Agenda

Solent NHS Trust In Public Board Meeting

Date: Monday 4 April 2022
Timings: 9:30 – 13:15
Meeting details: Virtual meeting

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 – Chat over Chai –** *Sapna Vohra, Community Engagement Facilitator, Health Inequalities, will join the meeting to introduce:* • *Mala Patel* • *Sandra Hall* • *Lucky Choudhury*	Acting Deputy CEO & Chief Nurse	To receive
3	10:05	30mins	**Staff Story – from Preceptorship Programme** • *Samantha Baillie* • *Elizabeth Varughese* • *Joan Wilson* • *AHP*	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 and 6 monthly summary report** • **Freedom to Speak Up matters**	Acting Deputy CEO & Chief Nurse Chief of Staff	Verbal update / To receive

Items to approve					
6	10:50	10mins	**Digital Strategy**	Acting CEO	To approve
7	11:00	5mins	**Annual Audit timetable and delegations**	Chief of Staff	To approve
10-minute break					
Items to receive					
8	11:15	15mins	**Review of the Year Video**	Acting CEO	To receive
9	11:30	5mins	**Information Governance Annual Report 2021/22**	Chief of Staff	To receive
10	11:35	10mins	**Annual Staff Survey Feedback Report** *Report to follow Friday 1 April 2022*	Chief People Officer	To receive
11	11:45	10mins	**LMS Progress Report**	Chief People Officer	To receive
12	11:55	20mins	**Chief Executive's Report**	Acting CEO	To receive
13	12:15	35mins	**Integrated Performance Report** *Including:* *1. Safe* *2. Caring* *3. Effective* *4. Responsive* *5. People* *6. Finance* *7. Research and Improvement* *Appendices:* ○ *NHS Provider Licence Self--Certification* ○ *Waiting Supplementary Graphs* ○ *Single Oversight Framework*	Executive Leads	To receive
Reporting Committees and Governance matters					
14	12:50	15mins	**People Committee -** *Exception report from meeting held 17 March 2022*	Committee chair	To receive
15			**Engagement and Inclusion Committee –** *Exception Report from meeting held 22 March 2022*	Committee chair	To receive
16			**Mental Health Act Scrutiny Committee-** *from meeting held 17 February 2022*	Committee chair	To receive

17			**Audit & Risk Committee –** *no meeting held to report*	Committee chair	To receive
18			**Quality Assurance Committee-** *Exception report from meeting held 17 March 2022 including:* • *Patient Safety Quarter 3 Report including Learning from Deaths, Learning from SIs and Incidents (supplementary papers- item 21.2)*	Committee chair	To receive
19			**Governance and Nominations Committee** – *No meeting held to report*	Committee chair	To receive
20			**Non-Confidential update from Finance & Infrastructure Committee–** *non confidential verbal update from meeting held 28 March 2022*	Committee chair	To receive
21			**Charitable Funds Committee –** *no meeting held to report*	Committee chair	To receive
22			**Summary of Board Appraisal Outcome / Effectiveness Review**	Chair	To receive
Any other business					
23	13:05	10mins	**Any other business and reflections including:**	Chair	-
24			• ***lessons learnt and living our values*** • ***matters for cascade and/or escalation to other board committees***		
25	13:15	---	**Close and move to Confidential meeting** The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows: "that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'" (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)	Chair	-

---------- break ----------

Date of next meeting:

- ***6th June 2022***

Item 4.1

Minutes

Solent NHS Trust In Public Board Meeting

Date: Monday 7th February 2022
Timings: 9:30 –
Meeting details: Virtual meeting via MS Teams

Chair:
Catherine Mason, Trust Chair (CMa)

Members:	**Attendees:**
Andrew Strevens, Acting CEO (AS) **Jackie Munro**, Acting Deputy CEO & Chief Nurse (JM) **Dan Baylis**, Chief Medical Officer (DB) **Suzannah Rosenberg**, Chief Operating Officer (SR) **Jas Sohal**, Chief People Officer (JS) **Gordon Fowler**, Acting Chief Finance Officer (GF) **Mike Watts,** Non-Executive Director (MW) **Gaurav Kumar**, Non-Executive Director (GK) **Stephanie Elsy,** Non-Executive Director (SE) (from item 5.2) **Calum Mercer**, Non-Executive Director (CMe) **Apologies:** No apologies to note.	**Rachel Cheal**, Chief of Staff & Corporate Affairs (RC) **Jayne Jenney**, Assistant Company Secretary and Corporate Support Manager (JJ) **Sandra Glaister,** Company Secretary (SG) Patient Representative: Roger Batterbury (item 2 only) Staff Member: Claire Godwin, Transformation Manager (item 3 only) Teresa Power, Patient Safety Specialist (item 7 only) Pauline Jeffries, Head of Quality and Safety (item 7 only) Ann Rowen, Associate Director of Diversity & Inclusion (item 9 only) **Observers:** Vanessa Avlonitis

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

1	**Chair's Welcome & Update, Confirmation that meeting is Quorate, Register of Interests & Declarations of Interests**
1.1	CMa welcomed members of the public to the meeting. CMa conveyed her good wishes to SH in her new job and to the executives standing up in their new roles, whilst a replacement CEO is being recruited. CMa welcomed Vanessa Avlonitis (VA) in attendance to observe the meeting and who will be joining the Trust as Associate Non-Executive Director on 21st February. It was explained that the Board meeting is being held virtually in line with NHS guidelines that remain unchanged for infection prevention and control purposes which will continue to be reviewed as guidelines change.
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	**Patient Story – Adults Portsmouth**
2.1	JM introduced RB to the meeting who was in attendance to share the story of the poor care received by his mother. A photo of RB's mother was shared. RB explained the circumstances surrounding an official complaint raised with regards to his mother's rough treatment by an agency health care assistant whilst staying at Jubilee House following a fall and sustaining a dislocated shoulder injury.

	RB informed the Board of being dissatisfied with the first letter of apology received due to a lack of acknowledgement of learning required and clarification that matters had been dealt with effectively. RB reported on a subsequent meeting held to further reflect on the incident and actions required. RB highlighted his sister's continued anger at the way in which the complaint has been managed. RB reported that his mother is now happy in a care home in Southsea and enjoying time with other people. RB thanked AS and JM for inviting him to the Board meeting to share his story.
2.2	Members of the Board shared their comments and thoughts on the story shared. JM apologised to RB and acknowledged the significant learning required. JM reported that the Board are to discuss new Patient Safety Partner roles that will lead on ensuring a clear patient voice. JM also suggested further discussions with RB's sister with senior nurses and health professional leaders.
2.3	DB thanked RB for his valuable story and highlighted safety strategy discussions planned that will change Trust culture in holding timely conversations to achieve open and transparent outcomes and will frame the Trust strategy with more positive conclusions achieved.
2.4	AS apologised again in relation to the care RB's mother had received and acknowledged the lack of empathy in the response letter sent.
2.5	JS commented that although there will be a continued need for agency staff, further consideration is required on how to ensure awareness and compliance with Solent standards of care and safeguarding. JS also highlighted the need to consider patients who do not have the advocacy of families to raise issues and to ensure all patients are listened to.
2.6	CMa thanked RB for sharing his story with the Board. CMa commented on being humbled by the experience shared. CMa acknowledged the failure in the care provided and the process to address and provide assurance regarding the investigation and actions taken. It was noted that RB is to meet with JM again to discuss further. *RB left the meeting at this point.*
4	Minutes of the meeting held Monday December 2021, matters arising and action tracker
4.1	The minutes of the last meeting were confirmed as an accurate record. The following actions were confirmed as complete: AC004328, AC004329, AC004330, AC004331 and AC004332. Action AC00432 – it was noted that a report on the return value of the investment from the LMS system is to be reported through the People Committee then on to the Board. AS added that there has been no challenge with regards to the accuracy of the staff and wellbeing value for money and commented that the LMS has proved to be an excellent system.
5	**Staff Story – Claire Godwin, Transformation Manager – Asset Based Community Development Programme**
5.1	*Claire Godwin joined the meeting at this point.* JS introduced CG to the Board. CG talked about her journey with the Asset Based Community Programme, the impact it has had on her and of the key learnings gained.

5.2	CG explained elements of the Asset model that will support teams and tap into motivations and strengths. CG briefed on working within Primary Care Services and of a leading vision to improve care with Alongside Communities. CG shared her experience with behaviour and performance issues and a focus on addressing problems. CG shared Cormac Russel examples with the Board. *SE joined at this point of the meeting.* CG explained reasons for inequalities due to the way care is provided and highlighted the need to take local responsibilities to create equal opportunities within health.
5.3	Members of the Board shared positive comments on the briefing provided. MW commented on the quality of the programme and of a meeting organised to discuss further later this week. MW asked how enthusiasm will be scaled. CG reported that Sarah Balchin, Associate Director of Community Engagement and Experience will lead on the work.
5.4	SE commented that the approach is critical to the future of the Trust's success as an organisation and time is required to achieve good people engagement and improving patient outcomes.
5.5	CMa thanked CG for her time and enthusiasm to share the story. *CB left the meeting at this point.*
6	**Safety and Quality – contemporary matters including:** • **Board to Floor feedback including 6 monthly Board to Floor update** • **Freedom to Speak Up matters**
6.1	<u>Board to floor visits</u> It was noted that Board to Floor visits are to recommence in March.
6.2	<u>Freedom to Speak Up matters</u> RC informed the Board that the F2SU Steering Group has been postponed following the departure of Thoreya Swage, Non-Executive Director. The group are looking forward to VA joining. It was noted that there will be no national index available this year however an exercise by way of a comparison locally within the HIOW is being undertaken.
7	**Safe Staffing Report**
7.1	JM drew the Board's attention to the number of reported assaults at Kite, Hawthorne and Maples and highlighted that although numbers are significant, the number of individual patients are few and complex cases.
7.2	RC referred to page 8 of the report with regards to the benefits of community teams auto allocate according to clinical caseload and asked if the system is also being used within other services.
7.3	The Board was temporarily halted. Board members thanked the administrative team for their support and action taken. JM explained the process and benefit associated with the safe staffing daily reviews conducted by inpatient areas. In relation to benchmarking medication errors, DB explained the benefit of the e-prescribing system once implemented and expected improvements in reducing incident rates.

	Within the report, MW noted that a supplementary note to support the data giving context on medication errors would enable the Board to understand the risk.
8	**Patient Safety Strategy including related training**
8.1	*Teresa Power and Pauline Jeffries joined the meeting at this point.* TP provided an overview of the Patient Safety presentation shared. Training levels were explained and expected timescales for the completion of level 1 training was noted. TP explained the Patient Safety Plan created based on a review of incidents and safety events that have occurred to agree areas of future investigations to learn from both negative and positive outcomes. The 'Just Culture' was explained. Plans to recruit two Patient Safety Partners by the end of March 2022 were shared. TP informed the Board that the new role will work collaboratively with the Community Engagement Team, Alongside Community work and with the Patient Safety Team to codesign the Patient Safety Response Plan that will assist in working towards the Trust's Patient Safety Model. TP shared plans to also introduce a Patient Safety Champion later in the year and explained the role with the wider Quality and Safety Team to link closely with service lines and to also support the Patient Safety Response Plan codesign.
8.2	The Board shared positive comments on the presentation provided.
8.3	CMa commented on the importance of capturing patient feedback to drive culture changes. TP confirmed that this has been considered as part of the national strategy. CMa thanked TP and PJ for the presentation provided and it was noted that further updates will be provided via the Chief Nurse report. *TP and PJ left the meeting at this point.*
9	**The Clinical Framework**
9.1	DB explained the next steps for the Clinical Framework following its development. It was noted that the framework is to be published and shared with staff to ensure it underpins how to move forward as an organisation. DB reported that the framework provides a roadmap to collaborative working across the HIOW system to address the needs of the population. Further consideration is required on how to share externally.
9.2	Members of the Board commented and shared their opinions of the framework presented.
9.3	DB briefed the Board on planning meetings held with service lines that focussed on how to frame the planning process within the ICS and around the clinical framework. Quality risk access to the BAF and how the clinical framework is referenced has also been reviewed to ensure being held to account against key priorities.

	DB also commented on the need to work with communities to understand key delivery requirements that are meaningful and of the importance of the BI strategy to ensure outcomes are captured.
9.4	CMa asked how progress of working to the clinical strategy will be measured. DB shared the ambition of the framework being understood and referenced throughout the organisation.
9.5	The Board discussed the use of the framework within the ICS going forward. JM informed the Board of a session being organised to discuss the framework further with Jenny Erwin who is leading on the Mental Health Provider Collaboration within the ICS.
9.6	SR commented that whilst the framework is to be managed from a quality perspective, work is to be undertaken to look at how to integrate with operations. **The Board noted the discussion and approved publication of the framework.**
10	**The Big Conversation**
10.1	*Anna Rown joined the Board at this point.* JS introduced AR to the meeting to share a presentation on the agenda moving forward on diversity and inclusion.
10.2	AR briefed the Board on preparation work undertaken previously to build staff networks and actions plans created based on lived experiences. AR shared outcomes and learning from Rapid Insight sessions held and areas of focus identified going forward. The next 12 months plans and key goals were shared as well as the current position and priorities for 2022/23.
10.3	CMa thanked AR for the presentation provided and highlighted the Board's passionate stance on the work. It was confirmed that the Board will receive regular updates through the People Committee. CMe highlighted potential difficulties in managing discriminatory issues within the community and raised challenges particularly with those with hidden disabilities. AR reported on a series of conversations planned with Sarah Balchin to understand barriers which includes hidden disabilities. New posts have been invested in to provide delivery insight and actions and in addition, a recent agreement has been achieved with Autism Hampshire to raise awareness of diversity in this area. CMa welcomed AR to her new role within Solent and wished her well on the work as it progresses. **The Board noted the content of the report.** *AR left at this point of the meeting.*
11	**Chief Executive's Report**
11.1	• AS acknowledged this to be the first Board without SH as CEO and commented on her excellent achievements over the last 7 years. • AS acknowledged the departure of Non-Executive Director, Thoreya Swage and the new appointment of Vanessa Avlonitis who will replace Thoreya on 21st February as Associate Non-Executive Director.

	• The excellent response to the recent QA incident was noted. AS reported that 80-100 beds were emptied which was an incredible effort. • The organisational strategy was noted to have been approved at the last Board meeting and will be communicated publicly via a campaign in February. • The Board was informed of the excellent vaccination rates achieved for both Covid and flu. • Activities associated with the decision to go to consultation with regards to mandatory vaccinations have been paused until national guidance is confirmed. • Regarding the BAF, the Quality Assurance Committee discussed the risk score in relation to third party contract assurance, BAF# 3, and it was agreed to downgrade the score.
11.2	The Board relayed thanks to all staff who have worked in response to Omicron and the QA incident.
11.3	CMa referred to the current uncertainties with regards to mandatory vaccinations and asked if the situation has left the Trust with legacy issues. JS commended the Occupational Health Team on the management of the position and confirmed that the Team are continuing to encourage vaccinations at this time. JS provided assurance that there have been no concerns raised by staff.
11.4	The Board noted that JM is to be the chair of the Health and Safety group and member of the Board with health and safety responsibility to ensure accountability. **The Board noted the CEO report and further update.**
12	**Performance Report**
12.1	• AS informed the Board of the national request to reduce medically optimised patients (MOFD) due to the Omicron impact and reported that no system had achieved the reduction target set. It was noted that no difference was been made to the local system despite redeployed staff to urgent response services. • AS highlighted the success of the incentive payment programme to fill difficult shifts. • AS informed the Board that Solent are a high performer in providing vaccinations and shared the current training achievement of 88% due to the success of the LMS system.
12.2	<u>Operational</u> • SR briefed the Board on activities undertaken to prepare for 'super surge and extra ordinary surge' scenarios. SR highlighted staff being unsettled due to the poor experience of redeployment from previous waves however confirmed that it was positively managed by triumvirates. • SR confirmed there to be no areas nationally meeting MOFD targets however provided assurance that Solent is performing well across both cities. SR reported on difficulties within social care particularly around Hampshire and issues within local authorities to rapidly commission domiciliary care.
12.3	MW asked how decisions are made with regards to patients being medically optimised for discharge. DB explained the current process and criteria required for clinical team decisions to be made. It was noted that the process is continuing to evolve.
12.4	SE suggested further discussion on Medically Optimised for Discharge (MOFD) due to the significant challenges faced and the need to reassess appetite for the risk of discharging into the community. It was agreed to discuss in more detail at a future Board workshop. **Action: DB – to consider timing of discussion at future Board workshop**

12.5	<u>Workforce</u> • JS informed the Board of smoother arrangements associated with staff redeployment during the Omicron wave and thanked Debbie James for her commitment to remain with the Trust to provide support prior to her secondment. JS informed the Board of an internal reserve list in place for staff willing to be trained in readiness should they be needed the future. • Staff sickness has increased across the local Hampshire and Isle of Wight providers, significantly due to anxiety and stress. A workshop is to be held to discuss this further. • JS briefed the Board on the successful apprenticeship scheme and of a proposal accepted for central apprentices. • Staff survey results are expected in March with an early indication of good engagement. • JS shared considerations being given on how to recognise staff, increase inclusion and be more connected with teams. • Wellbeing is being looked at closely as part of the business planning process. • It was noted that despite the pause of the VCOD policy pending update from the government, there may be a requirement for all new staff to be double vaccinated going forward.
12.6	<u>Quality</u> JM informed the Board of higher numbers of clinical supervision undertaken that has not been recorded and of the need to review this through the Quality Improvement & Risk Group. JM also stated that future storytelling to the Board needs to be reviewed to ensure a balance on positive and negative stories shared.
12.7	GK highlighted an inconsistency in numbers reported on page 81 of the report. JM to check detail and amend accordingly. **Action: JM**
12.8	<u>Finance</u> • GF confirmed that funding has been received for the stepping up of services to support the MOFD and elective recovery. • GF informed the Board that H2 will now be in a breakeven position at year end. • Regarding capital expenditure, GF informed the Board that an extra £1.2m has been awarded to assist with digitalisation. Underspends are also to be utilised elsewhere in the system for spending this year with no returns expected.
12.9	<u>Research</u> CMa commented on the positive return of pre-pandemic research activity. DB echoed CMa's comments and informed the Board of a national direction of governance led community focussed research that is aligned to the research arm of the academy. **The Board noted the Performance Report and further updates.**
13	**People Committee**
13.1	MW reported that the committee discussed the BAF risk relating to workforce sustainability and planning for staff retention and long-term plans for assurance on future actions required as an ICS system. The committee suggested holding a deep dive on workforce at a future Board Workshop The committee also received a presentation on the Health and Wellbeing framework that is included within supplementary papers for information. **The Board noted the exception report.**

14	**Engagement and Inclusion Committee**
14.1	• SE briefed the Board on discussions held at the last committee in the absence of an exception report. • Key progress updates were shared at the meeting including the increase in number of community partners from previously underrepresented groups. • SE highlighted challenges raised with regards to data collection and difficulties with external communications with community partners. It was noted that IT teams are assisting to address. **The Board noted the update provided.**
15	**Mental Health Act Scrutiny Committee**
15.1	There was no meeting held to report.
15	**Audit & Risk Committee**
15.1	• CMe informed the Board that a shorter than usual meeting was held due to the number of audit delays as a consequence of the Omicron wave. A bigger meeting is planned for May. • It was agreed that the committee will monitor performance associated with the recent Well Led review. • One internal audit was reviewed briefly and will be reviewed by the People Committee going forward. • The reviewing of the BAF by other committees of the Board was noted and the well-established external audit programme was reviewed.
15.2	CMe added that internal auditors have indicated their confidence of being in a position at year end to sign off systems of internal control. **The Board noted the update provided.**
16	**Quality Assurance Committee**
16.1	**The Board noted the exception report.** CMa highlighted the supplementary papers also provided for information.
17	**Governance & Nominations Committee**
17.1	It was noted that the Gov & Noms Committee approved the following documents that have been provided via supplementary papers: • **Committee Terms of Reference** • **Standing Orders** • **Standing Financial Instructions** • **Scheme of Delegation** • **NHS Constitution** • **The Board noted the committee exception report.**
18	**Non-Confidential update from F&I Committee**
18.1	There were no matters to report to the In-Public Board.
19	**Charitable Funds Committee**
19.1	• GK reported that GF was welcomed to the committee as replacement executive sponsor for David Noyes.

	• The Covid 19 stage 3 application is to be reviewed and circulated outside of the meeting with the view to submit in April. • Staff welfare activities were approved and the remembrance garden was agreed in principal. • GK reported that the committee received a verbal update on the rebranding of the charity and it was agreed to change from Beacon to Solent charity. It was noted that a paper is expected outside of the committee shortly for approval. **The Board noted the update received.**
20	**Any other business**
20.1	No further business was discussed.
21	**Lessons learnt and living our values** **Matters for cascade and/or escalation to other board committees**
21.1	The Board reflected on the meeting. CMa highlighted difficulties associated with virtual meetings. The Corporate Support Team was thanked for the reactive management of the difficult situation that had occurred during the meeting. AS commented that despite the intrusion and impact on the meeting, good conversations were held, particularly hearing the story of RB's mother that linked well into patient safety discussions. RC thanked the Board for their support of the Corporate Support Team during the incident that had occurred.
22	**Meeting closed**

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Date of next meeting: 04 April 2022

Action Tracker

Overall Status	Source Of Action	Department	Date Action Generated	Minute Reference/ Additional URN	Action Number	Title/Concerning	Action Detail/ Management Response	Action Accountable Lead	Latest Progress Update
On Target	Board meeting - In Public	Executive	07/02/2022	12.4	AC004468	BOD 1 - Performance Report	SE suggested further discussion on Medically Optimised for Discharge (MOFD) due to the significant challenges faced and the need to reassess appetitie for the risk of discharging into the community. It was agreed to provide an educational session on MOFD at a future Board Workshop - date to be agreed	Dan Baylis	Educational session on MOFD to be provided at the July Board Workshop - close action.
On Target	Board meeting - In Public	Executive	07/02/2022	12.7	AC004469	BOD 1 - Performance Report	GK highlighted an inconsistency in numbers reported on page 81 of the report. JM to check detail and amend accordingly.	Jackie Munro	Report amended. Action complete.

Report template- Board and Committees

Item No.	5.1	Presentation to	In Public Board Meeting		
Title of paper	Board to Floor 6 monthly update				
Purpose of the paper	The purpose of this paper is to provide a brief overview of the Board to Floor sessions, in the period October 2021 – March 2022				
Committees /Groups previous presented and outputs	First presentation to Board				
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 are asked to note this report					

To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant		Sufficient	X	Limited		None	
Exec Sponsor name:	Jackie Munro, Chief Nurse		Exec Sponsor signature:	JAMunro			

Key messages /findings

Purpose:

The purpose of this paper is to provide a brief overview of the Board to Floor sessions, during the period October 2021 – March 2022.

Background:

Board to Floor visits continue to provide an opportunity for staff to speak directly with Board members about their experience of working for the Trust. These sessions have been established within Solent for some time and have always presented a great face to face opportunity for staff to discuss the area in which they work.

While it is acknowledged that the investment of time in completing these sessions is significant, the positive reaction has been worthwhile. Though these are not compliance or quality visits, the RCT will continue to immediately escalate issues that adversely affect patient or staff safety and experience. The current Board to Floor process is continually reviewed by the RCT, Associate Director of Quality and Governance and Chief Nurse.

Sessions:

During the Q3/Q4 period the team completed 15 visits/virtual sessions across six of the seven service lines and corporate/Trust-wide services. (See Appendix 1) However, during the Omicron wave of the pandemic, in November 2021, it was agreed that all on-site sessions be cancelled until the clinical pressures on all Service Lines were reviewed at the end of January 2022. Sessions booked in March 2022 were held on TEAMS. Face to Face will recommence in April 2022.

Themes as raised by staff:

After every session, the following were noted to be the main themes both, as positive highlights and as issues that managers might wish to explore further. None were recorded as actions but shared for senior managers awareness.

Top five positive themes highlighted by staff were

- Good communication in the team
- Wellbeing support
- Pride in the team
- New ways of working
- Supportive teams (inc team support by Senior Leadership Team)

Concerns were highlighted for further discussion and primarily focused on the following

- Waiting lists and numbers of new patients increased
- Staff stress, fatigue, and burnout
- Tired estate and lack of space
- Vacancies, recruitment, and staffing
- Increased acuity and demand

Conclusion:

These visits continue to provide welcome opportunities for Solent staff and board members to have open and honest conversations. Staff can celebrate innovation and good practice as well as discuss challenges that services face too.

As part of this process, we provide notes which are emailed to the service manager and Head of Quality and Professions (HQP) post visit.

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

Appendix 1.

The following is a list of all the sessions completed and those booked until the end of March 2022.

Service Line	Date	Location and Team
Adult Mental Health	19/10/2021	CIRT
Adults Portsmouth	25/10/2021	Heart Failure Team
	05/11/2021	CAT
Adults Southampton	05/10/2021	Central Community Nursing
	29/11/2021	Spasticity Team
Child and Family	None carried out in this period.	
Primary Care	12/10/2021	Pain Clinic
	15/11/2021	SMSK Havant
Sexual Health	25/10/2021	Royal South Hants
	26/11/2021	SARC
Specialist Dental	27/10/2021	Petersfield
	16/11/2021	Eastleigh
Trust wide	19/10/2021	The Academy
	08/03/2022	Safeguarding (Virtual)
	15/03/2022	Comms Team (Virtual)
	30/03/2022	Patient Experience (Virtual)

Report template- Board and Committees

Item No.	6.1		Presentation to	Trust Board	
Date of paper	4 April 2022		Author	Stephen Docherty	
Title of paper	Solent Digital Strategy 2022 - 2025				
Purpose of the paper	Provide an updated final version of the Digital Strategy				
Committees /Groups previous presented and outputs	Previously presented during a briefing at the Board Workshop on 10 January 2022.				
Statement on impact on inequalities	Positive impact (inc. details below)	X	Negative Impact (inc. details below)		No impact (neutral)
Positive / negative inequalities	The Digital Strategy sets out the ambitions and deliverables that will improve the experience for all our staff and develop our business intelligence capabilities.				
Action required	For decision	X	For assurance		
Summary of Recommendations and actions required by the author	The Board is being asked to approve the Digital Strategy.				

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

Key messages /findings

Various groups have been consulted and feedback from the Trust Board Workshop held on 10 January 2022 has been incorporated into this final version.

The Digital Strategy shows how the new IT Service (IT Future Operating Model) is the enabling foundation for the digital transformation journeys that have been identified through staff consultation. Each transformation journey describes the ambition and the deliverables (or capabilities) associated with each.

Regional and national policies and guidance have been taken into account, along with the needs of Hampshire and Isle of Wight ICS which is in the early stages of developing its digital strategy.

Oversight of the deliverables and associated business cases will be overseen by the Digital Information Group (DIG), whilst reporting up to the Strategy & Partnerships Committee (SPC).

In parallel, two sub-strategies have been developed which align and contribute to the overall Digital Strategy:

- Information Governance & Security Assurance (includes information management and cybersecurity).
- Performance & Business Intelligence (develop capabilities towards becoming a data-driven organisation).

Both sub-strategies will be overseen as part of the execution of the Digital Strategy.

Digital Information Group will collaborate with key stakeholders (including Communications team) to develop a communications programme that will support the delivery of the strategic objectives.

Item 6.2

NHS Solent NHS Trust

Solent Digital Strategy

2022 - 2025

Contents

Summary view of strategy

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2 | Why do we need a digital strategy?

3 | New IT Service & 5 Transformation Journeys

The details

4 | Solent Strategic Priorities - mapped to 5 Transformation Journeys

5 | How this strategy has been developed

6 | Regional & national context

7 | How we'll deliver the strategy

8 | Appendices

1 Introduction

Pre-pandemic, digital technologies have been very much a part of our lives for several years and every organisation across every industry sector has to embrace the opportunities and overcome the challenges that come with going on the digital transformation journey.

The pandemic has brought about a rapid adoption of digital technologies and the NHS has seen unprecedented changes. We had to quickly make provision for virtual online consultations and enable staff to work remotely and safely, whilst accessing the information and applications they need to perform their daily duties. The pandemic has shown that we can embrace digital technology.

Building upon those changes, this digital strategy will help in achieving our Trust's strategic objectives, as digital and data can provide the capabilities needed to truly enable a digital workforce, whilst using our data to improve our services for local communities and service users.

We are part of the Hampshire and Isle of Wight Integrated Care System (HIoW ICS) which will become a statutory body in July 2022. This digital strategy will link into the plans for the ICS digital transformation, whilst adhering to national guidance and policies.

This digital strategy covers the timespan of 2022 - 2025

Healthcare Challenges

18 million[1]

By 2030, providers will suffer from a projected shortage of healthcare workers globally

6 million[2]

People on NHS waiting lists in the UK. 300,000+ people waiting over 52 weeks

[1] World Health Organisation Report

[2] Statement to Parliament (8th Feb 2022)

see appendix

2 Why do we need a digital strategy?

Our vision can't be achieved without becoming a digitally-mature organisation.

To do this, we have to work together to foster a 'digital mindset' culture where we'll continuously learn, evolve and co-produce our digital capabilities to meet the needs of our staff and of the population we serve.

What this means is that we need to give our staff the best tools and information to do their jobs, and make life easier.

We must give the gift of time[3] to our people and this means looking at systems and processes which are sub-optimal and manually intensive, and look to automate them and reduce the administrative burden[4].

We'll learn together and develop digital coaching programmes to help us become more skilled in the use of digital tools. Cybersecurity is a threat and we'll ensure we educate ourselves, keep our systems and software updated, and implement the right controls to minimise any incidents.

It's important that teams can access up-to-date information that enables data-driven decision-making and continuous improvement. We'll develop this capability as part of the digital strategy, empowering teams with the right and relevant information.

As an NHS organisation we have to ensure that our digital transformation journey supports the delivery of a 'net zero' NHS[5], through delivering enhanced digital care and working with our partners and suppliers to develop sustainable models of care.

Through staff engagement to help understand our needs, we've identified 5 digital transformation journeys that will help Solent become a digitally mature organisation.

Solent NHS vision:

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

[3] The Topol Review

[4] NHSX 5 Missions

[5] Delivering a 'Net Zero' National Health Service

See appendix

3 New IT Service & 5 Transformation Journeys

Digital and data transformation – we will improve the experience of staff and service users by implementing digital solutions which optimise existing practice, innovate new practice and enable effective decision making through excellent data and business intelligence.

Source: Solent NHS Strategy 2021 - 2026

Approved by Solent Trust Board – a new **IT Service** will be implemented in FY22/23

New IT Service

This will provide the **foundations** for digital transformation

- Information Journey
- Efficiency Journey
- Service User Focus Journey
- Workforce Journey
- System Integration Journey

Through staff engagement exercises we have identified **5 digital transformation journeys**

3

Laying the **foundations for digital transformation** – a new IT Service

New
IT Service

For the last few months, many people have been involved in a lengthy procurement programme.

The contract with our current supplier finishes up this year and we will begin implementing a new IT Service with new suppliers from July 2022 onwards.

What does this Mean?

- We will have a **new IT Support Desk** with multiple routes to access help with a **better experience**
- Our aging **laptops & PCs** will be **replaced** from July onwards, giving our staff the right tools
- Our aging network infrastructure (the plumbing), will be replaced and will provide **better Wi-fi and connectivity**

Information Journey

NHS Solent NHS Trust

Ambition

We will improve upon our understanding, management, exploitation and governance of our information.

What does this mean?

We have many sources of information that could be managed better to help us understand and improve on the services we offer. Having the right information available at the right time helps us to know what's going on with our services, to understanding trends, and empowers decision-making on the frontlines.

We'll Deliver

one year	three years	three – five years
Single source of the truth for our data and our information assets will be managed.	Data from different sources will be integrated and can be queried.	Ability to query organisational, local and national data sets to derive insight.
The ability to generate actionable insights from our data, including capacity modelling and trend analysis.	Unstructured data will be mapped and curated.	Our systems will prevent mismanagement and loss of data.
Self-service function for our business intelligence.	Developed AI-enabled insights from our data.	

3

Efficiency Journey

Ambition

Infrastructure, applications, systems & processes are increasingly simplified, well designed, efficient and productive.

What does this mean?

We know that our systems and processes could be much improved, making it easier for staff to do their jobs. This includes looking at those manual processes that take up our time and automating where we can, to let staff spend more time with patients and other tasks.

We'll Deliver

one year	three years	three – five years
Develop a cyber security programme to educate staff, implement controls and monitoring to protect our information.	Internet of Things (IoT) sensors will be adopted within Solent buildings.	Smart buildings are utilised across the whole estate.
Robotic process automation (RPA) will be trialled to reduce the administrative burden.	Will have a robotic process automation (RPA) programme in place, that reduces manual processes.	Knowledge management system implemented.
Intelligent scheduling will be implemented into our Electronic Patient Record.	Patients can access and interact with health records.	
Processes will be in place to prioritise and support digital improvements.	The number of applications we have to use will be rationalised.	
Electronic whiteboards will be introduced to wards.	Clinical systems will be available on any device.	

Service User Focus Journey

NHS Solent NHS Trust

Ambition

Co-design increasingly delivers a consumer-focused approach to improved safety, effectiveness and user experience.

What does this mean?

We need to engage more with the people we serve to understand where digital services can benefit them. This includes giving patients access to records and services through digital and through other means, to ensure those that are digitally excluded are supported.

We'll Deliver

one year	three years	three – five years
Engagement with our community and set up a 'digital panel' where citizens can contribute towards digital developments.	Develop and publish a set of design and usability principles to address digital exclusion.	Digital feedback loops will be used to monitor and inform continuous improvement.
Patient-facing digital systems will be reviewed and checked to ensure they are accessible, easy to use, and improvements are made where needed.	Digitised care pathways will adhere to those design principles.	

3

Workforce Journey

Ambition

Staff, from board to floor, become increasingly trusting, competent and innovative with digital solutions to optimise and innovate.

What does this mean?

In helping our staff to 'go digital', we'll be best placed to use digital tools to make improvements to the services we provide. Developing our digital skills collectively will help us to reimagine new ways of working.

We'll Deliver

one year	three years	three – five years
Work with our staff to develop digital coaching and learning activities and adopt a digital mindset.	National, regional and local training resources for digital will be utilised.	Professional accreditation for healthcare informaticians and entry pathways.
System usability issues will be identified and a plan created to improve our systems.	A digital skills framework will be introduced to help people.	
Develop our ability to harness innovation, giving staff the opportunity to bring ideas forward to help improve what we do.		

System Integration Journey

NHS Solent NHS Trust

Ambition

Solent's digital activities increasingly align and blend with the wider health and social care information.

What does this mean?

Across the NHS, we are on the path to digital transformation and need to work with our colleagues to share learning, best practise and joint working. We have national objectives to meet as well as meeting the needs of our local and regional population.

We'll Deliver

one year	three years	three – five years
Peer to peer relationships with key ICS and partner organisation counterparts will have been mapped.	Solent takes a leadership role in organisational and ICS customs/practises alignment.	Solent customs and practises only differ from wider ICS by exception.
A mechanism ensuring coordination between partners will have been constructed.	Barriers for information flows in/out of Solent are diminished.	
Our digital strategy contributes and aligns to the Hampshire & Isle of Wight Integrated Care System (HIoW ICS) digital strategy, due in July 2022.		

4 5 key Trust objectives mapped to 5 digital transformation journeys

Digital and data transformation – we will improve the experience of staff and service users by implementing digital solutions which optimise existing practice, innovate new practice and enable effective decision making through excellent data and business intelligence.

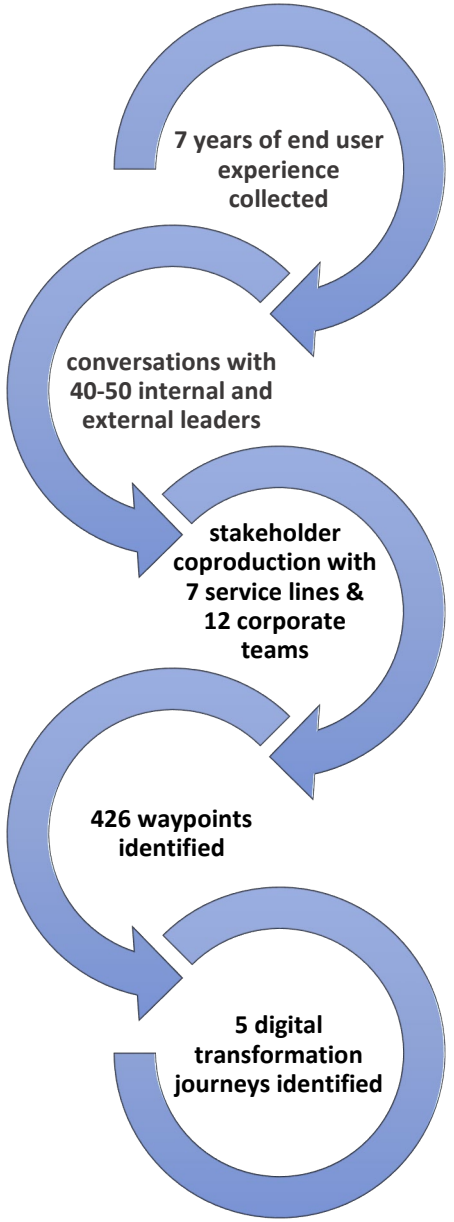
Source: Solent NHS Strategy 2021 - 2026

As part of our ambition to be a digitally-mature organisation where services adapt and respond to the needs of local communities and service users to **deliver the best evidenced outcomes:**

We will **develop our data quality and business intelligence maturity** to ensure effective measurement of meaningful outcomes and enable informed decision making which supports innovation and improvement.	**Information Journey**
We will **simplify and improve the design and operation of our digital solutions**, learning from innovations during the pandemic and ensuring consistency and clarity to enable new ways of working and release time to care.	**Efficiency Journey**
We will **improve the usability, support experience and learning experience of the digital tools available to our people and our service users**, to build digital competencies and optimise use of digital solutions. This will help us improve productivity, data quality and service user experience.	**Service User Focus Journey**
We are committed to **embedding a culture of continuous digital improvement**, where there are clear, easy ways to turn good ideas from our people and service users into innovative new ways of working.	**Workforce Journey**
We will **work with our partners across Hampshire and the Isle of Wight to ensure our digital solutions benefit from shared learning and interoperability** to enable consistent, joined-up services for our communities.	**System Integration Journey**

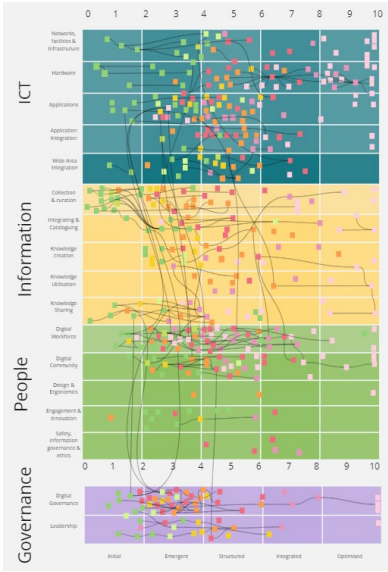
5 How This Strategy Has Been Developed

- The development of this strategy arose from a recognition that the digital agenda is necessarily wider than that which can be delivered by ICT team following an ICT strategy, both from the perspective of our organisational needs and as a response to external drivers.
- Leaders and stakeholders from all corporate teams and service lines were canvassed to develop a list of projects, programmes and aspirations that they were currently involved in, which were in turn mapped as waypoints on the journey towards a digitally mature future.
- The resulting picture was then scrutinised and added to by a group representing the current and future end users of Solent's digital estate, over the course of 9 workshops, to ensure its fitness for purpose.
- This led to the requirement for the organisation to embark on five transformation journeys
- Throughout this exercise, the emerging strategy was compared and contrasted to the ICS digital strategy, and the strategies of local partners and kept under review for alignment with national strategic drivers. It was presented, discussed and adapted at various leadership events and board workshops.



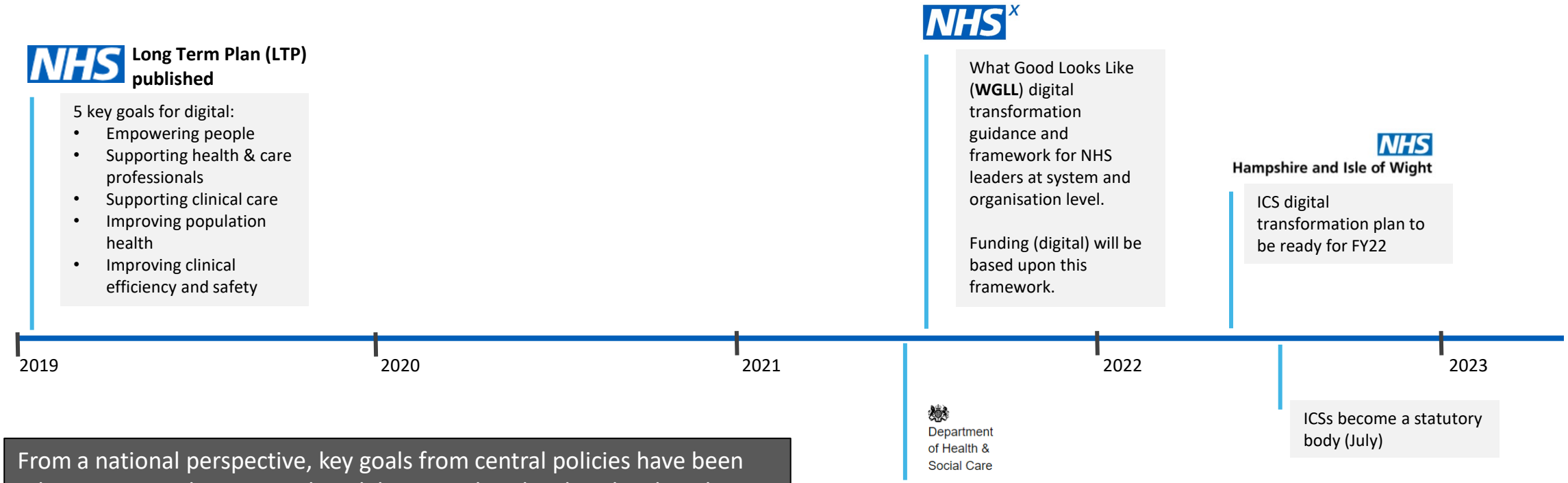
Drivers of our Digital Strategy

Waypoints on the journey to digital maturity



5 strategic journeys

6 Regional and National Context



From a national perspective, key goals from central policies have been taken into consideration and guidelines used to develop this digital strategy.

Regionally, we are engaged & involved with Hampshire & Isle of Wight Integrated Care System (HIoW ICS) in developing the ICS digital transformation plan. Solent's digital strategy aligns and complements those plans.

See appendix for further detail

7 How We'll Deliver The Strategy

We have a comprehensive structure* in place to track and ensure delivery of the Digital Strategy

Trust Board
Will receive regular updates on the delivery of the Digital Strategy

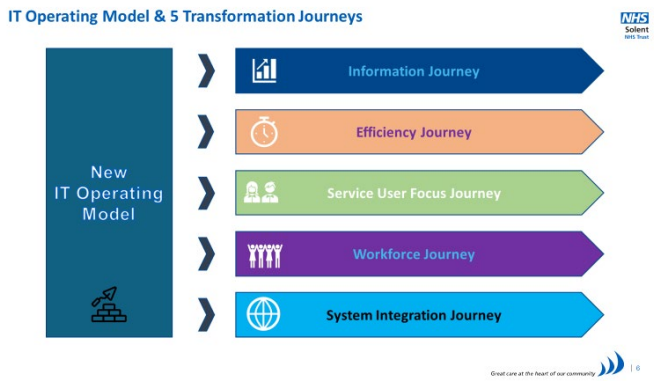
Digital Information Group
Will oversee the delivery of the Digital Strategy, all associated programmes of work including business cases & management of risk.

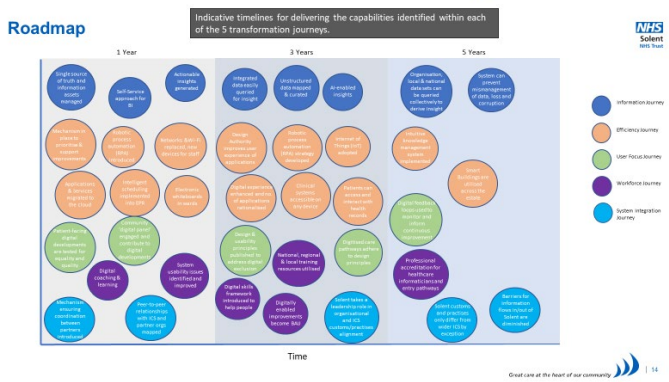
Sub-Groups
Will monitor and manage the detailed delivery of projects against milestones

*See appendix for full governance structure

Managing the change

Delivering the many projects will require us to standardise our project management practises and reporting. This includes developing business cases for each area of investment, coupled with agreed ways of achieving & measuring the benefits of the change.





Keeping staff involved and patients informed and engaged

Community Digital Panel
We'll involve our patients and their families & carers through working with our partners to engage and include citizens on digital developments

Digital Prioritisation Group
We'll promote our DPG to involve and listen to staff who bring ideas to make digital improvements, working across boundaries to support each other in new ways of working

Sharing News
We'll send out regular updates to keep staff up to date with progress and raise awareness of how to get involved

8 Appendices

Regional and National Context
Where we are now
Harnessing Innovation
Governance
Roadmap on a page
References

8 Regional and National Context

Regional

Solent NHS is part of the Hampshire & Isle of Wight Integrated Care System (**HIoW ICS**) and our digital strategy will ensure that it aligns and contributes towards the strategic aims of the region. The ICS digital transformation plan is being developed in time for the end of this FY21/22 and will focus on 8 priorities:

Priorities for 2022 – 2025:

1. Patient empowerment and involvement
2. Supporting and developing our workforce
3. Developing our interoperability solutions (Trusts, Primary Care and CHIE)
4. ICS digitalisation and consolidation
5. A new data strategy
6. Implementing our PHM solution
7. Developing our business intelligence
8. Supporting innovation

Links:

NHS Long Term Plan, January 2019
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

Department for Health and Social Care, Data Strategy, June 2021
Data saves lives: reshaping health and social care with data (draft) - GOV.UK (www.gov.uk)

NHSX What Good Looks Like Digital Maturity Framework, August 2021
What Good Looks Like framework – NHSX

National

In 2019 **NHS England** set out its long term plan which focuses on 5 key goals for digital transformation:

1. Empowering people
2. Supporting health and care professionals
3. Supporting clinical care
4. Improving population health
5. Improving clinical efficiency and safety

In 2021 the **DHSC** published its draft data strategy: **Data Saves Lives** with 3 key priorities which underpin this strategy:

first to build understanding on how data is used and the potential for data-driven innovation, improving transparency so the public has control over how we are using their data

second to make appropriate data sharing the norm and not the exception across health, adult social care and public health, to provide the best care possible to the citizens we serve, and to support staff throughout the health and care system

third to build the right foundations – technical, legal, regulatory – to make that possible

In 2021 NHSx published the What Good Looks Like (**WGLL**) guidance and framework for NHS leaders at system and organisation level.

The ability to attract funding will be based upon this framework.

Where We Are Now

‘What Good Looks Like’ – 7 Domains of Digital Maturity*

- **Well led:** Our leadership is confident and inspires a culture of digital transformation, data literacy, inclusion and collaboration.
- **Ensure smart foundations:** we have reliable, modern, safe and resilient infrastructure and data capabilities. We review and continuously improve our core IT and digital services.
- **Safe practice:** we ensure that our systems, and our use of technology meets and maintains high-quality safety and service standards.

- **Supported people:** our workforce are digitally literate and empowered to work with data and technology systems – and we can work frictionlessly across our ICS.
- **Improve care:** we make best use of technology and data to improve care pathways across our ICS.
- **Healthy populations:** we have an effective strategy to encourage innovative thinking, developing new models of care informed by data insights and digital capabilities.
- **Empower citizens:** citizens are at the centre of our service design. We ensure that our digital services suit all health literacy, inclusion and demographic needs.

Solent’s Self Assessed Digital Maturity – Summer 2021

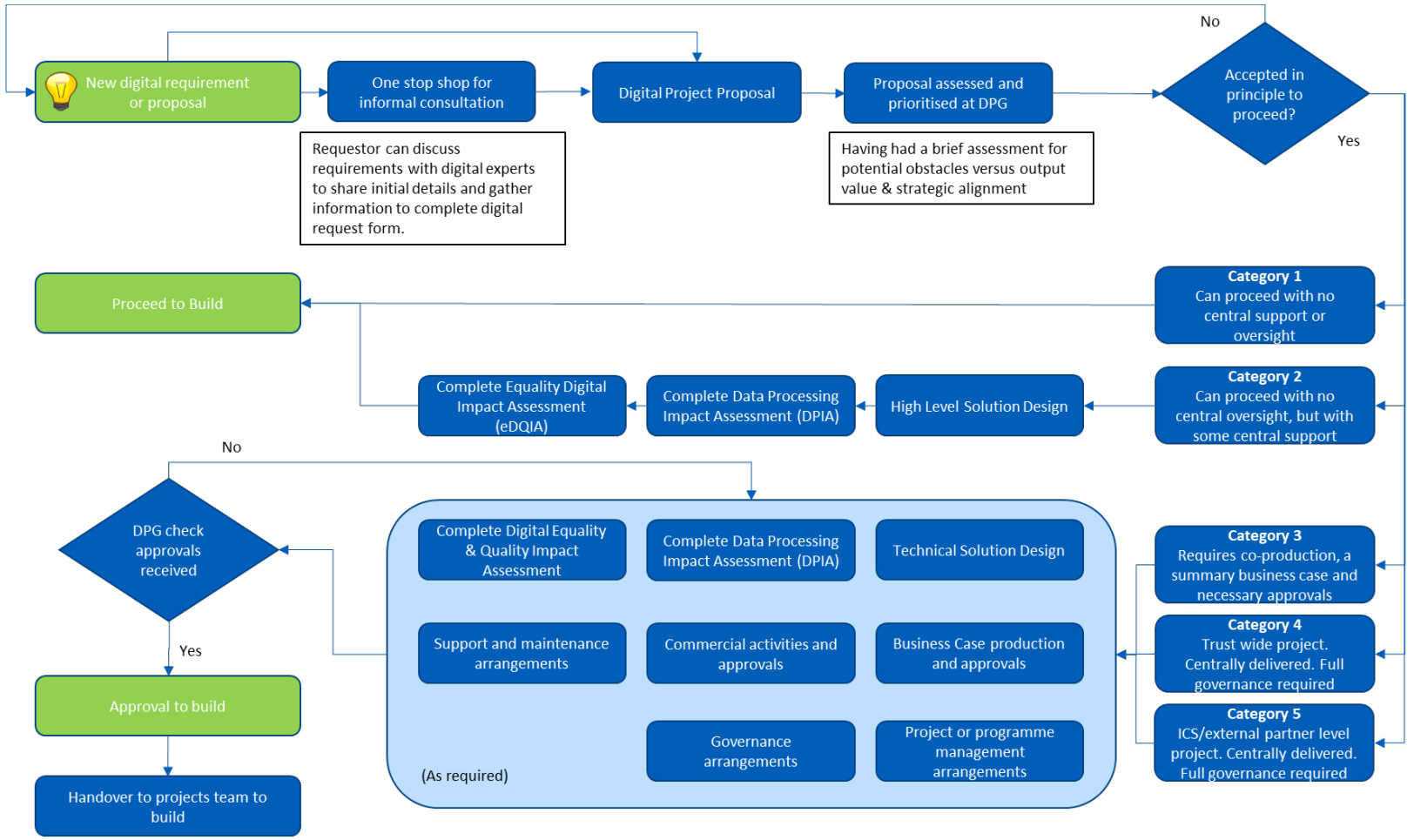
4 = outstanding
3 = good
2 = ‘in progress’
1 = ‘requires attention’

* NHSX published ‘What Good Looks Like’ digital maturity framework (August 2021) for provider organisations and ICSs to evaluate against.

Harnessing Innovation – Digital Prioritisation Group

We recognise that those closest to our services and daily operations are the people who will have innovative ideas on how to improve on what we do.

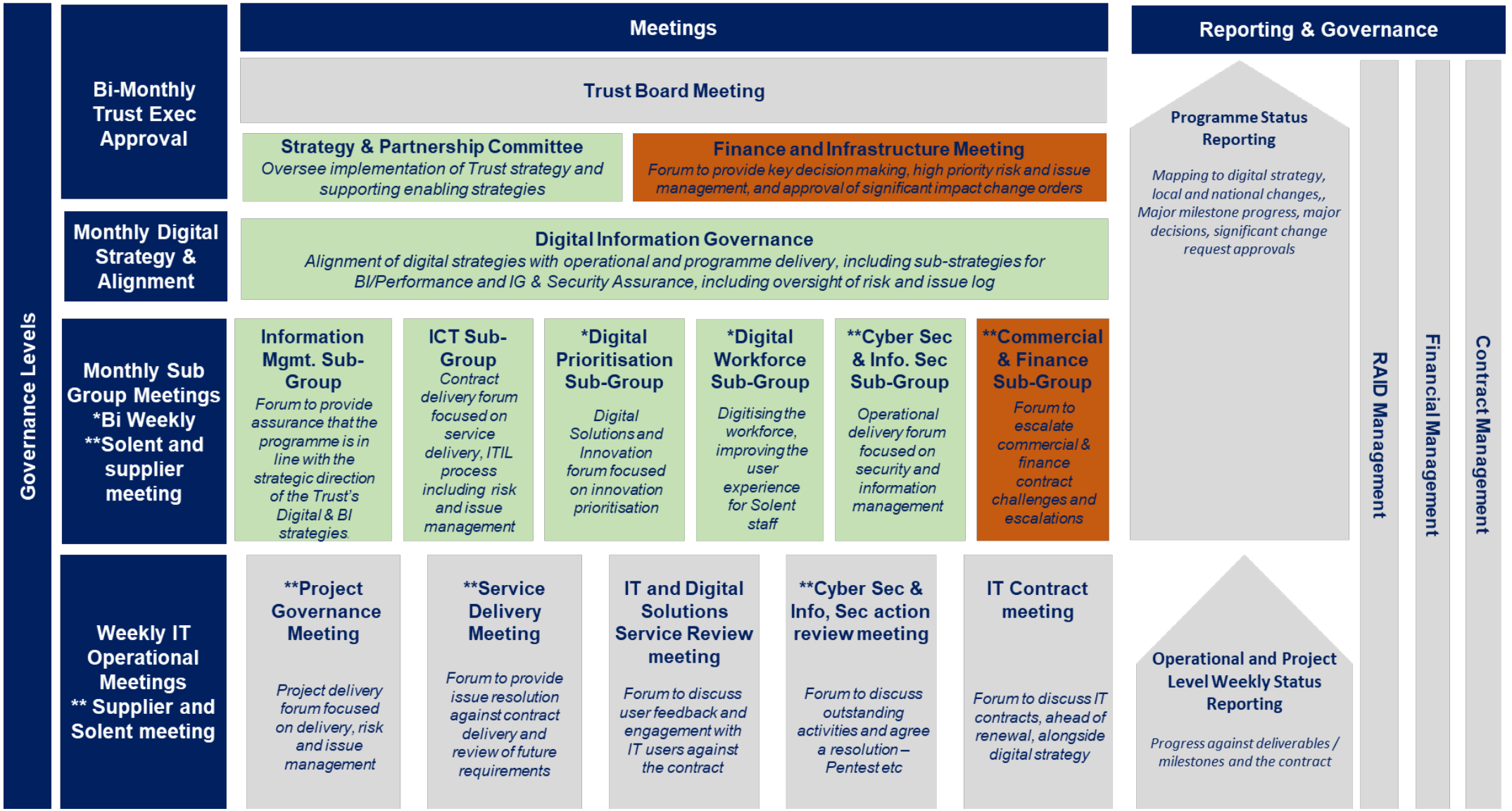
We have a fledgling process in place that will enable staff to bring forth their ideas and we'll seek to promote this, working across boundaries and encouraging collaboration across our teams.



8 Governance

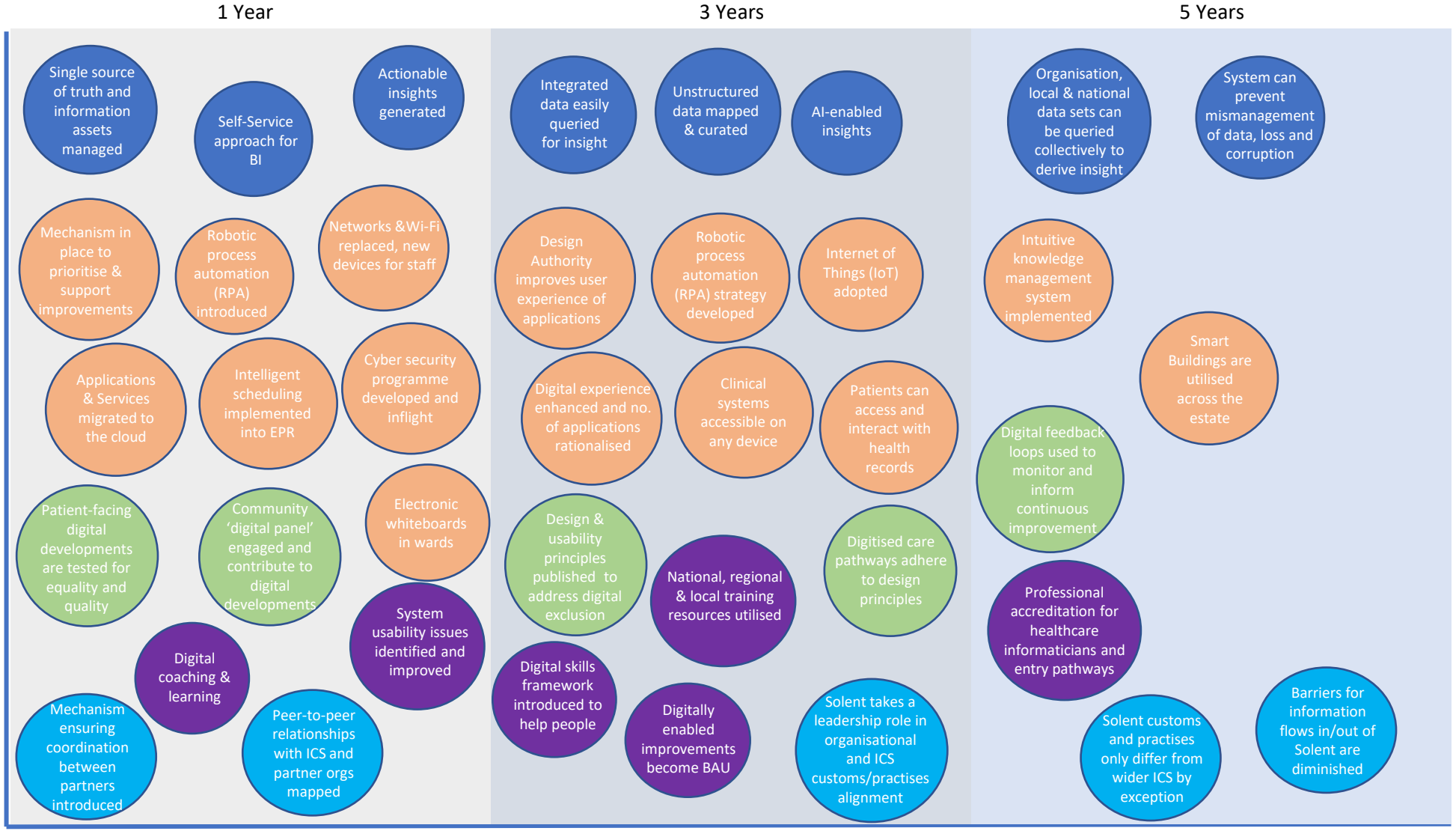
The **Digital Information Group** (DIG) will have oversight of the execution and delivery of the digital strategy, along with oversight and alignment of two sub-strategies for **Business Intelligence & Performance** and **IG & Security Assurance**.

Digital & IT Future Operating Model Governance



8 Roadmap on a page

Timelines for delivering the capabilities identified within each of the 5 transformation journeys.



References

1. World Health Organisation Report
Global Strategy on Human Resources for health: Workforce 2030
Here: https://apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf

2. Department of Health Statement to Parliament
Oral statement on the NHS Delivery Plan for tackling the COVID-19 backlog
Here: https://www.gov.uk/government/speeches/oral-statement-on-the-nhs-delivery-plan-for-tackling-the-covid-19-backlog

3. Topol Review
Preparing the healthcare workforce to deliver the future
Here: https://topol.hee.nhs.uk/

4. NHSX 5 Missions
Mission 1: Reduce the burden on the workforce
Here: https://nhsproviders.org/media/689235/nhsx-tech-vision-otdb.pdf

5. Delivering a Net Zero National Health Service
Here: https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf

NHS
Solent
NHS Trust

Item No.	**7**	Presentation to	Trust Board
Date of paper	17 March 2022	Author	Sandra Glaister, Company Secretary
Title of paper	Annual Audit Timetable and Delegations		
Purpose of the paper	The aims of this paper are; • to present the timeline of the Audit and Risk Committee and in public Board meetings due to receive and approve the Trust's Annual Report and Annual Accounts. • request approval of alternate Board meeting chairing arrangements, and co-opted NED membership of the Audit & Risk Committee for the 13 June 2022 meetings • to agree and approve signing arrangements for documents that require the Chairs' signature at the in public Board on 13 June 2022.		

Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	**X**
Action required	For decision	**X**	For assurance		
Summary of Recommendations and actions required by the author	The Board is asked to: • acknowledge the timeline for the meetings to approve the Annual Report and Annual Accounts, and in doing so; ○ Agree co-opted NED membership to the Audit & Risk Committee on 13 June 2022. ○ Designate a NED colleague to Chair the In Public Board meeting on 13 June 2022. ○ Agree that the Trust Chair pre-agrees to sign (via e-signature) the Annual Report (opening statement), subject to approval of the annual report content at the meeting on 13 June.				

To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant	x	Sufficient		Limited		None	
Exec Sponsor name:	Rachel Cheal		Exec Sponsor signature:				

Due to the accounting timetable and planned absence of key Board members, it is necessary to consider governance arrangements associated with the approval of the Trust's Annual Report and Annual Accounts.

This paper provides a timeline for meetings, and associated paper release, to approve the Trust's Annual Report and Annual Accounts, attendees at these meetings and details of the documentation that will require authorised signatures (Appendix 1), via e-signature, subject to Board approval at the In Public meeting on 13 June.

In summary the proposal is as follows:

The Audit and Risk Committee (A&RC) be held on 13 June;

- with the full Board invited to the Public Disclosure section of the meeting (as is normal practice, to allow scrutiny and queries to be raised in the presence of the Trust's external and internal auditors),
- that in addition to the two established A&RC members (which includes the Audit & Risk Committee Chair), an additional two co-opted NED colleagues attend this meeting to ensure a suitable membership number in the event of unscheduled absences.

The A&RC will be followed by the in Public Board meeting on 13 June and in doing so:

- it is necessary to designate a Chair for this meeting due to the planned absence of the Trust's Chair
- approval is sought for agreement in advance from the Chair to sign the Annual Report (opening statement) via e-signature, subject to Board approval on 13 June.

Annual Audit Timetable and Delegations

Appendix 1

Documents for Signing	
Statement of Financial Position	CEO
Statement of Accountable Officer's Responsibilities	CEO
TAC schedules – 'Confirmations' tab	CEO
Annual Governance Statement	CEO
Events after the reporting period (not due until later in the year)	CEO
Statement of director's responsibilities in respect of the accounts	CEO & CFO
Certificate on the summarisation schedules (TAC schedules)	CEO & CFO
Annual Letter of Representation	Chair A&RC & CFO
Auditor ISA 260 Report	EY
Audit Report	EY
Auditor report in the summarisation schedules (TAC schedule)	EY
Annual Report Statement from Chair and CEO	CEO & Board Chair* (Via prior agreement)

A&RC Paper release Monday 6 June Midday

A&RC Public Disclosure paper release Wed 8 June by 3pm

A&RC Meeting Monday 13 June 9.30 – 12.00

Attendees	Quoracy: 2 NEDs
9.30 – 10.30	Calum Mercer (Chair)
All Board Members	Vanessa Avlonitis (member)
10.30-12.00	Stephanie Elsy (co-opted)
Andrew Strevens Acting CEO	Gaurav Kumar (co-opted)
Gordon Fowler Acting CFO	
Rachel Cheal COS	
Scheduled apologies	
Catherine Mason, Mike Watts	

EO in Public Board paper release Wed 8 June by 3pm

EO in Public Board Meeting Monday 13 June 13.30-14.30

Quoracy: 2 Executive Directors & 2 NEDS

Scheduled apologies
Catherine Mason, Mike Watts

Item No.	**9**			Presentation to	Trust Board		
Date of paper	18/03/2022			Author	Sadie Bell, Head of Information Governance & Security / Data Protection Officer		
Title of paper	Information Governance Annual Report 2021/22						
Purpose of the paper	The aim of this paper is to update the Trust Board on the Trust's current compliance with Information Governance & Cyber Security Practices / Mandatory Requirements, to share the learning and areas for improvement including the priorities for the next 12 months						
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 are asked to receive the report and in doing so: - Note the risks identified and priority areas of focus for 2022/23						
To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant		Sufficient	x	Limited		None	
Exec Sponsor name:	Rachel Cheal, Chief of Staff / Interim Deputy SIRO		Exec Sponsor signature:				

1. Purpose

1.1 The purpose of this report is to provide the Trust with a summary of the Trust's current Information Governance Compliance with Law, National Requirements and Mandatory NHS Requirements.

1.2 Information Governance covers; Data Protection Legislation, Freedom of Information Act, Information Management, Information Security, ICT Security and Cyber Security.

1.3 Solent NHS Trust believes that it is essential to the delivery of the highest quality of health care for all relevant information to be accurate, complete, timely and secure. As such, it is the responsibility of all staff and contractors working on our behalf to ensure and promote a high quality of reliable information to underpin decision making.

1.4 Information Governance promotes good practice requirements and guidance to ensure information is handled by organisations and staff legally, securely, efficiently, and effectively to deliver the highest care standards. Information Governance also plays a key role as the foundation for all governance areas, supporting integrated governance within Solent NHS Trust.

1.5 This report covers Solent NHS Trust's Information Governance's Activity;

- Data Protection and Security Toolkit
- Compliance with legal requests for information
- Information Governance Incidents
- Information Management, Information Security Assurance and Cyber Security

1.6 Key information to note, as of the 7th February 2022, the Trust appointed a new interim Senior Information Risk Owner (SIRO), Rachel Cheal, Chief of Staff. The Trust's Data Protection Officer (DPO) has met with the SIRO, to discuss the Trust's current Information Risk's and workstreams, current compliance, gaps, and risk assessments.

2. Data Protection and Security Toolkit

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

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

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

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practicing good data security and that personal information is handled correctly. Organisations are mandated to meet all mandatory requirements, in order to be classified as Compliant & Assurance Met.

2.2 **2020/21 Toolkit:** The Trust's 2020/21 submission, at the end of June 2021, identified that the Trust had not fully meet all requirements mandated by the 2020/21 DSPT deadline, resulting in the Trust receiving a "Standards not met" assessment. The Trust has now achieved an uplift in assurance "Approaching standards", with only one assertion outstanding, which is scheduled for completion in April 2022.

2.3 **2021/22 Toolkit:** The publication of this year's Toolkit was delayed until the October 2021, with an initial baseline assessment published on the 28th February 2022 and final submission now due end of June 2022.

The number of assertions required to be met is 33 mandatory assertions and 5 non- mandatory assertions, with a total of 113 mandatory requirements and 29 non-mandatory requirements. The Trust is currently focusing its attention on mandatory requirements and assertions but will be reviewing the ability to meet non-mandatory requirements and assertions in May 2022, this will be discussed with the SIRO in May 2022.

The Trust's baseline submission, at the end of February 2022, identified that the Trust had meet 29 out of the 33 mandatory assertions, making the Trust 87% compliant with regards to the current years DSPT. The following actions are required to ensure full compliance with this year's toolkit;

- 95% of Staff are to have completed IG Training – The Trust is currently 87% compliant
- The Trust is to undertake a Data Security Incident Response and Management Plan Test – NHS Digital are assisting the Trust with this activity and this is scheduled for April 2022
- The Trust is to maintain a register of medical devices and have undertaken security assessment – The security assessment of these devices is now form part of the Information & Cyber Security Committee Agenda
- The last requirement is associated with the Trust's Firewalls – these are currently in the process of being upgraded

It is therefore expected that the Trust will be fully compliant with this year's DSPT. Additional work and strengthening of these requirements, in order to meet Cyber Essential Plus accreditation, is being undertaken as part of the Trust's ICT Future Operating Model and additional work also being undertaken by the IG Team. The SIRO is to be updated monthly on the requirements that require strengthen and will be advised of progress.

Further information relating to the Trust's DSPT submission can be found in Appendix A.

3. Summary of Information Governance's Legal Requirements Compliance

3.1 An overarching review of the Trust's Information Governance Legal Requirements (Freedom of Information Requests (FOI) and Subject Access Requests (SARS)) to date, shows that there continues to be a high number of requests being received by the Trust, compared to previous years. Compliance rates have however not been impacted by this;

- SARs have seen a 19% increase in the number of requests received April 21 – Feb 22, when compared to the whole of 2020/21 (therefore this increase will be higher when March 2022 is added to it) and have achieved a 98.3% compliance rate for 2021/22 (to date, not inclusive of March 2022)
- FOIs have seen a 8% increase in the number of requests received April 21 – Feb 22, when compared to the whole of 2020/21 (therefore this increase will be higher when March 2022 is added to it) and have achieved a 93.7% compliance rate for 2021/22 (to date, not inclusive of March 2022). Although, this is still below the mandated 95% compliance rate, it is important to note that the Trust's ability to respond to FOI's request has been impacted by its need to respond to the covid-19 pandemic; however improvements have been made and continued to be made with regards to the Trust's response to such request, such as the improvements made to the Trust's Publication Scheme and the introduction of

the FAQ page. This has seen compliance rates increase from 84.5% to 93.7%.

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

4. Information Governance Incidents/Security

4.1 ***IG Incident Summary***

In March 2021, the Head of Information Governance & Security and Data Protection Officer, undertook a deep-dive review into the Trust's Information Governance (IG) Incidents; review with regards to both how IG incidents are reported, recorded and validated within the Trust, as well as an assessment of the root causes of these incidents.

Summary of findings: In 2021/22, to date, a total of 716 Information Governance Incidents were reported. However, out of them 272 were deemed to be either "Out of Our Control" e.g. breaches by third parties or "No IG Breach" e.g. near miss or the information was considered to not be identifiable and therefore no breach. This accounts for 38% of the reported incidents.

The most common type of reported incidents are;

- PID in wrong record / record error
- PID sent to wrong person / address
- Non-Encrypted email used for PID

The IG Team has recently implemented a number of new process to address IG incidents, implement preventative measures and cascading of learning across the Trust;

- Re-occurring incidents: Service engagement, working with services to identify new practices.
- Rapid Learning Posters: cascading of key messages and learning
- SolNet: publishing of all new processes and learning to the IG Team SolNet page, alongside additional FAQ's that will help staff prevent IG incidents

Only one IG High Risk Incident has been reported in 2021/22; this relates to a diary containing PID being lost at the end of the year, therefore containing a whole's year worth of patient contact details. Lessons have been learnt from this incident and were built into the wider service engagement around "Lost/Missing PID", as indicated in Appendix C of this report. No Serious Incidents have been reported.

What Next?

- IG Team to ensure that best practice / reminders of processes, for all incidents reported with a Root Cause of Process (Failure to follow, Lack of and Unaware of) are cascaded to staff as "IG Learning"
- IG Team to reissue guidance on secure email systems, for the sharing of PID
- IG Team to undertake a communication campaign around "when is safe not safe", with regards to the storage of PID internally within the organisation
- Revision of IG Training (alongside bespoke IG Training), to include and address the most common types of reported IG incidents that impact Solent NHS Trust and the learning that has been identified as a result of these incidents.
- Each IG incident will be continued to be look at in-depth, by the IG Officer(s), so that IG Learning can be identified and cascaded where applicable.
- Continue with IG Rapid Learning Communications
- Undertake a monthly assessment of reported IG incidents, undertaking service engagement on the most common themed incident, working with services to assess new practices
- Undertake key service engagement, aimed at assessing the human elements of incidents around "PID in wrong record / record error" and "PID sent to wrong person" and assess is new processes and practices can be proposed.
- Undertake 3 month, 6 month and annual reviews of service engagement vs impact / change in practice (reduction in incidents)
- Implementation of the Trust's new Information Management & Cyber Security Strategy

A copy of the deep dive report can be found in Appendix C.

5. Information / ICT / Cyber Security Assurance

The Trust, like many other organisations across the world, has seen an increase threat of cyber security attacks and the need to protect itself against such attacks. This is something that the Trust takes very seriously and has implemented a

number of actions to strengthen its protection against such attacks. From a technical perspective increased security measures have been introduced, such as increased monitoring of cyber threats, clear processes in place to isolate any potentially compromised devises, preventing access to our data, unless through secure routes such as direct network access, VPN (virtual private network access) or multi-factor authentication (similar to online banking). Other security measures are also in place, but are not to be published, in order to safeguard their effectiveness. The Trust also recognises that human factors are a key component, alongside technical controls, in order to safeguard the Trust against Cyber Attacks. As a result, the Board has modelled from the top down, the need to educate and be aware of Cyber Security; in May 2021 the Board undertook Cyber Security Training and in September 2022 the Trust rolled out mandatory cyber training for all staff, which will be an annual requirement going forward. The IG Team work to ensure that staff are kept up-to-date with the latest cyber threat alerts and continuous learning, education and awareness is undertaken.

Recently the Trust has submitted a number of Cyber Security Assurance assessments to NHS Digital and NHS England, who have reported back significant assurance in theses areas.

The Trust is also set to introduce an Information Management & Cyber Security Strategy in April 2022; this is a three-year strategy that is aligned to and will supports the Trust's wider Digital Strategy. Some of the main aspects of this strategy that will be introduced over the next few years include, but are not limited to;

- Increased and continual Cyber Security Awareness (inclusive of annually refreshed Cyber Security Training – reflecting on the impact of social engineering)
- The Trust having an increased understanding of technology dependency and governance of technology risk
- The Head of Information Governance & Security providing the Board with an increase understanding of cyber security risks, providing regular reports, assessing the Trust's risk appetite and cyber resilience
- Ransomware-specific assessments
- Effective cyber security monitoring and response
- Testing of cyber security capability through simulated attacks
- Cyber security incident response and crisis management plans
- BCP and disaster recovery – planning for a ransomware scenario

Large parts of the above are focused around the key non-technical element of human factors, learning and education. They are built around providing our staff with the tools, processes and knowledge to detect, respond and prevent cyber-attacks; this is a fundamental foundation to build to support all the technical and business functions that are being put in place to prevent and if required respond to such a threat.

6. Information Governance Working with Services

The Information Governance Team, over the past several months have been working with services and our working partners to streamline Information Governance Practices and ensure a greater level of compliance with Data Protection requirements. This as result in the following (among other things) being implemented

- The sharing of information with key working partners – improving upon current arrangements: Overarching Information Sharing Agreement have been implemented with Southern Health NHS Foundation Trust and Isle of Wight NHS Trust. Portsmouth Hospital University NHS Trust and University of Southampton NHS Foundation Trust's overarching agreements are currently in the process of being signed.
- Introduction of a Hampshire & Isle of Wight Health and Education Information Sharing Agreement lead by Solent NHS Trust. This agreement will facilitate and support the efficient and appropriate sharing of health and education information, for the benefit of providing the children in our areas with education and healthcare.
- Introduction of a Hampshire Medical Examiners Information Sharing Agreement lead by Solent NHS Trust, to support Hampshire Medical Examiners in gaining the appropriate information they require, in order to carry out their duties.

7. Top Three Security Risks (Taken from the last monthly SIRO Report: February 2022)

1. **Cyber Security (Cyber Essentials Plus) / Cyber Threat:** The mandatory requirement of compliance with Cyber Essential requirements, has been placed on hold nationally, by NHS Digital; however, this work will still need to be completed. This work has been incorporated into the Trust's Information & Security Strategy.

2. **Information Management:** This is becoming an increased risk and demand on the Trust to address, as a result of;
    - Increased number of incidents around access controls
    - Cyber Essential Plus requiring increased assurance

- DSPT requiring increased assurance
- Advances in computer technology
- Legacy processes / practices

This work has been incorporated into the Trust's Information & Security Strategy.

3. **DSPT – ICT/CGI Requirement (assurance required):** Please refer to Section 2 and Appendix A of this report.

8. Summary

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

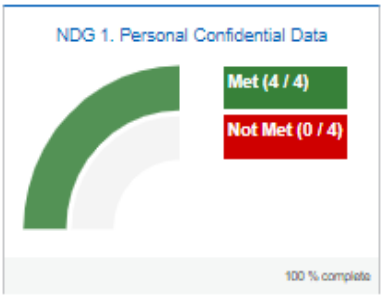
The Information Governance Team continue to focus on improving compliance, creating a learning culture, working collaboratively – the following are identified as priorities over the next financial year;

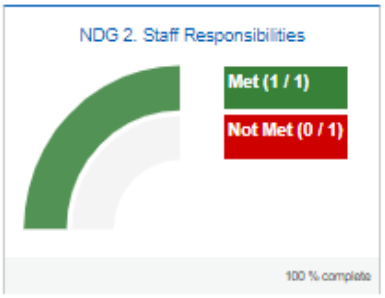
- Continual improvements in FOI & SAR Practices
- Implementation of the IG Training Strategy for 2022/23: Revision of training materials and resources, in line with the Trust's new Learning & Development training system and vision. Creating an increased learning culture.
- Incident Management Plan; service engagement focused on working with services in the revision of incident root causes, with the aim to identify improvements in working practice. This will also include embedding an IG culture from service level up.
- Information Sharing: continue to identify more efficient and service / patient beneficial information sharing arrangements, to make information sharing across organisation more efficient, whilst meeting our legal obligations. Working with Local Authority Practices to assess the possibility of overarching sharing agreements
- Implementation of an Information Management & Cyber Security Strategy

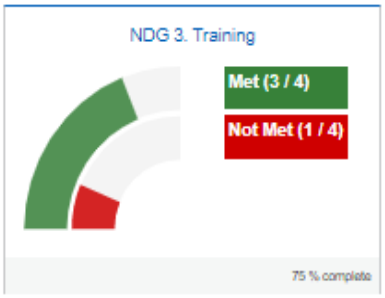
Appendix A: DSPT February 2022 Baseline Submission Compliance

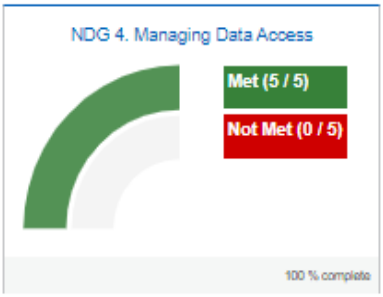
National Data Guardian Standards

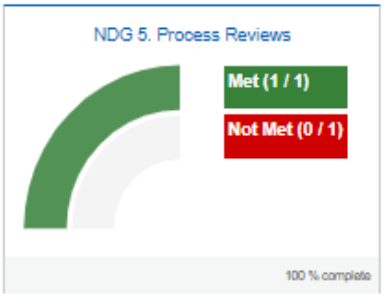
The National Data Guardian (NDG) standards have been calculated for your organisation based on the responses provided in your organisation profile.

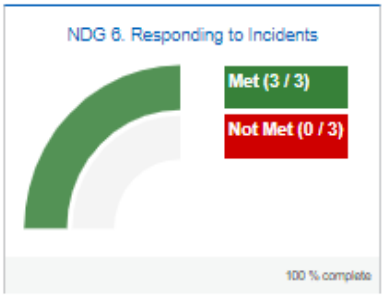


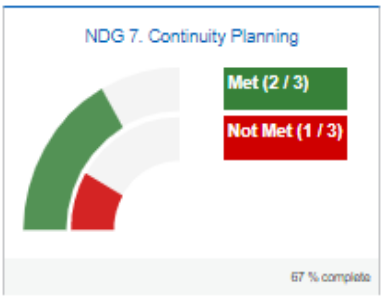


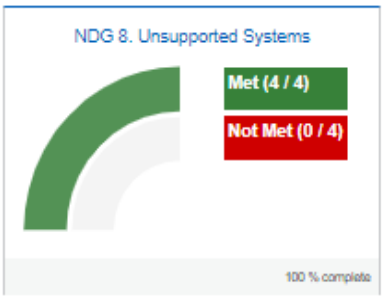


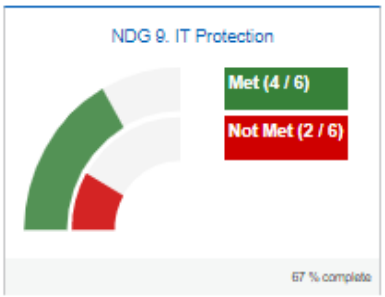












Appendix B: Information Request Compliance Breakdown

Subject Access Requests – Annual Breakdown

	2020/21	2021/22**
No. requests received	958	1140
No. requests responded to within 21 days (best practice)	807	961
No. requests responded to within mandated timescale (one calendar month)	109	88
No. breaches within (legal deadline)	42*	18
% Compliance – Legal Requirement (approx. 30 days)	95.6%	98.3%
Not Due	-	73

* Please note breaches in 2020/21 were a direct result of the Covid-19 pandemic
** Minus March 2022

Subject Access Requests – Quarterly Breakdown

	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4**
No. requests received	312	291	321	216
No. requests responded to within 21 days (best practice)	282	270	286	123
No. requests responded to within mandated timescale (one calendar month)	29	20	27	12
No. breaches within (legal deadline)	1	1	8	8
% Compliance – Legal Requirement (approx. 30 days)	99.7%	99.7%	97.5%	94.4%
Not Due	-	-	-	73

** Minus March 2022

Freedom of Information Requests – Annual Breakdown

	2020/21	2021/22**
No. Requests	309	334
No. Responded within 20 working days	261	301
No. Breaches	48*	20
% Compliance – Legal Requirement (21 days)	84.5%	93.7%
No. Not Due	-	13

* Please note breaches in 2020/21 were a direct result of the Covid-19 pandemic
** Minus March 2022

	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4**
No. Requests	94	100	88	52
No. Responded within 20 working days	90	91	81	39
No. Breaches	4	9	**7**	-
% Compliance – Legal Requirement (21 days)	95.7%	91.0%	92.0%	100%
No. Not Due	-	-	-	13

Appendix C: Deep Dive Information Governance Incident Report 2021/22

Information Governance Incident Deep Dive Report 2021/22
Summary of Initial Findings

Introduction / Purpose:
The Head of Information Governance & Security / Data Protection Officer has undertaken a deep dive into the Information Governance (IG) Incidents reported in the financial year 2021/22, to date (April 2021 – February 2022). The purpose of this deep dive is to establish the following;

- Types of incidents reported
- Common root causes
- Analysis of best practice
- Assessment of the impact of Human Error on IG incidents
- Identify future learning and actions to reduce the number of reportable IG incidents

Initial Findings
Please note that all data is reflected of incident reporting April 2021 – February 2022

In 2021/22, to date, a total of 716 Information Governance Incidents were reported. However, out of them 272 were deemed to be either "Out of Our Control" e.g. breaches by third parties or "No IG Breach" e.g. near miss or the information was considered to not be identifiable and therefore no breach. This accounts for 38% of the reported incidents.

With regards to the remaining 444 incidents (62% of incidents), the types of incident reported are shown below, ranked highest reporting to lowest reporting. ***A monthly breakdown is also available in Appendix i.***

Type of Incident	No of Incidents Report April 21 – February 22
PID in Wrong Record / Record Error	154
PID Sent to Wrong Person / Address	115
Non-Encrypted Email Used for PID	59
PID Saved / Stored Insecurely	50
Inappropriate Access / Disclosure	35
Other IG	14
Lost / Missing PID	9
PID Found in Public Place	7
Cyber Security	1
Lost Smart Card / ID Badge	0 *this type of incident is reported as "No IG Breach"

Important to Note: The top two types of reported IG Breaches make up 60.5% of the reported IG incidents and should be the main focus of further investigation. Please refer to "next steps" within the report, for further actions.

Human Error vs Process
- 72.9% of the IG incidents reported were in connection with Human Error
- 21.4% of the IG incidents reported were in connection with Processes (Failure to follow, Lack of and Unaware of)

These findings indicated that the root cause of incidents is not to do with the processes in place currently within the Trust, but the human elements of working practices. That being said, Human Error should not be dismissed as something we cannot reduce, but something we need to understand, assess, and ask the question "so what can we do". If we can get a better understand of these types of incidents and put

mechanisms in place to reduce just half of the IG incidents, relating to Human Error, this will reduce IG incidents by 36%.

IG Incidents vs No Breach / Out of Our Control

An assessment of the number of IG incidents reported (444) vs the number of incidents reported that either resulted in No IG Breach or were Out of Our Control e.g. caused by a third party (272), show an approx. 60%/40% split. This demonstrates;

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

Service Engagement:

The IG Team has recently implemented a number of new process to address IG incidents, implement preventative measures and cascading of learning across the Trust;

- Re-occurring incidents: Each month the IG Team will assess the most common type of reported incident, over the last three months and then connect with the services who have reported these type of incidents; working with services to assess the incident, what the business needs are that led to or were being addressed at the time of the incidents and the IG best practices / mandates in place. By doing this the service(s) and the IG Team look at building new processes at service level, that will allow them to meet the requirements of their service / treatment of patients, whilst ensuring the IG practices there to safeguard data are still met – as opposed to IG directing what should be happening and this unintentionally impacting on services and clinical needs. The process also recognises the diverse services within the Trust and that one solution is not always practical in every setting, therefore this service engagement aims to identify 3 – 4 options/processes that services can follow, depending on their service circumstances, to safeguard data.
- Rapid Learning Posters – when incidents occur that recognise a gap in the Trust's IG practice, that needs to be addressed ASAP, Rapid Learning Posters are cascaded to all staff, via multiple routes. The communication is short and pointed, "what has happened", "what the Trust / IG Team have done to address the incident", "what we need staff to learn from this incident".
- SolNet – the IG Team add all new processes and learning to the IG Team SolNet page, alongside additional FAQ's that will help staff tackle questions, that will prevent IG incidents and ensure best practice.

<u>Common Themes / Findings:</u>

Appendix ii outlines the type of IG Incidents reported, alongside the root causes theme.

1) **PID in Wrong Record / Record Error:** This type of incident is most commonly reported due to human error, specific service engagement is required to work with services and staff to assess the human elements of this type of incident and assess is new processes and practices can be proposed.

2) **PID Sent to Wrong Person / Address:** One of the most common themes / root causes associated with this type of incident in the past financial year has been bulking printing; the IG Team has recently undertaken service engagement and worked with services to implement new processes/practices. A review is scheduled for 3 months post service engagement to assess if the service engagement has made the desired impact.

   Bulk printing however is only one of the root causes of these type of incidents. Further service engagement is required to assess other factors.

3) **Non-encrypted Email Used for PID:** This type of incident is connected to human error, but also the factor of the Trust operating two email systems, one non-encrypted and one encrypted. It is unlikely that this type of incident will be reduced / removed, until the Trust implements one email system (encrypted for all

email traffic). This therefore should be considered an accepted risk, however guidance and instructions will continue to be shared with staff, reminding them of what email systems are for PID. In addition to this clarification on our working partners secure email systems will also continue to be cascaded and shared with staff, as they also start to move towards a one email system.

4) **PID Saved/stored Insecurely:** It is important to note that this type of incident is associated with PID internally, therefore other mechanisms are in place to reduce the impact of these type of incidents and all staff are bound by confidentiality. That said, it is still an area that needs to be addressed. A number of root causes have been identified when reviewing these types of incidents;

   a. Printing issues – several incidents related to an ICT issue, which caused PID to print out at the wrong printers, this has now been addressed
   b. Printing issues – relating to staff not collecting all PID from the printer; this is closely linked to the bulk printing that was identified as a root cause for PID Sent to Wrong Address / Person and therefore addressed by the service engagement above.
   c. Information being left on desks, in locked offices, but without extra levels of security e.g. locked draw / cabinet – communication around "when is safe not safe" to be cascaded to all staff
   d. SolNet – Staff inadvertently saving PID on SolNet, making it available to all staff. This will be addressed by the Trust's new Information Management & Cyber Security Strategy
   e. Wrong network drive – This will be addressed by the Trust's new Information Management & Cyber Security Strategy

5) **Inappropriate Access / Disclosures:** All incidents of this type were identified as unintentional staff breaches. No access / disclosure was considered deliberate acts or had malicious intent. A number of root causes have been identified when reviewing these types of incidents;

   a. ICT accounts – CGI inadvertently gave access to staff members 1 account to staff member 2
   b. Accidental disclosures – where processes were not followed, although the best intentions were behind the actions. Processes and staff awareness of these processes have been reflected on with each incidents. Awareness is to be cascaded Trust-wide
   c. Unaware that access was not appropriate – a number of cases indicate that staff have accessed their own records, when undertaking systems training, in order to learn the system. Staff were unaware of that this was not appropriate. This type of incident is addressed in IG Training

6) **Lost / Missing PID:** With the exception of one incident that related to ICT issues, the remaining eight incidents relate to the carrying of diaries containing PID and / or contact sheets containing PID. The IG Team has recently undertaken service engagement around the need of carrying PID and worked with services to implement new processes/practices. A review is scheduled for 3 months post service engagement to assess if the service engagement has made the desired impact.

7) **PID Public Place:** This type of incident's most common root causes were Transporting PID in the community, which is being addressed through the "Lost/Missing" service engagement above or as a result of PID being left in publicly accessible areas within Trust buildings (found by staff not the public), which is being addressed through "when is safe not safe" communication campaign, identified under "PID Saved/Stored Insecurely"

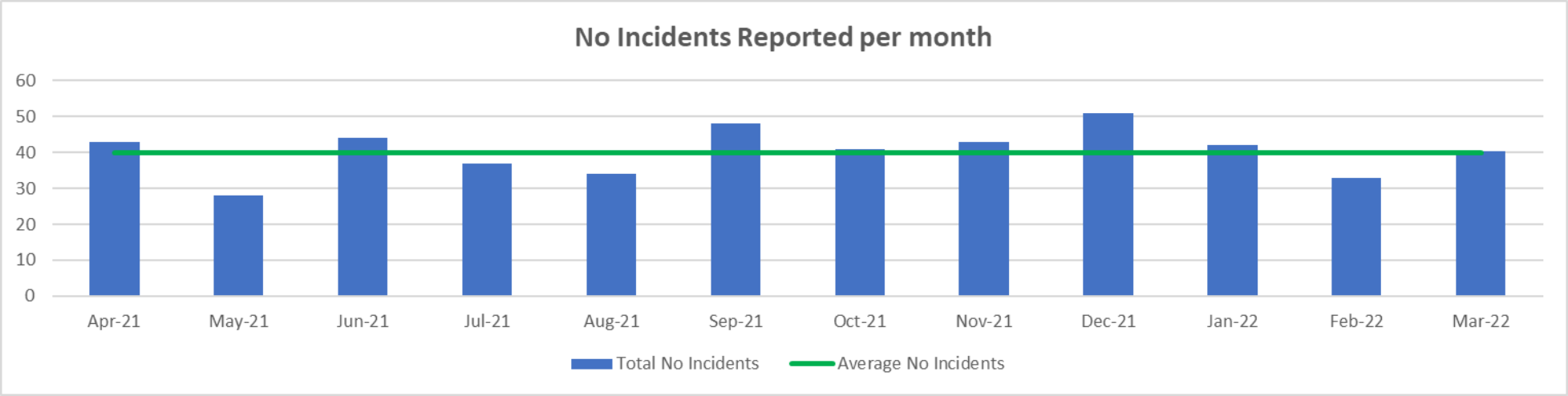
8) **Cyber Security:** None of the reported incidents have resulted in any IG Breaches. The reporting demonstrates good practice within the Trust. The IG Team will continue to cascade learning to staff. The Trust also implement mandatory Cyber Security Annual Training in 2021/22.

High Risk Incidents / Serious Incidents: Only one IG High Risk Incident has been reported in 2021/22; this relates to a diary containing PID being lost at the end of the year, therefore containing a whole's year worth of patient contact details. Lessons have been learnt from this incident and were built into the wider service engagement around "Lost/Missing PID", as indicated above. No Serious Incidents have been reported.

Next Steps:

- IG Team to ensure that best practice / reminders of processes, for all incidents reported with a Root Cause of Process (Failure to follow, Lack of and Unaware of) are cascaded to staff as "IG Learning"
- IG Team to reissue guidance on secure email systems, for the sharing of PID
- IG Team to undertake a communication campaign around "when is safe not safe", with regards to the storage of PID internally within the organisation
- Revision of IG Training (alongside bespoke IG Training), to include and address the most common types of reported IG incidents that impact Solent NHS Trust and the learning that has been identified as a result of these incidents.
- Each IG incident will be continued to be look at in-depth, by the IG Officer(s), so that IG Learning can be identified and cascaded where applicable.
- Continue with IG Rapid Learning Communications
- Undertake a monthly assessment of reported IG incidents, undertaking service engagement on the most common themed incident, working with services to assess new practices
- Undertake key service engagement, aimed at assessing the human elements of incidents around "PID in wrong record / record error" and "PID sent to wrong person" and assess is new processes and practices can be proposed.
- Undertake 3 month, 6 month and annual reviews of service engagement vs impact / change in practice (reduction in incidents)
- Implementation of the Trust's new Information Management & Cyber Security Strategy

Appendix i – Incident Type, by month (minus No IG Breach & Out of Our Control)



Appendix ii – Incident Analysis and Root Cause

	Human Error	ICT - System Issue	Lack of Training	Process - Failure to Follow	Process - Lack of	Process - Unaware of	Total (excluding No IG Breach and OOC)	No IG Breach	Out of Our Control (OOC)
PID in wrong record/ records error	147	2	-	4	-	1	**154**	2	12
PID sent to wrong person/ address	103	1	-	8	3	-	**115**	15	82
Non encrypted email used for PID	58	-	-	1	-	-	**59**	-	13
PID saved/ stored insecurely	4	13	-	24	3	6	**50**	3	4
Inappropriate Access / Disclosure	6	4	-	14	2	9	**35**	3	11
Other	5	3	-	5	1	-	**14**	17	5
Lost/ Missing PID	8	1	-	-	-	-	**9**	8	8
PID found in public place	1	-	-	5	2	-	**7**	-	8
Cyber security	-	-	1	-	-	-	**1**	38	-
Lost Smart Card / ID Badge	-	-	-	-	-	-	**43**	43	-
Total	**324**	**24**	**1**	**68**	**11**	**16**	**444**	**129**	**143**

Item No.	10.1		Presentation to	Trust Board		
Title of paper	2021 NHS Staff Survey results					
Purpose of the paper	Provide overview of 2021 NHS Staff Survey results					
Statement on impact on inequalities	Positive impact (inc. details below)	x	Negative Impact (inc. details below)		No impact (neutral)	
Positive / negative inequalities	Highlights the experiences people, with different protected characteristics, have whilst at work and provides insight to help us improve the workplace for the benefits of everyone.					
Action required	For decision		For assurance	x		
Summary of Recommendations and actions required by the author	The Board is asked to note the content of the report.					
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:			

Key information

- 68% of people responded to the survey. Our highest ever response rate.
- Solent's scores are amongst the best when compared with other combined community and mental health/learning trusts.
- In 2021, the NHS Staff Survey was realigned to the 7 elements of the People Promise and two themes (employee engagement and morale). Both employee engagement and morale are previous themes and provide comparison across years.
- We were the top performing trust in three of the 9 key themes. We scored above average in all 9 themes.
- Each theme has a set of question level results which have been divided into sections based on the sub-score and People Promise element they contribute to. Some of these provide comparisons across years and some are new questions for 2021.
- Our results show that we are strong in some very important areas including: the development of a compassionate and inclusive culture with compassionate leadership, the quality of line management, team working, our speaking up culture and advocacy for the Trust.
- The results also demonstrate how we embody the HEART values which guide and inspire all our actions.
- Many of our high-scoring sub-scores have clear synergies with Solent priorities and programmes of work.
- The survey continues to highlight some areas which need attention:
    - People shared that it's not always easy to meet the conflicting demands of the job and that they face unrealistic time pressures, often feeling emotionally exhausted and tired at the end of the working day or shift/ coming to work despite not feeling well enough. Whilst the

results show that we take positive action on health and wellbeing, we need to go further and look deeper at what more we can do.

- The survey also highlights that we need to make sure we are supporting people to reach their full potential through learning and development opportunities and ensuring that people receive an appraisal that adds value; helping people to improve how they do their job.
- Our priority of developing an inclusive culture where we all feel we belong is making a difference. We can see good progress in responses to questions around equality and diversity. Whilst this is positive, there is still further work to be done.

Next steps

- At a Trust level, we will develop an action plan focussing our improvement work in the areas which need attention.
- Action planning will also occur within services over the coming weeks. Tools will be provided to help managers undertake conversations, and people will be recommended to follow a model of celebrate, sustain and grow. Through service level action planning we will encourage managers to talk with teams about how we can further encourage *belonging* as part of our priority around inclusion.

The attached appendix provides the headlines from the full survey report which can be found at NHS Staff Survey 2021 Benchmark Reports (nhsstaffsurveys.com)

NHS Staff Survey 2021

NHS
Solent
NHS Trust

We are compassionate and inclusive
We are recognised and rewarded
We each have a voice that counts
We are safe and healthy
We are always learning
We work flexibly
We are a team
OUR NHS PEOPLE PROMISE

The People Promise

The national NHS Staff takes place annually. The 2021 NHS Staff Survey was redesigned to align with the People Promise.

This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone. So this year, the survey tracked progress towards the seven elements of the People Promise:

Response Rate

Survey Coordination Centre

Organisation details

NHS

Solent NHS Trust

2021 NHS Staff Survey

Organisation details

Completed questionnaires **2,725**

2021 response rate **68%**

See response rate trend for the last 5 years

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts

2021 benchmarking group details

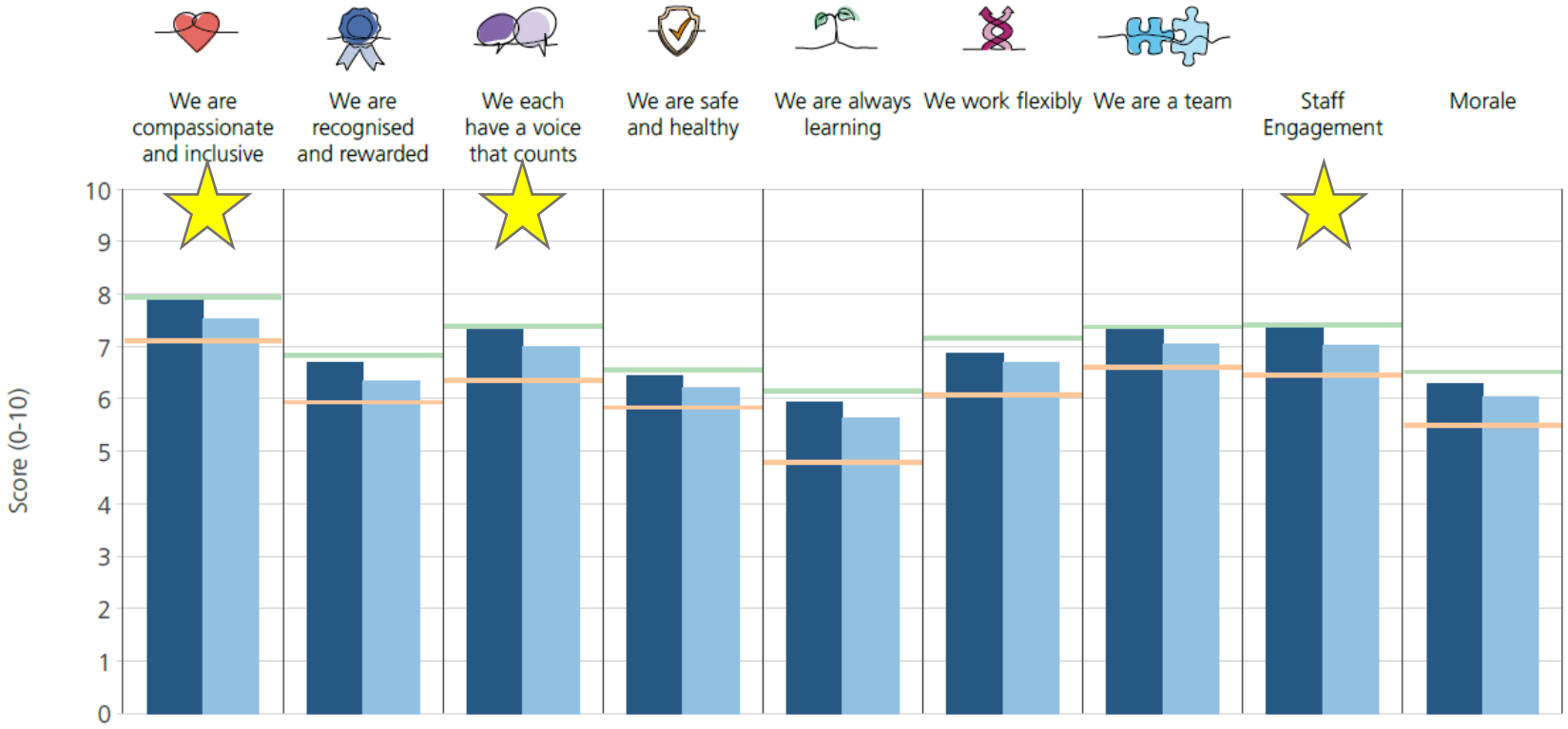
Organisations in group: **51**

Median response rate: **52%**

No. of completed questionnaires: **116,567**

Theme Results – Trust Overview

High-level overview of the results for the seven elements of the People Promise and the two themes. Each theme has a set of question level results which have been divided into sections based on the sub-score and People Promise element they contribute to.



Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.9	6.7	7.4	6.4	5.9	6.9	7.3	7.4	6.3
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	2,644	2,671	2,620	2,639	2,551	2,663	2,648	2,675	2,670

We are proud to have performed **best** in comparison to other providers in three categories and above average in all other themes:

- **Staff Engagement**
- **We each have a voice that counts**
- **We are compassionate and inclusive**

What Our People Told Us

NHS Solent NHS Trust

Our people are what makes Solent so special and we are pleased that so many of them made their voice count by taking part in this year's Staff Survey.

The 2021 NHS Staff Survey response rate was our **highest response rate over the past 5 years** and we continue to be above the national median despite the unprecedented year the NHS has faced.

We saw a **1.7% increase** in the number of people who completed the survey i.e., from 66.0% in 2020 to **67.7% in 2021**. We undertook action planning with each area of our Trust and believe this initiative correlates with ensuring high engagement.

Overall, our responses signal a compassionate and inclusive culture within Solent which shows our values are well embodied.

Benchmarking 2021 Survey Results

The Trusts scores are benchmarked against 51 Mental Health & Learning Disability and Mental Health, Learning Disability& Community Trusts.

The Trust performed well against it's peers**, top performing in three themes, above average in all and top performing in a significant number of sub-scores.**

The results demonstrate that many of the priorities and programmes of work within Solent are making a difference to the experiences of our people.

The areas we have **best performed** well above our peers are:

High Scoring Sub-score Areas: 7/10 or above

Sub-scores feed into the People Promise elements and themes. Our high scoring sub-score have clear synergies with Solent priorities and programmes of work.

★ Compassionate culture

★ Compassionate leadership

★ Diversity and equality

★ Inclusion

★ Line management

★ Team working

★ Fewer negative workplace experiences than other providers

Autonomy and control

★ Raising concerns

Motivation

Involvement

★ Advocacy

★ Denotes best in benchmarking group

2020 vs 2021

We are compassionate and inclusive

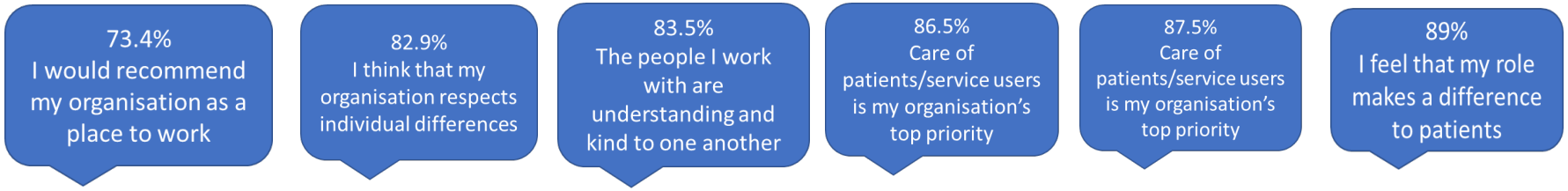
- Responses to **13** out of the **15** questions covering compassion and inclusion were **significantly better than 2020** and **9** were **top of the benchmarking group.**

We each have a voice that counts

- Overall responses were positive. Responses to **5** out of the **11** questions had improved from 2020 and **3** were **top of the benchmarking group**.

Staff engagement

- The overall staff engagement score for the Trust remains positive at **7.4.** It was encouraging that majority of the responses to the questions were above our benchmarking group or close to the best performing organisations. The response from colleagues recommending the Trust as a place to work remains high at **73.4%** and **top of the benchmarking group.**



2020 vs 2021

We are safe and Healthy

- Whilst health and wellbeing scores were positive overall with the Trust scoring **best in benchmarking group** for taking positive action on health and wellbeing, it is noted that there were indication of increased workload and pressure among our colleagues which is in line with their ability to deliver the quality of care they aspire to.

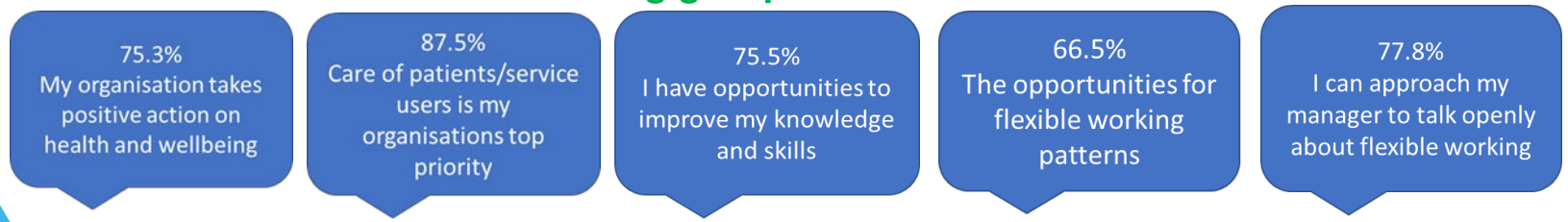
- The Trust scores in relation to people experiencing discrimination, harassment, bullying and abuse are better than the benchmarking group with many questions showing **significant positive decreases**.

We are always learning

- One of the areas where we can continue to improve on further was the quality of our appraisal/performance reviews, ensuring that our organisational values are at the heart of these discussions.

We work flexibly

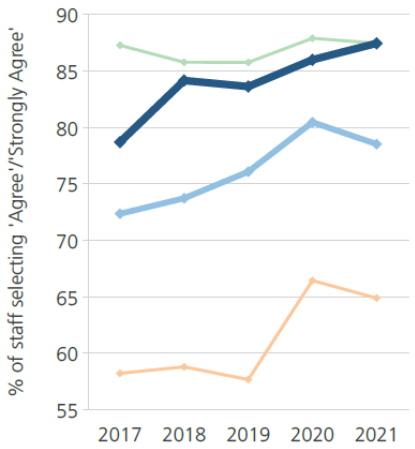
- Our people remain positive about the flexible working opportunities available, with a response rate **64.4%** stating that "my organisation is committed to helping me balance my work and home life" which is **best in the benchmarking group.**



Key Questions

Best performing Trust in two out of the three questions. Whilst the results for these key questions have decreased across the board in our benchmarking group, we continue to see an increase in Q21a. In addition Q21c has only seen a slight decline which is against the national trend where there has been a most significant decline.

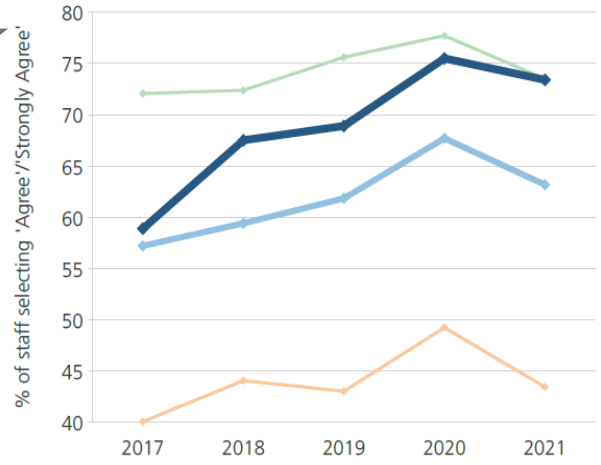
Q21a
Care of patients / service users is my organisation's top priority



	2017	2018	2019	2020	2021
Best	87.3%	85.8%	85.8%	87.9%	87.5%
Your org	78.7%	84.2%	83.6%	86.0%	87.5%
Average	72.4%	73.7%	76.1%	80.5%	78.5%
Worst	58.2%	58.8%	57.7%	66.5%	64.9%
Responses	1,838	2,010	2,115	2,360	2,628

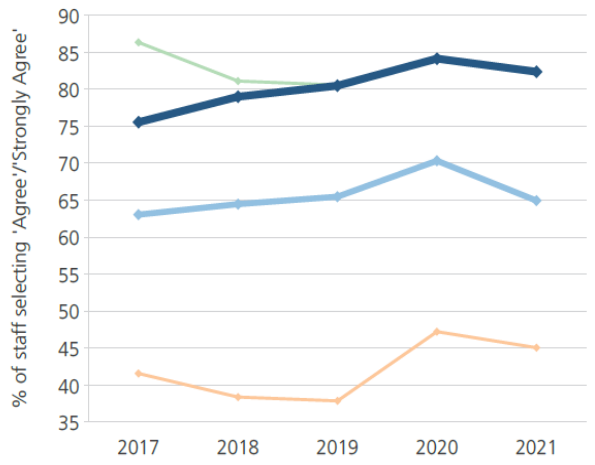
Best performing in comparison to other providers

Q21c
I would recommend my organisation as a place to work



	2017	2018	2019	2020	2021
Best	72.1%	72.4%	75.6%	77.7%	73.5%
Your org	58.9%	67.5%	68.9%	75.5%	73.4%
Average	57.2%	59.4%	61.8%	67.7%	63.2%
Worst	40.1%	44.1%	43.0%	49.2%	43.4%
Responses	1,833	2,008	2,115	2,359	2,628

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



	2017	2018	2019	2020	2021
Best	86.3%	81.1%	80.6%	84.1%	82.4%
Your org	75.5%	79.0%	80.5%	84.1%	82.4%
Average	63.0%	64.5%	65.5%	70.3%	64.9%
Worst	41.5%	38.4%	37.8%	47.2%	45.0%
Responses	1,830	1,999	2,101	2,362	2,625

Best performing in comparison to other providers

Summary & Next Steps

NHS Solent NHS Trust

We are proud of the staff survey results for 2021 which truly reflect the values-led organisation that we are in Solent.

We will continue to build our position seen in the 2021 survey, specifically in relation to the improvements in “We are compassionate and inclusive”, “We each have a voice that counts” and “Staff engagement” as this remains an organisational focus in line with our People Promise.

Whilst there are many positive improvements, there is still much we can do to improve and ensure Solent is a great place to work.

The directorate reports indicate areas of exemplar practice and areas that require improvement which we will focus on. More detailed analysis of the staff survey results at directorate level is being undertaken by our People Partnering team and will be shared with management teams. Our focus will be to action plan at local team levels as we know that is what makes the biggest difference to staff engagement.

Detailed analysis of our WDES and WRES data will be provided to the Board in our Annual Diversity & Inclusion Report.

Discussion

Item No.	11			Presentation to	In-Public Board		
Title of paper	Learning Management System – Progress Report						
Purpose of the paper	A value assessment of the "MyLearning" Learning Management System (Learner / Learning)						
Committees /Groups previous presented and outputs	N/A						
Statement on impact on inequalities	Positive impact (inc. details below)	X		Negative Impact (inc. details below)		No impact (neutral)	
Action required	For decision			For assurance	X		
Summary of Recommendations and actions required by the author	The Committee is asked to note the content of this report and advise if further assurance is required.						
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:			

Executive Summary & Background

Solent NHS Trust recognises the importance of an inclusive learning culture where staff can develop both professionally and personally. The ability to access and undertake quality education and training empowers our staff and enables them to deliver great care, which is safe, effective, and reflects the Trust's values.

To facilitate a culture of learning, freely accessible to over six thousand staff spread across Hampshire and the Isle of Wight, the Trust needed a learning platform that put user experience first. Learning should be easy to access, open to all staff, and the technology used to deliver it should facilitate our learning culture, not hinder it. The learning process should be engaging throughout, and this required a platform that supports all levels of users - from administrators to managers and a broad spectrum of learners. The importance of such a system is has proven even more critical during the current pandemic.

The Trust's legacy learning management system Oracle Learning Management (OLM) had limited functionality that even the Learning and Development team struggled to fully utilise. Oracle Learning Management (OLM) was devised to enable NHS Trusts to manage, record, and report on the training and development of their employees and a component of the national Electronic Staff Record (ESR) system. The Electronic Staff Record (ESR) system is a payroll database system, containing the data of over a million NHS employees and the Oracle Learning Management (OLM) component has always been restricted by the heavy security and restrictions of the core programme design. Despite recent investment by IBM, the Oracle Learning Management system has always been limited in function and the system remained difficult to use.

What were the limitations of the Oracle Learning Management system?

Limited functionality	Unable customise the site look and layout	Complex to access on personal devices
Difficult to navigate	Volunteers and partners unable to access site	Staff complaints, frustration & distrust
Limited reporting	Unable to add additional multimedia resources	Requires extensive administration
Difficult to access	Does not work on some mobile devices	

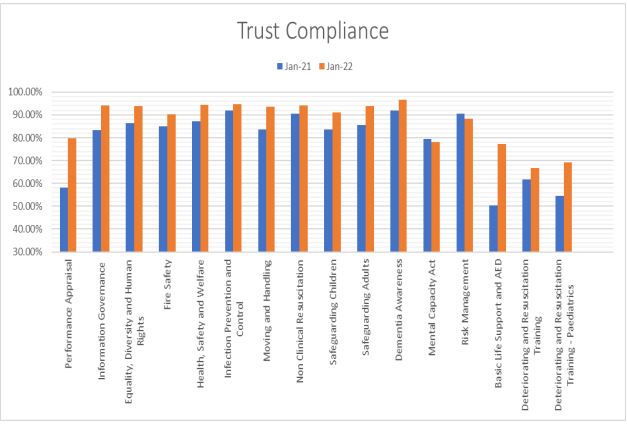
The Totara "MyLearning" platform

To effectively offer quality learning content, equitable access, and enable reliable data reporting, then an alternative solution had to be found. The Trust required an easy-to-use learning management system that would adapt to the needs of the workforce and save administration time. Totara Learning Management system fitted this criterion and was therefore seen as a natural next step for the Trust, allowing us to meet our expectations and reflect our values.

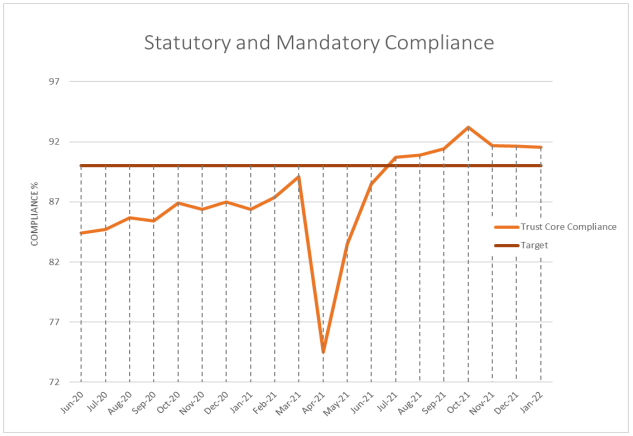
Since the implementation of the "MyLearning" branded Totara platform in May 2021, learning and development practices have been transformed and the user experience dramatically improved. Currently, the system has 5420 active users, of which over ninety percent of staff have logged in and used the web-based platform. The technical barriers that once restricted access to the Trust's Learning Management System have now been removed. Instead, the complex enrolment process for Bank staff is simplified, Volunteers can now access the Learning Management System, and every member of Solent NHS Trust's staff can access the comprehensive range of training programmes, including core Statutory and Mandatory courses available online.

Statutory and Mandatory Training

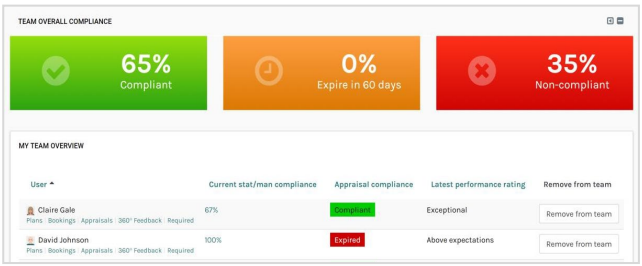
Statutory and Mandatory training is a hugely important part of Solent NHS Trust's quality framework; it ensures that our staff have the skills and knowledge they need to carry out their roles safely and effectively. Since the introduction of the MyLearning platform, compliance in the core Statutory and Mandatory training subjects has risen from 86% in January 2021 to 92% in January 2022. Solent NHS Trust now consistently meets it's 90% core compliance target month on month since June 2021.



A key factor in raising compliance is the ability to have a comprehensive picture of which staff have completed and passed assessments and compliance training. A suite of reporting tools and dashboards are now available which are graphical, aggregated, and interactive. Clear and accurate dashboards allow staff to see at a glance their compliance, and book required activities directly from their home page.



Managers have access to a Team Dashboard, including aggregated percentage of compliance for their whole team, along with a team list showing relevant training and development statistics and information. Providing direct access to customisable reports allows managers to prioritise mandatory learning and manage staff compliance in a way not accessible before.



Empowering a Diverse Workforce

A broad range of skills and competencies are key to delivering great care, that is safe effective, and patient-centric. Since its roll out the number of active courses available to our staff has risen significantly from sixty-two courses on the legacy system to one hundred and thirty-two on the MyLearning platform.

Educational and social learning tools are now available to trainers, including Forums, Wiki, Blogs, and real-time chat wherever the learner may be. The Trust can for the first time offer blended learning, allowing online virtual and classroom modules to combine seamlessly to form a course or programme**.** In addition, staff can record their informal learning in one place alongside more formal learning such as the Care Certificate. All of which is available on this mobile optimised and accessible platform, allowing staff with or without disabilities access to all the content, whenever and however they wish to learn.

The MyLearning platform allows the trust to offer a wider range of courses and programmes not possible using the Oracle Learning Management System including:

IV Drugs	Minute Taking	Trauma informed care
Line management skills	Cyber Security	Incident Management
Care Certificate	NEWS2	Demand and Capacity
Moving and Handling – Level 2	Power BI	Best start in Speech, Language and Communication
Food Safety	Trauma informed care	Autism Training
Tissue Viability	Essentials of patient safety	EMPA Training
COSHH & Food allergies	Infant feeding	Leadership and Development training

Digital technology is an integrated part of the Trust's strategy and vision for the future. As technology is evolving rapidly, we need a workforce competent, confident, and capable in its use in the workplace. The basis of this workforce is one that is digitally literate and who is able to deliver the ever-increasing types of digital forms of care. Since the number of available courses has increased so too has the number of staff who have undertaken a programme. A key indicator of improving digital literacy is shown in the number of staff completing a Microsoft Digital Skills course, which has risen from twenty-four between May 2020 and April 2021 to seventy-six in the first eight months of the new system.

For the first time, the way that this training is delivered is as diverse as the workforce we serve, utilising blended learning and flipped classroom techniques, collaborative virtual teaching sessions, interactive multimedia, videos, podcasts, and social media, the list is not only comprehensive but also growing.

Qualitative feedback from staff

Andrew Strevens, Acting Chief Executive recently highlighted the importance for staff to have the tools they need, and how they should be improved when they did not meet expectations. The implementation of the MyLearning platform has allowed Learning and Development to do this, concentrate on the user experience, and re-evaluate the training offering to be more learner focused. The flexible and dynamic audience functionality in MyLearning has allowed the Trust to specifically and easily target staff groups to identify who needs what training, leading to increased learner satisfaction and more accurate reports.

Continuous improvement that can be driven by the Trust is critical in ensuring ongoing staff engagement and ensuring compliance figures remain above Trust benchmarks. An embedded staff survey now plays a key part in this feedback loop and allows staff to contribute to how the platform looks and functions. Staff are given the

opportunity to suggest developments, changes, or content that wasn't possible with the old system. Staff can also comment on how they found the new system compared to the old system, and so far the response has been and continues to be overwhelmingly positive.

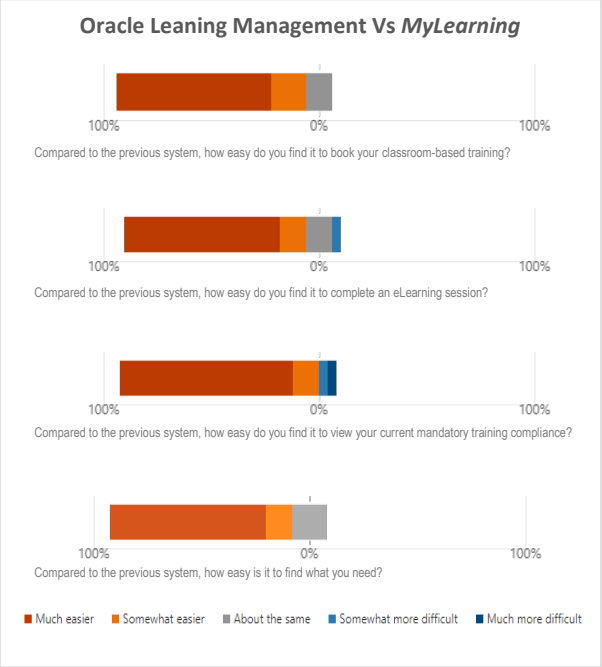
Survey Feedback.

Eighty-nine percent of those questioned found the new MyLearning systems, "Much easier" or "Somewhat Easier" to find and book classroom based training compared to the legacy system.

Eighty-five percent of those questioned found the new MyLearning systems, "Much easier" or "Somewhat Easier" to complete eLearning training compared to the legacy system.

Ninety-two percent of those questioned found the new MyLearning systems, "Much easier" or "Somewhat Easier" to find current mandatory training compliance compared to the legacy system.

Eighty-five percent of those questioned found the new MyLearning systems, "Much easier" or "Somewhat Easier" to find the what they needed compared to the legacy system.



Written feedback was almost unanimous in confirming that the new MyLearning platform met or exceeded users' expectations. Some layout changes were suggested, and because of the flexibility of the system these were quickly and easily addressed. Possible clearer labelling of the tri colour dashboard is also being considered in order to support those staff unsure of the meaning of compliance shown in the amber section.

Written Feedback

The overriding consensus is clearly seen in the users' open comments and echoes the previous findings, reflecting that the system now better supports and engages the trust's workforce.

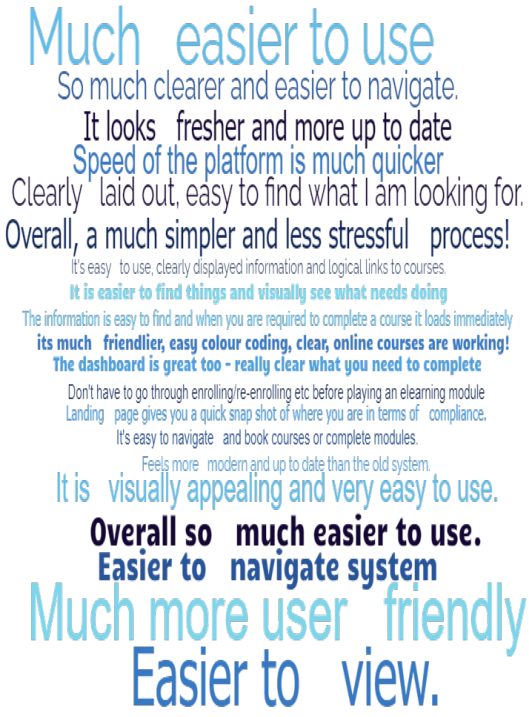
"speed of the platform is much quicker, it is easier to find things and visually see what needs doing, it is user friendly" ***Anon***

Staff find it easier to access the MyLearning platform and find the training they need, reflected in the increase of courses and course completions.

"The information is easy to find and when you are required to complete a course it loads immediately rather than going round and round in circles" ***Anon***

Staff expressed how simple it was to read and understand their current compliance status and to book appropriate training.

"Overall, so much easier to use. Landing page gives you a quick snapshot of where you are in terms of compliance. From there, it's easy to navigate and book courses or complete modules. Overall, a much simpler and less stressful process!" ***Anon***



Managers also praised the MyLearning system in how it helped to support their busy staff to access and complete training, how and when it best suited the demands of the service.

"Very user-friendly and reliable. as a manager it means staff generally can access and complete when they have allocated time for it" ***Anon***

The MyLearning platform is popular amongst staff, supports engagement, and is increasing the uptake of training across all areas

"Thanks for switching to this system, it makes doing the training so much easier and less time-consuming!" ***Anon***

Appraisal Benefits

Managers can take advantage of the powerful appraisal tools in the MyLearning system, linking staff objectives with targets set within the platform, empowering staff to be accountable for their learning and performance improvement. End-of-year information is linked to certification so that appraisal compliance is automatically reported on at board level, alongside statutory and mandatory training compliance.

Staff can now clearly see the benefits of this robust appraisal process, and appraisal participation rates have risen from fifty-eight to over eighty percent in the twelve months between January 2021 and January 2022. Having well-defined objectives, and transparent recognition of high performance is positively correlated with engagement and reduced turnover rates. Both high engagement and low turnover contribute directly to bottom-line savings for the Trust.

Planned system enhancements will allow appraisees to enter their performance and development activities linked to these objectives, as well as regular supervision/reviews and performance ratings. The platform is also able to support any future NHS pay progression changes and enable sophisticated online review recording all linked to the existing Electronic Staff Record (ESR) system human resources data.

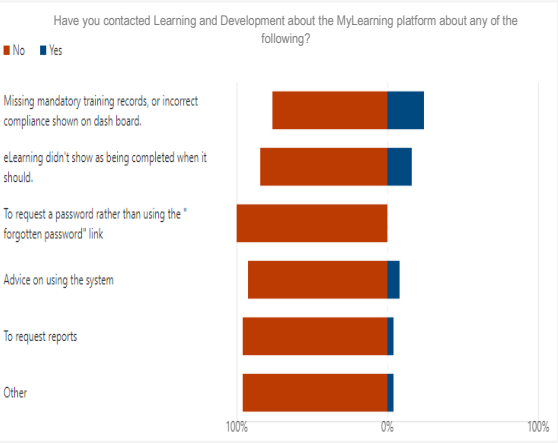
Administration

The benefits of the system can also be seen in the reduction of requests for support to the Learning and Development team. Whilst there are some queries regarding historical training records and technical aspects of the platform, the number of complaints and contacts have dropped dramatically.

"The new MyLearning platform has made a major difference in our users' learning experience. MyLearning has also allowed us to be more creative and productive allowing us to offer training that is easy for staff to navigate and complete.

The simplification of the login process has meant staff can use and navigate the MyLearning site with ease. This improved learning experience has allowed us to build staff confidence in completing their training, resulting in staff regularly accessing the site to view their training record and develop their skills set.

The developments in the MyLearning site have meant a reduction in the number of emails and calls we receive to support staff with login and completing their training. This gained time has allowed us to continue to develop the learning site and the learning experience for our users." **Matthew Hunt – Learning and Development**



The platform allows the Learning and Development team to accurately analyse the reasons staff do not attend training programmes, and actively work on reducing the barriers to learning. The importance of tackling missed training is critical as it is not just a lost opportunity to improve the knowledge and skills of our staff, but it is also a missed opportunity to demonstrate we live our values, empower our staff and invest in their future.

Art of the possible

The Learning and Development team currently have several workstreams that once rolled out will improve the user experience still further. Projects include a new simplified sign-in page, allowing all staff clear and straightforward access to MyLearning. The reduction in the day-to-day issues associated with the legacy system allows the Learning and Development team to focus on improving the quality of the content, such as creating bespoke eLearning, Microsoft Teams integration, and technology-enhanced learning tools. Future developments and projects that were previously not possible are now available, for example, Nurse Revalidation, which replicates the NMC Revalidation templates and enables the Trust to launch an NMC-compliant e-Portfolio solution. The addition of these resources plays a key role in the whole learning cycle, from needs analysis, to blended delivery and social learning, assessment, and skills records, all of which have integrated seamlessly into the MyLearning platform.

Partnership Working

In subscribing to the Totora based MyLearning platform the Trust now becomes an active member in a large community of practice, a group that helps steer an NHS-focused roadmap of developments, and who can share experiences and knowledge. Working in conjunction with our Totara partners, *Think Learning* we can tap into the experience of an organisation with extensive expertise in the NHS, with a proven track record supporting twenty-three NHS Trusts and one hundred and thirty thousand NHS employees. The wealth of benefits to the Trust from these partnerships can only see the MyLearning platform improve, through national NHS-specific developments and the ability to share success, collaborate, drive improvement, and be part of a vibrant and dynamic network of like-minded organisations.

Summary

The benefits of implementing the Totara-based MyLearning platform have been seen in the first eight months of use. Staff are already more engaged, more courses are available, managers have access to a wealth of data, statutory and mandatory training is above benchmarks, and for the first-time future developments are not only possible but planned. MyLearning has demonstrated its flexibility and ability to quickly adapt to the demands of an ever-changing organisation. It empowers staff to be accountable for their learning and in turn, gives them the skills to deliver safe effective, and patient care.

The MyLearning platform does all this and more, all for under twenty-two thousand pounds a year, which equates to approximately four pounds per annum per member of staff. An outgoing that can easily be offset through a reduction in administration and staff time, reduction in staff turnover, reduction in travel, minimising incidents through missed or insufficient training, increased staff engagement and has the ability to support an ever-changing Trust and continue to promote its values in the years that lay ahead.

Item 12

CEO Report – In Public Board

Date: 21 March 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

Staff Honours

We were incredibly proud to see two of Team Solent honoured for their work. Jackie Munro was awarded an Honorary Doctorate of Human Sciences from Solent University in Southampton for her tireless work, commitment and tenacious attitude to supporting others.

Kelly Pierce was awarded an MBE for a service she helped create that came to the aid of expectant mums and their families during COVID-19. Kelly, who is also a Consultant Midwife in Public Health for Solent and Portsmouth City Council, has been honoured by Her Majesty for being the brains behind a digital portal called Family Assist, a one-stop shop of essential information for parents and their families throughout pregnancy, birth and beyond.

Mass Vaccination Centres, one year anniversary

We also celebrated our one-year anniversary in February for our mass vaccination centres Hamble House in Portsmouth and Riverside Centre on the Isle of Wight being open to members of the public. The events were attended by local press who spoke to volunteers as well as a Hampshire and Isle of Wight firefighter who was trained to administer vaccines.

Health campaigns

A new campaign was launched with the Terrence Higgins Trust, a leading HIV and sexual health charity, to raise awareness locally about a free pill that protects against contracting HIV and is available via sexual health clinics. Our PrEP release was also featured on Yahoo! News and Tristan Norris, Assistant Health Advisor, was interviewed for a feature on BBC Radio Solent.

We also teamed up with Hospice UK in a three-year national project to support young people (aged 16-25) with life limiting or complex conditions to transition from adolescence to adulthood.

We supported Nutrition and Hydration Week, targeting staff as well as Solent inpatients. Each of the days had a theme. Our inpatients were offered a cream tea as part of the national campaign's global tea party day. Fruit baskets were also delivered to all inpatient wards.

Many Solent colleagues got behind the My Whole Self campaign which looks at how we shouldn't have to leave parts of our identity behind - be that our cultural or ethnic background, gender identity, sexuality, disability or health - when we work. Short videos were made of Exec members' snippets of how they bring their whole selves to work.

Celebrating LGBT+ History Month

February was LGBT+ History Month and an opportunity to celebrate achievements and support LGBT+ staff. The campaign was celebrated across the NHS to increase the visibility of the entire LGBT+ community, as well as their history and experiences. We, together with our ICS partners and LGBT+ Staff network, were part of events throughout the month. We also encouraged colleagues to add pronouns to their email signature and use the LGBT+ signature logos to show commitment and solidarity to diversity and inclusion within the Trust.

Section 2 – Internal matters (not reported elsewhere)

Board news

Welcome to Vanessa Avlonitis

We warmly welcome Vanessa as our Associate Non-Executive Director (NED). Vanessa is a registered nurse who has a breadth of experience within the NHS Acute sector, Clinical Commissioning Group, in regulation at Monitor as a Quality Governance Associate and within the charitable sector supporting and developing sound clinical governance structures and compliance to CQC standards. She has served as Clinical Non-Executive Director for North Hants Urgent Care. Vanessa currently holds a position as the Registered Nurse member for Dorset CCG on the Governing Body where she is the wellbeing guardian and also holds a Clinical Trustee Board position for a Hospice in North West London. Vanessa is passionate about nursing and the quality of care that patients receive.

Vanessa chairs our Mental Health Act Scrutiny Committee, Quality Assurance Committee and Freedom to Speak Up Oversight Group, and will be joining us from 1 July 2022 in her substantive NED position.

Strategic internal matters

Following the approval of our Organisational Strategy in December 2021 and Clinical Framework in February 2022, the following summarises the timetable associated with our enabling strategies

Communications Strategy - to be approved April 2022		**Digital Strategy** – to be approved April 2022
✓ **Research Strategy** – approved Jan 2022	**Wellbeing Strategy** – approach to be presented May 2022 workshop, to be approved August 2022	**Estates strategy** – November Workshop, December Board
✓**Alongside Communities** – approved Oct 2020	**People Strategy** – approach to be presented May 2022 workshop, to be approved August 2022	**Commercial Strategy** – November Workshop, December Board
	Diversity & Inclusion Strategy –– approach to be presented May 2022 workshop, to be approved August 2022	

COVID-19

Working differently update

At the time of writing the report, although still awaiting guidance the following changes will take place from the 1 April. Full briefings will be provided across the organisation and a risk-based approach will be taken. We will be able to brief the Board in more detail at the meeting.

IPC Guidance

- New guidance, along with the national IPC manual will be in place from the 1 April.
- Aim to revert back to business as usual pre-pandemic good IPC practice
- No social distancing measures in any area
- Enhanced cleans only needed where we have suspected or confirmed positive cases
- Masks to be worn in clinical areas and areas where there is interaction with patients
- Isolation and testing procedures being reviewed

Testing

- Being reviewed but testing for patients and staff will be available as per any new regime that is decided.

Vaccination programme

Since the start of the COVID vaccination programme Solent has delivered 773,710 vaccines across the mass vaccination services, of which 138,254 were boosters. As well as delivering vaccines from the three mass vaccination centres, the programme has also led the COVID-19 vaccination service, working with the school age immunisation team to deliver first and second vaccines to 12–15-year-olds in all of our catchment schools. To date they have delivered a total of 31,903 vaccines to 12-15 years across Southampton, Portsmouth, and Isle of Wight (IoW). The 12–15-year-old programme has been so successful across HIOW that we are ranked third in the country for delivery and outcomes.

The vaccination centres continue to offer a community outreach/roving model to deliver vaccines in community settings to increase uptake and reduce inequalities. Since mid-January they have delivered 198 community sessions, delivering 7382 vaccinations via this method of delivery. The teams have also been supporting local military establishments (Army and Navy) with on-site vaccination support, including delivery on the two new aircraft carriers in Portsmouth. Since the beginning of the programme the teams have been actively supporting local seafaring communities and have a strong partnership programme in place to vaccinate all cruise ship personnel across both Southampton and Portsmouth with a mix of on-site ship-based provision and dedicated sessions at Oakley Road.

The vaccination teams have recently been asked to support Primary Care Networks (PCNs) across Southampton, West Hampshire, and the IoW for providing vaccination to their clinically vulnerable 5–11-year-old population. These sessions have been undertaken in a variety of child friendly facilities including children's outpatient departments, primary school community rooms and leisure facilities, as well as providing vaccinations in all our catchment special schools and at home to some of our most vulnerable young people. The programme has been planned jointly with the school aged immunisation team from Southern Health to ensure alignment and mutual support.

The vaccination leadership team have been working closely with other providers across the Hampshire and IoW Integrated Care System (ICS) to support the development of place-based plans for the spring booster, healthy 5-11's and Autumn boosters; the Solent delivery model is well respected across local systems and is now embedded in all plans (except for North & Mid Hants who have a PCN led mass vaccination provision). Positive feedback has been received from NHSE/I on the plans with comments about the positive partnership working and the plans being exemplar.

Future initiatives for the teams focus on delivery of the wider 5–11-year-old vaccinations (commencing 4/4/22), delivery of spring boosters for JCVI cohorts 1-4 (commencing 21/3/22) and continuation of the outreach programme, including piloting of 'health and wellbeing hubs' where we will be offering a wider range of health promotion/detection and prevention activities to our underserved populations.

Workforce matters

Staff Vaccinations

COVID

Ahead of the announcement on 31 January from the Secretary of State and intention to revoke the regulations requiring Vaccination as a Condition of Deployment (VCOD,) we supported staff in the proposed implementation of the VCOD requirement with the Occupational Health Team reaching out to all staff who had not had two vaccinations. All these members of staff received the offer of individual support and guidance from Occupational Health, the Chief Nurse, Chief Medical Officer, or a relevant specialist.

At the same time the Chief Nurse and Chief People Officer held Zoom sessions for staff and managers to ensure that everyone had the latest and most up to date information so that informed choices could be made. This support will continue even with the plan to revoke VCOD announced on 1st March. The Team in OH will still provide support and guidance to non-vaccinated staff, encouraging them to have conversations with their Managers and consider completing the COVID Age Risk Assessment (CARA).

On 1 March 2022, the government published the response to the consultation regarding revoking the vaccination as a condition of employment. Considering the scientific evidence, alongside a strong preference for revocation, the response confirmed that the vaccination as a condition of deployment policy would be revoked.

As of the 15 March, National NHS colleagues shared a series of Frequently Asked Questions (FAQs). These FAQs include details on the next steps following the revocation, staff vaccination data collection and how to respond to requests from patients with regards to disclosing the vaccination status of staff involved in their care and/or treatment. We are currently reviewing these in preparation for planned next steps with communicating with staff, however we have removed the wording from the advert and recruitment paperwork.

The COVID-19 vaccine remains the best way to protect ourselves, our families, our colleagues, and patients from the virus and we continue engaging with and supporting our staff to inform their decisions to drive vaccine

Currently 96% of staff have had 2 vaccinations and 90% have had boosters, 1% have had 1 vaccination and 2% have declined.

Flu

At the end of our flu vaccination programme, 91% of staff have had a flu vaccination. Learning from our COVID vaccination programme we have used the National Immunisation and Vaccination System (NIVS) to check and record vaccinations. This has improved the quality and robustness of our data and reporting confidence.

Staff Morale

We are seeing a slightly positive shift in staff morale following the news of the Government decision to revoke VCOD. However, staff do continue to be impacted by the fatigue colleagues are feeling due to increased workloads predominantly related to the consequences of the pandemic with the Omicron Variant impacting our sickness levels which are also increasing each month with Covid being the prevalent reason. This is further referenced within the Performance Report.

With the Easter period coming up in April it is forecast that sickness levels will rise based on Covid infection rates, which are increasing in the community.

Demand and Capacity

Contemporary update urgent care pressures

The pressures on the acute care systems in both Portsmouth and Southampton remain with both hospitals seeing rising numbers of hospital patients testing positive for Covid. Whilst Covid is less likely to be the reason for admission, current IPC regulations is impacting negatively on flow both within and out of the hospitals. We continue to provide super surge capacity across community inpatient wards and Urgent Community Response services. Our utilisation of community beds (occupancy & Length of Stay) is extremely effective.

Contemporary update on waiting lists and recovery

As a Trust we expect the demand for services to increase by c.10% during 2022/23. We still have a number of data quality issues in some service lines and as soon as the Trust's

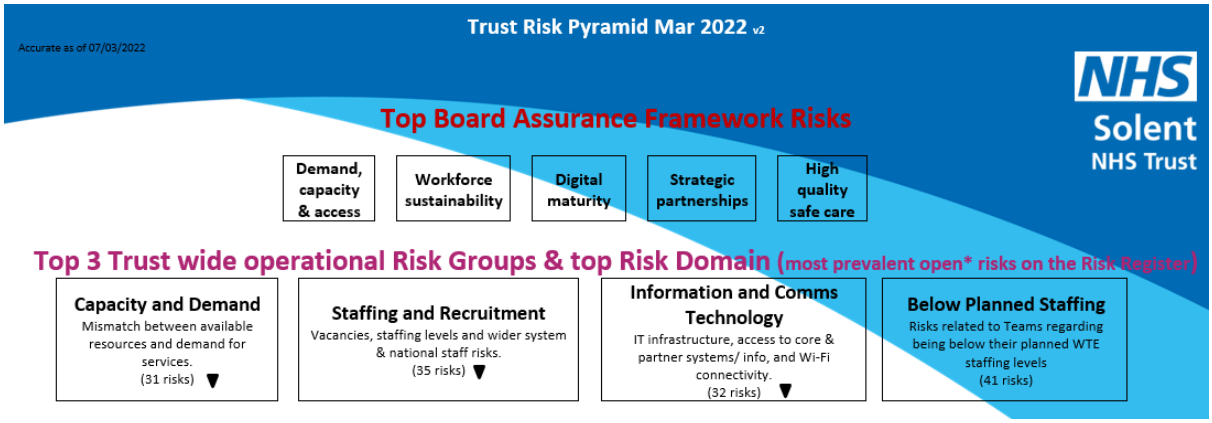
financial position for 2022/23 has been finalised and agreed, service lines will refresh the waiting list trajectories based on projected workforce growth. The performance report provides more detail on a number of service areas with the most significant waits.

Our key risks

Operational Risk Register

The risk pyramid summarises our key strategic and trust wide operational risks. Staffing and Recruitment, Information and Comms Technology (ICT), and Capacity and Demand remain the top three risk groups. A new Cyber and Information Security risk group has been created which separates out a number of risks that were previously included as ICT risks.

All operational risks 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;

BAF Risk	Raw Score	Residual Score	Target Score
Demand, capacity and accessibility	S5 X L5 = 25	5S x 4L = 20	S4 x L4 = 16 – by End March 2023 S4 x L3 = 12 – by end July 23
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 ****Target score achieved****

Our Estate

Western Community Hospital status

It was previously reported that we were notified in June 2021 that all STP Wave 4 schemes were to be put on hold, subject to the National Spending Review in the Autumn. Whilst Solent and Regional NHSEI colleagues continue to push for the funding agreement, to date no further notification has been received. A joint Outline Business Case (OBC) & Full Business Case (FBC) has been completed, as agreed with NHSE/I and is being taken through our internal governance routes to Board prior to formal

submission. It is hoped that we will receive notification around funding, or that approval to the OBC/FBC can be given 'subject to funding' at the earmarked Joint Investment Sub-Committee (JISC) in May 2022.

Section 3 –System and partnership working

Strategic review of community and mental health services

We have been working with partners within the Integrated Care System (ICS) to look at how community and mental health services are delivered across Hampshire and the Isle of Wight, thinking about how we can transform and improve services for our communities.

Over the past few weeks, people from within Solent and the wider HIOW ICS have been sharing insight into local population needs, the local health system and the benefit of community and mental health services with Carnall Farrar (CF), the company who are undertaking an independent strategic review; this review includes clinical and system engagement workshops to consider the key issues and jointly agree how services can be strengthened. They are doing this during March and will present the findings of the review in April. They will set out a high-level overview of current and future population needs for community and mental health services, drawing on existing ambitions and highlighting different needs locally.

Isle of Wight (IOW) Partnership Update

We continue to work in partnership with the IOW. There are currently two areas of focus (i) opportunities for joint working across the two IAPT services and (ii) the peer review programme which will identify areas of good practice, shared learning and opportunities for closer working

Update on HIOW Mental Health Provider Collaborative (MHPC)

The MH PC Steering Group continues to meet to refine the objectives of the partnership and consider which areas of work would most benefit from a collaborative approach across HIOW. There is an away day planned in late March and a contemporary verbal update will be provided at the meeting.

Item No.	13	Presentation to	Trust Board – In Public
Date of paper	21 March 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
Action required	For decision		For assurance	X	
Summary of Recommendations and actions required by the author	The In Public Trust 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 Acting Chief Executive Officer		Exec Sponsor signature:				

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Integrated Performance Report (IPR) for January and February 2022

1. Safe

a. Performance summary

During January – February 2022, reported incident numbers have reduced by 12.3% when compared to the corresponding period in 2021. However, it should be noted that this doesn't reflect the overall trend in 2021/22 where we have seen incident numbers exceed those for 2020/21 as demonstrated within the chart below (figure 1).

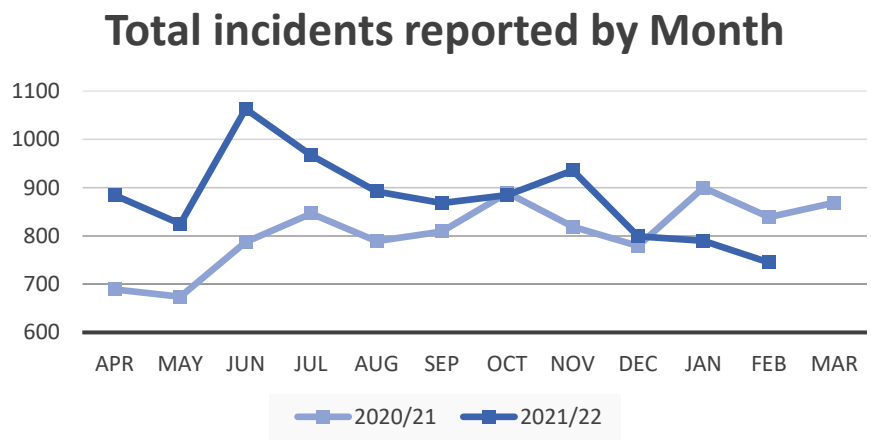


Figure 1

Significant reductions in reported incidents have been seen in all Service Lines other than Special Care Dental and Primary Care which have seen numbers increase by 34% and 32% respectively (figure 2).

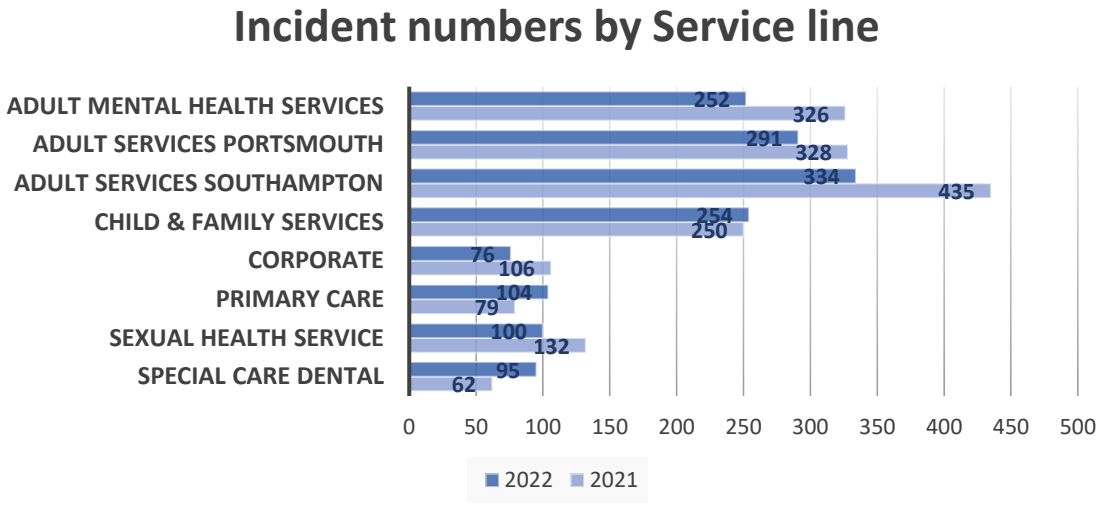


Figure 2

The Special Care Dental Service have championed the recently launched Essentials of Patient Safety Training and have an overall completion rate of 93.5%. Alongside this, the Head of Quality & Safety and Patient Safety Specialist have completed a bespoke piece of training with the dental team on the Patient Safety Strategy which included the importance and value of incident reporting. In Primary Care, training was delivered to key individuals within the Solent GP Service in November & December 2021 and the number of incidents reported within this area increased by 27% compared to the same period last year. A monthly

programme of training continues for both incident reporting and reviewing and both courses can be booked from within the Learning Management System. Attendance at these training sessions will be encouraged for all relevant staff at the monthly Service Line Quality Review Meetings with the view to full roll out across Service Lines.

Pressure Ulcers

The total number of Pressure Ulcers reported has **fallen** from 233 in 2021 to 155 in 2022 (over the same period). The number reported which occurred in Solent Care has also **fallen** from 78 in 2021 to 56 in 2022 (within the same period). System wide quality meetings across both Southampton and Portsmouth have reported anecdotal evidence of an increase in pressure ulcers outside of NHS care. The Quality and Safety Team is working to analyse our data to establish the picture for patients entering Solent care and share this information to support system wide learning.

b. Actual Impact – learning from Incidents

Support for Staff: A new framework of staff support has been agreed at QIR in February. The RIPPLE Model will enable staff to access support from a range of areas across the trust. They will be able to indicate that support is required when they report an incident on the Ulysses reporting system or by contacting the Quality & Safety Team directly. The model will receive a full launch when a method of recording its impact has been developed.

Veterans High Intensity Service: Four patients under the care of the Service sadly died between November 2021 and January 2022. A case review will be carried out into two of the deaths, by the Senior Serious Incident Investigator, to identify any learning which can be applied to future care. A third case is being investigated by Kent NHS Trust under the Serious Incident Framework and Solent will contribute as appropriate. The importance of providing support for the staff involved in these cases was recognised at an early stage and the Head of Quality & Safety has provided facilitated peer support sessions using the new RIPPLE Model.

SCAS Emergency Transport Challenges: The Quality & Safety team have continued to monitor incidents involving SCAS (incidents were in relation to emergency calls made by Solent staff to SCAS) which have reduced significantly in January and February 2022.

Discussions with SCAS over which Health Care Professionals can access the dedicated line has led to a change and Dentists, Physiotherapists and Occupational Therapists have now been included and can access support via this route.

c. Actual Impact – learning from complaints

All service lines have seen a decrease in complaints: **Complaints received =** 17 (decrease of 10).

Although the total number of service concerns is reduced, Primary Care and Sexual Health saw an increase in service concerns: **Service concerns =** 97 (decrease of 5).

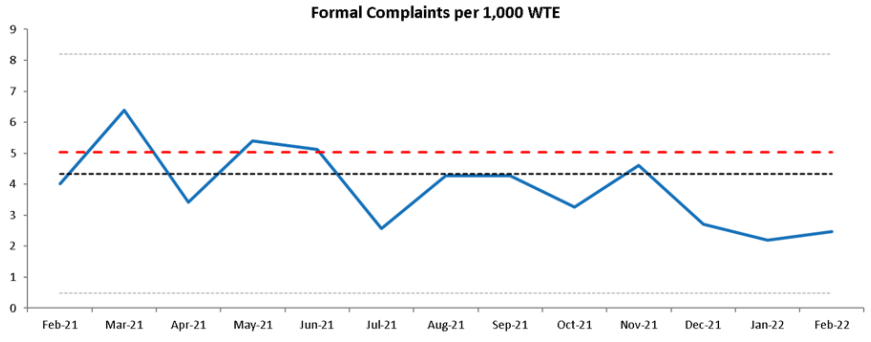


Figure 3

Learning from complaints

You said: Patient felt ambushed when she attended the Vaccine Centre, she said did not have a conversation with the vaccinator to prepare her for the vaccine.

We Did: As a result of the complaint the Services reviewed their training for Vaccination staff to include a walk through the vaccination process to ensure staff have an awareness of the experience from a patient's perspective.

2. Caring

a. Performance Summary

Metric	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trend Line
Community FFT % positive*	95%	100.0%	98.0%	96.7%	97.3%	95.9%	96.9%	97.0%	96.8%	97.0%	96.8%	98.0%	98.2%	
Mental Health FFT % positive*	95%	100.0%	100.0%	100.0%	93.7%	100.0%	98.7%	97.2%	95.9%	97.9%	100.0%	98.3%	99.3%	
Mixed Sex breaches* (Submission recommenced October 20221)	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0	
Plaudits		92	88	66	80	89	87	81	105	94	177	89	88	

b. Key Performance Challenges

Maximum 6 Week Wait for Diagnostics Procedures

	April	May	June	July	August	September	October	November	December	January	February
Maximum 6-week wait for diagnostic procedures	85%	92%	76%	79%	76%	74%	74%	85%	89%	95%	99%

The % performance in this financial year has been below target, between 74-95%. Interventions actioned over the last months have shown to be effective, with February's activity figure meeting the 99 % threshold of patients seen within the 6-week wait diagnostics.

c. Spotlight On: Friends and Family; Plaudits

Friends and Family Test

We have seen a decrease of 18.5% in the number of FFT responses (from 4169 Nov/Dec to 3395 Jan/Feb). There are plans in place to increase responses as we move through the next quarter as we will begin to roll out the new surveys for children under 11 years and over 11 years old. A significant amount of work is ongoing to support services to offer surveys in different formats to try and hear feedback from those we don't often reach.

	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022
Total Number of responses	849	1352	923	916	1566	1136	1662	2410	1759	1950	1445
Very good/Good	94% (800)	94% (1267)	93% (860)	93% (852)	92% (1442)	92% (1048)	92.1% (1530)	93.3% (2246)	93.9% (1651)	95.3% (1859)	95.2% (1375)
Very Poor/Poor	3% (24)	3% (41)	3% (32)	3% (28)	3% (52)	4% (43)	3.4% (56)	3.6% (86)	2.7% (47)	2.4% (46)	2.2% (32)

We noted a significant increase (127%) in the response rate in the mental health service from 52 in November/December to 118 in January/February. 105 of these were in older persons mental health.

3. Effective

a. Performance Summary

Metric	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trendline
Inappropriate out of area placements for adult mental health (no. of bed days)		0	0	0	0	0	0	0	3	31	42	12	6	

Metric: Length of stay

Community Wards

Spinnaker Ward				Fanshawe Ward				Jubilee House				Lower Brambles			
Month Discharged	Total bed days	Patients	Median bed days	Month Discharged	Total bed days	Patients	Median bed days	Month Discharged	Total bed days	Patients	Median bed days	Month Discharged	Total bed days	Patients	Median bed days
Mar-21	223	20	12	Mar-21	442	26	15	Mar-21	483	26	16	Mar-21	473	19	26
Apr-21	363	22	11	Apr-21	347	19	14	Apr-21	339	18	18	Apr-21	532	22	23
May-21	394	24	14	May-21	549	28	15	May-21	61	4	15	May-21	316	18	16
Jun-21	327	25	8	Jun-21	397	25	15	Jun-21	147	7	15	Jun-21	396	28	7
Jul-21	309	26	11	Jul-21	526	34	13	Jul-21	151	6	24	Jul-21	514	30	12
Aug-21	282	22	12	Aug-21	376	22	14	Aug-21	88	6	12	Aug-21	684	41	14
Sep-21	490	28	14	Sep-21	498	24	18	Sep-21	236	14	15	Sep-21	356	21	16
Oct-21	363	17	23	Oct-21	482	17	29	Oct-21	291	12	20	Oct-21	497	17	28
Nov-21	436	36	9	Nov-21	494	18	18	Nov-21	190	13	11	Nov-21	353	19	18
Dec-21	429	36	9	Dec-21	413	20	20	Dec-21	336	14	26	Dec-21	667	25	25
Jan-22	482	34	13	Jan-22	579	26	26	Jan-22	340	13	21	Jan-22	634	28	22
Feb-22	514	32	17	Feb-22	512	24	24	Feb-22	252	10	25	Feb-22	517	23	20
Total	4612	322	12	Total	5615	283	120	Total	2914	143	17	Total	5939	291	18
12 Median bed days		27 Avg Discharges (month)		18 Median bed days		24 Avg Discharges (month)		17 Median bed days		12 Avg Discharges (month)		18 Median bed days		23 Avg Discharges (month)	

Neuro Rehabilitation Wards

The Kite Unit				Snowdon			
Month Discharged	Total bed days	Patients	Median bed days	Month Discharged	Total bed days	Patients	Median bed days
Mar-21	283	3	98	Mar-21	122	2	61
Apr-21	149	1	149	Apr-21	160	5	21
May-21	479	1	479	May-21	83	1	83
Jun-21	280	3	93	Jun-21	120	3	25
Jul-21	-	-	-	Jul-21	213	5	45
Aug-21	195	2	98	Aug-21	77	2	39
Sep-21	120	2	60	Sep-21	2	1	2
Oct-21	283	2	142	Oct-21	93	1	93
Nov-21	-	-	-	Nov-21	249	3	130
Dec-21	194	1	194	Dec-21	89	4	27
Jan-22	596	3	195	Jan-22	213	5	47
Feb-22	-	-	-	Feb-22	41	1	41
Total	2579	18	120	Total	1462	33	41
142 Median bed days		2 Avg Discharges (month)		41 Median bed days		3 Avg Discharges (month)	

Mental Health Wards

Brooker				Maples			Brooker (OPMH)				Hawthorn			
Month Discharged	Total bed days	Patients	Median bed days	Month Discharged	Total bed days	Patients	Month Discharged	Total bed days	Patients	Median bed days	Month Discharged	Total bed days	Patients	Median bed days
Mar-21	361	11	24	Mar-21	332	17	Mar-21	760	9	104	Mar-21	472	33	8
Apr-21	24	2	12	Apr-21	156	10	Apr-21	164	2	82	Apr-21	198	21	5
May-21	38	3	15	May-21	216	11	May-21	328	3	57	May-21	220	16	6
Jun-21	296	12	17	Jun-21	188	13	Jun-21	766	14	70	Jun-21	434	26	7
Jul-21	167	10	16	Jul-21	278	14	Jul-21	468	10	46	Jul-21	167	16	6
Aug-21	186	11	15	Aug-21	333	14	Aug-21	557	12	40	Aug-21	378	19	10
Sep-21	187	3	15	Sep-21	206	13	Sep-21	419	3	62	Sep-21	362	24	8
Oct-21	68	4	15	Oct-21	141	12	Oct-21	180	4	47	Oct-21	409	16	17
Nov-21	145	9	15	Nov-21	326	13	Nov-21	273	7	21	Nov-21	351	25	4
Dec-21	126	8	16	Dec-21	231	13	Dec-21	242	5	26	Dec-21	450	25	8
Jan-22	92	7	13	Jan-22	136	4	Jan-22	282	5	24	Jan-22	139	14	9
Feb-22	133	5	23	Feb-22	278	16	Feb-22	373	7	21	Feb-22	238	22	6
Total	1823	85	15	Total	2821	150	Total	4812	81	50	Total	3818	257	7
15 Median bed days		7 Avg Discharges (month)		12 Median bed days		13 Avg Discharges (month)	50 Median bed days		7 Avg Discharges (month)		7 Median bed days		21 Avg Discharges (month)	

b. Key Performance challenges

Urgent Care reporting (UCR)

Over the past months the focus has been on improving 2-hour response processes and procedures for both Portsmouth (PRRT) and Southampton (URS). Colleagues across the Trust continue with phase 2, working to identify activities which classify as 'urgent response' as part of our Community Nursing Teams. There is a requirement to ensure parity across both services in identification and recording of Community response activities. PRRT and URS are collaborating to understand their caseloads and type(s) of activities, of which the UCR workstream must be connected in, to avoid duplication of effort.

This is an evolving process with an MDT (multi-disciplinary team) approach, of which all options are explored to limit impact on our clinicians and service colleagues.

Mandated collection of UCR activities is via Community Services Dataset (CSDS) is through an automated feed from SystmOne via our data warehouse. As part of a wider review of our Business Intelligence Services, the ambition is to redevelop this mechanism, which alongside reconfigured SystmOne units will ensure accurate collection and reporting of all in scope activities. Improving data quality and completeness in the Community Services Dataset (CSDS) is the key in order to accurately monitor outcomes, system performance and capacity growth.

c. Spotlight On: Waiting Lists

Nationally, performance against waiting time targets had been deteriorating even before the global pandemic arrived and has been worsening since (NHSE/I and NAO, December 2021). With the expectation that wating lists will continue to grow exponentially Trusts will be expected to understand the risk for both those on and coming on to a waiting list, to focus on addressing inequalities, offer support for waiting well and utilise emerging technologies alongside significant efforts to tackle growing backlogs.

SPC Current Waiters snapshots trend chart showing clock starts since the beginning of the pandemic:

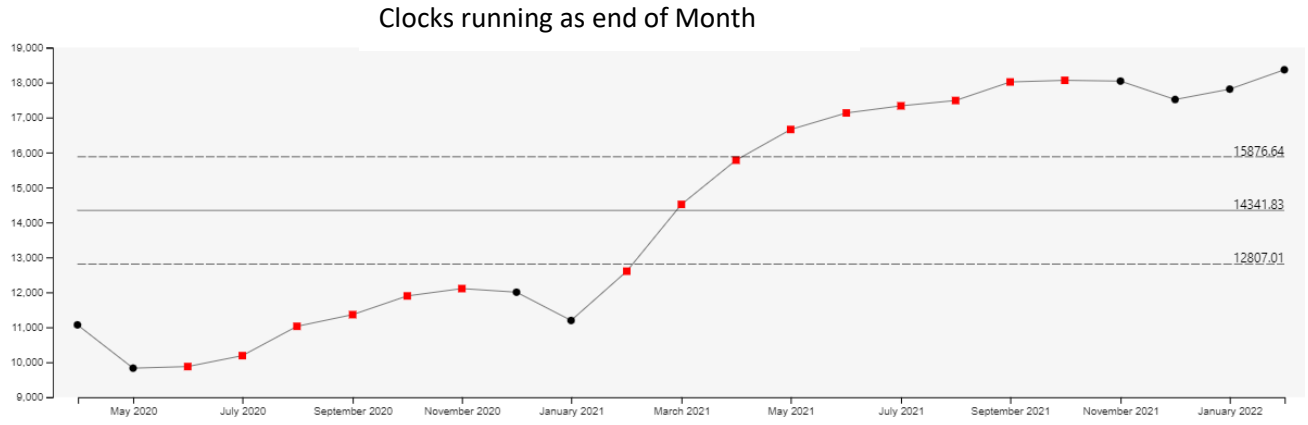


Figure 4

For Solent services, 2022/23 planning assumptions are based on 10% growth

Current waiters by service line in the chart below detail areas of significant concern – 13.8% (49 patients) have been waiting over 52 weeks for treatment under general anaesthetic in Specialist Dental Care and Primary Care, Mental Health and some Adults and Childrens services are holding a significant number of long waits.

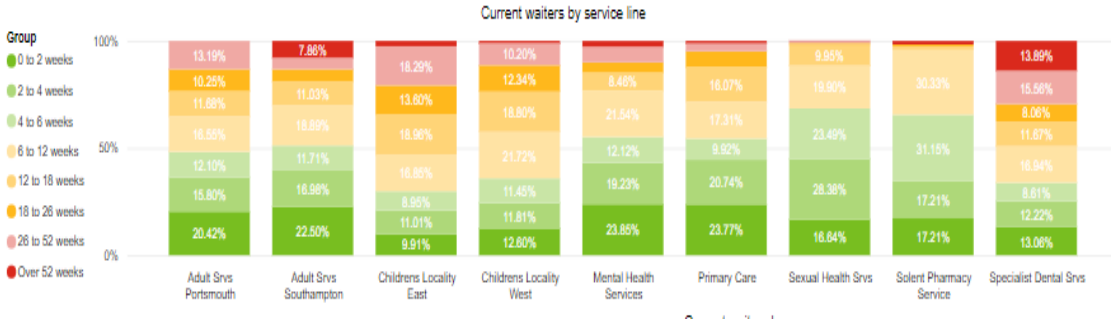


Figure 5

Progress on reducing Data Quality issues

Service line	Adults Portsmouth	Adults Southampton	Mental Health	Childrens East	Childrens West	Primary Care	Sexual Health	Specialist Dental
DQ RAG								

The initial aim was to identify and rectify data quality issues, which includes for example, patients who haven't been 'outcomed' (i.e. seen) appropriately within the clinical system, by the end of February 2022. Data assurance officers have been employed and are working directly with service lines (recruitment to the Adults Southampton and Portsmouth post is outstanding).

Specifically challenged services

Nationally and locally, there are some services that are specifically challenged, and plans have been put in place to address these:

Special care Dental Service Current waiting times demonstrate that the maximum wait for children has now increased to 163 weeks, and the maximum wait for adults has now increased to 183 weeks. A small number of additional lists late 2021 has reduced waiting times to acceptable levels on the Isle of Wight. On the mainland the service has worked with acute providers to flex some sessions to accommodate children with special care needs. Work is ongoing with PHU, HHFT and started conversations with UHS around obtaining some additional lists to reduce the backlog.
Therapies - MSK MSK services have seen an increase in waiting times due to significant staff redeployment in response to COVID-19, alongside an increase in referrals. For the specialist pathways the average wait is currently at 60 days in Southampton with 617 patients on the waiting list. For the physio service in Southampton there are currently 1,825 patients on the waiting list, with the current waiting times of just under 60 days. Plans to increase staffing, changes to referral pathways and improvements in internal processes could see 2 year waiting times reduced to 6-10 months.
Therapies - Podiatry Podiatry referrals have continued to increase which have impacted in caseload and waiting times with the domiciliary caseload almost doubling in size since 2018. The service is not meeting first or follow up activity needs for patients other than ulceration or very high risk. Low to moderate risk patients are waiting longer and past their recommended return time creating further foot health complications. Plans to increase capacity and improve pathways are being developed with primary and secondary care.

Therapies – SALT

The Adults Speech and Language Service has an in-depth service plan which includes not only reset and recovery but also initiatives set out to optimise and enhance how services are delivered to a growing population and more complex caseloads; Linked to this, is a review of how the service manages incoming referrals, supported by the introduction of new referral triage and screening processes and the offer of accessible Advice and Guidance to surrounding partners. We are continually reviewing our current waiters and have plans to dedicate resource both existing and additional to reduce waiting times across all pathways, delivering our services via outpatient-based clinics, home based care, and virtual consultations. The workforce is a recognised national shortage; and has been impacted by turnover and Maternity leave. Recruitment and mitigation is ongoing to diversify the workforce with investment in new Assistant Practitioners positions, SLT apprenticeships and exploration of Advanced Clinical Practice.

CYP Therapies

The waiting list position in March 2020 was approximately 2000 children, with an average waiting time of 12 weeks. As at February 2022, the waiting list is approximately 3500 children, with an average waiting time of 15 weeks but with 1000 children waiting over 18 weeks currently. Reasons for the growing backlog are multifactorial but heavily impacted by the continued growth of statutory EHCP assessments (approximately 25% since the start of the pandemic), staff redeployments and COVID restrictions. Clinical prioritisation tools are in place and overseas recruitment is being actively pursued.

Secondary care psychology

This wait has grown through covid as teams transitioned from face-to-face consultations to virtual alternatives. In addition, demand has increased with patients requiring more sessions due to increased complexity. There are a number of psychology vacancies which are proving difficult to fill which may increase waits further. The service is looking at offering more group-based sessions where appropriate.

COMPLETED PATHWAYS - NON-ADMITTED PATIENTS

AGGREGATE	CLOCK STOPS DURING THE MONTH												
Code Treatment function	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	
Total Solent R1C	567	637	583	588	485	494	521	584	467	490	533	0	5949
Total Solent R1C within 18 wks	548	612	572	572	478	480	503	565	449	459	504	0	5742
Total Actual Solent R1C %	96.6%	96.1%	98.1%	97.3%	98.6%	97.2%	96.5%	96.7%	96.1%	93.7%	94.6%		**96.5%**
RAG SOLENT R1C	GRN	GRN	GRN	GRN	GRN	GRN	GRN	GRN	GRN	RED	RED		

The 18 week RTT position in February for Completed Pathways (Clock Stops) has just missed the target of 95%, with 94.6% of clock stops seen within 18 weeks (504/533 patients seen in time). This is the second month that the Trust has not achieved this target in 2021/22.

The areas that have not achieved target in February are:

Paeds West: 77/94 clocks stopped within 18 weeks (81.9%) = 1 x General Paediatrics, 16 x Neurodevelopmental

The CPMS service in East and West have been impacted on ability to meet the 18/52 RTT by:

- Covid impacts – reduced F2F, increased IPC, increased cancellation (service and families) due to positive cases
- Increasing work in relation to child protection medicals and LAC meaning that capacity for RTT appointments has been reduced
- Increased referrals into the services without any additional capacity

At the end of February there were 55 children across East and West who are still waiting for RTT appointments. Many are booked for March/April and when seen, they will cause a breach so it is expected that continuing to meet the 18/52 week wait will be challenge for the next few months. However, service is predicting that by June these children will be seen and moving forward, confidence is high that the target will be met for the following reasons:

- The newly appointed operations manager is working with clinical and business support staff to streamline the process
- Appointments are being offered earlier in the waiting period to enable any cancellations/WNB to be rebooked within the timeframe

Diabetic Medicine (West): 196/207 clocks stopped within 18 weeks (94.7%) – work is ongoing to remove those waiting for education as they are not true RTT waits.

INCOMPLETE PATHWAYS - ADMITTED AND NON-ADMITTED PATIENTS

AGGREGATE													
Code	Treatment function	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
	Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	
	Total Solent R1C	852	766	749	718	766	771	848	904	966	952	1042	0	9334
	Total Solent R1C within 18 wks	819	747	740	705	742	759	825	883	935	908	997	0	9060
	Total Actual Solent R1C %	96.1%	97.5%	98.8%	98.2%	96.9%	98.4%	97.3%	97.7%	96.8%	95.4%	95.7%		**97.1%**
	RAG SOLENT R1C	GRN	GRN	GRN	GRN	GRN	GRN	GRN	GRN	GRN	GRN	GRN		GRN

The aggregate position for Incomplete pathways is green and the target of 90% has been exceeded with performance of 95.7%. However, a couple of specialities were below target:

Rheumatology (West) – 7/8 waits within 18 weeks (87.5%) - Performance is usually 100%

Diabetic Medicine (West) – 121/139 waits within 18 weeks (87.1%) – This has started to decline as of November

All breaches were validated as being correct.

4. Responsive

a. Performance Summary

	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trendline
Patients waiting > 18 weeks		2936	3184	3129	3105	2915	3254	3680	3762	3577	3470	3483	3409	
Accepted Referrals		19,109	17,411	17,688	18,900	18,364	16,988	18,752	18,175	19,632	16,941	18,023	17,923	
Number of complaints		21	12	19	18	9	15	14	10	17	9	8	9	
Number of breaches or re-opened complaints		3	1	6	5	2	4	3	2	1	1	1	0	
RTT incomplete pathways*	95%	98.00%	96.1%	97.5%	98.8%	98.2%	96.9%	98.4%	97.3%	97.7%	96.8%	95.4%	95.7%	

b. Key Performance challenges

All service lines saw a decrease in complaints, with the number of complaints received = 17, which is decrease of 10. Service concerns also show a decrease of 5 at 97. However, although the total number of service concerns is slightly reduced, Primary Care and Sexual Health saw a slight increase which may require further investigation if the trend continues. This is due to large increases in service concerns for both Primary Care (in particular Solent GP Surgery) and Sexual Health Service.

5. People

a. Performance summary

Metric	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trendline
Sickness (annual)*	4.50%	3.60%	3.51%	3.47%	3.53%	3.67%	3.85%	4.03%	4.23%	4.39%	4.52%	4.64%	4.74%	
Sickness (in month)	4.50%	3.49%	3.22%	3.59%	3.95%	4.32%	4.95%	5.00%	5.77%	5.60%	5.29%	6.01%	6.01%	
Turnover (annual)*	14%	2.67%	3.40%	4.14%	5.19%	6.06%	7.62%	9.10%	10.22%	11.18%	12.05%	12.94%	13.23%	
Turnover (in month)	1.20%	1.06%	0.73%	0.74%	1.04%	0.87%	1.55%	1.46%	1.12%	0.96%	0.87%	0.95%	1.26%	
New starters (FTE)		57.48	44.76	30.35	28.34	23.78	49.74	59.83	41.77	48.18	31.26	71.01	62.95	

b. Key Performance challenges

Sickness

In month sickness has been increasing over the last 6 months and exceeds the Solent Mean of 5%. Annual Sickness has also been increasing from 4.4% in April 2021 to 5.4% in February 2022. 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).

The top 3 highest reasons for February in-month sickness are 1. Infectious diseases (Covid), 2. Anxiety, stress and depression, and 3. Cold, cough, flu and influenza.

Sickness absence comparison with HIOW ICS trusts shows Solent had the 2nd highest sickness absence of 6.4% (Feb 22) amongst our peers, with latest data from their Board reports showing:

HHFT – 6.63% (Jan 22), IOW – 6.24% (Jan 22), PHU – 4.8% Rolling 12 Months (Dec 21), SHFT – 6.2% (Nov 21), UHS – 5.7%, 4.1% Rolling 12 Months (Jan 22)[1]

Solent Covid related sickness absence impact to our workforce has primarily affected our clinical areas with February 2022 data showing:

- Number of Staff absent with Covid, 33
- No. Cases exceeding 200+ days, 2
- No. Long Covid cases, 2
- No. Work hours Lost, 1336

Solent data trend shows covid related sickness was highest in the first half of the month of February and has been decreasing within the second half. However, sickness is predicted to increase, with March 2022 data already validating the predicted covid sickness absence impact across all HIOW ICS trusts. Currently in March 2022, HIOW ICS is seeing some of the highest sickness rates in the South East region. As a result, we forecast the sickness absence trend to rise again late March 2022, with increasing covid related sickness absence impacting staff as we head for Easter in April 2022.

[1] Data source ICS Workforce Analyst

*Please note the Board statistics for other Providers are not current, as such Solent is no longer an outlier within the ICS. Whilst our absence is rising, we remain in the lower quartile to other providers and in comparison, to community, the lowest within HIOW.

c. Spotlight On: Incentive Payments

The bonus incentive for clinical and front-line services in continuing and has seen a high number of shifts filled by Bank with February 2022 busier than January 2022. Acuity is increasing across mental health services and its anticipated requests to Bank will increase moving into the Easter period in April.

In comparison with the 2021 fill rate on bank, there is an increase on the number of shifts filled via our bank compared with those that were filled by us on the previous year – although the total fill rate, which is the combined fill of bank and agency shows as comparable to last year.

	Jan-21		Jan-22		Feb-21		Feb-22	
	no.	%	no.	%	no.	%	no.	%
Shifts Requested	5813		5126		5399		4408	
Filled	5425	93.30%	4795	93.50%	5109	94.60%	4052	91.90%
Unfilled	388	6.70%	331	6.50%	290	5.40%	356	8.10%
Bank Fill	3938	72.60%	4025	83.90%	3678	72.00%	3274	80.80%
Agency Fill	1487	27.40%	770	16.10%	1431	28.00%	778	19.20%

6. Finance

a. Performance summary

Metric	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trendline
Year to date surplus/(deficit) Actual v budget		1.42%	0.46%	-0.10%	0.28%	0.66%	0.52%	0.53%	0.45%	0.42%	0.37%	0.78%	0.72%	
Agency spend % pay	3.5	4%	5%	4%	4%	5%	5%	5%	3%	4%	2%	5%	4%	
Cash balance		36.4	33.0	31.1	33.1	32.6	34.2	30.5	33.0	33.5	33.3	36.2	35.5	
Aged debt (over 90 days)		0	642	874	630	598	259	310	334	216	211	198	279	

b. Spotlight On: 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.

7. Research and Improvement

a. Performance summary [hosted national trials]

Figure 6

b. Key Performance challenges

c. Spotlight On: Solent led research, Grant update, rapid evaluation Hub.

- Pneumo 65: Chief Investigator- Anna Badley

Portfolio stud-open to recruitment

A nurse-led intervention to help prevent people living with frailty in a care or nursing home setting from developing pneumonia

- I-Care App: Chief Investigator-Dr Lindsay Cherry

Non-portfolio study--open to recruitment

The aim of this study is to determine the acceptability and efficacy of the newly developed I-Care app to facilitate peer support for NHS staff wellbeing

- Neuro Diversity Approach: Chief Investigator Zach Dunn

Non-portfolio Study-closed to recruitment, in follow -up

Nearly all children with neurodevelopmental differences will experience some difficulty with needs due to stereotyping of symptoms and long waiting lists. A manual has been produced which uses a child development profile to create an individualised treatment plan

Research Grant Update

- Burdett Trust – Awarded to Anna Badley (Solent), £98,163.

A nurse-led intervention to help prevent people living with frailty in a care or nursing home setting from developing pneumonia.

- NIHR Programme Grant – Prof Miram Santer (UoS, hosted by Solent) - £1,901,577

Developing and testing an online intervention to support self-management, improve outcomes and reduce antibiotic use in acne (2022-27)

- NIHR Research for Patient Benefit Grant – Prof Samuele Cortese (UoS & Solent) -£149,683

Comparing pharmacological and non-pharmacological interventions for adults with Attention-Deficit/Hyperactivity Disorder (ADHD): systematic review and network meta-analysis (2022-4)

Rapid Evaluation Hub

Within the Academy, we are establishing a Rapid Research & Evaluation Hub that offers novel evaluation techniques both to Solent and other services. The aim is to allow for rapid insight and learning that can be translated into ongoing improvement.

This is being done in partnership with UCL (University College London) and their international RREAL centre (Rapid Research, Evaluation and Appraisal Centre). Our ambition is to make this a partly commercial entity, to 'sell' evaluation services.

Through the pandemic, the Academy ran a rapid evaluation of the Solent response, feeding into learning and improvements to a number of areas, including remote consultation, redeployment and flexible working. https://www.academy.solent.nhs.uk/covid-19/rapid-evaluation/

There is indication of early success - As we move beyond the pandemic, we have been commissioned for pieces of work by external agencies. Current/ recent projects are:

1. Evaluation of the Solent Vaccination Programme
    - Internal Solent Project
    - Mass Vaccination Centres, with case studies on the outreach & schools programmes
2. Evaluation of the H&IOW ICS Accelerator Fund (Elective Care)
    - Commissioned by the H&IOW ICS
    - Funded project
    - Complete December 2021
3. Evaluation – Afghan Resettlement Mental Wellness
    - Evaluation of the rapid setting up of a mental health support service for people seeking refuge.
4. Rapid Appraisal of Research in Community Nursing Practice
    - In partnership with Kent Community NHS Trust
    - Commissioned/ reporting in to Chief Nurse's Office, NHSE
    - Pilot in Solent/ Kent, extending to national in 2022/23
    - Funded project (amount tbc)

6.1 NHS Provider Licence – Self Certification 2021/22 – March 2022

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 have actively reviewed 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.

Requirement

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

(a) Effective board and committee structures;

(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and

(c) Clear reporting lines and accountabilities throughout its organisation

Response

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). 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.

Solent NHS Trust

Requirement

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

(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;

(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;

(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;

(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);

(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;

(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;

(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and

(h) To ensure compliance with all applicable legal requirements.

Response

In readiness for our annual declaration in June 2022 we have actively reviewed 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 FY2021/22 the Trust is on track to deliver a break-even position.

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.

Requirement

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

(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;

(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;

(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;

(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;

(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and

(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Response

The 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).

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.

Solent NHS Trust

Requirement

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

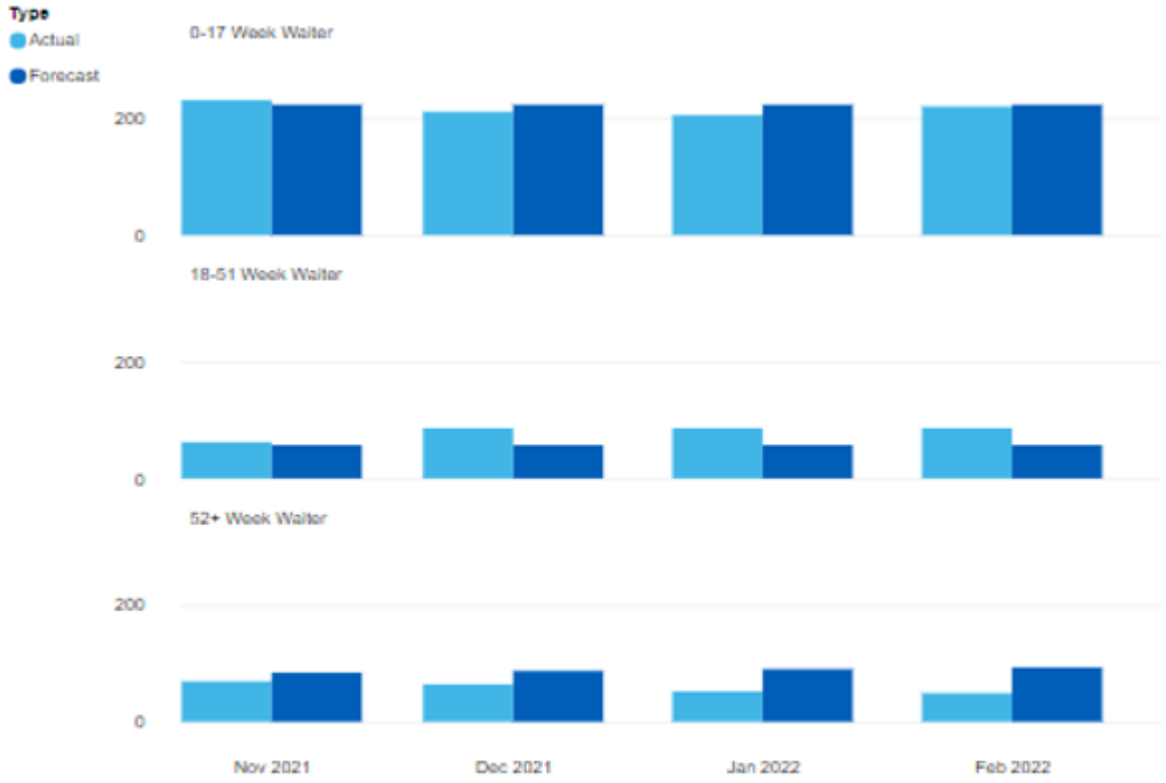
Response

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.

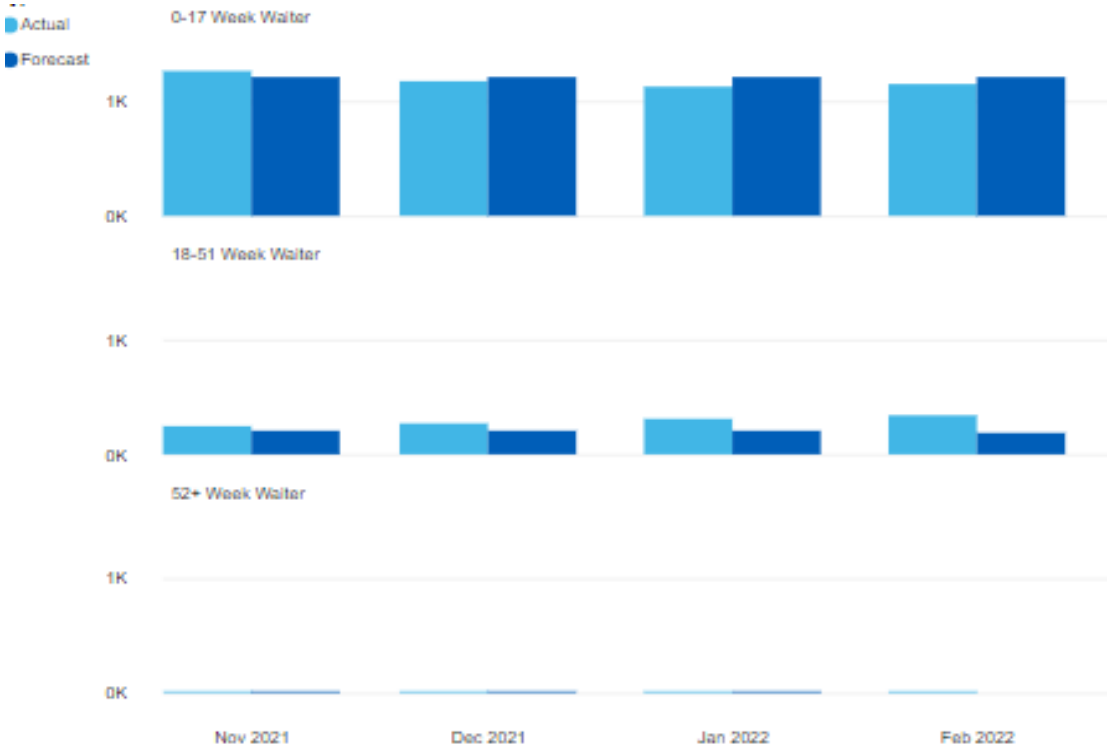
8.2 Appendices – Waiting times

Special Care Dental



Therapies – Specialist Physio

Therapies – Podiatry



CYP Therapies

Secondary Care Psychology

Waiting Lists

1:1	Time Waiting	No. Waiting
Trauma (EMDR/CBT)	2y 8wks	65
CAT	1y 51wks	17
CBT Mood	1y 45wks	26
DBT	1y 34wks	43
ACT	47wk	07
CBTp – HI	40wks	16
CBTp-EIP	36wks	13
Family Work	33wks	06
CBTp – LI	00	00

Group	No. of Weeks	No. Waiting
ECS Group HI	43	37 plus 15 on Patient Choice WL
Trauma Group	17	02

1.4 NHS Improvement Oversight Framework

	Indicator Description	Internal / External Threshold	Threshold	Month: Feb-22 Current Performance	Capability	Variance	Month: Jan-22 Current Performance	Capability	Variance
Quality of Care Indicators									
Organisational Health	Staff sickness (rolling 12 months)	I	4.5%	5.4%	F		5.3%	F	
	Staff turnover (rolling 12 months)	I	10 - 14%	12.9%	P		11.8%	P	
	Staff Friends & Family Test - % Recommended Employer	I	80%	*	*	*	*	*	*
	Proportion of Temporary Staff (in month)	I	6%	4.2%	P		4.6%	P	
Caring	Written Complaints	I	15	9	?		8	?	
	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%	96.5%	?		95.1%	?	
	Mental Health Friends & Family Test - % positive	E	95%	98.7%	P		97.2%	P	
Effective	Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	E	95%	87.5%	?		100.0%	?	
	% clients in settled accommodation	I	59%	68.6%	P		68.7%	P	
	% clients in employment	E	5%	3.1%	F		3.2%	F	
Safe	Occurrence of any Never Event	E	0	0	P		0	P	
	NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	0	?		0	?	
	VTE Risk Assessment	E	95%	94%	?		95%	?	
	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%	93.0%	P		92.0%	P	
Maximum 6-week wait for diagnostic procedures	E	99%	99.0%	?		95.0%	?	
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	E	0	6	?		12	?	
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50%	100.0%	P		100.0%	P	
Data Quality Maturity Index (DQMI) - MHSDS dataset score**	E	95%	91.4%	F		91.5%	F	
Improving Access to Psychological Therapies (IAPT)								
- Proportion of people completing treatment moving to recovery	E	50%	52.2%	P		61.0%	P	
- Waiting time to begin treatment - within 6 weeks	E	75%	92.1%	P		86.6%	P	
- Waiting time to begin treatment - within 18 weeks	E	95%	99.5%	P		100.0%	P	

Use of Resources Score								
Use of Resources Score	E	2	2	P		2	P	

* 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

Report template- Board and Committees

Item No.	14	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 17th March 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 the recommendations for a future focussed workforce dashboard to be designed that not only provides data assurance historically but forecasting predicted future trends along with identifying preventions/interventions for areas of workforce risk. The accompanying commentary narrative should reflect this committee requirement.
  b) **Employee Relations Assurance report** – The committee noted the report and the reducing ER cases month on month. The committee requested the report to provide a stronger focus and clarity in the executive summary commentary, focusing on the detail of the 'so what', of what the data analysis is telling, as opposed to too many charts and numbers presentation. What are we doing with the information, where are there areas of risks, and what actions are being taken to mitigate/control them.
  c) **Workforce Risk Appraisal** – The committee observed the actions taken in moderation of the scores was actioned with service lines, however further assurance is requested on the Risk process of scores and definition across the trust. Therefore the Executive team have taken this action away to carry out an internal review around the governance of the risk process and to take this to the Quality and Assurance Committee.
  d) **Internal Audit Update** – The committee discussed the audit recommendations and deadline dates and questioned the clarity on the status of the audit actons and controls, and whether some were deemed to be closed. A clearer executive summary commentary has been taken away as an action to help aid this, as the report had too many tables and detail to pick out the key updates. A further discussion was had on the PWC payroll audit report actions and the committee was assured of the actions closed and outstanding items due to be closed in due course.
  e) **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. A Board workshop is being arranged for May 2022 with the aim for a clear target date and score.
- **Sub-committee exception reports:**
  a) The committee noted the received **exceptions report for the JCNC meeting**.
  b) The committee also noted the received **exceptions report from the DDNC sub committee meeting**.
  c) No update from the **People Forum** as no meeting had taken place, this is next scheduled for May 22.
  d) The committee also noted the received **exceptions report for the Wellbeing sub committee meeting.**
- **Quarterly National Survey results** paper was received and discussed with realistic and clear next steps of engagement with surveys. It was observed that staff have survey fatigue and this has had impact on survey results. It was also discussed about statistical sample size and the relevancy.

- **D&I action plan –** The action plan was noted as read by the committee. The committee were pleased with the right balance and level of sufficient detail in which the report was prepared in a PowerPoint format for reasons of neurodiversity.
- **Health and Wellbeing Strategy –** The refresh of the Framework was communicated to the committee by way of update introducing a strategy is being designed and this will be brought back and presented at the May Board workshop. This strategy fits in to the wider Solent People strategy.
- **Well-Led Audit action plan –** The committee was updated on the action plan as an output of the well led review findings and described how they also holistically fit in to the wider Solent People strategy.
- **The Orchards Deep Dive** – The report was received and the committee discussed the findings and were assured of the actions that are being taken forward.
- **LMS: values assessment –** The committee were delighted with the report paper and see the LMS as a game changer for the Trust and the value and many positive ROI it brings to staff and the Trust. The future roadmap plans for the LMS are being planned and diarised to be brought back to the committee, with the next focussing on the refresh of the Appraisal. A compliance report functionality for the appraisal will also be possible to share when this paper is presented. There will be planned annual cycle agenda updates for LMS evaluation to be scheduled for the committee to receive.
- **People Operations: International Recruitment Collaborations –** This report was noted as read and understood there is a need for governance reasons for the committee to be presented with this update, as part of the NHSE bid agreement Solent had won for being the International Recruitment lead.

Item No.	**15**	Presentation to	Trust In Public Board			
Title of paper	Community Engagement and Inclusion Committee Exception Report- March 2022					
Purpose of the paper	Information					
Committees /Groups previous presented and outputs	n/a					
Statement on impact on inequalities	Positive impact (inc. details below)	**Y**	Negative Impact (inc. details below)		No impact (neutral)	
Positive / negative inequalities						
Action required	For decision	**N**	For assurance	**Y**		
Summary of Recommendations and actions required by the author	**Engagement and Inclusion Committee** Headlines from meeting held Tuesday 22 March 2022 1. *Presentation by Talking Change and Community Engagement and Experience Teams (CEET): Understanding barriers faced by minority ethnic people to using mental health services in Portsmouth.* a. CEET asked to support IAPT to better understand barriers. 108 conversations with 56 users of service and 52 who have not accessed the service from a range of ethnic backgrounds. b. Four recommendations for Talking Change from those conversations: i. Talking Change need to strengthen their relationships with communities to build trust. ii. Staff require greater cultural awareness to support practice. iii. Improve appointment accessibility including appropriate translation services. iv. Increase visibility of service. c. Three broader recommendations for MH services: i. Address lack of awareness of local MH services amongst ethnic minority communities. ii. Address job security fears (associated with disclosure of MH needs) iii. Self identification the need for MH service support. d. Progress to date i. Whole team delivered Portsmouth MH Alliance workshop to 126 attendees ii. Cultural sensitivity training for team January 2022					

iii. Working with interpreters training

iv. Diversity Training from IAPT national leader

e. Key learning points

i. Issues raised in this work are most likely pertinent to many other services and so sharing of learning is key; has been shared as the learning from excellence event.

ii. Equipping teams to reach out to the community will be required for the foreseeable future and teams supported to do that.

2. *Alongside Communities – the Solent approach to engagement and inclusion – Year 1 delivery plan progress report and draft year 2 plan.*

a. Year 1 plan comprised 25 deliverables; 20 have been delivered in full, 5 partly. Partly delivered include data gaps analysis (see data challenge point below); external facing communication including website due to long term staff sickness absence; in person quality visits due to continued IPC requirements; introduction of 4th element of community benefit to procurement assessment process due to operational challenges; people participation policy due to need to finalise payment structures and funding streams.

b. 2 key challenges: demographic data collection and external email communications with communities. Standardised minimum data set now agreed and being piloted in 2 areas. Email communications with community partners have part solution offered by IT, but proposal of registering every email domain (e.g. gmail, BTinternet, yahoo etc) required which is time consuming for both the CEET and IT. Further conversations needed to find smarter solution as our community partner network continues to grow.

c. Community Celebration event 4 March held face to face. Event was significantly oversubscribed. Partners presented work they have done in partnership with us. They contributed 37 pages of feedback on our Year 2 plan.

d. Draft year 2 plan is based on continuous conversations with communities over the year, the event of 4 March and the feedback now informing the finalising of the plan. To be shared at Clinical Executive Group.

3. *Community Engagement and Experience Team activity:*

a. Evaluation and impact report for all projects for 22/23 currently being prepared to evidence outcomes

b. Successful grant applications include:

i. Supporting people on waiting lists –telephone support system implemented to support people with extended waits. Offering signposting to additional support. Overwhelmingly positive responses. Recognition we cannot remove wait but will try to

help make the wait as comfortable as possible.

ii. Supporting people who face aggressive behaviour – training for complaints and PALS teams and teams from mental health service to manage and respond to these situations.

iii. Receiving difficult feedback – training to support teams who receive difficult feedback about care experiences, to help reduce the defensiveness of responses.

4. *Asset Based Community Development*

a. First programme complete, very positive feedback about teams' experience of programme.

b. Plans to develop Solent ABCD toolkit to support further roll out.

c. Embedding in practice initiative, examples already in children and young people, planning on podiatry and primary care.

To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant		Sufficient	X	Limited		None	
Exec Sponsor name:	Jackie Munro, Chief Nurse			Exec Sponsor signature:			

Report template- Board and Committees

Item No.	**16**	Presentation to	In Public Board		
Title of paper	Mental Health Act Scrutiny Committee Exception Report				
Purpose of the paper	To summarise the business transacted at the Mental Health Act Scrutiny Committee held on 24th February 2022.				
Committees/Groups previously presented	N/A				
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)	No impact (neutral)	X
Action required	For decision		For assurance	X	
Summary of Recommendations and actions required by the author	The Mental Health Act Scrutiny Committee is asked to: • 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:	Catherine Mason, Trust Chair			Exec Sponsor signature:	C L Mason		

Summary of business transacted:

- **Committee Agenda Cycle Review** – following request at the last Committee, a report was presented to provide assurance of activity against the Terms of Reference. Opportunity for further considerations outside of the meeting were agreed.
- The **Mental Health Act Report** was noted and exceptions/comments shared.
    - It was agreed to further consider presentation of data going forward.
    - The Committee were assured of appropriate escalation of challenges in relation to Mental Health Assessments across the Hampshire County Council area.
    - Assurance of appropriateness of section 5(2) cases and learning in one instance was shared. It was noted that advice had been received in relation to changes to the use of section 5(2) and acceptance of this guidance as standard practice for the Trust taken.
    - The Committee were briefed on current position in relation to medication errors. Strong reporting culture and importance of triangulation with the Quality Assurance Committee was emphasised. Usefulness of inclusion of trend data was agreed.
    - It was noted that the 'Opt out' policy for IMHA's was expected to be formally introduced by the Government in the amendments to the Mental Health Act, in 2022/3.
- Standard scrutiny of the **Restraint and Seclusion Assurance Report** took place, with episodes considered to ensure appropriate and lawful. A reduction in the number of restrictive interventions were noted and it was confirmed that there had been no reported outbreaks of Covid-19.
- The Mental Health Act and Mental Capacity Act Lead provided an **Associate Hospital Managers (AHM) Update**. Upcoming discussions with Solent Mind to further recruit to AHM roles were shared and continued training sessions highlighted.
- An update on the **Psychiatrist New Working Model** was presented. Phase 2 planning was discussed, and feedback/reflections shared.

- The Committee were briefed on the **Mental Health Unit Use of Force Act**, planning of appropriate actions and intended collaborative work, with implementation required by the end of March. Executive sponsor approval was noted and further considerations of reporting outside of the meeting, as per legal requirements, were agreed.
- There were no open **Internal Audit Recommendations** to report in relation to Mental Health.
- There were no new risks to report in relation to the **Board Assurance Framework (BAF).**

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.

Board and Committees- In Public Board Exception Report

Item No.	18.1		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 Thursday 17th March 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:	Vanessa Avlonitis, Non-Executive Director Chair			Exec Sponsor signature:	*Vanessa Avlonitis*		

Summary of business transacted:

- There were no **Freedom to Speak Up Concerns** or **Urgent Matters of Safety** to report.
- **Partnership governance arrangements-** The Chief Nurse shared a contemporary update regarding government announcement of change in Infection Prevention Control guidance from 1st April 2022.
- A **Special Care Dental Services Deep Dive** was presented, with an overview of services and areas covered provided. Extensive discussions were held regarding waiting list challenges, associated impacts and actions being taken. Initiatives introduced to support staff wellbeing were also shared. It was felt by the Committee that the waiting list of 4 years should be escalated to the Board for noting and discussion.
- The Committee **noted** the following reports presented:
    - **Patient Safety Quarter 3 Report including Learning from Deaths, Learning from SIs and Incidents-** An update on activity was provided, including minor decrease of incident reporting, work to improve target completion of the Patient Safety Syllabus and ongoing work in relation to Patient Safety Partners.
      (provided as supplementary paper- item 18.2)
    - **Experience of Care Quarter 3 Report**- Implementation of the Plots the Dots guidance to report experience of care data was shared. Ongoing work in relation to complaints was discussed, including actions to manage response times and review into reopened complaints.
    - **Safeguarding Quarter 3 Report**- The Committee were briefed on continued high level of activity and considerations of additional resource required.
    - **Infection Prevention Control Quarter 2 Report including IPC BAF-** An overview of ongoing pressures was provided. Continued response to changing guidance and close working with the Communications Team to ensure staff engagement was shared.
- 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, including telephony and waiting list issues and status of MRI diagnostic negotiations.

- A contemporary update was provided following changes to the **Board Assurance Framework (BAF) consideration and oversight of risks Report**. It was confirmed that #1-High Quality Safe Care, had been updated to address gaps in action plans. Links to maturity of business intelligence across all risks was highlighted. Recommendations were **noted** by the Committee.
- There were no **Regulatory Compliance matters (including CQC matters, recent visits and any NHSE/I items)** to report. The Chief Nurse informed of ongoing communication with the CQC.
- **Ethics and Caldicott Panel Exception Report**- There was no panel held since the last meeting.

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.

Board and Committees

Item No.	22	Presentation to	Trust In Public Board		
Title of paper	Trust Board Effectiveness Review/Appraisal				
Purpose of the paper	To summarise the results of the recent Effectiveness Review survey.				
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: • Review the results presented and • Consider any recommendations made for improvement / areas to address				

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

Non-Exec Sponsor name:	Catherine Mason, Trust Chair	Exec Sponsor signature:	

Key messages

On an annual basis, as well as reviewing the Terms of Reference, it is good governance for each Committee and the Board to consider its effectiveness (against the agreed Terms of Reference) and to highlight any areas for improvement. In total, 15 Board members/attendees were invited to participate, and 12 responses were received.

The results of the recent survey, completed by Board members, are presented as follows:

General responsibilities:

1. To maintain and improve quality of care

More Details

Strongly agree	9
Agree	3
Disagree	0
Strongly disagree	0

2. To ensure that the trust meets its obligations to the population served, its stakeholders and its staff in a way that is wholly consistent with public sector values and probity

More Details

Strongly agree	7
Agree	5
Disagree	0
Strongly disagree	0

3. To foster positive and productive external relationships with partners and stakeholders in the local health economy, in particular with patient/user groups and forums; Local Authorities, Health and Wellbeing Boards, Hampshire & Isle of Wight Integrated Care System partners, Healthwatch and Primary Care Networks

More Details

Strongly agree	6
Agree	6
Disagree	0
Strongly disagree	0

4. To exercise collective responsibility for adding value to the trust by promoting its success through direction and supervision of its affairs in a cost effective manner

More Details

Strongly agree	8
Agree	4
Disagree	0
Strongly disagree	0

5. To ensure compliance with all applicable law, regulation and statutory guidance. In fulfilling its duties, the trust board will work in a way that makes the best use of the skills of non-executive and executive directors.

More Details

Strongly agree	7
Agree	5
Disagree	0
Strongly disagree	0

Leadership:

6. The Board provides active leadership to the organisation by ensuring there is a clear vision and strategy for the trust that is well known and understood by stakeholders and is being implemented within a framework of prudent and effective controls which enable risk to be assessed and managed

More Details

Strongly agree	6
Agree	6
Disagree	0
Strongly disagree	0

7. The board provides active leadership to the organisation by ensuring the trust is a good employer by the development of a workforce strategy/plan and its appropriate implementation and operation

More Details

Strongly agree	9
Agree	3
Disagree	0
Strongly disagree	0

8. The board provides active leadership to the organisation by promoting the health and wellbeing of staff

More Details Insights

Strongly agree	10
Agree	2
Disagree	0
Strongly disagree	0

9. The board provides active leadership to the organisation by implementing effective board and committee structures and clear lines of reporting and accountability throughout the organisation

More Details

Strongly agree	6
Agree	6
Disagree	0
Strongly disagree	0

Quality:

10. The board ensures that the trust's quality of service responsibilities for clinical effectiveness, patient safety and patient experience, are achieved

More Details

Strongly agree	9
Agree	2
Disagree	0
Strongly disagree	0

11. The board has an intolerance of poor standards, and fosters a culture that puts patients first

More Details

Strongly agree	8
Agree	4
Disagree	0
Strongly disagree	0

12. The board ensures that it engages with all its stakeholders, including patients and staff on quality issues

More Details

Strongly agree	8
Agree	4
Disagree	0
Strongly disagree	0

13. The board ensures that issues are escalated appropriately and dealt with

More Details

Strongly agree	8
Agree	4
Disagree	0
Strongly disagree	0

Strategy:

14. The board sets and maintains the trust's strategic vision, aims and objectives, being cognisant of the Hampshire and the Isle of Wight Integrated Care System for, ensuring the necessary financial, workforce and physical resources are in place for it to meet its objectives

More Details

Strongly agree	8
Agree	4
Disagree	0
Strongly disagree	0

15. The board determines the nature and extent of the risk it is willing to take in achieving its strategic objectives

More Details

Strongly agree	7
Agree	5
Disagree	0
Strongly disagree	0

16. The Board monitors and reviews management performance to ensure the trust's objectives are met;

More Details

Strongly agree	4
Agree	7
Disagree	1
Strongly disagree	0

17. The board oversees both the delivery of planned services and the achievement of objectives, monitoring performance to ensure corrective action is taken when required;

More Details

Strongly agree	5
Agree	7
Disagree	0
Strongly disagree	0

18. The board develops and maintains an annual business plan, and ensures its delivery as a means of taking forward the strategy of the trust to meet the expectations and requirements of stakeholders

More Details

Strongly agree	5
Agree	6
Disagree	1
Strongly disagree	0

19. The board ensures that national policies and strategies are effectively addressed and implemented within the trust

More Details

Strongly agree	9
Agree	3
Disagree	0
Strongly disagree	0

Culture, ethics and integrity:

20. The board is responsible for setting values, ensuring they are widely communicated and adhered to and that the behaviour of the board is entirely consistent with those values

More Details Insights

Strongly agree	10
Agree	1
Disagree	0
Strongly disagree	0

21. The board promotes a patient-centred culture of openness, transparency and candour

More Details Insights

Strongly agree	11
Agree	1
Disagree	0
Strongly disagree	0

22. The board ensures that high standards of corporate governance and personal integrity are maintained in the conduct of trust business

More Details Insights

Strongly agree	11
Agree	1
Disagree	0
Strongly disagree	0

23. The board ensures the application of appropriate ethical standards in sensitive areas such as research and development

More Details

Strongly agree	7
Agree	5
Disagree	0
Strongly disagree	0

24. The board ensures fairness and continuity to improve people practices

More Details

Strongly agree	9
Agree	3
Disagree	0
Strongly disagree	0

25. The board embeds the Learning Organisation and Quality Improvement ethos into all activities

More Details

Strongly agree	9
Agree	3
Disagree	0
Strongly disagree	0

26. The board ensures that directors and staff adhere to any codes of conduct adopted or introduced from time to time

More Details

Strongly agree	8
Agree	4
Disagree	0
Strongly disagree	0

27. The board promotes diversity and inclusion

More Details Insights

Strongly agree	10
Agree	2
Disagree	0
Strongly disagree	0

28. The board is responsible for maintaining a Freedom to Speak Up Culture

More Details Insights

Strongly agree	11
Agree	1
Disagree	0
Strongly disagree	0

Governance and Compliance:

29. The board ensures compliance with relevant principles, systems and standards of good corporate
governance and has regard to guidance on good corporate governance and appropriate codes of conduct, accountability and openness applicable to NHS provider organisations

More Details Insights

Strongly agree	11
Agree	1
Disagree	0
Strongly disagree	0

30. The board ensures that all licence conditions relating to the trust's governance arrangements are complied with

More Details Insights

Strongly agree	10
Agree	2
Disagree	0
Strongly disagree	0

31. The board ensures that the trust has comprehensive governance arrangements in place that guarantee that the resources vested in the trust are appropriately managed and deployed, that key risks are identified and effectively managed and that the trust fulfils its accountability requirements

More Details Insights

Strongly agree	10
Agree	2
Disagree	0
Strongly disagree	0

32. The board ensures that the trust complies with its governance and assurance obligations in the delivery of clinically effective and safe services taking account of patient and carer experiences and maintaining the dignity of those cared for

More Details Insights

Strongly agree	11
Agree	1
Disagree	0
Strongly disagree	0

33. The board ensures that all the required returns and disclosures are made to the regulators

More Details

Strongly agree	10
Agree	2
Disagree	0
Strongly disagree	0

34. The board formulates, implements and reviews standing orders and standing financial instructions as a means of regulating the conduct and transactions of trust business

More Details

Strongly agree	7
Agree	5
Disagree	0
Strongly disagree	0

35. The board agrees the schedule of matters reserved for decision by the board of directors

More Details

Strongly agree	10
Agree	2
Disagree	0
Strongly disagree	0

36. The board ensures the proper management of and compliance with the Mental Health Act and other statutory requirements of the trust

More Details Insights

Strongly agree	11
Agree	1
Disagree	0
Strongly disagree	0

37. The Board approves the Annual Report, Quality Account and Annual Accounts

More Details Insights

Strongly agree	11
Agree	1
Disagree	0
Strongly disagree	0

38. The board considers directives, comments and recommendations from its committees and takes the appropriate action

More Details

Strongly agree	9
Agree	3
Disagree	0
Strongly disagree	0

39. The board ensures there are appropriately constituted appointment and evaluation arrangements for senior positions

More Details

Strongly agree	9
Agree	3
Disagree	0
Strongly disagree	0

40. The board ensures that the statutory duties of the trust are effectively discharged

More Details

Strongly agree	9
Agree	3
Disagree	0
Strongly disagree	0

41. The board acts as corporate trustee for the trust's charitable funds

More Details Insights

Strongly agree	10
Agree	1
Disagree	0
Strongly disagree	0

42. The board will conduct an annual appraisal of the Board's effectiveness

More Details Insights

Strongly agree	10
Agree	2
Disagree	0
Strongly disagree	0

Risk:

43. The board ensures an effective system of integrated governance, risk management and internal control across the whole of the trust's clinical and corporate activities

More Details Insights

Strongly agree	11
Agree	1
Disagree	0
Strongly disagree	0

44. The board ensures that there are sound processes and mechanisms in place to ensure effective user and carer involvement in the development of care plans, the review of quality of services provided and the development of new services

More Details

Strongly agree	6
Agree	6
Disagree	0
Strongly disagree	0

Finance:

45. The board ensures that the trust operates effectively, efficiently, economically

More Details

Strongly agree	7
Agree	5
Disagree	0
Strongly disagree	0

46. The board oversees the achievement of the Trust's Control Total

More Details

Strongly agree	9
Agree	3
Disagree	0
Strongly disagree	0

47. The board ensures the continuing financial viability of the organisation

More Details Insights

Strongly agree	10
Agree	2
Disagree	0
Strongly disagree	0

48. The board ensures the proper management of resources and that financial responsibilities are fulfilled

More Details

Strongly agree	10
Agree	2
Disagree	0
Strongly disagree	0

49. The board ensures that the trust achieves the targets and requirements of stakeholders within the available resources

More Details

Strongly agree	8
Agree	4
Disagree	0
Strongly disagree	0

50. The board reviews performance, identifying opportunities for improvement and ensuring those opportunities are taken

More Details

Strongly agree	5
Agree	7
Disagree	0
Strongly disagree	0

Board behaviours and competencies:

51. Honesty

More Details Insights

Strongly demonstrates	12
Demonstrates sometimes	0
Rarely demonstrates	0
Never demonstrates	0

52. Everyone counts

More Details Insights

Strongly demonstrates	11
Demonstrates sometimes	1
Rarely demonstrates	0
Never demonstrates	0

53. Accountable

More Details Insights

Strongly demonstrates	11
Demonstrates sometimes	1
Rarely demonstrates	0
Never demonstrates	0

54. Respectful

More Details Insights

Strongly demonstrates	11
Demonstrates sometimes	1
Rarely demonstrates	0
Never demonstrates	0

55. Teamwork

More Details Insights

Strongly demonstrates	11
Demonstrates sometimes	1
Rarely demonstrates	0
Never demonstrates	0

56. Board competency - Judgment

More Details

Strongly demonstrates	12
Demonstrates sometimes	0
Rarely demonstrates	0
Never demonstrates	0

57. Any other comments (including any suggested areas of focus for the Board during the year ahead)

The challenge and support of Board members is very strong