feedback & the Friends & Family Test (FFT)

Formal Complaints per 1,000 WTE

YTD	Complaints Received	
2021-22	130	
2020-21	110	▲ 18.2%

Complaints Closed to Timescale

Target	Actual	
80%	81%	▲

YTD	Plaudits	
2021-22	817	
2020-21	580	▲ 29.0%

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

Experience of Care Summary
> ***Complaints***

Complaints data is reported per 1000 wte in accordance with the national Data on Written Complaints in the NHS (see https://digital.nhs.uk/data-and-information/publications/statistical/data-on-written-complaints-in-the-nhs)

Variations noted:

▲   18.2% increase in complaints received year to date. Episodes of care have remained quite static, this means actual increase in rate of concerns reported. This could be related to our work to improve access to the complaints process.

▲   71% of complaints received in Nov/Dec 21 closed within agreed timescale against 80% target; reflecting operational service lines pressures; but YTD 81%.

What are we doing:
1. Working with the complainant and the service lines to ensure agreed response times are accurate and realistic.
2. Implementing an escalation and support process through service line quality structures and experience of care team for addressing delays.

Experience

QUALITY: Chief Nurse Directorate Commentary (November – December 2021)

Plaudits: Variations noted:

▲ 29% increase in plaudits

Friends and Family Test

▲ Increase in number of responses from 2798 Sept/Oct to 4169 Nov/Dec – increasing reliability of data.

2021	April	May	June	July	August	Sept	Oct	Nov	Dec
Total Number of responses	849	1352	923	916	1566	1136	1662	2410	1759
Very good/Good	94% (800)	94% (1267)	93% (860)	93% (852)	92% (1442)	92% (1048)	92.1% (1530)	93.3% (2246)	93.9% (1651)
Very Poor/Poor	3% (24)	3% (41)	3% (32)	3% (28)	3% (52)	4% (43)	3.4% (56)	3.6% (86)	2.7% (47)

Learning from feedback

You Said: TV fixed to the wall behind the curtain rail, unable to see the whole picture screen. Hot food served on cold plates. Delay when making requests, no afternoon drinks on day of survey.

We Did: New bedside TV's for each patient have been purchased and are being installed in both wards. Lower Brambles is nearly completed, Fanshawe will be next. Catering issues were discussed at the Ward Meeting and taken forward to the Nutrition Group. This was also discussed at the patient forum group/s and patients were generally happy with the temperature of the food. Additional funding for extra staff on certain shifts has been provided.

Example of Complaint: Patient submitted a self-referral to the MSK service, and on doing so received an automated response advising them that their referral would be processed in order of priority and that they would then be contacted via text or letter advising them of how to book their telephone appointment. Patient waited for 10 months without contact from the Service, they then contacted the MSK team for an update. They were informed their referral had been discharged as it was felt they had not followed the correct procedure.

Actions and Learning: Through the investigation it has transpired that the referral had been received at a point of transition in relation to the referral process for MSK patients. As a result of COVID-19 and the redeployment of MSK staff, the process for self-referrals, and how patients confirmed their appointment was amended. This change took place and was managed by an external agency. It is now evident that their self-referral had been captured under the new process requiring referred patients to actively engage with the service to confirm the appointment within 10 working days. This of course was in complete contradiction to the automated response they had received. As a result of the complaint, the Service have now updated their processes, with the third-party agency to prevent this situation from happening when implementing changes to the referral process and patient website.

Communication:

The Experience of care team are aware of the issue of poor communication, consistently being within the top themes of complaints and concerns received. Working with our communities, a number of initiatives are underway to seek to address this as follows:

 a. A letter writing panel has now been established as part of our Community Hub model which will be looking at samples of our letters and advising how we can improve them.

 b. The team initiated and co-produced an effective and well received bespoke training of effective telephone techniques for difficult conversations with Children and Families Service.

 c. The team have secured funding for a project to support staff and equip them when handling aggressive conversations.

 d. The team have secured funding to do some work to improve our communication with those people that are on our waiting lists as part of our work to improve their experience whilst waiting

To further support our approach to communication, the team are looking to explore alternative methods of presenting data to better capture and reflect any slight variations in feedback we receive. Further details to follow in due course.

4.1 Chief Finance Officer Commentary

Month 9 Results

The Trust is reporting an in month adjusted surplus of £45k. Year to date the Trust is reporting an adjusted deficit of £919k.

Following ICS discussions it has been agreed that the Trust's H1 deficit of £0.9m, will be funded in quarter 4, moving the Trust to a full year breakeven position.

Covid-19 Expenditure

The Trust continues to incur additional expenditure because of Covid-19. The reported in-month costs were £918k compared to an expenditure budget in the plan of £330k. M9 costs include a provision of £689k for the buy back of annual leave and shift incentive payments in month. Year to date costs are £3,207k compared to an expenditure budget of £3,761k.

Covid Vaccination Centres Expenditure

The Trust incurred expenditure in month totalling £537k (£5,844k year to date) in the operation of vaccination hubs in Southampton, Portsmouth, Basingstoke (now closed) and the Isle of Wight. The operating costs are fully funded in arrears.

Capital

The Trust's CDEL for 2021-22 of £6.3m, consists of £4.7m of internally generated funding and £1.6m PDC funding.

The PDC funding originally expected for the Western Community Bed Optimisation project is now expected in 2022-23.

In month expenditure was £459k (£2,311k year to date) with significant spend forecast in quarter 4.

Cash

The cash balance was £33m at 31 December 2021, £0.1m lower than the previous month.

The forecast cash balance at the end of the financial year is £26m. The forecast cash balance assumes significant capital spend in quarter 4 2021-22 and a £1.1m payment of PDC dividend in March 2022.

Block payments were uplifted in line with National guidance by 1.16% for H2. Block contracts will continue throughout quarter 4 2021-22 at current levels and this is reflected in the cashflow forecast.

Aged Debt

The Trust's total debt was £6m at the end of December, an increase of £3.6m on November, primarily due to lower Local Authority and local NHS provider receipts in month and £0.5m invoice issued to HSIOW CCG for H1 SDF and MHST funds. 91+ days overdue debt at the end of month was £210k, no movement from November.

6.1 Research and Improvement Commentary

Research

Recovery of research activity is now well underway. We are now recruiting into 25studies with another 15 in the pipeline. We anticipate being near to pre-pandemic levels of research activity by the spring 2023.

Focus on research impact

The Research Team have delivered several studies that have recently published their findings

Falls in Care Homes (FinCH)
Falls are common in people living in care homes with high risks of injury, admissions to hospitals and are costly to healthcare systems as a result. We supported those in our Care Home Research Partnership to adopt and approach a *Guide to Action to prevent Falls in Care Homes (GtACH)* programme, designed by a collaborative group including staff and families.

The study findings were published in the BMJ and researchers found that the GtACH programme reduced the rate of falls by over 43% compared to residents who did not receive the intervention. Solent recruited 86.

100,000K Genomes Project
This high-profile project was established to sequence 100,000 genomes from NHS patients affected by a rare disease, or cancer. The genes of 4,660 people from more than 2,100 families were analysed, published in the New England Journal of Medicine. Whole genome sequencing led to a new diagnosis for a quarter of those who took part. They were then able to receive better care, such as change of diet, provision of vitamins and other appropriate therapies. Screening of other family members for the same diagnosis could also take place. We recruited 93 participants to this study, one of the largest for a community organisation.

The PrEP Impact Trial
 This is a high-profile national trial looking at people who are at high risk of acquiring HIV and involves them taking medication to reduce their risk. Solent NHS Trust continued to recruit and follow up participants throughout the pandemic. The trial closed to recruitment in July 2020, with a total of 387 participants recruited across Solent. The results have informed service commissioners (funders) on how to deliver a routinely commissioned PrEP service.

PROSPER-UK
This trial was delivered collaboratively with Portsmouth Hospital Trust, and evaluated whether a structured exercise programme improved functional and health related quality of life outcomes for women at high risk of upper limb disability following breast cancer surgery. The exercise programme (supported by physiotherapists) was found to enhance recovery and reduced disability post surgery.

Publication Update

Primary Care

Bowers, H., Kendrick, T., Glowacka, M. A., Williams, S., Leydon, G., May, C., Dowrick, C., Moncrieff, J., Laine, R., Nestoriuc, Y., Andersson, G., & Geraghty, A. (2020). Supporting antidepressant discontinuation: the development and optimisation of a digital intervention for patients in UK primary care using a theory-, evidence-, and person-based approach. BMJ Open, 10(3), [e032312]. https://doi.org/10.1136/bmjopen-2019-032312

Bowers H, Kendrick T, van Ginneken N, Glowacka M, Williams S, Leydon GM, May C, Dowrick C, Moncrieff J, Johnson CF, Moore M, Laine R, & Geraghty AWA. A Digital Intervention for Primary Care Practitioners to Support Antidepressant Discontinuation (Advisor for Health Professionals): Development Study
J Med Internet Res 2021;23(7):e25537 doi: 10.2196/25537

IAPT

Ferrie, O., Richardson, T., Smart, T. & Ellis-Nee, C. (2021). *A Validation of the PCL-5 in Primary and Secondary Care.* Submitted for Publication

Pink, J., Ghomi, M., Smart, T. & Richardson, T. (2021). *The Effects of EMDR Group Traumatic Episode Protocol on Burnout within Improving Access to Psychological Therapies (IAPT) HealthCare Professionals.*

Mental Health

Richardson, T., Jenkins, R., Maguire, N., Collard, S., Evans, J., Fitch, C., Barnes, M., McManus., S. & Frankham, C. (2021). Poverty, Depression and Anxiety: The Role of Debt. Science, E-Letter, 1-3-2021, https://science.sciencemag.org/content/370/6522/eaay0214/tab-e-letters

MSK

Macfarlane, G. J., Forget, P., Price, C., Meissner, W., & Zaslansky, R. (2021). Perspectives on pain registries. *Pain*, *160*(8), 2201-2203.*

Geraghty, A. W., Maund, E., Newell, D., Santer, M., Everitt, H., Price, C., ... & Stuart, B. (2021). Self-management for chronic widespread pain including fibromyalgia: A systematic review and meta-analysis. *Plos one*, *16*(7), e0254642.

Price, C., Reeves, B., Ahmad, A., Baloch, M., Baranidharan, G., Correa, R., ... & Wylde, V. (2021). Radiofrequency denervation of the lumbar facet joints: guidelines for the RADICAL randomised controlled trial. *British Journal of Pain*, *15*(3), 251-258.

Wilby, *M. J.*, Best, A., Wood, E., Burnside, G., Bedson, E., Short, H., ... & Williamson, P. R. (2021). Surgical microdiscectomy versus transforaminal epidural steroid injection in patients with sciatica secondary to herniated lumbar disc (NERVES): a phase 3, multicentre, open-label, randomised controlled trial and economic evaluation. *The Lancet Rheumatology*, *3*(5), e347-e356.*

Linaker, C., Fraser, S., Price, C., Maguire, N., Little, P., Madan, I., ... & *Walker-Bone, K*. (2021). Individualised placement and support programme for people unemployed because of chronic pain: a feasibility study and the InSTEP pilot RCT.*

6.1 NHS Provider Licence – Self Certification 2021/22 – November 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 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 considers and adopts corporate governance standards, guidance and best practice as appropriate.

In readiness for our annual declaration in June 2022 we are actively reviewing our governance processes including our Board Code of Conduct and associated protocols.

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 considers and adopts corporate governance standards, guidance and best practice as appropriate, including that issued by NHSI.

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

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 we are currently recruiting to a forthcoming vacancy for a Clinical NED position. The Executive Team Portfolios are continuously reviewed.

The Trust's wider governance structure is also regularly considered and refreshed to ensure efficiency and clear lines of reporting.

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

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In readiness for our annual declaration in June 2022 we are actively reviewing our governance processes including our Board Code of Conduct and associated protocols.

The Trust ended the financial year 2020/21 with a small surplus.

For H1 2021/22 the Trust has reported a £0.9m deficit. The plan submitted for H2 2021/22 is balanced.

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.

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 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 we are currently recruiting to a forthcoming vacancy for a Clinical NED position. The Executive Team Portfolios are continuously reviewed.

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.

6

Requirement

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

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.

Report template- Board and Committees

![NHS Solent NHS Trust logo]

Item No.	**12.1**	Presentation to	In-Public Board Meeting
Title of paper	People Committee		
Purpose of the paper	To summarise the business transacted at the People Committee held on 20 January 2022.		
Committees /Groups previous presented and outputs	N/A		

Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X
Action required	For decision			For assurance		X

Summary of Recommendations and actions required by the author	The Board is asked to note the report from the Committee.

To be completed by Exec Sponsor – Level of assurance this report provides :							
Significant		Sufficient	X	Limited		None	
Exec Sponsor name:	Jasvinder Sohal, Chief People Officer		Exec Sponsor signature:				

Summary of business transacted:

- **Standing item reports and updates:**
  a) **Workforce and sustainability report** – The committee discussed the data and took the actions to include predictive sickness forecasting data, based on trend analysis. Requirement taken to also benchmark against best practise outside of the ICS too. Sickness levels observed as high following the Omicron variant impact on staffing across the Trust which is expected to decline moving forward.
  b) **Contemporary People update –** this was provided verbally by the Chief People Officer covering recent people activities and interventions responded to in relation to the Omicron national emergency and its impact to the workforce and people department dependencies.
  c) **Employee Relations Assurance report** – The report was noted as read.
  d) **Workforce Risk Appraisal** – The committee observed that the risks appeared to mostly be logged as 'issues' experienced in the here and now, instead of true risks looking ahead to the future. It was noted that it would be difficult to depict the impact on patient safety and care from the risk narrative, this would be best evidenced in the definition and hazard when logged. Moderation of the scores was noted as an action to follow up with for the People team and service lines. Further education and clarity on the Risk process of scores and definition was taken as an action to follow up and deliver across the Trust.
  e) **Internal Audit Update** – Review of updated target dates was discussed and assurances on delays, and appropriate revised target dates was taken as actions to come back with.
  f) **Board Assurance Framework** –The committee discussed the risk to the trust relating to workforce sustainability and workforce planning for staffing and retention, with a focus on long-term strategic plans for assurance on future actions required as an ICS wide System, Trust, & People approach. An action escalated to arrange a Board workshop to work through this and aim for a clear target date and score.
- The committee received a **contemporary verbal update on the JCNC meeting** that took place earlier in the week, which was similar to the Contemporary People update provided.
- The committee also noted the received **exceptions report from the DDNC sub committee meeting**. There was no update from the People Forum or Wellbeing sub committees due to no meetings taking place.
- A **Mid-Year Review report** was received of the People Committee's progress against objectives were reviewed and approved.
- Quarterly **Communications Metrics Q2 2021/22** was provided by the Head of Communications, assuring against performance KPI metrics with analysis and recommendations presented in a communications dashboard.
- A **People Operations report update** was received and presented by the Head of People Operations on various initiatives that have recently been implemented to improve efficiencies within People Operations covering: Recruitment, Pay and Reward, Bank staffing, and the Transactions teams. As a result of these initiatives that are

contributing towards supporting improvements to patient safety, experience of great patient care, and safer staffing levels across the Trust's service lines, and staff engagement.

- A **Vaccination report update** was received and presented by the Associate Director of Occupational Health and Wellbeing, specifically focussing on influenza and covid vaccinations for staff, providing an update as to where we stand in relation to the requirement to comply with VCOD legislation by April 2022. This was followed by a contemporary verbal update of live data.
- An **Orchards Deep Dive** verbally summarised by the Chief Operating Officer on the status of the report received and the next steps. This will be brought back in the next People Committee.
- A **Staffing Assurance framework for Winter 2021 Preparedness** paper was received and presented by the Deputy Chief Nurse on the tools and model of delivery plan for community care which is required to be designed and implemented, supported with assurance provided on the immediate short-term plans already in place.
- The **Future of HR & OD** paper was received summarising the National NHS Programme published and launched late November 2021. The paper illustrates the NHS 2030 vision and actions for the People department to integrate into their Trust's local People Plans, ensuring alignment with the NHS people promise, NHS people plan, and the NHS Solent Trust Strategy.

Board and Committees- In Public Board Exception Report

Item No.	16.1	Presentation to	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 20th January 2022.		
Committees /Groups previous presented and outputs	N/A		

Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X
Action required	For decision		For assurance		X	

Summary of Recommendations and actions required by the author	The Board is asked: • To note the report from the Committee

To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant		Sufficient	X	Limited		None	

Non-Exec Sponsor name: Exec Sponsor name:	Jackie Munro, Acting CEO & Chief Nurse	Exec Sponsor signature:	JAMunro

Summary of business transacted:

- There were no **Freedom to Speak Up Concerns** to report. An update on activity was provided.
- There were no **Urgent Matters of Safety** to report.
- **Partnership governance arrangements-** review of CCG contracts and consideration of quality and performance governance principles shared.
- The Committee received a **Mandatory Vaccination update** whereby Trust processes and current data was shared. Extensive discussions were held regarding consequence of mandatory vaccination requirements and an overview of the Trust position/ongoing work was provided. Further consideration by the Ethics Review Panel was highlighted and the update was **noted**.
- A **Winter Pressures/Safer Staffing Deep Dive** was presented, together with the **Safe Staffing 6 Month Report**. The Committee were briefed on daily service sitreps being undertaken and areas of concern shared. Appropriate planning and escalation meetings were confirmed, and the **Safe Staffing 6 Month Report** was **noted**.
- The Committee **noted** the following reports presented:

    o **Patient Safety Quarter 2 Report including Learning from Deaths, Learning from SIs and Incidents-** An update on activity was provided, including data and current position following launch of the Patient Safety Syllabus. Assurance was provided in relation to incidents and reporting of near misses *(provided as supplementary paper- item 16.2).*
    o **Safeguarding Quarter 2 Report-** The Committee were briefed on increased activity and work to improve training compliance.
    o **Infection Prevention Control Quarter 2 Report including IPC BAF-** An overview of ongoing pressures was provided. Continuing response to guidance and engagement with staff was emphasised.
    o **Professional Leadership and Engagement 6 Month Report-** The Deputy Chief Nurse provided a summary of ongoing work and assurance of oversight at the

People Committee was provided, including further work in relation to sustainable staffing.

- o **Pascoe Report (Trust assessment against the 39 recommendations) Full Report-** Following request at the last Committee, the full report was presented for information and an update on the current position provided.

- The **Research and Development Strategy** was shared, and the Associate Director of Research and Development provided an overview of key work and focus on increased profile amongst partners and service users. The strategy was **approved** by the Committee *(Strategy under Board item 16.3. Prospectus provided as supplementary paper- item 16.4).*

- An **Exception Report from the Quality Improvement and Risk (QIR) Group and Chief Operating Officer** was **noted**. Key updates were provided from the Southampton and Portsmouth Care Group and exceptions arising from the QIR Group.

- The Committee reviewed the detail within the **Board Assurance Framework (BAF) consideration and oversight of risks Report**, for BAF entries #1- High Quality Safe Care, #3 – 3rd Party Contractor Assurance and #7 – Demand, Capacity and Access to Services. Risk descriptions and newly proposed layout for #1, as a result of Well Led Recommendations, were reviewed. The report was **noted**, and it was **agreed** to reduce BAF #3 to a mitigated score of 6, following considerations of the rationale provided.

- **Ethics and Caldicott Panel Exception Report**- There was no panel held since the last meeting.

- There were no **Regulatory Compliance matters (including CQC matters, recent visits and any NHSE/I items)** to report.

- The **Committee Annual Effectiveness Review** was **noted** and acknowledgement of improvement considerations to align to quality, assurance, safety and performance shared.

Decisions made at the meeting:

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

Recommendations (not previously mentioned):

There are no specific recommendations to note.

Other risks to highlight (not previously mentioned):

There are no risks to highlight.

The Academy of Research and Improvement

NHS Solent NHS Trust

Our Strategy: 2021-25

Vision

As an Academy, we are focused on leading and delivering progressive community-based research, innovation and improvement that drives better care for everyone.

We will provide meaningful, values-focused and community-based research that addresses the real issues and challenges facing health and social care today, to directly inform change that is relevant and accessible.

Community-based research

We will develop our evaluation expertise to support understanding of the experience, impact and effectiveness of care. We will facilitate flexible, rapid and forward-thinking approaches that are accessible, adaptive and responsive.

Responsive evaluation

Areas of focus

Representative involvement

All our work will be done in partnership with those that use our services, and we will make it easier for everyone across our communities (particularly those who have been under-represented) to take part.

Improvement-focussed workforce

We will grow our leadership network across the organisation and the community to enable everyone to innovate, improve and give assurance about the quality of care.
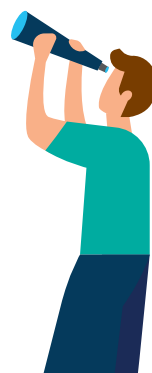
Motivators

Training and support

Partnership

Knowledge and learning

Appropriate methods

Report template- Board and Committees

Item No.	**17.1**		Presentation to	In-Public Board
Date of paper	14 January 2022		Author	Jayne Jenney, Corporate Support Manager and Assistant Company Secretary
Title of paper	Governance and Nominations Committee			
Purpose of the paper	To summarise the business transacted at the EO Governance and Nominations Committee held on 13 January 2022			
Committees /Groups previous presented and outputs	N/A			

Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X
Action required	For decision			For assurance	Y	

Summary of Recommendations and actions required by the author	The In-Public Board is asked to: • Note the report from the Committee

To be completed by Exec Sponsor – Level of assurance this report provides :							
Significant		Sufficient	X	Limited		None	
Exec Sponsor name:	Catherine Mason – Trust Chair Sue Harriman – Chief Executive Officer			Exec Sponsor signature:			

Key messages /findings

- The committee noted changes to executive portfolios and Board/Committee composition following the departure of the COO for Southampton and County Wide services. The committee also reaffirmed the interim single COO position.

- The committee agreed proposed changes to executive portfolios and executive title/role changes.

- It was agreed that the future chairing of the Health and Safety Committee could be agreed by executives and outcome noted at the next meeting.

- NED lead roles were considered and the following was agreed:

Role	Designated NED / supported via Committee transaction	Executive Sponsor
Deputy Chair and Senior Independent Director, Well-Being Guardian, Assisting in Medical Fitness to Practice cases	Mike Watts	----
Freedom to Speak Up	Thoreya Swage	Rachel Cheal
Security Management	Calum Mercer (Audit & Risk Committee)	Gordon Fowler

Patient Safety and Emergency Planning	Stood down	

- The committee **mid-year objectives review** was noted.

- Amendments to the committee **Terms of Reference** were approved. In response to the Well Led Review feedback, it was suggested that consideration is given to a possible consolidation of the Governance and Nomination Committee and Remuneration Committee. It was agreed to draft a further revised Terms of Reference for presenting to the next meeting for further discussion.

- **Standing Orders, Standing Financial Instructions and the Scheme of Delegation** were approved.

- The **NHS Constitution** and **timeline associated with the CEO recruitment** were noted. Chairs action to approve the **Solent BoD Code of Conduct** and **Fit and Proper Person Test SOP** was also noted.

Board and Committee Cover Sheet

Item No.	TBC

Presentation to	Solent NHS Trust Board		
Title of Paper	Charitable Funds Committee Exception Report		
Purpose of the Paper	To summarise the key business transacted at the recent Charitable Funds Committee meeting, 03 February 2022		
Author(s)	Belinda Brown, Executive Assistant to Chief Executive	Sponsor	Gaurav Kumar, NED – Committee Chair
Gordon Fowler – Executive Sponsor
Date of Paper	10 February 2022	Committees/Groups previously presented	----
Summary of key issues/messages	The committee: - • **Welcomed** Gordon Fowler as the new Executive Sponsor for the Charitable Funds Committee • Received the **Quarter 3 2021/22** Finance Report, acknowledging that the charity showed a surplus in Q3 of **£3819.00** and YTD surplus of **£3739.00**. The committee were informed that five public donations had been received in Q3, totalling **£4456.00**. • The committee **noted** that no charitable fund expenditure had been made within the quarter • **Received** an update on the status of the rebranding of the charity and discussed potential opportunities for the charity's relaunch, including a planned Trust charity walk • **Noted** that the submission deadlines for the **Stage 3 NHS Charities Together** application process extended, and that the charity will aim for submission by 22 April 2022, for projects to start in October 2022. • The committee **received assurance** that the required reports for the grant awards in progress • **Approved** a bid for **£5,600.00** for eight staff recognition events, to recognise staff for their work during COVID, with the aim of producing artwork for each service line and corporate teams. • **Agreed** to increase the threshold of charitable funds approval limit for the Executive Sponsor to **£2,000.00**, from current level of £1,000.00 • **Approved** a proposal for a Remembrance Garden scheme totalling **£30,000.00** • **Reviewed** proposals for Estates use of charitable funds spend and agreed that the proposals focus on staff welfare areas. • **Received** an update from the Communications team • **Noted** Chair's **approval** of charity spend totalling £5,572.00, for Christmas staff recognition (pin badges and cards)		

Action Required	For decision?	N	For assurance?	Y

Recommendation	The Board is asked to receive the above summary of business transacted.

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

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