Agenda
Solent NHS Trust In Public Board Meeting

<u>Date</u>:   Monday 6 June 2022
<u>Timings</u>:   9:30 – 12:45
<u>Meeting details</u>:   In person meeting, Condor Suite, 2nd Floor, Highpoint

Judgements and decisions made in the context of a Level 3 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** *Sarah Bamford, Advanced MSK Adolescent Physiotherapist*	Deputy CEO & Chief Nurse Chair	To receive
3	10:05	30mins	**Staff Story** *Kathryn Hammond, Matron CAMHS East*	Chief People Officer	To receive
4	10:35	5mins	***Previous minutes, matters arising and action tracker**	Chair	To approve
Quality and safety first					
5	10:40	10mins	**Safety and Quality – contemporary matters including:** • **Board to Floor feedback** • **Freedom to Speak Up matters**	Deputy CEO & Chief Nurse Chief of Staff	Verbal update / To receive
To approve					
6	10:50	15mins	**Proposal for Approval: Formulating a Hampshire and Isle of Wight Mental Health & Learning Disability Provider Collaborative (MHLD PC)**	CEO /COO /Chief of Staff /CMO	To approve
10-minute break					

			Items to receive		
7	11:15	10mins	**Professional Leadership & Engagement Report (inc. professional strategic framework and nurse revalidation) [Nursing, AHPs and medical workforce]**	Deputy CEO & Chief Nurse	To receive
8	11:25	20mins	**Chief Executive's Report**	CEO	To receive
9	11:45	35mins	**Performance Report** *Including:* *Operations* *Workforce* *Quality* *Financial* *Research* *Self-Declaration* *NHS Provider Licence Annual Declaration (to be signed by CEO and Trust Chair)*	Executive Leads	To receive
			Reporting Committees and Governance matters		
10	12:20	15mins	**People Committee -** *Exception report from meeting held May 2022*	Committee chair	To receive
11			**Engagement and Inclusion Committee –** *no meeting held to report*	Committee chair	To receive
12			**Mental Health Act Scrutiny Committee-** *no meeting held to report*	Committee chair	To receive
13			**Audit & Risk Committee –** *no meeting held to report*	Committee chair	To receive
14			**Quality Assurance Committee-** *Exception report from meeting held May 2022 including supplementary papers:* *14.2 - Research & Development Annual Report* *14.3 – Learning from Experience Annual Report* *14.4 – F2SU Annual Report*	Committee chair	To receive
15			**Governance and Nominations Committee –** *Verbal update of meeting held 27 May 2022*	Committee chair	To receive

16			**Non-Confidential update from Finance & Infrastructure Committee**– *non confidential escalation report from meeting held 30 May 2022* • *Green Plan update*	Committee chair	To receive
17			**Charitable Funds Committee** – *Exception report from meeting held 20 May 2022*	Committee chair	To receive
Any other business					
18	12:35	10mins	**Any other business and reflections including:**	Chair	-
19			• *lessons learnt and living our values* • *matters for cascade and/or escalation to other board committees*		
20	12:45	---	**Close and move to Confidential meeting** The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows: "that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'" (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)	Chair	-

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

Date of next meeting:
- *13th June – EO In Public Board meeting*
- *1st August 2022*

NHS Solent NHS Trust

Minutes

Solent NHS Trust In Public Board Meeting

Date: Monday 4 April 2022
Timings: 9:30 – 12:15
Meeting details: Virtual meeting via MS Teams

Chair: **Catherine Mason,** Trust Chair (CMa)	
Members: **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) **Calum Mercer**, Non-Executive Director (CMe) **Vanessa Avlonitis**, Associate Non-Executive Director (VA)	**Attendees:** **Rachel Cheal**, Chief of Staff & Corporate Affairs (RC) **Jayne Jenney**, Assistant Company Secretary and Corporate Support Manager (JJ) **Sandra Glaister,** Company Secretary (SG) **Apologies:** No apologies to note.
Patient Story (item 2) Sapna Vohra, Community Engagement Facilitator (SV) Mala Patel (MP), Sandra Hall (SH) and Lucky Haque (LH).	**Staff Story (item 3)** Joan Wilson Elizabeth Varughese
Digital Strategy (item 9) Stephen Docherty, Digital Consultant Jonathan Prosser, CCIO	**Information Governance Annual Report (item 10)** Sadie Bell, Head of Information Governance & Security / Data Protection Officer
**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 virtual meeting.
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 – Chat over Chai**
2.1	Sapna Vohra, Community Engagement Facilitator, introduced Mala Patel, Sandra Hall and Lucky Haque from 'Chat over Chai' to the Board. Each shared their personal journeys and explained the programmes to help encourage connections within the Asian communities. SH thanked Solent for partnering the Chat over Chai initiative. SH explained the regular groups running and shared some of the discussion topics shared amongst the Asian community. SH explained bitesize programmes in place that have proven successful, of popular badminton classes provided and positive social development achieved.
2.2	LH informed the Board of the attendance of clinicians at the regular group sessions to provide talks on specific subjects which are backed up by practical sessions to enforce learning. LH also reported that a glossary is being created by individuals that assists with gaining knowledge to help

	themselves, their families, and the wider community. LH shared her own personal confidence gained through the project and of her successful application to become the Trust's Patient Safety Partner. LH shared her enthusiasm to continue to grow and offer more services within the community particularly around local issues. LH thanked SV and the Trust for the support provided.
2.3	MP shared her own personal experience when introduced to Chat over Chai firstly as an attendee then as a volunteer and of confidence gained during her time within the programme. MP briefed the Board on cooking sessions being provided within the Diabetes Lunch Club and thanked the Board for the support provided.
2.4	JM welcomed LH as Solent's first Patient Safety Partner and informed the Board of funding provided via a community grant.
2.5	CMa referred to the glossary mentioned and asked if such resources can be shared more widely. It was explained that the glossaries are written in individuals' languages however further resources are being developed that can be used in other areas.
2.6	AS asked if there was anything more Solent could have done to assist with the setting up of the initiative. SH suggested that assistance with initial working out of funding proposals would have been beneficial however monthly evaluations have assisted in building confidence in taking projects forward. SH highlighted the need for consistent speakers to ensure an element of learning at groups on difficult topics that are simple to understand in a language that the community can share with others.
2.7	JS asked if links could be shared with the Trust's international recruits and those with similar backgrounds and cultures. SV confirmed that no links have been shared to date however acknowledged the idea to be a good opportunity to take forward.
2.8	CMa acknowledged the importance of the journeys of growth described and of the positive encouragement of people to become more involved within communities. SV informed the Board that clinical teams are also referring patients who are in social isolation as well as releasing nurses to support the initiative. *SV, MP, SH and LH left at this point of the meeting.*
3	**Staff Story – Preceptorship Programme**
3.1	*Joan Wilson (JW) and Elizabeth Varughese (EV) joined the meeting at this point.* JW briefed the Board on the Preceptorship Programme that has been developed to support new registrants and on the Preceptorship Plus programme for staff in post for between 2-5 years to assist with progression.
3.2	EV shared her own personal experience of the support provided by Solent within the Preceptorship Plus programme when joining the Trust from India. EV explained the sessions provided within the programme to identify areas of interest to progress. EV thanked those who made personal contact with her and to Solent who facilitated her journey.
3.3	JS highlighted challenges experienced due to services not releasing staff to attend the preceptorship programme and of the need to review and understand what the challenges are. JW added that staff feel guilty about leaving their busy colleagues and are often not released from clinical areas at short notice due to staffing issues. JM suggested keeping a log of reasons for nonattendance to review and help mitigate issues. JM thanked EV for attending the Board to share her own experience with the programme.

3.4	CMa thanked JW and EV for attending the Board and commented on the positive experience shared that provides assurance that overseas people can join the Trust via an effective pathway. *JW and EV left the meeting at this point.*
4	**Minutes of the meeting held Monday 6 February 2022, matters arising and action tracker**
4.1	The minutes of the last meeting were confirmed as an accurate record.
4.2	The following actions were confirmed as complete: AC004465 and AC004469
5	**Safety and Quality – contemporary matters including:** • **Board to Floor feedback including 6 monthly Board to Floor update** • **Freedom to Speak Up matters**
5.1	Safety JM informed the Board of an independent review (Ockenden) undertaken on maternity services with several matters identified for consideration including governance and leadership and lack of Trust Board oversight. Although Solent do not provide maternity services, a formal review of associated community services and general lessons for clinical services identified in the review, is to be undertaken and reported through QIR, QAC and on to the Board.
5.2	Board to floor visits **The Board noted the Board to Floor 6 monthly update report.**
5.3	Freedom to Speak Up matters RC informed the Board of the departure of the Freedom to Speak Up Lead Dan Winter-Bates on 29 April 2022. It was noted that the operating model of F2SU is to be reviewed and reported to the next F2SU Steering Group meeting in May.
6	**Annual Audit Timetable and Delegations**
6.1	**The Board formally approved the proposed co-opted NED membership to the Audit and Risk Committee on 13 June and designated NED colleague to Chair the In-Public Board meeting taking place on the same day in the absence of CM and MW.** **CMa confirmed being content to pre-agree to sign the Annual Report opening statement, subject to the approval of the Annual Report at the meeting on 13 June.** It was also agreed that AS provide CM with a detailed brief of the status of the accounts prior to her annual leave. **Action: AS**
7	**Annual Staff Survey Feedback Report**
7.1	JS provided an overview of the key results achieved and the next steps for action planning. JS informed the Board of an HSJ article reporting Solent to have achieved the 2nd highest response rate in the country of 68%. Results show clear evidence of the Trust being very engaged, compassionate, and inclusive. JS reported that Solent have either performed top or above average against benchmarking figures. It was noted that further work is planned to review themes and measure against the action plan to identify any further improvements that can be made including the enhancement of the appraisal model within the LMS system.

7.2	CMa thanked all staff who took the time to complete the survey on behalf of the Board and commented on the excellent results that reflect on the Trust's leadership.
7.3	MW asked if there are alternative trust providers that achieve better results. JS responded that although a deep dive has not been undertaken, acute trust results reported in the HSJ do not highlight significant differences.
7.4	AS commented on behalf of the executives on being very proud of the results achieved. **The Board noted the report.**
8	**Review of the Year Video**
8.1	The Review of the Year video was played to the Board. The Board reflected on the positive achievements through what has been another extremely challenging year.
9	**Digital Strategy**
9.1	*JPr and SD joined the meeting at this point.* It was agreed that due to its familiarity, the document would be received as read and the Board were invited to ask questions. Members of the Board commented on the clear and well written strategy.
9.2	GK suggested that cyber security should be included within the main strategy. SD confirmed that the Digital Information Group (DIG) will be responsible for overseeing activities for performance, business intelligence and information governance security. The communications campaign will also ensure an appropriate cyber message is shared.
9.3	JPr highlighted the importance of effective collaboration with partners within the ICS due to the dependency of merging cyber security at various stages and of the need to be prepared for potential security predicaments when joining across the system.
9.3	It was agreed that SD consider the inclusion of cyber security and provide further detail to the Board when complete. A briefing on cyber security to be planned into a future Board meeting. **Action: SD** **The Board approved the Digital strategy.**
10	**Information Governance Annual Report 2021/22**
10.1	*SB joined the meeting at this point.* RC commented on the hard work undertaken by SB and her team and of the IG training compliance target achieved at year end. It was noted that cyber security will be included with IG training going forward. The annual report was received as read and the Board were invited to ask questions.
10.2	CMa enquired about the possible reasons for the increase in subject access requests. SB reported that the GDPR has raised awareness of people's rights and there has been a significant increase as a consequence.
10.3	MW asked if a continued growth of FOIs and Subject Access Requests is expected and if so, is there adequate staff to manage. SB explained efficiencies being consider including the routine publishing of forecasted information to assist with common requests received. SB provided assurance that the team are meeting the current timescale of responding within 10 working days.
10.4	RC highlighted expectations of receiving many FOI and media requests associated with the National Inquiry into COVID-19.

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10.5	GK referred to the significant costs endured within the private sector in the event of IG breaches and asked what the implications are to the Trust. SB confirmed that the same rules apply for public and private sectors however Solent has demonstrated processes in place to meet request demands as much as possible and provided evidence that Solent is a learning organisation to prevent issues going forward as a consequence. **The Board noted the report.** *SG left the meeting at this point.*
11	**LMS Progress Report**
11.1	JS demonstrated how the new LMS system enabled the cyber security training to be provided at pace to meet the urgent requirement.
11.2	GK enquired who provides the training content for the system and how the Trust can be assured that appropriate training is provided. JS provided assurance of time invested for the People team to create the content by linking into the training provision from other areas within the NHS. JS also explained close working with the Chief Nurse Directorate to ensure the right clinical training is provided as well as wider mandatory training.
11.3	MW commented on the significant time taken to agree to the investment of the new system and asked if lessons have been learnt for further investments going forward. JS explained actions taken to ensure a valid procurement process was followed and of delays due to the pandemic. Reflecting on the direct front line benefits, CMa suggested that reflection be given by the executive team as to whether there are initiatives that may benefit from investment.
11.4	VA asked if the appraisal tool available within the system will be used going forward. JS confirmed work with stakeholders to enhance the appraisal process within the system. An update is to be provided to the People Committee and noted at the Board.
11.5	DB commented on the improvement in compliance however highlighted the need to monitor MCA and DART face to face training to ensure trajectory achievement. **The Board noted the report.**
12	**Chief Executive's Report**
12.1	• AS informed the Board that the current COVID-19 infection rate is increasing and is particularly high within the Hampshire and Isle of Wight region. • AS highlighted that there are clear roadmaps of enabling strategies including the Digital Strategy approved today to support the delivery of the overall organisational strategy approved in January. It was noted that the next set of strategies will be discussed at a future Board workshop. • It was noted that Covid IPC guidance is continually evolving. • Incredible pressures remain within the system and nationally, partly due to ambulance delays and handover issues which will be discussed further during the Confidential Board. • AS reported that an independent strategic review of Mental Health and Community Services is in progress.
13	**Integrated Performance Report**
13.1	CMa commented on the good progress made with the reformatting of the Performance Report.

13.2	**Safe** • JM reported that the new infection control guidance is expected to be released next week. Local systems are deriving their own plans for local mitigation and there will be no changes for Solent at this time however this will be reviewed post Easter. • JM explained the RIPPLE model that will provide staff with access to support.
13.2	• SR informed the Board that the new performance report format is a work in progress and further information will be included as the report progresses. • SR met with the ICS to discuss work required with regards to performance information and community trajectories. SR reported that trajectories are to be reviewed with service lines due to the uncertainties around additional staff provision. • SR referred to continued pressures in Portsmouth and Southampton and of the decision made to open additional beds in Jubilee until after the May bank holiday due to concerns regarding case rates rising with an expected peak over the next few weeks that will be compounded by the Easter and May bank holiday breaks.
13.3	CMa asked how the additional beds can be staffed in view of workforce pressures. SR provided assurance of being confident in staffing arrangements due to the continuation of the financial incentive scheme and block booking of agency staff.
13.4	CMe enquired if there is any further information available with regards to inappropriate out of area placements. SR explained the circumstances with regards to the out of area placement reported. It was agreed that further narrative would be beneficial to provide more assurance on specific issues.
13.5	**People** • JS informed the Board that sickness has become more prevalent due to Covid which is being monitored closely and a decision has been made to reopen the twice weekly Gold Command calls to ensure a balance of operational demand and sickness levels. • JS reported that confirmation has been received that the double vaccination requirement has been revoked however Solent continue to encourage vaccinations as part of the induction process. • It has been agreed that the staff incentive scheme is to continue until post early May bank holiday and bank staff have been block booked to ensure availability during peak weeks. It was confirmed that the executive team continue to review the benefit and implications.
13.6	CM referred to the reported 10% reduction on agency use, as a result of incentive payments and suggested a comparison review of agency verses incentive costs. JS confirmed analysis undertaken.
13.7	**Finance** GF updated the Board on the current year end position since the publication of the report. It was noted that a breakeven position is expected and will be finalised by the end of this week.
13.8	**Research and improvement** There were no further matters to highlight.
13.9	**Appendices** CMa invited the Board to comment and ask questions on the appendices presented. MW asked if there is a new timescale for progressing a reduction in data quality issues as the original expected timeline has now passed. SR acknowledged current issues and provided assurance that the Trust are linking with third party organisations to provide support to service

	lines and the BI Team. It was agreed that SR provide an update including expected timescales at the next meeting. **Action: SR**
13.10	VA informed the Board of concern raised and an escalation identified at the Quality Assurance Committee with regards to the long waits for Specialist Dentistry GA and requested an update. SR explained the current position with Hampshire Hospitals and Portsmouth who have intimated an opportunity for theatre space that is being pursued at senior level.
	Assurance was provided however that all patients are actively triaged and monitored to mitigate any potential harm.
13.11	AS commented on issues raised through the tripartite assurance meeting and of the need to consider the impact on inequalities on waiting lists due to the significant cohort of patients with learning disabilities, which is a priority for the ICS.
13.12	MW asked if there is any recognition of general dentistry issues within the ICS as well as GA waits. It was agreed that AS will discuss the matter further within the ICS and report back to the Board at the next meeting. **Action: AS**
	Members of the Board were invited to send any comments on the new report format to SR. **The Board noted the Integrated Performance Report.**
14	**People Committee**
14.1	**The Board noted the exception report.**
15	**Engagement and Inclusion Committee**
15.1	**The Board noted the exception report.**
16	**Mental Health Act Scrutiny Committee**
16.1	It was noted that CMa chaired the February meeting with VA in attendance as observer, with VA thereafter being the designated Committee chair CMa informed the Board of the opportunity taken to consider the scope of the meeting. MCA training is to be reviewed to ensure the appropriate level of understanding and training compliance going forward. **The Board noted the exception report.**
17	**Audit and Risk Committee**
17.1	There was no meeting held to report.
18	**Quality Assurance Committee**
18.1	**The Board noted the matter for escalation associated with dentistry waits as previously discussed and noted the exception report.**
19	**Governance and Nominations Committee**
19.1	There was no meeting held to report.
20	**Non-Confidential update from Finance & Infrastructure Committee**
20.1	There were no matters to report.

21	**Charitable Fund Committee**	
21.1	There was no meeting held to report.	
22	**Summary of Board Appraisal Outcome / Effectiveness Review**	
22.1	CMa asked that colleagues forward any further recommendations or areas to address directly to her. **The Board noted the report.**	
23	**Any other Business**	
23.1	There was no further business discussed.	
24	**Lessons learnt and living our values** **Matters for cascade and/or escalation to other board committees**	
24.1	There were no matters for cascade or escalation.	
25	**Meeting closed**	

Date of next meeting: 06 June 2022

Action Tracker

Overall Status	Source Of Action	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	04/04/2022	6.1	AC004547	BOD 1 - Audit Timetable and Delegations	CMa confirmed being content to pre-agree to sign the Annual Report opening statement, subject to the approval of the Annual Report at the meeting on 13 June. It was also agreed that AS provide CMa with a detailed brief of the status of the accounts prior to her annual leave.	Andrew Strevens	26/05/2022 - included in papers
On Target	Board meeting - In Public	04/04/2022	9.3	AC004548	BOD 1 - Digital Strategy	It was agreed that SD consider the inclusion of cyber security and provide further detail to the Board when complete. A briefing on cyber security to be planned into a future Board workshop meeting.	Stephen Docherty	07/04/2022 A brief update will be provided by Stephen Docherty and Sadie Bell at the May Board workshop. Arrangements have been confirmed. 23/05/2022 - briefing provided. Action closed.
On Target	Board meeting - In Public	04/04/2022	13.9	AC004549	BOD 1 - Performance Report Appendices	MW asked if there is a new timescale agreed to progress a reduction in data quality issues as the original timeline has passed. SR acknowledged current issues and provided assurance that the Trust are linking with third party organisations to provide support to service lines and the BI Team. It was agreed that SR provide an update including expected timescales at the next meeting.	Suzannah Rosenberg	27/05/2022 Contemporaneous update to be provided at 6th June Board meeting.
On Target	Board meeting - In Public	04/04/2022	13.12	AC004550	BOD 1 - Performance Report	MW asked if there is any recognition of general dentistry issues within the ICS as well as the know GA waits. It was agreed that AS will discuss the matter further within the ICS and report back to the Board at the next meeting.	Andrew Strevens	26/05/2022 - verbal briefing to be provided.

Item No.	**6.1**		Presentation to	In Public Board
Date of paper	29 May 2022		Author	Steve Trembath, Programme Lead – MH Provider Collaborative, on behalf of the HIOW MH PC Steering Group
Title of paper	Proposal for Approval: Formulating a Hampshire and Isle of Wight Mental Health & Learning Disability Provider Collaborative (MHLD PC)			
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)	No impact (neutral)
Positive / negative inequalities	Describe here further the positive or negative impact (Delete row if no impact/neutral impact)			
Action required	For decision	x	For assurance	

Summary of Recommendations and actions required by the author	To agree:
	a. The formation of the HIoW MHLDA Provider Collaborative with the initial remit and purpose described within this proposal.
	b. The formation of the HIoW MHLDA Provider Collaborative Board operating as a Committee in Common with the delegation rights to:
	  ○ set the strategic direction for core NHS Mental Health, Learning Disability & Autism services
	  ○ oversee the design and delivery of our NHS Mental Health, Learning Disability & Autism work programmes
	c. A mandate for allocated SROs to be organisationally agnostic with the autonomy to lead and coordinate respective Mental Health & Learning Disability Provider Collaborative workstream(s)/ transformation programme(s) as described within Appendix 1, of the draft TOR
	d. Its representatives for the HIoW MHLDA Provider Collaborative Board membership
	
	To note the following in the context that arrangements will evolve over time once the ICB is established, and the PC matures:
	a. The initial wiring diagram demonstrating how the HIoW MHLDA Provider Collaborative Board is positioned and its relationship with existing governance arrangements
	b. The draft ToR of the HIoW MHLDA Provider Collaborative Board (to be agreed by the MHLDA PC Board)
	c. The identified priority workstreams for the collaborative			

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

Summary

All NHS trusts providing acute and mental health services will need to join a provider collaborative from July 2022. There is little evidence that one model of provider collaboration is more effective than another, evidence showing flexibility is important, allowing arrangements to fit with specific local context. It is up to members of the proposed collaborative to decide which arrangement will work best for them in the context of their *shared purpose and objectives*.

The paper summarises the rationale for the development of the MHLD Provider Collaborative and the Board.

It is important to note that the associated governance for the MHLD PC Board will mature in the context of the emerging and maturing associated system governance and infastructure, and in particular, place. The terms of reference included as an appendix are done so for illustrative purposes only, and for the MHLD PC Board to consider, at the inagural meeting.

NHS Sussex Partnership NHS Foundation Trust   **NHS Southern Health** NHS Foundation Trust   **NHS Isle of Wight** NHS Trust   **NHS Solent** NHS Trust

Proposal for Approval: Formulating a Hampshire and Isle of Wight Mental Health, Learning Disability and Autism Provider Collaborative

1.0 Context

All NHS trusts providing acute and mental health services will need to join a provider collaborative from July 2022. There is little evidence that one model of provider collaboration is more effective than another, evidence showing flexibility is important, allowing arrangements to fit with specific local context. It is up to members of the proposed collaborative to decide which arrangement will work best for them in the context of their *shared purpose and objectives*.

What are provider collaboratives?

Provider collaboratives are partnership arrangements involving at least two trusts working at scale across multiple places, with a shared purpose and effective decision-making arrangements

While providers have worked together for many years, the move to formalise this way of working is part of a fundamental shift in the way the health and care system is organised, moving from an emphasis on organisational autonomy and competition to collaboration and partnership working.

While there is no blueprint for developing a provider collaborative, the guidance suggests functions and forms that providers can consider. It highlights several potential models that are being used in different parts of the NHS (appendix A).

Benefits of scale

- *Reductions in health inequalities, including fairer and more equitable access to services across the footprint*
- *Reduction in unwarranted variation in outcomes and access to services*
- *Greater resilience across systems, including mutual aid, better management of system-wide capacity and alleviation of workforce pressures*
- *Better recruitment, retention, and development of staff and leadership talent, enabling providers to collectively support national and local people plans*
- *Rapid spread of successful innovation across care pathways*
- *Consolidating low-volume or specialised services where this makes sense for populations to achieve better outcomes*
- *More efficient and effective corporate and clinical support services providing better services and better able to manage demand and capacity*

What's the local rationale for a HIoW Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative?

The review of mental health and community services across HIoW may inform a future changed provider landscape however we face considerable challenges now. This PC strengthens our partnership working to progress what we need to now whilst also providing a *"soft landing"* for whatever comes in the future.

We need to speak with *one voice across the system (*especially when the new ICB arrangements come into formation July 2022)

We need to *strengthen the mental health position within the planning round*, providing a cohesive plan designed bottom-up

The PC would enable us to *align our priorities and give focus where it is needed most.* For example, ensuring we have the collective eyes on our high acuity needs in the community.

Nationally there is a continued direction to delegate NHSE specialised services to regional shaped provider collaboratives. As a system we need to provide a collective response/challenge to ensure these add value to our local populations.

2.0 Hampshire and Isle of Wight Mental Health, Learning Disability and Autism Provider Collaborative Proposal

This proposal aims to meet the national requirement to have a Provider Collaborative operational from July 2022 however we recognise this will evolve and mature and may look considerably different over time. The proposal has been developed by the *HIOW ICS Mental Health, Learning Disability and Autism Provider Collaborative Development Steering Group,* providing strategic leadership and a collaborative approach to the design and formation of the provider collaborative.

2.1 Remit and purpose

Our shared vision for the NHS provider collaborative is to deliver together, govern together and transform our NHS services together within a formal partnership arrangement.

Collectively as NHS providers we want to *enhance the voice of the patient population* that our Mental Health & Learning Disability Trusts serve within our ICS by *collaborating and joining forces* to *speak with one voice across the system.* Together we will be ambitious and work together as an NHS collective where it will *create positive change* for people with mental illness and learning disabilities.

Place based partnerships of delivery are fundamental to our collaborative. All of our multi-agency programmes of work will be **co-designed at place in the first instance and only move past this scope where places agree it is necessary** to design and/or deliver at a greater scale, and where 4 Mental Health Trusts working together will add value to its design/delivery.
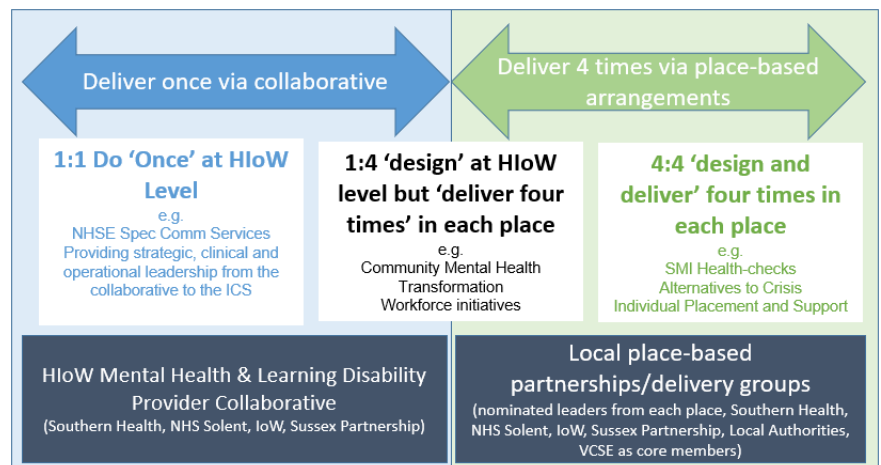
The Provider Collaborative will be the **main vehicle for significant NHS service change and transformation at scale,** by:

- Leading 'do once' and 'design once' priorities through the core team and constituent members (NHS Trusts) for our NHS services
- Playing a critical leadership role in visibility of the Mental Health, Learning Disability & Autism agenda across the ICS, including assurance and sharing of good practice.
- Identifying and leading bespoke projects directly within the remit of our NHS services at the request of the ICS
- Supporting the commissioning and provision of specialized services and some commissioned services (with accountability and direction remaining with the respective Lead Provider Trust)
- Working in partnership with our established place-based partnerships across the Trusts, VCSE, local authorities and primary care to support their priorities in place, at scale or both

Our Provider Collaborative **will not:**
- Make decisions or implement change in isolation from our partners or places.
- Work on transformation without our wider health and local authority colleagues, voluntary sector colleagues and service users. Our programme of engagement will be targeted dependent on the task at hand.

NHS
Sussex Partnership
NHS Foundation Trust

NHS
Southern Health
NHS Foundation Trust

NHS
Isle of Wight
NHS Trust

NHS
Solent
NHS Trust

2.2   Priority workstreams

Our priority workstreams have derived from what we see our collective key risks and opportunities as a collaborative of NHS providers to be.

Workstream	Summary
Workforce	Taking a collaborative approach to improving recruitment, retention and the development of the workforce. This will be achieved through the development and implementation of a joint workforce and education plan.
Co-production	Embed co-production as common practice in the design & transformation of mental health and learning disability services. This programme aims to ensure we have a consistent approach through the development of a single co-production strategy for MHLDA, the skillsets and support resources to undertake co-production well and that the voice of people with lived experience is at the heart of all our programmes.
Estates	Taking a collaborative approach to optimise the utility of our estates and future capital opportunities.
Digital	Share our digital ambitions and take these forward together where there are opportunities to do so. Collectively we will contribute towards the ICS Digital Strategy to ensure our MHLDA priorities are well represented.
CAMHS	Collectively work together to implement innovative solutions to support the immediate pressures upon CYP services as well as taking a collaborative approach to meeting the needs of our children and young people through the development of a future single cohesive service offer
OPMH	Taking a collaborative approach to identifying the future needs of our older age population and the subsequent preferred clinical models required (including variance by place).
Learning disabilities & autism	Collectively provide a joined-up approach to avoid people falling between the gaps of Mental Health & Learning Disability services / programmes
No Wrong Door	Continue to tackle health inequalities and produce more equitable access to services across the footprint by driving the delivery of this adult community mental health transformation programme, providing additional support to elements that span beyond its remit (such as workforce and estates innovations/planning)

In addition to these identified work streams, we will work together to identify where system-based efficiencies can be realised by the collaborative, such as the re-alignment of corporate services that would operate more effectively and resiliently at scale across providers, and the holding of budgets/contracts where this adds value to the services being provided. For greater detail on the rationale for each' inclusion and intended benefits please see appendix B.

2.3   Governance Proposal

2.3.1   Form

The proposal is to adopt the *'Provider leadership board'* model of collaboration as described within appendix A and form a *Mental Health, Learning Disability and Autism Provider Collaborative Board* (PCB, the Board). This Board will bring together representatives from each of our Mental Health and Learning Disability Providers in the Hampshire and Isle of Wight Integrated Care System (ICS) to tackle areas of common concern and deliver a shared agenda. Providers include:
- IOW NHS Trust
- Sussex Partnership NHS Foundation Trust
- Solent NHS Trust
- Southern Health NHS Foundation Trust

On day 1 the Board will operate as Committees in Common and will review governance arrangements on a 6-monthly basis in recognition that the Board, the context the Provider Collaborative is working in, and surrounding maturing infrastructure. The Board will report into the Board of each sovereign provider organisation. The draft ToRs for the PCB are included within appendix C for illustrative purposes only and to support the identification of provider representatives for its membership. The ToRs are intended to be discussed and approved at the first PCB.

2.3.2   Function & Authority

The role of the Board is to provide strategic leadership and a collaborative approach to strategic planning, assurance and delivery of *NHS Mental Health, Learning Disability & Autism services* across the HIOW geography. The Board will not have any statutory legal responsibilities for partner organisations and will not affect or replace the statutory responsibilities and accountabilities of each partner sovereign organisation.

To serve its intended function the PCB is seeking delegation rights from Sovereign provider organisations to:
- set the strategic direction for core NHS Mental Health, Learning Disability & Autism services
- oversee the design and delivery of our NHS Mental Health, Learning Disability & Autism work programmes

It is acknowledged that the remit of the Board will expand in consideration of the maturing ICS and relationships between partners. Sovereign Boards will be consulted, and agreement sought for any changes to responsibilities.

2.3.3   Governance 'wiring diagram'
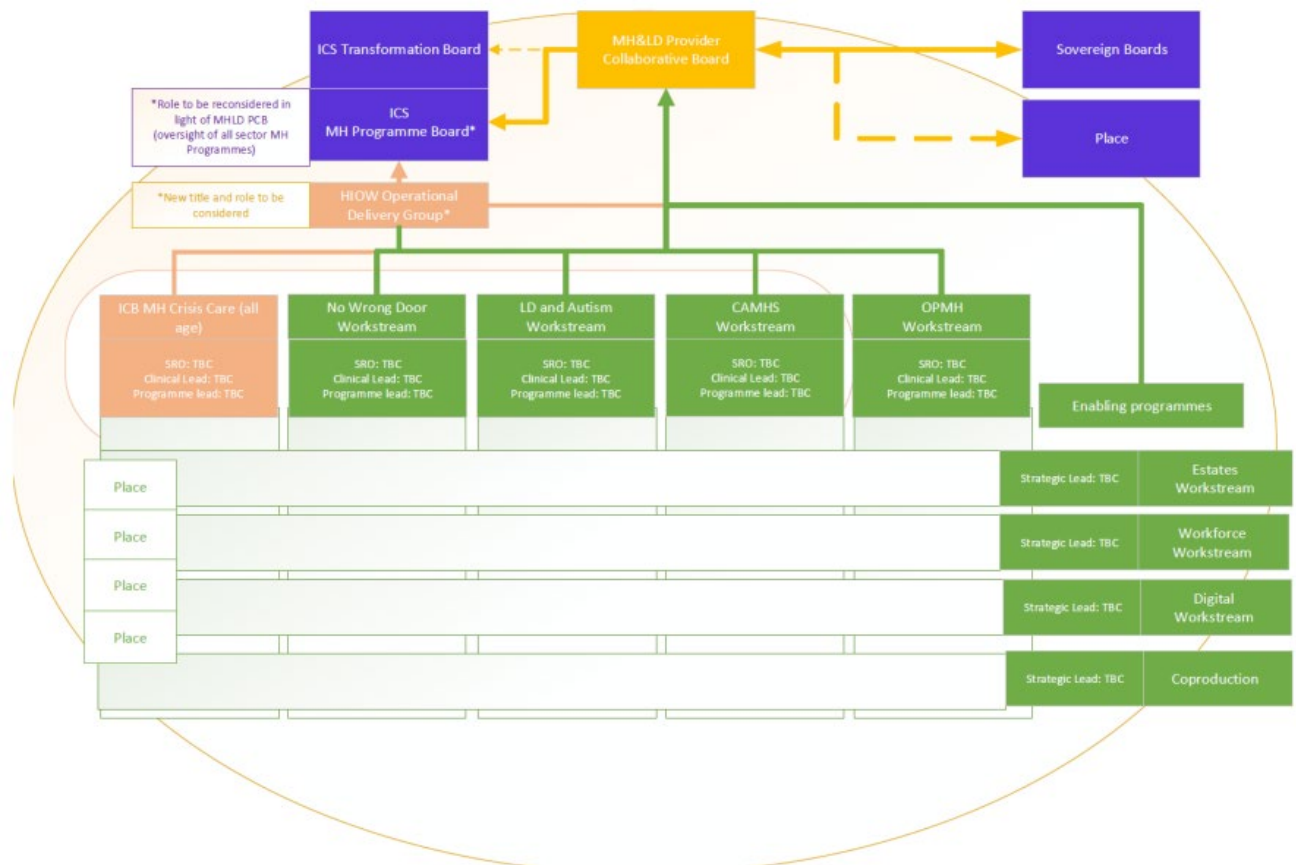
The initial wiring diagram above demonstrates how the HIoW MHLDA Provider Collaborative Board is positioned and its relationship with existing governance arrangements. An early task of the PCB will be to work through the implications and potential (any) duplications of the existing governance infrastructure already in-place to optimise arrangements.

2.4   MHLDA Provider Collaborative Senior Responsible Officer (SRO) Roles

As per the wiring diagram above it is proposed each work stream has an identified SRO, Clinical Lead & Programme lead, and each enabling workstream has an allocated Strategic lead. Individuals fulfilling these roles will be identified and agreed at the PCB.

To operate effectively it is vital the nominated SRO is *organisationally agnostic*, working across organisational and geographical boundaries, to lead and coordinate respective Mental Health, Learning Disability and Autism Provider Collaborative workstream(s)/ transformation programme(s).

The nominated SROs first task will be to develop the 'commission' associated with the workstream, leading to the development of a robust programme delivery plan & identification of the resources required.

3.0   Recommendations

3.1   To agree:

a. The formation of the *HIoW MHLDA Provider Collaborative* with the initial remit and purpose described within this proposal.
b. The formation of the *HIoW MHLDA Provider Collaborative Board* operating as a Committee in Common with the delegation rights to:
   o set the strategic direction for core NHS Mental Health, Learning Disability & Autism services
   o oversee the design and delivery of our NHS Mental Health, Learning Disability & Autism work programmes
c. A mandate for allocated SROs to be organisationally agnostic with the autonomy to lead and coordinate respective Mental Health, Learning Disability and Autism Provider Collaborative workstream(s)/ transformation programme(s) as described within Appendix 1, of the draft TOR
d. Its representatives for the HIoW MHLDA Provider Collaborative Board membership

3.2   To note the following in the context that arrangements will evolve over time once the ICB is established, and the PC matures:
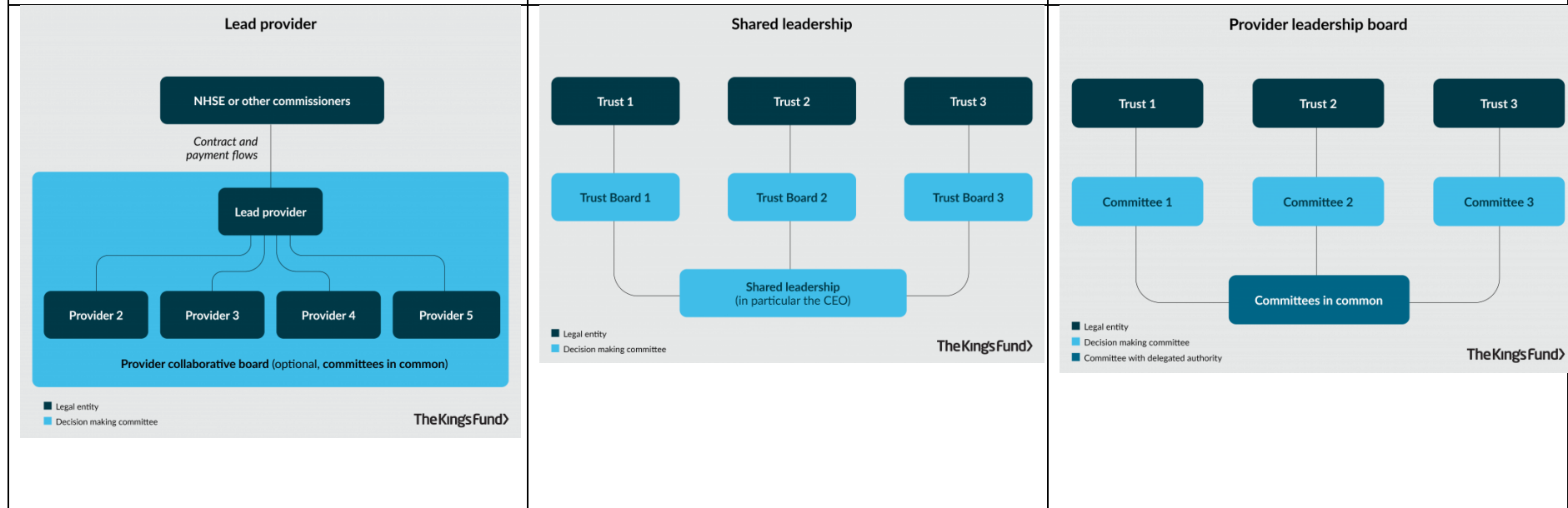
a. The initial wiring diagram demonstrating how the HIoW MHLDA Provider Collaborative Board is positioned and its relationship with existing governance arrangements
b. The draft ToR of the HIoW MHLDA Provider Collaborative Board (to be agreed by the MHLDA PC Board)
c. The identified priority workstreams for the collaborative

Appendix A – Potential Provider Collaborative Models

Lead provider – a single trust takes the responsibility, and contract, to deliver a set of services on behalf of the provider collaborative. This is underpinned by a partnership agreement between the collaborative members. This model means there is a single point of contact for the commissioner, but all members of the collaborative are contributing to the shared delivery of the service.	**Shared leadership** – the same person fills the chief executive posts at all the trusts involved in the collaborative, and sometimes this may also extend to the chairs and other executive posts. Alternatively, the boards of the individual providers can delegate responsibilities within the remit of the provider collaborative to a committee made up of members of another trust's leadership team.	**Provider leadership board** – with approval from their respective boards, the chief executives or other directors of participating trusts come together to tackle areas of common concern and deliver a shared agenda on behalf of the collaborative members and their system partners.

Appendix B – Work Programmes

Programme	Rationale for Inclusion	Summary	Intended benefits
Workforce	MH services have been undergoing a period of transformation and growth since the principles of "parity of esteem", which means mental health must be given equal priority to physical health, was enshrined in law by the Health and Social Care Act 2012. This has seen an expansion of services and the need for skilled and knowledgeable workforce, the 2019 Mental Health Investment Standard (MHIS) describes precisely where services expansion is required. The need for MH services has also greatly increased following the COVID pandemic, placing increased pressure on services, in some cases there have been record numbers of referrals (CYP and eating disorders). The pipeline of mental health workforce in key professions has not maintained pace with the expansion of services, and the age profile of the workforce means there is consistently high turnover due to retirement. The current workforce pipelines from HEIs for key professional staff groups (Psychiatry, nursing, psychological therapies and Occupational Therapies) are not planned to meet demand for the foreseeable future. It is therefore necessary for the NHS to develop workforce solutions to address workforce shortfalls to support service delivery and keep our existing people safe and well. Mental health is one of the nine transformation programmes in HIOW, meaning there should be a focus on recruitment, retention, new roles, productivity and wellbeing to increase workforce capacity in our services. The projects above align with the HIOW objectives and develop collaborative working across three of the five providers, care sector and VCSE.	This work stream aims to take a collaborative approach to improving recruitment, retention and the development of the workforce. This will be achieved through the development and implementation of a joint workforce and education plan including: • **Productivity & Value for Money:** take steps to standardise locum rates across the HIOW • **Recruitment:** Maintain collaborative international recruitment programme • **Recruitment & Retention:** Creation of Mental Health Workforce Academy, to inc. Shared MH Apprentice Programme and 'hub' for learning, skills and development following HIOW TNA • **Productivity & Value for money:** Model of temporary/On-Call staffing	1. Ensure staffing deployment is prioritised based on the needs of our MHLDA population (system not provider focussed) 2. Reduce and remove the competition for bank/agency staffing 3. Increase & grow **new** workforce numbers in HIoW 4. Increase participation of people with lived experience in our workforce, enabling opportunities to enter into paid work 5. Develop strategic plans to build a sustainable MH workforce, across nursing, AHP, Psychology into the long term 6. Enhance the skills of our current & future workforce through improved access to education
Co-production	The 2014 Care Act refers to co-production as both a requirement and expectation of health and social care organisations across England. Co-production is based on the theory of people with lived experience	This work stream aims to **embed co-production as common practice in the design & transformation of mental health and learning**	1. Expand the network of people with lived experience to ensure

	of mental health problems, and, people with learned (mental health professionals) experience, forming an equal partnership in co-designing mental health services. There is growing evidence that taking a co-produced approach to the design, delivery and evaluation of mental health services contributes to services being more effective, efficient and sustainable. Co-production can improve outcomes for people in terms of their recovery, which is arguably one of the most crucial aspects. Whilst this recovery remains unique to the individual, it can lead to people returning to some kind of employment, albeit voluntary. This is particularly the case if people receive payment for their involvement in co-production which should be the minimum expectation. Co-production can also lead to economic savings, for example, a reduction in the use of emergency and unplanned care.	**disability services**. This programme aims to ensure we have a consistent approach through the development of a single co-production strategy for MHLDA, the skillsets and support resources to undertake co-production well and that **the voice of people with lived experience is at the heart of all our programmes.** • establish MHLDA Lived Experience Leads Group/Panel (advisory group to the PC) • develop single Mental Health & Learning Disabilities Co-production strategy • develop co-production training package • set co-production training expectations/standards • development of co-production principles/expectations	their voice is integral from design to decision-making 2. Ensure our services are better informed and representative of the needs of our population 3. Give our staff the tools/support to undertake co-production confidently and effectively 4. Embed the culture of co-production in our day-to-day transformation business
Estates	1. There is a current lack in parity of support/resource/expertise across providers 2. There is a great opportunity to become a more attractive employer by utilising our estates smarter to support flexible working 3. The current competition for capital across the providers means there is a misalignment between provider priorities and MHLDA system priorities 4. In recent years there has been significant estates rationalisation across providers resulting on high demand for space now; it is not feasible to address this as individual providers and we must first ensure we are maximising the use of estate across providers 5. The LTP looks to shift bed capacity into the community; we need the community infrastructure to manage this increased workflow 6. There is a National target to be net zero carbon emissions by 2040	This work stream aims to take a **collaborative approach to optimising the utility of our estates and future capital opportunities**. This will be achieved by: • establishing a MHLDA baseline position • developing and agreeing the principles that will be utilised for estate prioritisation • developing a single MHLDA estates strategy • developing a single prioritised capital investment list for MHLDA	1. Improve the experience of our workforce and those using our services by providing fir-for-purpose facilities 2. Improve operational efficiencies; providing work-bases matched to geographies/needs and not organisational property 3. Support cross-organisational relationships through co-location opportunities 4. Ensuring our estates plans are proactive and aligned to our future workforce/population needs (for example plans in place when adhoc capital opportunities become available)
Digital	The ICS is in the process of developing a Digital strategy with 7 priority workstreams: 1. Patient and citizen empowerment and involvement	Share our digital ambitions and take these forward together where there are opportunities to do so. Collectively we will contribute towards the	Possible benefits dependent on agreed remit include:

	2. Supporting and developing our workforce 3. Developing our interoperability solution 4. Digitisation and consolidation 5. Implementing our Population Health Management solution 6. Developing our business intelligence 7. Supporting innovation All workstreams will be developing their 3-year costed Digital Transformation plans and it is therefore important the needs/opportunities for MHLDA services are recognised within. There will also be a number of national drivers (such as EPR convergence) where it will be powerful to respond to as an NHS MHLDA collective.	ICS Digital Strategy to ensure our MHLDA priorities are represented.	1. Improved self-care management 2. Improved access/operational efficiencies (use of technology as an alternative to F2F where appropriate) 3. Improved collaborative MDT working (such as virtual MDT environments) 4. Improved flow of patient information (e.g., ensuring management plans are visible across partners) 5. Support workforce pressures
CAMHS	1. There is currently unprecedented demands for our CYP specialist mental health services 2. We have seen a 295% increase in referrals to CYP inpatient services since the start of the pandemic (over 50% of this demand is for specialised Eating Disorder services) 3. We have reduced CAMHS tier 4 capacity; majority of these bed closures are as a result of Medical staffing capacity challenges. 4. There is increasing acuity and complexity of presentations particularly in self-harm, suicidality, and restrictive food intake requiring nasogastric (NG) feeding 5. All of our eating disorders' teams have worked hard to meet and maintain access targets however caseloads are now the greatest they have ever been across the ICS footprint 6. Demand is significantly in excess of planned across all of our CAMHS services leading to a significant number of CYP waiting to be assessed (a significant number of these are awaiting neuro/ADHD/Autism assessments) 7. We have reduced CAMHS workforce due to attrition, failed recruitment or sickness; a rough average of 7% absence across our MH providers	The aims of this work-stream are two-fold; 1. To collectively work together to **implement innovative solutions to support the immediate pressures upon CYP services**; such as; o providing a forum to own/share risks for the tricky decisions that need to be made o undertake a rapid review of our CYP Crisis pathway to identify how we address/re-allocate resources to strengthen this element of the pathway o working with the T4 PC to support re-opening/maintaining existing bed stock o supporting CYP in Acute Hospital with complex ED needs (virtual ward and feeding team implementations) 2. Take a collaborative approach to meeting the needs of our children and young people through the development of a **future single cohesive service offer**	1. Reduce the number of CYP waiting for a T4 bed 2. Enhance the quality of support CYP receive within the Acute Hospital setting (informed therapeutic intervention vs agency usage) 3. Reduce fragmentation across the CYP pathways of care
OPMH	1. Over the next ten years, the HIOW older population will grow faster than the national average, which will be the primary driver for the increase in demand for community services. As a result,	This work stream aims to take a **collaborative approach to identifying the future needs of our older age population and the subsequent**	1. System bed stock for dementia that is needs based (which may lead to targeted reductions

	demand for CH services could grow by 11.3% by 2025 and will increase most significantly across Hampshire.
	2. There is a need to create new sustainable workforce models – for example there is currently no substantive OPMH consultants on the island, and this poses a significant risk
	3. The SHFT OPMH bedded estate in need of investment but to make the best investment we need to be clear on the model we want to adopt into the future.
		preferred clinical models required (including variance by place). Potential remit includes:
		• developing an ICS dementia strategy
		  o standardised admission principles for dementia
		  o therapeutic workforce models (utilising physical health specialists)
		  o memory assessment services – keeping pace with the growing dementia diagnosis rates
		  o framework for multi-agency and multi-disciplinary pathways
		• creating standalone crisis offer for OPMH
		• development of inpatient model and subsequent identification of system OPMH bed stock
			supporting workforce/estates challenges)
			2. Proactive approach to meeting the growing numbers of people diagnosed with dementia

Learning Disabilities & Autism	All four providers deliver Learning Disability Services as well as mental health services Our response to the needs of people with Autism requires a more systematic and joined up approach to avoid people falling between the gaps of Mental Health & Learning Disability services / programmes The physical health of people with learning disabilities is an area for improvement where the provider collaborative can support the wider system to join up pathways and make reasonable adjustments to promote equality of access and outcomes The NHS has responsibility under CHC and joint responsibility with the local authority under S117 to ensure people have access to care and support in the community to meet their needs. Access to high quality care at home, supported living, residential care or nursing home care for people with the most complex needs remains an area of challenge for our system.	Collectively provide a joined-up approach to avoid people falling between the gaps of Mental Health & Learning Disability services / programmes, including: • reviewing and assessing the gaps within our placement offer, and identify opportunities within the revised national strategy and its application • joining up pathways and making reasonable adjustments to promote equality of access and outcomes • utilising our workforce expertise to support the wider system to continue to support people in the community	1. Best use of NHS skills and expertise across providers working together with local authorities 2. People with Autism are able to access the Mental Health and / or Learning Disability services appropriate to their needs and don't fall through the gaps 3. Improvement in the physical health of people with Learning Disability and/or Autism 4. Efficient and effective NHS response for those with the most complex needs 5. NHS support to sustain the local care at home, supported living, residential care and nursing home care provision to prevent unnecessary and untherapeutic

	The NHS has workforce expertise to support the wider system to respond well to the needs of people with learning disabilities and/or autism when their behaviour and level of risk challenges our services ability to continue to support people in the community		hospital admissions and support timely discharge
No Wrong Door	This programme is already well established covering the wide remit of adult community mental health transformation. However, because of this broad agenda certain elements of the programme have struggled to progress at the pace intended. The MHLDA PC offers an opportunity to enhance the focus on this programme including a supportive arm for enabling work streams that span broader than adult community transformation.	Continue to tackle health inequalities and produce more equitable access to services across the footprint by driving the delivery of this adult community mental health transformation programme, providing additional support to elements that span beyond its remit (such as workforce and estates innovations/planning)	1. Reduction in unwarranted variation in outcomes and access to services 2. Reductions in health inequalities, including fairer and more equitable access to services across the footprint 3. Rapid spread of successful innovation across care pathways

Mental Health, Learning Disability and Autism Provider Collaborative Board
Terms of Reference

1   Constitution

1.1   Mental Health and Learning Disability Providers in the Hampshire and Isle of Wight Integrated Care System (ICS) have established a Mental Health, Learning Disability and Autism Provider Collaborative Board (PCB, the Board). Providers include:

- IOW NHS Trust
- Sussex Partnership NHS Foundation Trust
- Solent NHS Trust
- Southern Health NHS Foundation Trust

1.2   The Board will operate as Committees in Common and will review governance arrangements on a 6-monthly basis in recognition that the Board, the context the Provider Collaborative is working in, and surrounding maturing infrastructure.

1.3   The Board reports into the Board of each sovereign provider organisation and the terms of reference have been approved via each provider Board.

2.   Standing

2.1   Members shall only exercise functions and powers to the extent that they are permitted to as determined by individual organisations established internal governance.

3   Purpose

3.1   The role of the Board is to provide strategic leadership and a collaborative approach to strategic planning, assurance and delivery of Mental Health, Learning Disability and Autism (MHLDA) NHS services across the HIOW geography.

3.2   The Board will:

- act as the single voice for NHS MHLDA services across all providers and, provide a forum for commissioners to equality speak collectively to providers
- act as an advisory body to the wider strategic design of MHLDA services
- receive system transformation plans and support commissioning decisions that reduce unwarranted variation in the range and quality of NHS MHLDA services across the ICS for which the 4 providers are responsible, and of which are available to users - by driving positive outcomes through joint working arrangements.
- address issues once, collectively, at scale where it is the right thing to do
- seek assurance that clinical and professional standards are consistently met across NHS providers
- agree priority clinical and enabling workstreams – and in doing so
  - agree the roles and responsibilities within identified workstreams, including the Senior Responsible Officers; whom have an agreed mandate as per their role profile (see Appendix 1) and whom will determine their respective governance infrastructure

- - ensure workstream infrastructure is aligned to the developing Place Based Health & Care Partnerships (
  - receive assurance that identified workstreams are:
    - delivering to the agreed coproduced plan
    - identifying and managing risks, and, escalating as appropriate
    - engaging with stakeholders, and service users as appropriate
- collectively oversee risks, seeking to mitigate these and escalating as appropriate
- seek to resolve any matter referred to it via constituent members, Senior Responsible Officers or workstreams
- seek assurance that appropriate financial governance is in place securing value for money and sound financial stewardship; review and consider the deployment of the budget associated with NHS MHLDA services, including capital spend, working jointly with commissioners as necessary to ensure aligned plans, objectives and strategies.
- recommend, review and approve the adoption of joint policies and procedures across organisations that will benefit the work of the collaborative
- encourage innovation and new roles and ways of working across the collaborative
- share intelligence and lessons learnt in respect of enhancing patient safety and quality (including for example, CQC inspections)
- receive and consider business cases for services to be developed or delivered within the collaborative, recommending these for approval by sovereign organisations

3.5   A business cycle will be agreed by the Board.

3.6   On an annual basis the Board will review its' effectiveness.

4   Membership

4.1   (*initial*) Membership comprises
- 2 x Representative(s) -Solent NHST (to be determined by Solent) – including:
  - Chief Medical Officer / Chief Nurse Officer
  - XXX
- 2 x Representative(s) – Southern NHSFT (to be determined by Southern) – including:
  - Chief Medical Officer / Chief Nurse Officer
  - XXX
- 2 x Representative(s) – IOW NHST (to be determined by IOW) -– including:
  - Chief Medical Officer / Chief Nurse Officer
  - XXX
- 1 x Representative(s) – Sussex NHSFT (to be determined by Sussex)
- NED representation *[to be determined by the MHLD PCB]*

4.2   The following will be invited to attend:
- HIOW ICS Director of Mental Health Transformation and Delivery
- Workstream SROs
- CMO HIOW ICS

4.3   Deputies
[position on deputies to be determined by the MHLD PCB]

5   Attendees
5.1   The Board will invite attendees according to the agenda

6   Chair
6.1   The MHLDA PC will be clinically chaired on a rotational basis by *[to be determined by the MHLDA PCB]*

7   Secretary
7.1   The administration of the meeting shall be supported by *[to be determined by the MHLDA PCB]* who will arrange to take minutes of the meeting and provide appropriate support to the Chair and members.

7.2   The agenda and any working papers shall be circulated to members five working days before the date of the meeting.

8   Quorum
8.1   No business shall be transacted at the meeting unless the following are present;
   - *[to be determined by the MHLDA PCB]*

9   Frequency
9.1   The Board will meet *[frequency to be determined by the MHLDA PCB]*. Additional meetings can be called by the Chair.

10   Minutes of meetings
10.1   Minutes of the meeting will be shared with the members following agreement by the Chair.

11   Charter
11.1   Members will
   - take informed decisions in consultation with other collaborative partners and relevant stakeholders where there might be an impact on others' services
   - ensure that, except for urgent or unavailable reasons that they attend and participate in meetings
   - prepare for meetings in advance by reading papers ahead of the meeting
   - feed back to sovereign organisations, being the mechanism and conduit by which recommendations are made to respective organisations, and decisions are confirmed
   - bring back relevant learning and information from local, national reports and events to ensure the collaborative is pro-actively responding to developments and to enable all partners to embed shared learning.

12   Authority
12.1   The Board will not have any statutory legal responsibilities for partner organisations and will not affect or replace the statutory responsibilities and accountabilities of each partner sovereign organisation.

12.2   The Board has delegated powers from each sovereign organisation for setting the strategic direction for MHLDA services across HIOW and oversight of the design and delivery of associated work programmes.

12.3   It is acknowledged that the remit of the Board will expand in consideration of the maturing ICS and relationships between partners. Aspirational responsibilities are summarised in Appendix 2, together with likely timescales – these will be reviewed every [six months- *to be determined by the MHLDA PCB*] and sovereign Boards will be consulted, and agreement sought.

13   Reporting

13.1   An exception/summary report will be provided from the Board via the chair to each partner organisation's Board and [*insert details of other reporting requirements to ICS*] – highlighting business transacted, associated risks and making any recommendations as deemed appropriate within the remit of the Board.

Version	
Agreed	
Date of Next Review	

Appendix 1 – SRO Role profile

Mental Health, Learning Disability and Autism Provider Collaborative
Senior Responsible Officer (SRO)
Role Profile

1. The SRO Role

- The SRO has the mandate and support from the CEO's of each sovereign organisation to lead and coordinate respective Mental Health, Learning Disability and Autism Provider Collaborative workstream(s)/ transformation programme(s).
- The SRO is organisationally agnostic and therefore works across organisational and geographical boundaries.
- The SRO role facilitates accountability and governance across the workstream transformation programmes
- Whilst this is a leadership role, the SRO need not be the most senior member of the Collaborative / workstreams
- The SRO role is not a full-time role and can be undertaken alongside an existing substantive role. It is essential that anyone undertaking the SRO role is appropriately supported by their manager and allowed the time they need to fulfil their responsibilities[1].
- The SRO function does not attract an additional payment.

2. Key Responsibilities

- Recognised as the key leadership figure in driving forward the overarching programme(s) of work
- Accountable for the successful delivery of the programme(s) – coordinating the associated activities required to ensure delivery, together with the identified Clinical Lead (for clinical priorities) and Programme Lead
- Developing the 'commission' associated with the workstream and ensuring the programme(s) meet its objectives through active monitoring & review
- Fostering a culture of learning and sharing experience
- Responsible for overarching governance and oversight of the work programme(s) including; oversight of risk, stakeholder engagement & communication, assurance, reporting and escalations
- Chairing workstream meetings
- Accountable to the MHLDA Provider Collaborative Board Chair(s)

3. Key Attributes of the Individual

- Be proactive and engaged
- Take responsibility
- Be honest about progress
- Able to build relationships and constructively challenge

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[1] Time commitment to the role will be determined upon agreement of the workstream commission(s).

Appendix 2 – proposed maturity journey of PC Board (to be determined by the future PCB)

From 1 July '22

- **Delegation Rights:**
  - strategic direction
  - oversight of design and delivery of work programmes
- *Test likely decision making needed for future delegations*
- **Infrastructure**:
  - SROs determine place based governance infrastructure (within workstreams and collectively to avoid duplication)
  - Review existing MH Governance alignment/ duplication and recalibrate - including MH Programme Board, ODG and MH CMO/CN Clinical network

By X date

- **Delegation Rights:**
  - endorsing and agreeing investments
- **Infrastructure:**
  - Consider maturity of PCB in context of ICS/Place
  - Consider potential establishment of Quality Group
- **Documentation:**
  - Develop MOU and delegation agreement

By X date

- **Delegation Rights**:
  - Budget holder for MHLD serivces on behalf of HIOW
- **Infrastructure:**
  - Consider maturity of PCB in context of ICS/Place
- **Documentation:** Develop risk and gain sharing agreement

Report template- Board and Committees

Item No.	7	Presentation to	In-Public Board		
Date of paper	May 2022	Author	Angela Anderson, Deputy Chief Nurse		
Title of paper	Professional Leadership & Engagement Report				
Purpose of the paper	The purpose of this paper is to provide an update on the current position with regards to professional leadership activity across the professions in Solent NHS Trust.				
Committees /Groups previous presented and outputs	Quality Improvement & Risk Group				
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 nursing and AHP professions continue to contribute to the development of new roles and projects across the Trust and in the System. The Board is asked to note the report presented.				

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

Key messages /findings

Introduction

There are a range of professional activities across the Trust which impact on the delivery of care and the development of the workforce. The individual work streams continue to feed into their relevant sub-committee structures. In addition, several developments at a regional and national level will have a significant impact on the future workforce and on how the Trust approaches training and recruitment to ensure a sustainable and adaptable workforce.

This paper provides an update on developments since the November 2021 report.

Professional Leadership:

Annual Nurses Conference:

In celebration of International Nurses Day, we once again held our annual nurses conference on 12th May 2022. This began with the presentation of our Nurse of the Year, and for the first time this year a Nurse Support Worker of the Year award. This was announced at an afternoon tea event for those shortlisted and for their team leads/managers. The Nurse of the Year was awarded to Natasha Baker (was Simpson), Lead Nurse on our Older Persons Mental Health ward, Brooker. The Nurse Support Worker of the Year was awarded to Jerzy Rucinski, Healthcare Support Worker also on Brooker ward. We followed this on the 12th May with our conference themes 'A voice to Lead' The conference was opened by the inspirational Aaron Phipps, a member of the Great Britain gold medal winning wheelchair rugby team. We also had presentations from Regional Chief Nurse, Acosia, Nyanin, Margrieta Langins, Nursing and Midwifery Policy Adviser, Health workforce and service delivery Unit, WHO, Europe and Deputy Chief Nurse for England, Duncan Burton. In addition, many colleagues within the Trust shared their expertise and quality improvement initiatives. On Friday 13

May we completed our celebrations with a very special service at St Margaret's Church, West Wellow where Florence Nightingale is buried. Our Trust Chaplain, also a nurse, Emma D'aeth let the service and Jackie Munro, Chief Nurse laid a wreath at Florence's grave. Our international nurse Elizabeth Varoghese carried the 'Florence' Lamp for the service.

Professional Advisory Group (PAG) Forum:
The most recent PAG forum was held in January 202 and the key item covered on the agenda was a presentation relation to the programme of work to transition international recruits to the community and the work we are involved in as a pilot site for recruitment of international nurses directly into the community.

International Recruitment:
Since the last report Solent has been confirmed as lead recruiter for mental health internationally educated nurses (IEN), now delivering 2-week OSCE preparation programme. This is in its infancy and there is currently a business case being considered to provide a larger training venue to improve the experience for learners and to meet eh increased demand.

A summary of the key achievements for the team over the last six months are:
- Transition programme written for Internationally Educated Nurses (IEN) to work in the community. This will be launching in June 2022 and it is our ambition that the programme will be accredited with Bournemouth University.
- Solent have welcomed 48 International nurses to the trust covering various specialities these being mental health nursing, general nursing, and Community nursing.
- We have achieved a 100% pass rate for the OSCE exam
- Solent are one of 6 pilot sites across England introducing international nurses to community nursing. This pilot includes a 6-month transitional programme and the opportunity to learn to drive and take their driving test enabling them to fulfil the role of a community nurse within Solent.
- Solent has been recognised nationally for the work being undertaken in international recruitment and we are currently completing the paperwork for the Quality Mark being awarded by NHSE/I.

Clinical Placement Capacity and Clinical apprenticeships:
There continues to be a concern regarding the numbers of people entering health-based careers and this is a particular concern relating to nursing, occupational therapy, and podiatry. Whilst the emerging programmes and access to apprenticeships is encouraging, we are not seeing enough entering the pipeline to compensate for the numbers leaving to retirement. One of the barriers for the Higher Education providers is the availability of clinical placements and therefore their reluctance to offer large number of places to students applying. Whilst we are delighted to see that we have increased AHP clinical placements to above pre- pandemic levels and nursing clinical placements are back to pre- pandemic levels we continue to work with our clinical services to identify ways in which we can support greater numbers of students and create innovative placements which showcase the wide range of services within a community and mental health organisation.

We continue to expand our clinical apprenticeship portfolio with a wide range of clinical apprentices on programme, all nursing fields, Advanced Clinical Practice (ACP), occupational therapy, podiatry, and L3 Health Care Support Worker (HCSW). We are also engaging with colleagues in clinical services and finance and workforce to address some of the challenges with supporting existing staff to access the apprenticeship programmes due to the need for backfill when on placement.

Healthcare support worker recruit and retention programme:
The Trust was successful in obtaining funding to support the recruitment, retention and development of healthcare support workers and a number of appointments have been made to the educator in practice role which will specifically support this group. We recently participated in the National initiative to recruit Support Workers at the event held in St Mary's stadium. The team continue to work to improve the process of recruitment and retention of this vital group of staff and the HCSW worker induction now includes commencement of the care certificate, the HCSW practice educators now offer HCSW forums, what's app groups, and pastoral support.

Clinical Skill training/clinical supervision/governance:
The systems and processes relating to requests and allocation of funding for continued professional development (CPD) have been reviewed and simplified for staff. There are a range of options available from individuals accessing funding for specific courses to the development of a directory of training which groups of staff can access. Since last report the team have introduced a specific paediatric moving and handling training package. They have also commenced an early careers development programme for clinical staff post preceptorship, band 5- 6 transition

There are plans underway to review the approach to clinical supervision with the intention of developing a framework for supervision to encourage greater participation. This review will also include consideration of the new role of Professional Nurse Advocates (PNA's), the latter currently embarking on a quality improvement initiative.

Professional Development:

Allied Health Professional (AHP) leadership:
Due to maternity leave and a subsequent secondment opportunity the Trust has had interim arrangements in place covering this role since April 2020. We have received confirmation that the individual on secondment will be leaving the Trust and so it is planned to recruit to the substantive role. Prior to progressing with this there will be a series of engagement events with AHP colleagues across the Trust to form a perspective of what this role should include and how we can ensure we support the AHP workforce with strong leadership. This work will be concluded during May with the plan to recruit during July 2022

Collaboratives:
Hampshire & Isle of Wight (HIOW) AHP and Nurses are working collaboratively to recruit internationally and to attract people to `return to practice'. There is a joint event that will be held at the Village Hotel, Eastleigh on Friday 1st July. The outcome of this day for AHP's is to have career conversations on the day with follow up support on placement. The Nurses will recruit on that day. One member of the People Services team will support all Trusts on the day.

The first meeting of the HIOW Rehabilitation Partnership was held on Monday 16th May. This was the first meeting and scoping out what we as an area are doing well/not so well/priorities going forward. It had good attendance (and from Solent).

AHP job planning
The Trust team have continued to work with colleagues to deliver AHP job planning and currently 62% of our AHP workforce have met the standards and target. A focused work plan is being developed to ensure the remaining job plans are fully signed off by the end of June 2022.

Advanced Clinical Practice (ACP) and Consultant Practice:
There has been significant progress made since the previous report with the ACP project lead taking several work streams forward. Below is a summary of achievements:

- Introduced formal process for identification and application for trainee ACP's within Solent to ensure consistent and fair approach for all.
- Circulated v2 draft ACP policy for feedback.
- Developed in consultation with stakeholder's draft job descriptions for tACP, 8a, 8b and 8c ACPs which are currently awaiting job matching.
- Requested ACP lead for each service line.
- QI project to amend the annual appraisal from has commenced.
- ACP supervision course agreed with University of Winchester – 10th and 17th June. 10 places secured and colleagues have been sent information from the university.
- Draft Learning Needs Analysis (LNA) form, supervision contract and appraisal from amendment for this year for advancing practitioners completed to be circulated after final changes.
- Email sent to CD's and HQP'S regarding Multi-Professional Education and Training Investment Plan (METIP) numbers for June 2022.
- Established a Non-medical Solent Consultant Practitioners group which will meet monthly.
- Amended tACP process following reflection session with subgroup. To advertise earlier this year and will need service line ACP sign off to ensure clinical suitability.

Recommendation

The nursing and AHP professions across the organisation continues to be very active in raising their profile, contributing both internally and externally to the development of the nursing and AHP professional workforce as well as supporting services to deliver the ambitions of the Trust Clinical Framework. This report has provided a summary of the key activities undertaken since the last report.

The Board is therefore asked to note the progress being made.

CEO Report – In Public Board

NHS Solent NHS Trust

Date: 6 June 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 3 National Incident, contemporary updates will be provided where appropriate in relation to our continued response

Section 1 – Things to celebrate

Celebrating Nurses' Day 2022

We marked International Nurses' Day with a combination of events and opportunities for people to come together and recognise colleagues and teams.

The three day celebration began with a tea party where the Nurse and Support Worker of the Year were announced. Congratulations go to Natasha Simpson, Ward Manager and Jerzy Rucinski, Health Care Support Worker – both from Brooker Ward at St James' Hospital. The tea party was followed by our International Nurses Day Conference with key note speakers, Aaron Phipps, Gold Medal Winning Paralympic Speaker and Duncan Burton, Deputy Chief Nursing Officer from NHS England and Improvement, and a celebratory ceremony at St Margaret's Church in West Wellow where Florence Nightingale is laid to rest.

Leading the way in treating COVID-positive patients most at risk of hospital admission

Our teams have working collaboratively and with agility to set up a COVID-19 infusion service at St Mary's Community Health Campus.

The service sees symptomatic, Covid patients who have received a clinical review from consultants at Portsmouth Hospitals University NHS Trust and are at high risk of admission, referred into Solent's service a few days after their positive result. They then are then booked to attend a short, two-hour appointment to receive monoclonal antibodies and are discharged on the same day.

We are proud to be one of the first NHS trusts in the region rolling out this service as we pride ourselves on forging new and bold ways of delivering high-quality health and care services which support people's health and independence, no matter who they are or where they live.

Making digital strides with new system to prescribe and manage medicines

We have introduced electronic prescribing and medicines administration (ePMA) into our inpatient wards across Portsmouth and Southampton, the first wave of Solent locations to see ePMA.

ePMA is a modern and digital way of managing and administering medicines which delivers many benefits for patients in hospital and community settings, and is part of the NHS Long Term Plan to bring in digital prescribing across the whole NHS. By bringing ePMA into Solent, we are expanding our innovative and collaborative ways of working. ePMA will enable us to manage patients' drug charts in real time and handle them in an even more secure way which will ensure accurate dispensing every time. ePMA will also enable our teams to make the processes around medications more efficient and therefore better value for money. In time, and with a patient's permission, ePMA can offer the sharing of that person's medicine requirements with NHS partners involved in their care and treatment, all in a safe and streamlined way.

The introduction of ePMA will be phased in through inpatient wards, with patients' and staff perspectives captured to evaluate how the system is working. This feedback will be vital in helping the Trust consider how the rollout might then be continued across into outpatient services too.

Launch of Annual Awards

As part of our new recognition programme, we launched our Annual Awards. With eight categories, including a Patient's Choice Award, the awards shine a light the outstanding contributions and achievements of people within Team Solent. Shortlisted people/ teams will be invited to our celebration event on 5 July where we will also be recognising all the monthly Solent Award winners, and long-serving colleagues - we will also be announcing the winners of our *Team of the Year*, *Manager of the Year*, *Colleague of the Year* and 2022 *Directors' Choice* Award.

NHSEI Deputy Chief Nurse Visit

Duncan Burton, Deputy Chief Nurse at NHS England and Improvement visited St Mary's Community Hospital in Portsmouth to speak with international nurses as we celebrated the first year of the programme within Solent. Solent is one of six pilot sites for internal recruitment in community and mental health nursing. In it's first year, 48 people have started their journey in the UK with Solent. Our internal recruitment programme includes pastoral care, including chaplaincy support and driving lessons, as well as high quality rented accommodation, people are supported every step of the way.

Section 2 – Internal matters (not reported elsewhere)

Executive news

The formation of the Integrated Care System (ICS) and particularly the Integrated Care Board (ICB) has gathered pace. This has led to us more actively working with partners 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. Consequently, in mid-April the Board asked me to continue in my role as Chief Executive.

I also wanted to share the news that Gordon Fowler has been appointed to a brilliant new role as Director of Finance – Strategy and Transformation for the Hampshire and Isle of Wight Integrated Care System (ICS). Since joining Solent in January 2016, Gordon has a been highly regarded and integral member of Team Solent. He original joined as Deputy Director of Finance, but he has since stepped up into the role of Chief Finance Officer, leading our finance, estates and commercial teams.

Under his leadership in these roles, Gordon has expertly led teams to achieve the very best from our buildings and spaces for the benefit of our service users and one another. Gordon's financial aptitude has ensured that major transformation projects both within Solent and those achieved alongside partners have been delivered in the most efficient ways from the public purse, modernising and future proofing our estate. Gordon's teamworking spirit, thanks to his career in the British Army, has really shone through over the last six years and we're also incredibly grateful for the leadership he has shown around veterans. I'm sure you'll join me in wishing Gordon the very best in his new role. We will shortly be recruiting a new Chief Finance Officer who will lead our finance and estates portfolios. Executive leadership for the commercial and planning teams will transfer to myself when Gordon leaves Solent.

I would also like to take the opportunity to thank Jas Sohal, Chief People Officer for her dedication and support – this will be Jas' last Board meeting before she joins the Integrated Care Board for Bath and North East Somerset, Swindon and Wiltshire as Chief People Officer. Jas has been an incredibly valued member of Team Solent since she joined in 2020. She has expertly led the People and Organisational Development teams, continuing to create a great place to work. Under her leadership, we have retained an excellent compassionate and inclusive culture within Solent during incredibly challenging times. Jas' passion for making sure work is a fulfilling experience for everyone, and her desire to continue improving how it feels in the workplace, has really shone through. I am particularly grateful to Jas for the leadership she has shown around diversity and inclusion, working hard to develop an organisation where people know they can be themselves and bring their whole selves to work, often sharing her own experiences to help us foster a culture of inclusion and belonging. I'm sure everyone will join me in wishing Jas all the best in her new role. We are in the process of appointing an Interim Chief People Officer in readiness for Jas' departure.

COVID-19

Vaccination programme

Since the start of the COVID vaccination programme in January 2021 Solent have delivered over 800,000 vaccinations from a variety of delivery modes; including 4 mass vaccination centres (3 remain operational), schools for 12-15 year olds, community outreach / roving services to our underserved populations, special schools for our clinically vulnerable young people and recently have increased the scope to include delivery to our 5-11 year old population.

Solent vaccination totals	
First dose	329266
Second dose	316138
Booster doses	161151
Total @ 9th May 2022	806555

Outreach

We continue to provide a comprehensive, and well respected, community outreach service. Since 10 January 2021 we have delivered 343 sessions and achieved 15,476 vaccinations to our local communities.

One of the areas we are particularly proud of is the partnership approach we have undertaken with some of our homeless communities in Southampton where we are running a weekly breakfast clubs. This has built confidence in this vulnerable community and has increased the uptake of 1st, 2nd and booster vaccinations. This has been highlighted by our Regional and National colleagues as an example of excellent practice and we are now looking to expand this offer to Eastleigh, Gosport and IOW.

We have broadened our scope within outreach to support some of the PCNs who have 'paused' their vaccination programme, to mitigate the impact on delivery of routine primary care services, and as a result we are supporting with delivery of spring boosters in care homes and for housebound residents.

5-11s

Over the past 6 weeks we have been delivering a tailored vaccination programme to our 5–11-year-old population. We have undertaken this through a blended approach of converted, dedicated child friendly areas in our mass vaccination centres, outreach sessions in our local child and family centres and vaccinations within special schools for our most vulnerable children. Throughout May we have adapted the focus at weekends in our centres to offer a family approach for people to attend together to access vaccination.

Cumulative Total @ 12th May

Solent 5-11 Vaccinations	Week 1 9th & 10th April	Week 2 11th – 17th April	Week 3 18th-24th April	Week 4 25th – 1st May	Week 5 2nd – 8th May	Week 6 9th – 15th May	Total
Portsmouth	59	202	322	191	220	49	1043
Southampton	57	283	486	334	492	69	1721
IOW	51	104	134	92	114	20	515
Total	167	589	942	617	826		3279

Health & Wellbeing Hubs

We are at the early stages of piloting a Health & Wellbeing (Making Every Contact Count, MECC) offer, initially in Southampton, to our underserved communities alongside our outreach vaccination service. This has been developed in partnership with Local Authority, Voluntary Sector, Public Health, partner health & care providers and Hampshire Fire and Rescue. We have facilitated 6 sessions to date, across 2 venues, with over 300 people attending.

Sessions have included dedicated needle phobia sessions, mental health support, cancer awareness & cancer support, primary care blood pressure checks, carers together, steps to wellbeing, Saints Foundation and an overview of children's vaccinations. We are aiming to have this up and running by mid-June on a larger scale in our communities, as well as in our mass vaccination centres, and will be recording all data on a new SystmOne template so that we can share with the persons registered general practice. Discussions with place based primary care teams are planned and we are exploring opportunities to link more formally with local pharmacies.

The development of this approach has attracted both Regional and National attention and we have been asked to present our ideas to one of the national MECC forums.

Summer plans / Autumn booster

Place based systems have been asked to review options for pausing vaccination services during the summer phase. We have worked with each delivery system (excluding North Hants) on their planning approach and gained agreement that the Solent roving service and mass vaccination centres will continue to provide spring boosters until 30 June 2022 and an ongoing evergreen offer for all aged >5.

It is anticipated that demand will reduce in July/August 2022 and we will be using this time to undertake a range of training initiatives for our workforce to ensure they are ready for delivery of MECC, any future surges, and in anticipation of the autumn booster programme which is expected to commence from 5 September 2022

Recruitment

We have undertaken a recruitment campaign to move an element of our workforce from temporary, transient workers, to permanent, or fixed term contracts. This will increase resilience within the service whilst reducing some of the expenditure incurred. We are in the process of reviewing what a 'business as usual' model may look like and trying to get standardisation across our service to ensure maximum efficiency and clinical safety.

Workforce matters

Infection, Prevention and Control - further easing of restrictions.

We have continued to see further improvement and reduction in the COVID-19 cases, both in terms of staff and patients.   As from Monday 23rd May we lifted all restrictions in Solent NHS Trust. This was in line with national guidelines and IPC guidance.   Clear Solent guidance has been provided to all staff. This includes the returning to normal visiting arrangements for patients family and friends.

Staff Vaccinations

COVID

The Occupational Health and Health and Wellbeing Teams continue to support staff with advice and guidance for those who have tested positive for COVID-19. We continue to liaise with the Infection Prevention Control Team to ensure that any concerning results are escalated and investigated. As of the end of April 2022 97% of staff have had first and second vaccines, with 86% having had boosters. We are incorporating vaccine status in the Work Health Assessments for new starters with further support available to those who require assistance, in particular our new international recruits who often need assistance in recording vaccinations on the NIVs.

Flu

We have now received guidance on the 2022/23 flu programme and have commenced planning for this year. It should be noted that this year those in the 50-64yr old cohort will not be offered vaccinations from their GPs. This was a significant change last year and many staff had combined COVID boosters and Flu within Primary Care. We have completed a Quality Improvement review of last year's flu programme and will be using the lessons learnt from that to improve our offering for staff this year.

Diversity & Inclusion

We continue to make excellent progress with taking action as outlined in the 22/23 Diversity Inclusion and Belonging Action Plan – a series of face to face and virtual engagement and awareness sessions are currently underway – this 'roadshow' is being led by Anna Rowen , the Associate Director of Diversity and Inclusion and is being delivered to all service lines through her attendance at the service line board meetings.

The sessions aim to raise awareness around how colleagues can activate their allyship and how privilege can impact us all and provide top line feed on the big conversation and what Solent is doing next. It is a great opportunity for service lines to think about how they contribute towards improving diversity, inclusion and belonging in their teams and raise awareness and understanding of the action plan priorities for this year.
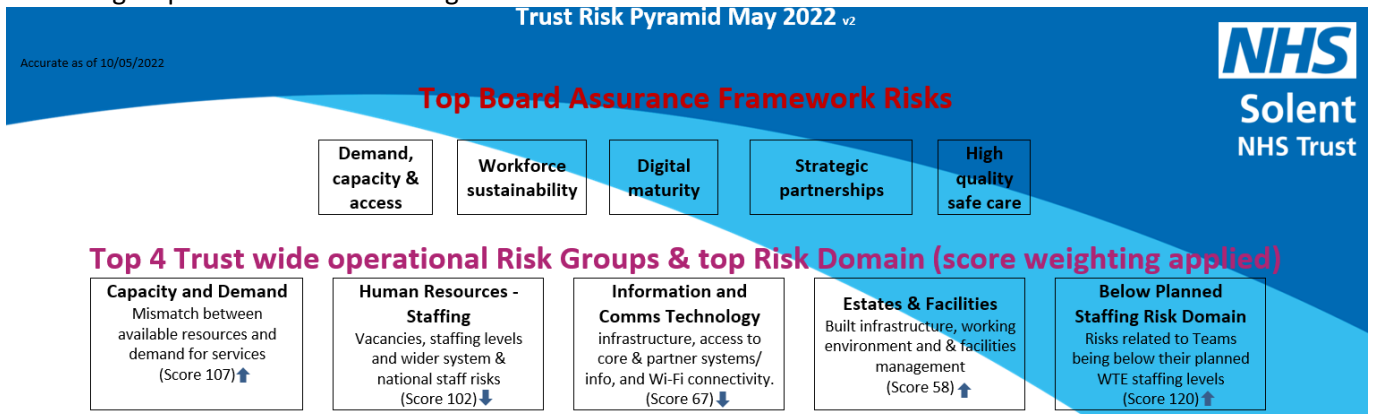
Demand and Capacity

Contemporary update urgent care pressures

Solent continues to provide surge capacity (community beds and urgent community response services) in both the Portsmouth & South East and Southampton and South West systems to support system flow and discharges. All health and care partners committed to significant planning and preparation for the Easter weekend which resulted in both systems being able to manage the acute demand. Conversations are now focussed on the returning to business as usual capacity and the development and implementation during 22/23 of community based (technology enabled) frailty virtual wards.

Our key risks

Operational Risk Register

The risk pyramid summarises our key strategic and trust wide operational risks. Capacity & Demand, Human Resources – Staffing, and Information and Comms Technology (ICT) remain the top three risk groups. The fourth highest risk group is Estates & Facilities. These four risk groups are the most prevalent and also the top four groups when risk score weighting is applied, which is included in the pyramid this month. Below Planned Staffing is the most prevalent and highest scoring risk domain. All operational risks are being actively managed through our care groups and assurance is sought at the relevant Board Committees.

Trust Risk Pyramid May 2022 v2

Accurate as of 10/05/2022

Top Board Assurance Framework Risks

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

Top 4 Trust wide operational Risk Groups & top Risk Domain (score weighting applied)

| Capacity and Demand | Human Resources - Staffing | Information and Comms Technology | Estates & Facilities | Below Planned Staffing Risk Domain |
| Mismatch between available resources and demand for services (Score 107)⬆ | Vacancies, staffing levels and wider system & national staff risks (Score 102)⬇ | infrastructure, access to core & partner systems/ info, and Wi-Fi connectivity. (Score 67)⬇ | Built infrastructure, working environment and & facilities management (Score 58)⬆ | Risks related to Teams being below their planned WTE staffing levels (Score 120)⬆ |

Board Assurance Framework (BAF)

The organisations strategic risks, within the Board Assurance Framework are summarised as follows. The Board are in the process of incorporating a new risk regarding the strategic provision of services.

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**
Strategic provision of services	S5 X L5 = 25	**NEW**	New emerging risk

Section 3 –System and partnership working

Isle of Wight (IOW) Partnership Update

The Solent and IOW Partnership has recently focussed on community nursing, bringing together staff from Southampton, Portsmouth and the IOW in a peer learning session which was well received by all who attended. A programme of follow up work has been agreed to include activity and demand profiling, specialist nursing role comparison and the establishment of peer network staff groups.

Update on HIOW Mental Health Provider Collaborative (MHPC)

The HIOW Mental Health Provider Collaborative (MHPC) will officially form on 1 July 2022. There will be a number of clinical and enabling workstreams with the full scope of these to be defined. In the first instance, the MHPC Board will exist alongside the existing groups responsible for the oversight of mental health across HIOW with the hope that over time the governance can be simplified to achieve effective and efficient partnership working. A separate paper is presented to the board for approval regarding the establishment of the collaborative.

Board and Committees

NHS Solent NHS Trust

Item No.	9	Presentation to	Trust Board – In Public
Date of paper	23 May 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, Chief Executive Officer.		Exec Sponsor signature:				

Integrated Performance Report (IPR) for March and April 2022

1. Safe

a. Performance summary

Incident numbers

A steep decline in the number of incidents reported was noted in Jan – Feb 2022 (when compared with the previous year). However, incidents have returned to comparable levels during March – April 2022, with an actual 9.4% increase during 2021/22 when compared with 2020/21. In April 2022, 900 incidents were reported which is directly comparable with April 2021 (Figure 1).
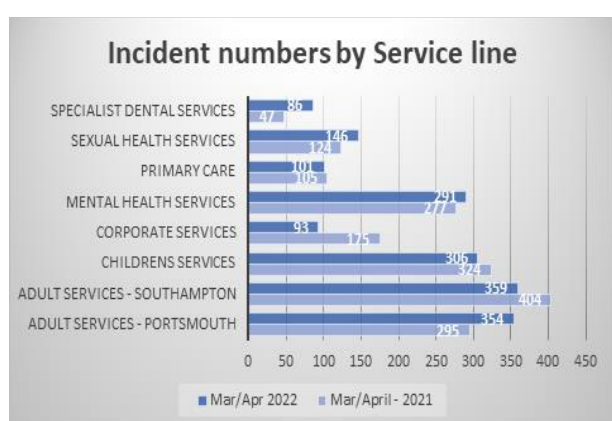

Figure 1 Total Incidents Reported by Month

Incidents reported per 1,000 contacts show a gradual increase with a sharp rise in April 2022. This reflects the improving safety culture within the organisation.

The Quality Insight, Intelligence & Systems Team have recently developed and launched a range of tailored incident forms to meet the needs of various service lines and enable more intuitive incident reporting. The revised process is aligned with the mandatory completion of Patient Safety Training. It is anticipated that this package of support will make it easier for staff to report. The team will monitor the impact of these changes going forward to ensure our teams remain supported to report effectively.
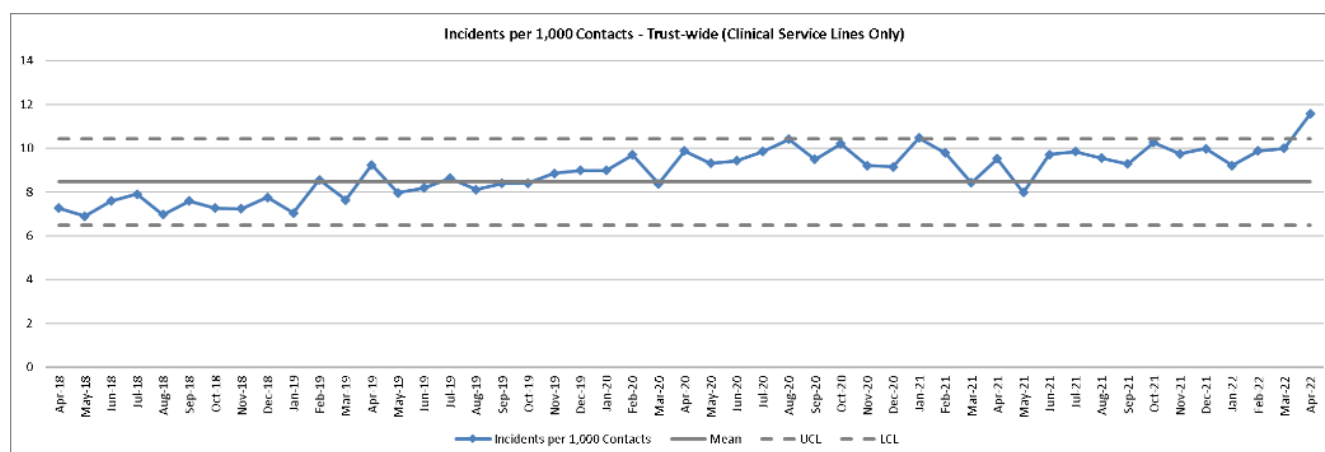
Figure 2 Incident Numbers by Service Line

Incident reporting

Following investigation, it is understood that the reduction in Corporate Services is due to a training need around clarity of roles and responsibilities to report incidents of concern. Therefore, the Quality and Safety team will provide targeted training and communications to highlight the importance of incident reporting during May 2022 onwards.

A detailed review of Incident Reporting in Adult Services Southampton will be discussed with the HQP at the monthly Quality Review Meeting to understand the root cause for this reduction.

The Chief Nursing Information Officer is now working closely with the team to complete a monthly review of Digital Incidents to ensure they are reviewed by the appropriate subject matter experts and that actions are identified and followed up.

Pressure ulcers

As noted in the previous report the wider system is reporting that the number of Pressure Ulcers developing outside the NHS is increasing and therefore it is anticipated this will impact on the overall number of Pressure Ulcers reported outside of our care.

Complaints

There is little variation to report in the Complaints data in comparison to the last two months. There was a slight increase in the total number of contacts during the last 2 months from 446 – 448 and the number of complaints has only increased by one from 17 complaints made in January and February 2022 to 18 complaints made in March and April 2022.

There was a significant drop in the number of complaints responded to within 72 hours during March 2022 25%). Due to the low level of complaints received during March 2022, this breach relates to one complaint sent directly to service resulting in a delay in this being sent through to the complaints team. The Service Line concerned are aware of the need to action this in a timely way going forward.

Insights
During March – April 2022, complaints received related to the following areas of concern:
- Appointments
- Communication
- Values and Behaviours of staff
As a comparator, during Jan – February 2022 complaints in the main related to concerns over either Clinical care or attitude of staff.

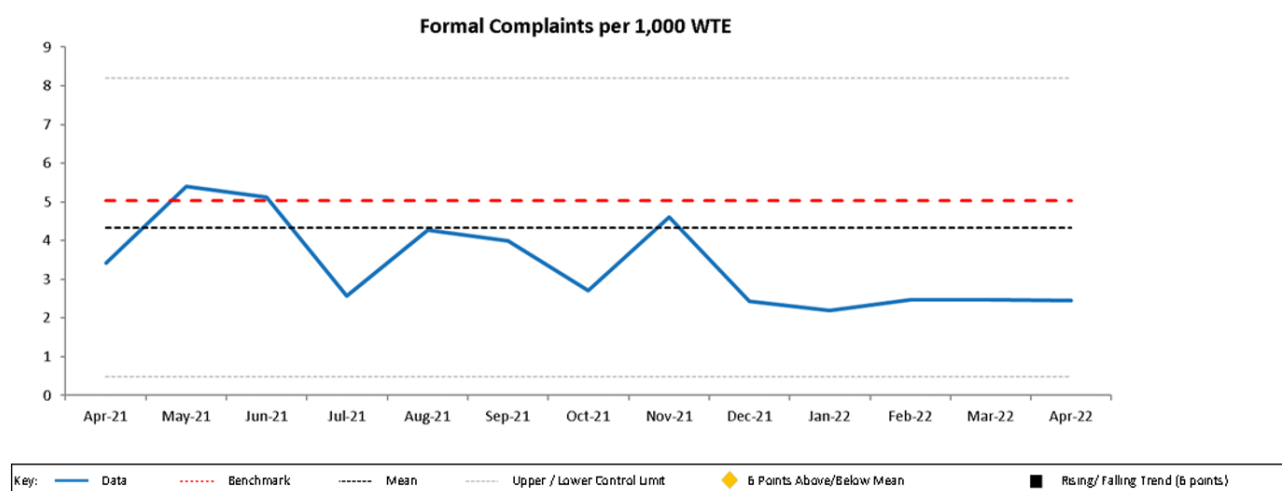Figure 4 Incident Numbers by Service Line

b. Actual Impact – learning from Incidents
The Head of Quality and Safety facilitated a peer support session for the Crisis Resolution Home Treatment Team in the Mental Health Service Line following an unexpected death of a patient which the team found particularly distressing. This generated some feelings for the team which they explored further in a series of

‘safety chats’. Challenges were raised during these sessions with the Mental Health leadership team, following which additional support has been provided with temporary changes to the management structure. The service manager was managing both CRHT and A2i and has been temporarily stepped away from A2i to focus purely on CRHT.

c.   Insights – Service concerns

During March and April 2022 service concerns have increased by 27.8% from 97 in January/February 2022 to 124 in March/April 2022

Communication and appointments were identified as the main reasons for contact, mirroring the data from the previous period and themes of complaints received. Communication regarding information being provided to patients was sighted as the main theme. Going forward, revised categories of complaints are now available meaning that a greater understanding of the specific concerns raised will be available to analyse, allowing for identification of trends, on which trust wide learning and action can be taken.

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	Mar-22	Apr-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%	97.2%	97.8%	
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%	98.4%	99.6%	
Mixed Sex breaches* (Submission recommended October 20221)	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	0	
Plaudits		92	88	66	80	89	87	81	105	94	177	89	88	88	105	

b.   Key Performance Challenges

Maximum 6 Week Wait for Diagnostics Procedures

The % performance in the last financial year has been below target, showing between 74-95%. However, interventions actioned have been effective, with March's activity figure (99%) and April's figure (100%) meeting the 99 % threshold of patients seen within the 6-week wait diagnostics.

MRI

In order to address increased demand of the diagnostic service, we are increasing our MRI provision by an additional 4 days per month from April 2022. Some of the additional days are being offered at weekends to increase the flexibility for our patients to attend outside of traditional working hours. Within April we had access to 32 priority MRI slots for urgent referrals if a patient had presented with symptoms that caused the clinician concern.

c. Spotlight On: Friends and Family; Plaudits

Friends & Family

Whilst there has been a slight drop in FFT (Friends and Family Tests) between March 2022 (1922) and April 2022 (1707) of 11% , an increase in FFT has been seen in comparison to the same period in 2021.

Taking the month of April alone, there has been over a 100% increase in FFT - from 849 April 2021 to 1707 in April 2022. The increase in responses when compared to 2020/21 is a continued theme.

	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022
Total Number of responses	1152	849	1352	923	916	1566	1136	1662	2410	1759	1950	1445	1922	1707
Very good/Good	92.3% (1063)	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)	94.10% (1809)	93.8% (1601)
Very Poor/Poor	4.3% (49)	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)	2.7% (51)	2.5% (42)

Figure 4 Friends and Family Test Data – Dataset includes Mental Health Services

Plaudits

193 plaudits were received during this period. Plaudits received related to positive feedback concerning our workforce in both periods.

✓ **Action Update -** we said we would update the guidance for inputting plaudits so that services have a clearer process. Guidance has been updated and shared with teams within the next weeks. The opportunity will be taken to remind staff of the deadline for the recording of plaudits process.

3. Effective

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	Mar-22	Apr-22	Trendline
Bed occupancy by ward		68.30%	81.4%	75.6%	73.5%	74.0%	79.6%	74.6%	81.2%	83.8%	82.9%	80.8%	82.3%	79.7%	91.5%	
Length of stay		26.7	21.1	21.1	21.1	20.7	22.1	20.1	23.4	19.0	21.5	27.2	21.4	20.1	14.8	
DTOC [patient count]		1	1	3	1	6	6	8	7	6	6	15	9	11	8	

Metric: Length of stay

Community Wards

Spinnaker Ward			
Month Discharged	Total bed days	Patients	Median bed days
Mar-21	223	20	12
Apr-21	363	22	11
May-21	394	24	14
Jun-21	341	26	8
Jul-21	315	27	9
Aug-21	282	22	11.5
Sep-21	490	28	14
Oct-21	363	17	23
Nov-21	443	37	8
Dec-21	429	36	9
Jan-22	509	37	12
Feb-22	514	32	16.5
Mar-22	439	33	14
Apr-22	502	34	14
Total	5607	395	12

Jubilee House			
Month Discharged	Total bed days	Patients	Median bed days
Mar-21	483	26	16
Apr-21	339	18	18
May-21	205	14	13.5
Jun-21	288	14	16
Jul-21	260	11	24
Aug-21	329	14	18
Sep-21	370	19	15
Oct-21	359	16	19.5
Nov-21	322	20	12
Dec-21	469	21	22
Jan-22	495	21	21
Feb-22	453	17	24
Mar-22	384	23	14
Apr-22	520	22	17.5
Total	5276	256	18

Fanshawe Ward			
Month Discharged	Total bed days	Patients	Median bed days
Mar-21	442	26	15
Apr-21	347	19	14
May-21	515	29	14
Jun-21	433	35	11
Jul-21	558	44	10
Aug-21	471	37	9
Sep-21	501	25	17
Oct-21	588	26	22.5
Nov-21	582	30	18
Dec-21	442	22	20
Jan-22	601	24	24
Feb-22	549	20	22
Mar-22	513	20	24
Apr-22	517	25	16
Total	7059	382	17

Lower Brambles			
Month Discharged	Total bed days	Patients	Median bed days
Mar-21	473	19	26
Apr-21	532	22	23
May-21	458	19	21
Jun-21	383	19	18
Jul-21	635	24	22
Aug-21	772	31	17
Sep-21	468	25	18
Oct-21	641	29	20
Nov-21	670	28	20
Dec-21	977	33	26
Jan-22	634	28	21.5
Feb-22	593	27	20
Mar-22	619	22	28
Apr-22	763	25	34
Total	8618	351	22

Rehabilitation Wards

Snowdon					The Kite Unit			
Month Discharged	Total bed days	Patients	Median bed days		Month Discharged	Total bed days	Patients	Median bed days
Mar-21	122	2	61		Mar-21	283	3	98
Apr-21	160	5	21		Apr-21	149	1	149
May-21	385	9	28		May-21	419	1	419
Jun-21	209	6	22		Jun-21	280	3	93
Jul-21	612	14	50		Jul-21			
Aug-21	216	5	37		Aug-21	195	2	97.5
Sep-21	338	9	40		Sep-21	120	2	60
Oct-21	260	6	37		Oct-21	283	2	141.5
Nov-21	559	10	34.5		Nov-21	72	2	36
Dec-21	172	6	28		Dec-21	194	1	194
Jan-22	664	9	58		Jan-22	1736	4	477.5
Feb-22	438	5	66		Feb-22			
Mar-22	419	8	52.5		Mar-22	259	2	129.5
Apr-22	247	4	54		Apr-22	1990	3	898
Total	4801	98	40		Total	5980	26	151.5

Mental Health Wards

Maples					Hawthorn					Brooker (O)					Brooker (F)			
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	332	17	4		Mar-21	472	33	8		Mar-21	760	9	104		Mar-21	361	11	24
Apr-21	156	10	8		Apr-21	198	21	5		Apr-21	164	2	82		Apr-21	24	2	12
May-21	216	11	18		May-21	315	20	6		May-21	328	3	57		May-21	38	3	15
Jun-21	211	14	7.5		Jun-21	434	26	7		Jun-21	1297	17	71		Jun-21	524	14	22
Jul-21	293	15	15		Jul-21	189	17	7		Jul-21	948	13	50		Jul-21	260	12	17
Aug-21	355	16	13.5		Aug-21	383	20	9.5		Aug-21	557	12	39.5		Aug-21	186	11	15
Sep-21	231	14	11		Sep-21	422	26	9		Sep-21	1421	4	365		Sep-21	661	4	165.5
Oct-21	141	12	7.5		Oct-21	413	17	17		Oct-21	180	4	47		Oct-21	68	4	15
Nov-21	326	13	14		Nov-21	351	25	4		Nov-21	273	7	21		Nov-21	145	9	15
Dec-21	393	14	14.5		Dec-21	453	26	7		Dec-21	242	5	56		Dec-21	126	8	15.5
Jan-22	136	4	20.5		Jan-22	139	14	8.5		Jan-22	282	5	24		Jan-22	92	7	13
Feb-22	278	16	12.5		Feb-22	249	24	6		Feb-22	674	9	21		Feb-22	182	7	25
Mar-22	272	13	13		Mar-22	858	33	7		Mar-22	487	14	18		Mar-22	100	12	9.5
Apr-22	58	6	7		Apr-22	234	18	6.5		Apr-22	671	13	18		Apr-22	149	10	12
Total	3398	175	12.5		Total	5110	320	7		Total	8284	117	39.5		Total	2916	114	15

*Ave. LOS (Length of stay) is based on Patient's discharge date.
*Solent wards have differing acuity, cohort & variability in discharges

b. Key Performance challenges

Urgent Care reporting (UCR)

There is a continuation of the focus to improve our 2-hour response processes for both Portsmouth (PRRT) and Southampton (URS). Colleagues across the Trust continue with phase 2 (Community Nursing Teams), supported by corporate colleagues to identify activity and embed data capture requirements. This is an evolving process, hindered by resource challenges within services (of which admin roles have now been recruited to support) alongside the human factors of embracing change. Patient System's have provided Standard Operating Procedures (SOPs) alongside on site and virtual training sessions. Support will continue over the following Months.

2- hour wait figures via Community Services Dataset (CSDS)

Urgent Response Service (URS) and Portsmouth Rapid Response Service (PRRT) now receive their figures as reported via the CSDS via CSDS

PRRT expected compliance to be higher but acknowledged due to data capturing issues this was not the case, seeing the service consistency fail to reach the 70% target[1] Urgent Response Service (URS) show a more favourable position, achieving target from December 2022 to date.

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[1] PPRT manually collect activity data for the 2-hour response which shows achievement of the 70% target.

Performance & BI together with Patient Systems continue to support both services to ensure accurate data capture via SystmOne. This is through supporting monthly data validations, alongside on-site/virtual training sessions and production of standard operating procedures (SOPs).

Portsmouth													
	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
Total	0	0	0	0	0	80	77	73	74	110	102	168	1479
Compliant	0	0	0	0	0	48	48	39	51	65	53	111	598
Compliance %						60%	62%	53%	69%	59%	52%	66%	40%

Southampton													
	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
Total	0	0	0	0	0	288	251	240	232	241	257	218	2357
Compliant	0	0	0	0	0	194	166	150	189	203	186	190	1556
Compliance %						67%	66%	63%	81%	84%	72%	87%	66%

Figure 5 2-hour wait figures for Portsmouth and Southampton (CSDS) from Sept* '21-March '22

*Project start date

Urgent Response Service (URS) and Portsmouth Rapid Response Service (PRRT) now receive their figures as reported via the CSDS via CSDS

PRRT expected compliance to be higher but acknowledged due to data capturing issues this was not the case, seeing the service consistency fail to reach the 70% target. Urgent Response Service (URS) show a more favourable position, achieving target from December 2022 to date.

Performance & BI together with Patient Systems continue to support both services to ensure accurate data capture via SystmOne. This is through supporting monthly data validations, alongside on-site/virtual training sessions and production of standard operating procedures (SOPs).
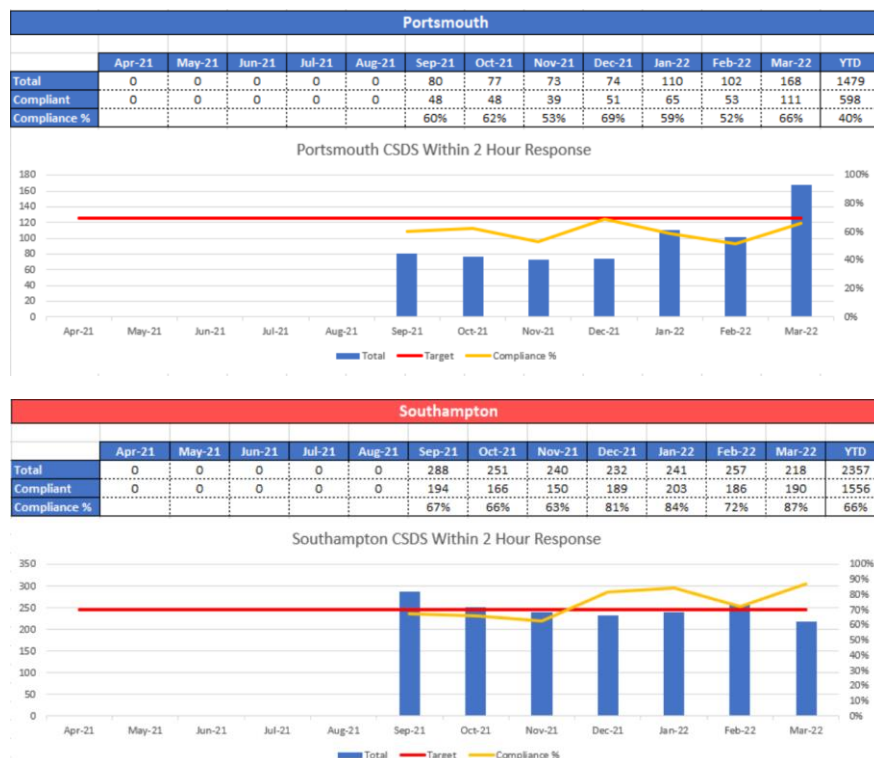
Community Services Dataset (CSDS) discovery

As part of a wider review of our Business Intelligence Services, the ambition is to redevelop the mandated collection of UCR activities via Community Services Dataset (CSDS). The discovery phase of the CSDS redevelopment in now in train, with outcomes and future steps due within the next 4-6 weeks. 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.

Platform as Service (Paas)[2]

This technical development has begun its initial delivery phase, led by Business Intelligence (BI) supported by Information Communication, Technology (ICT), CGI and delivered alongside Aditis, a Microsoft Gold Partner. Ongoing dependencies have seen delays to the project start, but the expectation is now with a dedicated Programme Manager onboard any blockers will be minimal, allowing for the technical tasks to complete inside the 12-week timeframe.

d. Spotlight On: Capacity and Demand

Current State

Demand and capacity modelling, whilst complex in community and mental health services, is a key approach to removing visible and hidden waits and improving outcomes for patients as well as reducing stress on our workforce through efficient and effective working practices.

Solent services have a high degree of variation in clinical caseload, geography and commissioned specifications therefore capacity (staffing models and available space/facilitates) and demand (clinical caseloads and referrals) vary from team to team. The demand on these teams also varies greatly and is complex to monitor (singular contacts can vary in terms of contact immediacy, length and clinician numbers).

Our ability to effectively plan our demand and capacity currently is also hampered by our lack of capture of and/or access to good quality data, displayed in a way that gives us intelligence about service performance. Equally we are unable to feed in information about population health including demographics and morbidity in an intelligent way to inform what demand might look like in the future.

Service Lines have a range of approaches to understand the real time demand or capacity these teams have on a daily/weekly basis but have been less able to look at modelling over a longer period of time. In the absence of any signed-off National community demand and capacity tools we could look to replicate dashboards similar to the only illustrated below utilising CAMHs West data (prepared by the team) to gain some clarity and consistency.

The dashboard looks at referrals in and current caseloads, provides a workforce factor based on vacancies and sickness and uses SPC charts to better understand variation and trends.

Future state

A Quality Improvement Approach to improving demand and capacity management

The application of QI methodology to the demand and capacity challenge is being tested by three Solent Services - Phlebotomy, MSK and the Vasectomy service. Operational managers, business managers and analysts are participating in the testing and evaluation of a programme of work seeking to support clinical services to develop skills and knowledge to improve demand and capacity management in conjunction with

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[2] Paas will enable BI to 'future proof' compatibility & tools, offer the Trust cost saving of current versus new environment (circa 10k) per month, alongside a freeing of skilled resource within BI to exploit the provision of data to our services.

Month	Accepted referrals this year (ty)	Accepted referrals last year (ly)	% change TY vs LY
May 2021	164	113	31.10%
June 2021	150	147	2.00%
July 2021	144	107	25.69%
August 2021	125	87	30.40%
September 2021	228	147	35.53%
October 2021	211	141	33.18%
November 2021	268	133	50.37%
December 2021	195	109	44.10%
January 2022	244	115	52.87%
February 2022	236	67	71.61%
March 2022	182	113	37.91%
Total	2243	1697	24.34%

Month	Discharges this year (ty)	Discharges last year (ly)	Discharge % change ty vs ly
May 2021	311	283	9.00%
June 2021	294	234	20.41%
July 2021	307	280	8.79%
August 2021	340	143	57.94%
September 2021	281	153	45.55%
October 2021	401	204	49.13%
November 2021	345	186	46.09%
December 2021	249	153	38.55%
January 2022	297	322	-8.42%
February 2022	387	267	31.01%
March 2022	327	270	17.43%
April 2022	228	210	7.89%
Total	3767	2954	21.58%

Specialist CAMHs West – Autism / ADHD pauses -> 2021 Decrease 12m Turnover Rate – 32.1% March 22 Vacancy Factor – 4.9WTE (8.3%)
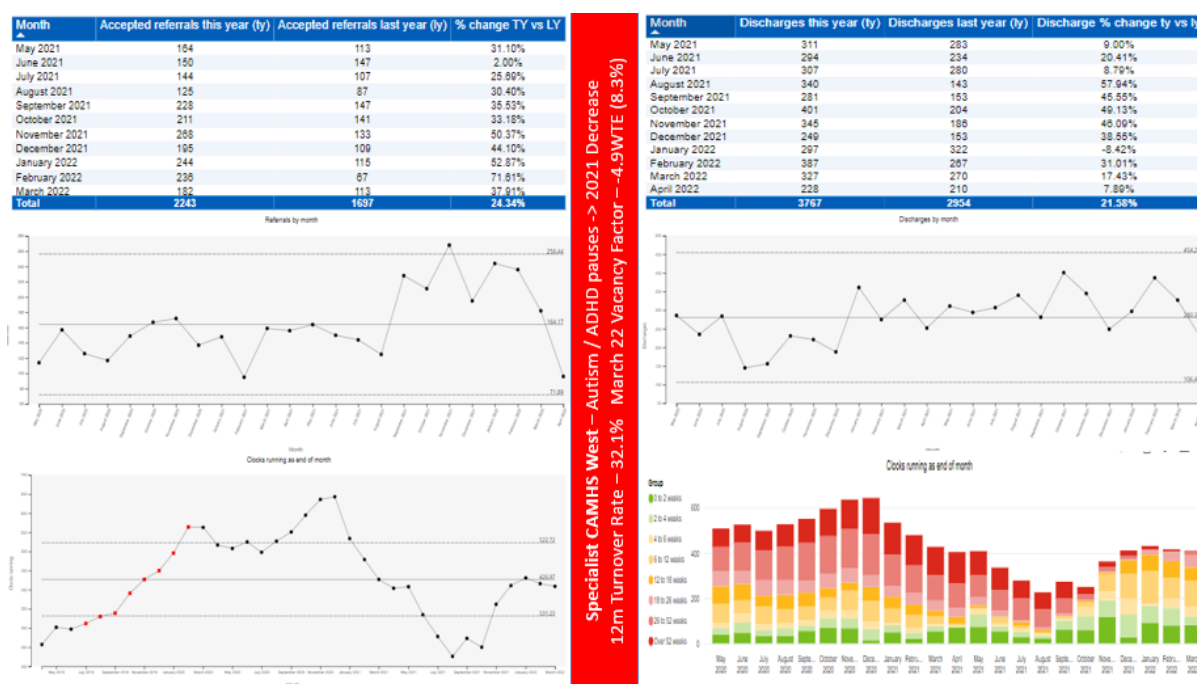
Figure 6 Specialist CAMHs West (Children and Young People)

demand and capacity modelling. The current programme of work commenced in early April 2022. It was developed in recognition of the potential benefit of adopting an integrated approach to supporting Solent services to understand and improve their management of demand and capacity together with the opportunity to work alongside the NHS E/I Demand and Capacity team during their development phase of several community and mental health service demand and capacity models.

The programme of work comprises:

- workshop covering demand and capacity modelling fundamental concepts
- introduction to the appropriate NHS E/I developed demand and capacity model
  - there are several published models and models currently in the development phase with potential to be utilised by Solent; the NHS E/I Demand and Capacity team have granted access to, and are providing ongoing technical support for use of, the development models
  - model outputs will enable services to
    - understand the required level of capacity to keep pace with demand
    - understand the gap between the required capacity and the current capacity of a service
    - calculate maximum sustainable waiting list sizes
    - model the impact of clearing excess waiting list sizes down to ideal maximum levels
    - test changes (scenario planning) before making service changes
    - identify any potential inefficiencies and areas for improvement
- knowledge, support and guidance with populating the models
- linkage to Solent's Performance Team and Performance Liaison Manager
- linkage to NHS I/E Futures Platform demand and capacity network and resources
- dissemination of learning from Solent services, other Trust services and external organisations
- improvement expertise and workshops to facilitate change activities associated with modelling outcomes such as improving and optimising patient flow
- guidance and training in the use of SPC (used for demand analysis) in accordance with the Making Data Count approach

This programme of work is at an early stage. Discussions and challenges regarding availability of data and data quality are emerging. Consequently, some informed assumptions are likely to be required for each model produced. However, the development of associated improvement plans will be promoted. Additionally, staff time to devote to this activity is limited. Overall, it is anticipated the development of workable models will not be a short term activity.

Helen Wharam, Advanced QI Methodologist, Academy of Research and Improvement

4. Responsive

a. Performance Summary

	Threshold	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Trendline
Patients waiting > 18 weeks		3184	3129	3105	2915	3254	3680	3762	3577	3470	3483	3409	3554	3608	
Accepted Referrals		17,411	17,688	18,900	18,364	16,988	18,752	18,175	19,632	16,941	18,023	17,923	20,050	17,973	
Number of complaints		12	19	18	9	15	14	10	17	9	8	9	9	9	
Number of breaches or re-opened complaints		1	6	5	2	4	3	2	1	1	1	0	0	0	
RTT incomplete pathways*	95%	96.1%	97.5%	98.8%	98.2%	96.9%	98.4%	97.3%	97.7%	96.8%	95.4%	95.7%	94.5%	95.3%	

b. Key Performance challenges

System Oversight Framework

From April 2022, the Trust is now monitoring ourselves against the System Oversight Framework Metrics. A local solution has been developed, while liaising with partner organisations be part of a wider combined system approach. During the development of the System Oversight Framework, it became apparent there is a need for each metric and data source to be reviewed to ensure triangulation with our national returns – especially pertinent with OOA placements (out of area) Mental Health in patients. This process alongside all submissions to be finalised by Performance & BI (over services) allows for the necessary governance and assurance.

Waiting Lists

There is currently no national waiting list threshold. Our waiting list trajectory is based on an ICS [Integrated Care System] baseline planning using December 2021 waiting lists with a 10% expected increase in activity. In reflection, expectations have proved to be on low side (modelling of future predications was completed when referrals hadn't yet levelled) seeing waiting lists continue to grow, albeit at a slower pace (below).
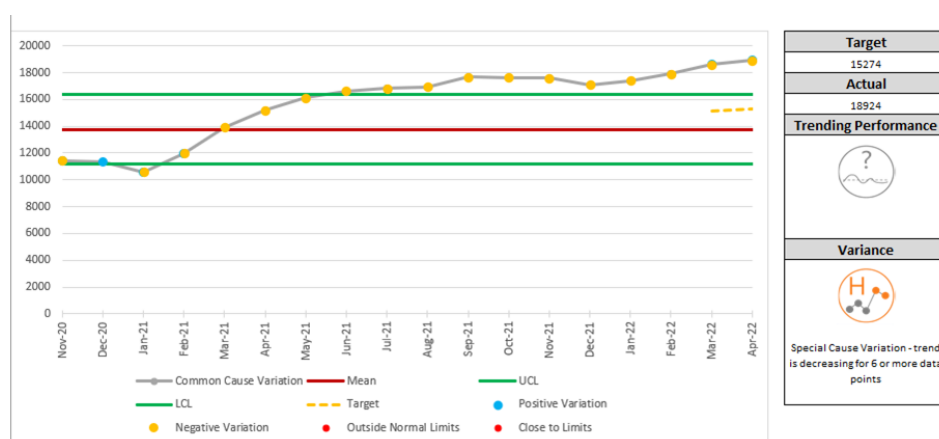

Figure 6 Overall size of waiting list

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

The current DQMI score remains consistent at 91% for the last financial year, which sees the 95% target not achieved.

The anticipation is through the extension of internal data quality workstreams, alongside recruitment of a full-time service Data Assurance role within our Mental Health service line improvement will be seen. The trust continues to be engaged in wider System MHSDS thinking to share best practice and understanding.

5. People

a. Performance summary

Metric	Threshold	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Trendline
Sickness (annual)*	4.50%	3.51%	3.38%	3.45%	3.58%	3.75%	3.92%	4.11%	4.26%	4.38%	4.49%	4.59%	4.84%	5.08%	
Sickness (in month)	4.50%	3.22%	3.49%	3.87%	4.20%	4.73%	4.78%	5.58%	5.41%	5.12%	5.89%	5.85%	6.78%	6.44%	
Turnover (annual)*	14%	3.40%	4.14%	4.98%	5.82%	7.27%	8.75%	9.79%	10.66%	11.47%	12.30%	12.55%	13.26%	13.03%	
Turnover (in month)	1.20%	0.73%	0.74%	0.98%	0.84%	1.44%	1.46%	1.04%	0.88%	0.82%	0.88%	1.20%	1.32%	0.77%	
New starters (FTE)		44.76	30.35	27.34	23.18	48.07	58.67	38.77	45.78	29.66	64.18	62.23	58.15	44.37	

b. Key Performance challenges

Sickness

Our data has told us for at least 6 months in a row, that Anxiety/stress/depression/other psychiatric illnesses is one of the top 2 reasons for absence. Through a deep dive into these reasons, our occupational Health and Health and Wellbeing (OH&W) teams aim to identify reasons at a more granular level, in order for targeted interventions to support mitigation and management for these absences. OH&W plan to review absences such as migraines/headaches and Gastrointestinal problems as can both relate to stress, therefore looking at combined codes could change the story narrative of the data, which would help even more targeted interventions.

With the review OH&W are aware that any changes made will impact the data trends we have been reporting on to date, which will be carefully taken into consideration.

For April 2022 the 6 top absence reasons are shown below:

Absence Reason	Headcount	Abs Occurrences	Abs Days	%	FTE Days Lost	%
S27 Infectious diseases	337	348	2,540	32.1	2,029	32.0
S10 Anxiety/stress/depression/other psychiatric illnesses	102	108	1,857	23.5	1,449	22.8
S12 Other musculoskeletal problems	34	35	460	5.8	360	5.7
S25 Gastrointestinal problems	106	108	455	5.8	396	6.3
S28 Injury, fracture	25	25	441	5.6	324	5.1
S17 Benign and malignant tumours, cancers	13	13	392	5.0	295	4.6

c. Spotlight On: Investing in our Staff

Many of our programmes are organised centrally we have increased our portfolio of programmes and run Line Manager essentials sessions as well as more in depth Leadership Development programmes, which range from: Stepping into Management, Leading with Confidence, Leading Beyond and how to 'Manage Challenging Conversations'.

People Service have developed our Line Manager support offer under Coaching & Wellbeing, implemented a Solent Coaching Network, helping to shape the systems, processes and governance needed to ensure safe and effective coaching. A pathway for directing coaching enquiries has been developed and a more in-depth programme for managers has been designed to use a group coaching approach facilitated by a Coach and Wellbeing Practitioner. The programme is intended to increase the awareness of the link between wellbeing and leadership, empowering managers to review what works, alongside the challenges and barriers to supporting people's wellbeing. The focus is on small groups working collectively to better understand wellbeing and to generate creative solutions together which support sustainable wellbeing practice and coaching skills development through this experience.

6. Finance

a. Performance summary

Metric	Threshold	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Trendline
Year to date surplus/(deficit) Actual v budget		0.5%	-0.1%	0.3%	0.7%	0.5%	0.5%	0.4%	0.4%	0.4%	0.8%	0.7%	1.4%	-0.5%	
Agency spend % pay	3.5	4%	4%	5%	5%	5%	3%	4%	2%	5%	4%	13%	3%		
Cash balance		33.0	31.1	33.1	32.6	34.2	30.5	33.0	33.5	33.3	36.2	35.5	36.8	32.9	
Aged debt (over 90 days)		642	874	630	598	259	310	334	216	211	198	279	128	169	

b. Spotlight On: Month 1 Results

Month 1 Results

The Trust is reporting an in month adjusted deficit of £694k, £97k adverse to plan.

Covid-19 Expenditure

The Trust continues to incur additional expenditure because of Covid-19. The reported in-month costs were £497k compared to a plan of £242k. M1 overspend derives from the incentive payments of £256k.

Capital

The Trust's CDEL for 2022-23 of £15.1m consists of £5.5m of internally generated funding and £9.6m PDC funding.

The PDC funding consists of 2 projects, WCH bed optimisation and Highclere, which cannot be spent until approval is finalised.

In month expenditure was £63k against a forecast of £252k, spend is expected to increase as approved schemes commence. Work on re-forecasting Capital spend is taking place in month 2.

Cash

The cash balance was £32.9m as at 30 April 2022, £3.9m lower than March.

The reduction in cash was primarily due to NHS England adjusting the block payment for credit notes, £0.9m of dental income not received (now confirmed for June) and HEE income of £1.3m not received (received in May).

Aged Debt

The Trust's total debt was £5m at the end of April, an increase of £1.2m due to the raising of the Q1 HEE invoice. 91+ days overdue debt at the end of April was £169k, an increase of £41k on March, due to an unpaid PHU JAC invoice.

7. Research and Improvement

a. Performance summary

In the year 2021/22, 1235 participants were recruited into 50 NIHR portfolio studies. In indicative league tables, this means that Solent NHS Trust will be the highest recruiting Care Trust.

	FY1920	FY2021		FY2122		FY2223	
Trust	Trust type	Recruitment Rank	Total Recruitment	CWR Rank	Complexity Weighted Recruitment	No. of studies	No. of studies rank △
	Care	-	7,889	-	28,535	210	-
Lancashire & South Cumbria NHS Foundation Trust	Care	3	901	1	4,177	55	1
Solent NHS Trust	Care	1	1,235	2	3,684	50	2
Central and North West London NHS Foundation Trust	Care	5	676	4	2,894	32	3
Birmingham Community Healthcare NHS Foundation Trust	Care	12	185	11	867	29	4
Sussex Community NHS Foundation Trust	Care	6	562	6	2,137	24	5

b. Spotlight On: Sexual Health Services

Positive Voices

Positive Voices is a national survey exploring the lives, experiences and healthcare need of people living with HIV in the United Kingdom. The data will inform government policies in relation in relation to HIV and help identify any gaps in the availability of support and care services. This study is currently running in Portsmouth, Southampton and the IOW

HIS UK

Developed by researchers at the University of Southampton, this study is looking at men aged 16-25 who don't always use a condom during sex with casual or new partners. The study aims to promote the enjoyable condom use, decrease STI risks and costs to the NHS through education and training either face to face or on an interactive website. Solent is the second highest recruiting site for this study

EPI HSV

This is a commercial trial which is looking to better understand HSV-2 genital herpes. It will look at the symptoms people experience, their frequency, severity and duration. This study will evaluate the impact of the disease on quality of life. This will allow researchers to improve their knowledge of genital herpes.

Genital Herpes Vaccine

We have been selected as site for a commercial Phase 2 genital herpes vaccine trial. It will involve working collaboratively with UHS and the vaccine research hubs to help us deliver the study. This is the first Phase 2 study Solent have taken part in and Dr Raj Patel has been selected as the Chief Investigator for the UK.

6.1 NHS Provider Licence – Self Certification 2022/23 – May 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 year 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.

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.

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.

In readiness for this annual declaration, we have actively reviewed our governance processes including our Board Code of Conduct and associated protocols.

The Trust ended the financial year 2021/22 with a small surplus.

The Trust is reviewing its plans for 2022/23 prior to the final national submission due on 20 June 2022. Our plan will be aligned to the ICS priorities.

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

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

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

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

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

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

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

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

Response

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

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

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

The Composition of Committees is also kept under constant review to take into consideration and periods of unscheduled /planned leave, the impact of vacancies effecting quoracy as well as any recommendations made following Internal Auditors (or other external review).

The Executive Team Portfolios are continuously reviewed.

Qualifications, skills and experience are taken into consideration, along with behavioural competencies as part of any recruitment exercise for Board vacancies. Established escalation processes allow staff to raise concerns as appropriate.

6 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.

On an annual basis the Chair and CEO are required to formally sign this declaration on behalf of the Board, which will then be published on our website.

Signed by :   Catherine Mason, Chair

Date:

Signed by :   Andrew Strevens, CEO

Date:

1.4 Solent NHS Trust - Single Oversight Framework

Quality of Care Indicators		Internal / External Threshold	Threshold	Apr-22			Mar-22		
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Organisation Health	Proportion of Temporary Staff (in month)	I	6%	🟢 5.4%	?	⋰	🟢 5.5%	?	⋰
Caring	Written Complaints	I	15	🟢 9	?	⋰	🟢 10	?	⋰
Caring	Mixed Sex Accommodation Breaches	E	0	🟢 0	P	⋰	🟢 0	P	⋰
Caring	Community Friends & Family Test - % positive			– 97.2%		⋰	97.0%		⋰
Caring	Mental Health Friends & Family Test - % positive			100.0%		⋰	97.4%		⋰
Effective	Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	E	95%	🟢 100.0%	?	⋰	🟢 100.0%	?	⋰
Effective	% clients in settled accommodation	I	59%	🟢 68.6%	P	⋰	🟢 68.1%	P	⋰
Effective	% clients in employment	E	5%	🔴 2.1%	F	⋰	🔴 2.8%	F	⋰
Safe	Occurrence of any Never Event	E	0	🟢 0	P	⋰	🟢 0	P	⋰
Safe	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%	🟢 95.3%	P	⋰	🟢 94.5%	P	⋰
	Maximum 6-week wait for diagnostic procedures	E	99%	🟢 100.0%	?	⋰	🟢 99.0%	?	⋰
	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50%	🔴 33.3%	?	⋰	🟢 60.0%	P	⋰
	Data Quality Maturity Index (DQMI) - MHSDS dataset score**	E	95%	🔴 91.5%	F	⋰	🔴 91.5%	F	⋰
	Improving Access to Psychological Therapies (IAPT)								
	- Waiting time to begin treatment - within 6 weeks	E	75%	🟢 94.0%	P	⋰	🟢 94.0%	P	⋰
	- Waiting time to begin treatment - within 18 weeks	E	95%	🟢 98.0%	P	⋰	🟢 99.0%	P	⋰

Use of Resources Score									
	Use of Resources Score	E	2	3	?	⋰	2	P	⋰

* Data collection paused during COVID-19 pandemic response

** Data reported 3 months in arrears due to NHS Digital publication timescales

Key

Trending Performance			
	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

Solent NHS Trust - System Oversight Framework

Indicator Description	Frequency	Internal /External Target	Target	Apr-22 Current Performance	Apr-22 Trending Performance	Apr-22 Variance	Mar-22 Current Performance	Mar-22 Trending Performance	Mar-22 Variance
S035a: Overall CQC rating (provision of high-quality care)	Annual	-	-	Good			Good		
S036a: NHS Staff Survey Safety culture theme score	Annual	I	5.6	5.7			-		
S038a: Potential under-reporting of patient safety incidents	Monthly	E	100.0%	100.0%			100.0%		
S039a: National Patient Safety Alerts not completed by deadline	Monthly	E	0	0			0		
S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	Monthly	E	0	0			0		
S041a: Clostridium difficile infections	Monthly	E	0	0			0		
S042a: E. coli blood stream infections	Monthly	E	0	0			0		
S043a: Venous thromboembolism (VTE) risk assessment	Monthly	E	95.0%	96.0%			95.0%		
S017a: Outpatient - % of all activity delivered remotely via telephone or video consultation	Monthly	-	-	16.5%			17.0%		
S081a: IAPT access (total numbers accessing services)	Monthly	E	366	487			546		
S082a: IAPT recovery rate (%)	Monthly	E	50.0%	54.2%			57.2%		
S084a: Children and young people (ages 0-17) mental health services access (number with 1+ contact)	Monthly	-	-	6291			6519		
S086a: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external)	Monthly	E	0	25			37		
S086b: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (external only)	Monthly	-	-	100.0%			100.0%		
S087a: Number of people in adult acute mental health beds with a length of stay over 60 days	Monthly	-	-	1			2		
S087b: Number of people in older adult acute mental health care with a length of stay over 90 days	Monthly	-	-	2			1		
S089a: Waiting times for Urgent Referrals to Children and Young People's Eating Disorder services	Quarterly	E	-	Quarterly			57.1%		
S089b: Waiting times for Routine Referrals to Children and Young People Eating Disorder Services	Quarterly	E	-	Quarterly			92.9%		
S016a: Outpatient - Specialist Advice (including A&G) activity levels	Monthly	-	-	Metric Currently Under Development with support from South Central CSU					
S016b: Outpatient - Patient Initiated Follow-Up activity levels	Monthly	-	-	Currently awaiting provision of community guidance for PIFU measurements from NHS I&E					
S005a: Daily discharges - as % of patients who no longer meet the criteria to reside in hospital	Monthly	-	-	Metric Currently Under Development with support from South Central CSU					
S008a: Overall size of the waiting list	Monthly	E	15274	18924			18599		
S009a: Patients waiting more than 52 weeks to start consultant-led treatment	Monthly	E	0	0			0		
S013a: Diagnostic activity levels - Imaging	Monthly	I	723	741			803		
S013b: Diagnostic activity levels - Physiological measurement	Monthly	I	75	58			82		
S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	Annual	I	58.6%	68.5%			68.5%		
S062a: NHS Staff Survey Health and wellbeing theme score - Health and well-being index	Annual	-	-	Awaiting further guidance pending revisions to the 2021 Staff Survey (original metric guidance based on 2020 staff survey)					
S063a: NHS Staff Survey Safe environment - Bullying and harassment theme score	Annual	I	7.9	8.3			-		

Quality, Access & Outcomes

Solent NHS Trust - System Oversight Framework

Indicator Description		Frequency	Internal /External Target	Target	Apr-22			Mar-22		
					Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Looking after our people	S064a: Proportion of staff who report that in the last three months they have come to work despite not feeling well enough to perform their duties	Annual	I	54.9%	49.3% 🟢			-		
	S065a: Percentage of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns	Annual	I	51.8%	54.9% 🟢			-		
	S067a: Leaver rate	Monthly	I	14.0%	13.0% 🟢	P	Common Cause	13.8% 🟢	P	H
	S068a: Sickness absence (working days lost to sickness)	Monthly	I	5.0%	6.4% 🔴	F	H	6.8% 🔴	F	H
	S069a: NHS Staff Survey Staff engagement theme score	Annual	I	7.0	7.4 🟢			-		
Leadership & Capability	S059a: CQC well-led rating	Annual	-	-	Good			Good		

Key

In-month Performance Indicator

🟢 Metric is achieving the target
🔴 Metric is failing the target

Trending Performance Indicator

(P) Target has been consistently achieved, for more than 6 months

(F) Target has been consistently failed, for more than 6 months

(?) There is a variable and inconsistent performance against the target

Variance Indicator

(H) Special Cause Variation, for improved performance. The trend is either:
- Above the mean for 6 or more data points
- An increasing trend for 6 or more data points
- Near the control limit for 2 out of 3 data points
- The value exceeds the upper control limit

(H) Special Cause Variation, for poor performance. The trend is either:
- Above the mean for 6 or more data points
- An increasing trend for 6 or more data points
- Near the control limit for 2 out of 3 data points
- The value exceeds the upper control limit

(L) Special Cause Variation, for improved performance. The trend is either:
- Below the mean for 6 or more data points
- A decreasing trend for 6 or more data points
- Near the control limit for 2 out of 3 data points
- The value exceeds the lower control limit

(L) Special Cause Variation, for poor performance. The trend is either:
- Below the mean for 6 or more data points
- A decreasing trend for 6 or more data points
- Near the control limit for 2 out of 3 data points
- The value exceeds the lower control limit

(·) Common Cause Variation, the information is fluctuating with no special cause variation.

Item No.	10		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 19 May 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 following reports were noted by the Committee:

The following reports were noted by the Committee:

Workforce and sustainability report:
- Improvement to vacancy rates, including the continued success of international recruitment and receipt of funding for Allied Health Professionals. Further recruitment/retention opportunities being considered; career pathways and working across the ICS.
- Work continues to fill specialised roles via innovative planning with system partners
- Higher sickness levels were noted, with higher levels of Gastrointestinal illness.
- Postive feedback received from:
  – Clinicians - enabling new starters to complete training prior to entering a ward.
  – Apprentices - Board to Floor visit carried out and experiences with Solent to date have been positive.
  – The committee also noted, the implementation of Oleoo (new recruitment system) will assist with onboarding process improvements further and enable us to meet D&I requirements.
- Report format discussed; improvement noted. Requirement to revisit risk data, ensuring accuracy.

Employee Relations Assurance report:
- Report overhaul planned to provide greater narrative and determine trends.
- Concerns raised around higher than average cases relating to protected characteristiscs; committee agreed a greater case breakdown is required to provide assurance.
- Positive for noting - only 1% of cases are currently a formal, live ER matter.

Workforce Risk Appraisal:
- Operational pressures discussed and noted, within People Operational team.
- Safer staffing discussed; Committee felt assured that risks are being reasonably mitigated.

Internal Audit Update:
- People Operations internal self-audit carried out; a number of processes have not been followed to the required standard. Reasons for/resolutions being reviewed. Oleoo will assist with this for the future.
- Areas highlighted by Internal Audit have been actioned; Committee agreed to revist in 6-9 months, ensuring Chair's assurance.
- Committee suggestion made for operational risks and trust-wide risks to have varying scoring matrices; ensuring items are dealt with effectively.
- Report quality - positive improvements have been made.

Board Assurance Framework:
- Workforce Planning Programme being devised; planning objectives to achieve in 2022/2023.
- Economic crisis/cost of living discussed; being reviewed at both ICS level and internally within Solent, to create initiatives to assist our workforce.

Sub-Committee Exception Reports:
- The committee noted the received the **People Forum Exception Report**.
  Estates discussed by the Committee; some premises no longer fit for purpose. Executive team reviewing; Sembel House being raised as a risk.
- The committee noted the received the **Joint Consultative Negotiating Committee Exception Report**.
- No update from the **Wellbeing Oversight Meeting** as no meeting had taken place.
- No update from the **Joint Local Negotiating Committee (formerly DDNC)** as no meeting had taken place.

Gender Pay Gap Report:
- No significant change from last year noted; equality is in a postiive position.
- Slight decrease in male employees; committee agreed to continue to focus on attracting males to lower paid positions.
- Clinical Excellence Awards discussed and action taken to analyse these based on Whole Time Equivalents (WTE) as opposed to offering on a 'flat' basis.

Staff Survey Results and Action Planning:
- Excellent outcome including, NHS Employers requesting for Solent to be a case study; sharing our knowledge and success.
- Action planning in place with service lines.
- Request from Chief People Officer to ensure that during the upcoming change/transformation activity, time/attention is given to staff engagement with frequent revisiting of actions.

Agile Working:
- Pilot has revolutionised how our people work; enabling more flexible working and greater location options.
- Informal work spaces i.e. meeting pods, etc. were paused due to Covid; now revisiting.
- Moving into a wider organisational, cultural phase; how Solent continue to support flexible and supportive working opportunities.
- Continuous learning process; Estates working with Research colleagues to explore the success of the programme. Committee agreed requires continuous evaluation.

Health and Wellbeing Plan:
- Collaborative system working taking place, devising joint action plans including; reviewing working environments and sickness absence policies; standardising the sickness management approach.

Reciprocal Mentoring:
- Revised reciprocal mentoring programme presented to the Committee.
- Solent to receive £10k to develop a training programme; working closely with partners, linking mentors/mentees from across the ICS.
- The Committee endorsed the revised model, ratifying the partner collaboration; expressing that creating a network with other providers and learning from one another, creates a richness and opporttuy to 'grow our own'.

Board Workshop Update - People Strategy and Recruitment & Retention Deep Dive:
- Feedback taken from the Board workshop; final version returning to this Committee c. August 2022.

Escalations
People Operations internal self-audit; being presented to Confidential Board.
Board Workshop requested to discuss Estates: Solent Properties.

To be completed by Exec Sponsor - Level of assurance this report provides:							
Significant		Sufficient	X	Limited		None	
Exec Sponsor name:	Mike Watts, Non-Executive Director			Exec Sponsor signature:			

Board and Committees- In Public Board Exception Report

NHS Solent NHS Trust

Item No.	14.1	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 19th May 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:				

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 the new quality governance meeting established within the ICB/S. Representation and further consideration of reporting through the Trust quality governance route was confirmed.
  The Committee received a summary document, reviewing the main tenets of the **Ockenden (and other Government) patient safety reports**. The two planned actions were noted and it was agreed to escalate to Trust Board.
- A **Patient Safety Strategy Deep Dive** was presented, including a full overview of key work and improvement programmes. Ongoing planning for the Patient Safety Incident Response Framework was shared and use of Patient Safety Champions was explained.
- The Committee **noted** the following reports presented:
  - **Experience of Care Annual Report-** An update on activity from the year was provided and areas of focus/improvement for the year ahead were highlighted. The Committee agreed the recommendations for experience of care priorities for 2022-23. *(provided as supplementary paper- item 14.2)*
  - **Freedom to Speak Up Annual Report**- Annual activity from Apr 2021-Mar 2022 was presented and it was reported that recruitment for a new Lead Freedom to Speak Up Guardian was underway. Potential indexing against local partners was highlighted, following announcement that there would be no national index. *(provided as supplementary paper- item 14.3)*
  - **LD Strategy Implementation 6 monthly update**- The Committee were briefed on review of strategy with a new focused delivery plan established. Key focus for the year ahead was shared, to include work across all services. The Committee approved the delivery plan subject to minor amendment of delivery timescales.
  - **Research & Improvement Annual Report -** An overview of key messages were shared and it was confirmed that Solent were the top recruiting Care Trust for research participants for 2021-22. Significant engagement in improvement training and workshops and high levels of assurance and improvement work via clinical audit and evaluation plans was noted. The development of a New Rapid

Evaluation Hub in partnership with UCL was explained. *(provided as supplementary paper- item 14.4)*

- The **Performance & Quality Exception Report** *(formally Exception Report from the Quality Improvement and Risk (QIR) Group and Chief Operating Officer)* was **noted**. Cross referencing/alignment to discussions at the People Committee were confirmed and it was assured that challenges would be raised via the Board Performance Report.
- The Committee received the **final draft Annual Governance Statement** for formal consideration prior to sign off at the June Audit and Risk Committee and EO Board. It was agreed to recommend approval.
- The **final draft Quality Account** was presented and work to ensure service user involvement was emphasised. The Committee agreed recommendation for approval at the June Audit and Risk Committee and EO Board.
- A contemporary update was provided following changes to the **Board Assurance Framework (BAF) consideration and oversight of risks Report**. Inclusion of additional risk in relation to strategic provision of services was reported. 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 and it was confirmed that feedback from local partner inspections was expected.
- **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.

Item No.	16.1		Presentation to	In Public Trust Board – June 2022	
Title of paper	Escalation from Finance and Infrastructure Committee				
Purpose of the paper	The aim of this paper is to update the In-Public Trust Board on the escalation item from the May 2022 Finance and Infrastructure Committee meeting.				
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 updated Green Plan report as escalated by F&IC.				

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

Key messages /findings

For noting

Green Plan - The committee received a high-level summary of the updates to the Green Plan; it was agreed to escalate to In-Public Trust Board for noting.

Green Plan – Escalation from F&IC to In-Public Trust Board for noting

1. Green Plan update

The Green Plan was approved at Trust Board in August 2021 with 52 actions being identified in the initial action plan. The focus of the actions had initially been in 5 key areas around:

- Our Care
- Our Estate
- Our Supplies
- Our Travel
- Our Communities & our People

1.1 The Green Plan has subsequently been reviewed against the 3 national and regional priorities which were announced in October 2021, to ensure sufficient focus in Year 1:

- Medicines
- Travel
- Digital Transformation.

Table 1. Comparison of regional/national priorities with Solent Green Plan priorities

Regional/National Greener NHS priorities:	**Medicines**	**Travel**	**Digital transformation**
Solent Green Plan priorities:	• Our Care • Our Supplies	• Our Travel	• Our Care • Our Estate • Our Communities & our People

1.2

Of the 52 actions identified in the initial action plan Board approved in August 2021, upon review 23 of these actions have been prioritised for delivery in 2022/23 as they align with the national and regional priorities. The Memorandum of Understanding, Regional Leadership & Delivery 2022/23 has been published and focuses on the following areas:

- Medicines
- Travel & Transport
- Supply Chain & Procurement
- Estates & Facilities Management
- Digital Ways of Working & Models of Care

The remainder of the actions from 2021/22 remain in scope for Solent NHS Trust, and are being actively reviewed by the Sustainability Action Group, with some reflected in subsequent years of our Green Plan or later in 2022/23 subject to resources.

The status of these 23 actions is shown in Table 2 below:

Table 2. Quarter 4 status for Solent Green Plan actions due in Year 1:

Greener NHS area of focus	Number of actions	Number complete	Number in progress	Number not yet started
Digital	2	0	0	2
Medicines	4	0	4	0
Travel	17	4	12	1
Total actions	23	4	16	3

1.3 Programme slippage and mitigation

Whilst progress has been made in key areas during the 2021/22 year, it should be noted the increase in the status of the pandemic and staff long term sickness did impact on several of the tasks being progressed within the action plan on time. But recovery actions have been taken, with revised target completion dates extended by 3 months (to June 2022 and October 2022 respectively). The three items not yet started are included in the revised target completion date for October 2022 and comprise the following:

2 x digital transformation actions
1. Develop 3 case studies from shifting activity to digital pathways which calculate and demonstrate the environmental impact and create a log for digital pathway changes to support annual calculations in future
2. Work with Care Groups to identify and pilot 2 areas for expanded use of digital technology within care pathways during 2022

1 x travel & transport action
1. Embed use of Health Outcomes from Travel Tool (HOTT) in assessment of travel changes resulting from changes in care pathways, and service delivery to enable identification of impacts on local air quality.

2. Progress update
Despite the slippage progress has been made in the following areas:

2.1 Sustainable Action Group
The Sustainable Action Group (SAG) is now fully in place and is well represented with 52 staff across all corporate and clinical departments of the Trust having signed up as members to this group. Updates on 5 actions for the period August 2021 to March 2022 are detailed below.
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2.2 Travel actions update:
a. Enterprise car club review
Review is complete with monthly reports received regarding usage. Uptake is increasing but usage is mainly up to mid-afternoon, reviewing with teams how usage can be improved for late afternoon. The contract agreement was changed to a fixed monthly cost model as this was shown to be a more cost-effective solution given the level of usage that was taking place. A refresh/relaunch of the car club is planned for May 2022 as the activity levels increase across the site, with monthly review data from Enterprise after this date.

b. EVCI update
A feasibility study was completed on the electric vehicle (EV) charging infrastructure opportunities across our estate with a focus on our three hospital sites. Following on from this study, a proposal was prepared to supply, install and manage electric vehicle charge points (EVCPs) under the terms of the Central Southern Regional (CSR) Framework.

A review of electric vehicle charging infrastructure at St Marys Community Hospital Car Park was completed in early March, we are now developing the proposal for complete installation, supply, operation, and maintenance costs of four charge points on the site, including the selection of a funding partner. In parallel, we await the outcome of the Integrated Care System (ICS)) sustainability group to determine whether proposals would be best taken forward across partners in the system.
A funding review for the amended proposal at Western Community Hospital Car Park has now been received, to provide an updated plan linked to utilities suppliers on the site and select a funding partner
A proposal will now compare options between centrally funded or Solent funded projects, determining which partners are available on the new framework of suppliers and the extent of collaboration with the ICS.

c. Salary sacrifice scheme
We have been reviewing the options available for a car salary sacrifice scheme with a focus on EV incentivisation to enable an options appraisal paper to be submitted for approval. Tusker, who are the market leader in this area, have prepared a business case. The scheme provides lifestyle protection that uniquely, fully manages and mitigates the risk/administration elements to the scheme for customers and their employees. As market leaders for salary sacrifice car schemes, they have over c850 schemes live across the public and private sectors. We are engaging with our pay and reward team and finance to develop the options appraisal paper, with a target date of completing the options appraisal by May 2022 and approval via Finance & Infrastructure Committee by the end of Q1.

2.3. Medicines actions update:
a. Inhaler recycling
Solent waste contractors unable to recycle inhalers. Nationally there are limited options now GSK have stopped their "Complete the Cycle" recycling scheme. Posters have been produced to be displayed at our GP practices to encourage

patients to take inhalers back to pharmacies for correct disposal. Next steps were to understand what could be provided to support inhaler recycling in Solent and develop a plan to introduce a recycling pilot. However, given there is no national recycling solution available now or in the foreseeable future our focus is on encouraging patients to take inhalers to their local pharmacy therefore this action will be closed.

b. Anaesthetic Gases, reducing Nitrous Oxide (NO2)
The action is to review current nitrous oxide use and disposal to identify opportunities that could reduce their high impact, for implementation in 2022/23. Assessments so far have identified that all Entonox used at St Marys is used by PHU, but not being charged to them. Discussions are taking place to pass the cost and the associated carbon to PHU. Nitrous Oxide (NO2) is also used for dental services, practices have been reviewed and limits are already in place to minimise wastage. Investigations into a Nitrous Oxide (NO2) destruction unit has taken place and funding was applied for from the region. This was unsuccessful but Hampshire Hospitals FT received funding and are undertaking a pilot trial scheme that we are monitoring. At present the regional timescale and process for review remains uncertain, Solent will be actively following up in order to plan implementation at the earliest opportunity.

3. Next steps
Associate Director Estates & FM to meet with key nominated leads by the end of Quarter 1, to review and agree target dates for all actions.

3.1 Actions/decisions coming up:
a. Appointment of a Sustainability Manager
We have an ambitious set of targets to deliver from our Green Plan and Net Zero Plan over the next 3 years to support delivering a net zero NHS. To enable those targets to be achieved we require a sustainability specialist to manage those through to completion and identify and update other initiatives, enabling us to build a more sustainable NHS. Solent has agreed to fund and recruit this role and is currently benchmarking job descriptions with NHS England's sustainability group ahead of external recruitment. Contingency plans are considering project specific resources as project funding is identified/becomes available.

b. Commercial Group, Finance & Commercial Group and Finance and Infrastructure Committee approval required for:
- Business case and procurement solution to support the Western Community Hospital and St Mary's Community Healthcare Campus Electrical Vehicle Charging Infrastructure proposal as soon as possible (see 2.2, b above)
- Salary Sacrifice options appraisal by Q1 (see 2.2, c above)

c. Sustainable travel policy
This is being incorporated into the Access & Travel policy that is due for review at Policy Group in Q2, with implementation, comms, and engagement therefore likely in Q2 after the approval cycle.
The main purpose of the Sustainable Travel Policy is to better manage our carbon emissions and the associated environmental impacts, improve staff safety and wellbeing when traveling and reduce overall travel expenditure.
The Sustainable Travel Policy aims to reduce the overall number of journeys in favour of alternatives such as virtual collaboration tools (e.g. Zoom or Microsoft Teams). Where journeys cannot be replaced, low-carbon options should be considered as set out in the Travel Hierarchy.
In order to oversee implementation and performance of the sustainable travel policy, a platform provided by Mobilityways is currently being reviewed, which would provide travel related data analysis and support annual sustainability reporting into NHS England. A business case may be required if a national solution is not forthcoming in the next year.

d. Social Value
Our work so far on social value has shown how complex this area of work is and will require the engagement of an external subject matter expert. We have received a proposal from an organisation who are well placed to deliver a Social Value Supply Chain Management Programme with us and a report setting out the key objectives and approach has been prepared for review at Finance & Infrastructure Committee as soon as possible to inform a decision for market engagement in Q1 2022/23 if required. Depending on the feedback to our report we could structure a specification to put to the market during Q1 2022/23 to enable us to appoint this expert. Our first contract to be affected by this is the Soft Facilities Management contract and social value has been addressed in the tender evaluation documents.

5. Additional opportunities which have been taken to support the delivery of our Green Plan:

a. Drone Survey

In January 2022, Solent NHS Estates took to the skies to gain a bird's eye view of our main sites and where heat could be escaping. A specialist drone company was called in to carry out a night-time flight over our freehold buildings. Detailed pictures of each site were captured by a thermal imaging camera attached to the drone. This work had to be carried out at night as the sun shining onto the buildings during daylight hours could have affected the results.

The thermal survey, part of the Trust's ongoing carbon reduction drive, enabled us to see where heat is escaping through the fabric of each building, with red indicating hotter temperatures. Energy could be lost through poor quality windows, inadequate roof insulation or other sources.

Now we have this information, our next step is to put together a programme of works to address each of the areas of heat loss within each building. The delivery of this programme would be governed by the Estates & Facilities Management project management team, with impact being monitored through the Green Plan's Sustainability Action Group.

b. Renewal of sandwich supplier contract

Our catering service have recently changed sandwich supplier to the Real Wrap Company, which is now operational in both restuarants at St Mary's Community Healthcare Campus and the Western Community Hospital and our inpatient wards at St Mary's Community Healthcare Campus, St Jame's Hospital, Western Community Hospital, Royal South Hants Hospital and Jubilee House. They are a certified zero waste to landfill manufacturer provide 100% plastic free eco packaging, run on 100% green energy, use sustainable ingredients, are certified CO2 negative and operate eco delivereies using vehicles with Euro 6 engines with electric alternatives planned in the near future.

Item No.	17	Presentation to	In-Public Board
Date of paper	27 May 2022	Author	Belinda Brown, Executive Assistant to Chief Executive
Title of paper	Charitable Funds Committee Exception Report		
Purpose of the paper	To summarise the key business transacted at the recent Charitable Funds Committee meeting, 20 May 2022		
Committees /Groups previous presented and outputs	None		

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 X is asked to: Receive the summary of business transacted					

To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant		Sufficient		Limited		None	
Exec Sponsor name:	Gaurav Kumar, Non-executive Director/Meeting Chair		Exec Sponsor signature:				

Key messages /findings

The committee: -

- **Received** the **Quarter 4** Finance Report covering the period 01 January 2022 to 31 March 2022. The committee acknowledged that the charity showed a deficit in Q4 of **£56,938.00 and** a deficit of **£53,198.00** for the financial year 2021/2022. The committee were informed that the reported deficit was due in main to payment **(£50,000.00)** towards the Multi Use Games Area (MUGA) at St James' Hospital (patient welfare) and staff welfare payments for recognition at Christmas (pin badges and cards).
- **Noted** that the charity received a total of **£1,787.00** from five separate public donations during Q4
- **Received assurance** that all necessary reporting criteria had been fulfilled for the **Stage 1 and 2 NHS Charities Together (NHSCT)** grants. The committee were also informed that the window for applications for **NHSCT Stage 3** recovery grants had been suspended due to the volume of requests to process.
- **Received information** on a new NHSCT development grant award to be made available, for which the charity could bid for £**35K**. The committee agreed to take the grant submission forward
- **Reviewed** the charity's strong closing financial balance
- **Approved** in principle a bid for **£7,075.00** for a Motion Activated Magic Table for Dementia care, subject to further information on related costs, i.e warrant costs
- **Agreed** the Charitable Funds Committee Annual report for 2021/22
- **Agreed** the charity's objectives for 2022/23
- **Received** an update from the Communications team and **agreed** to engage with all staff on the re-branding options for the charity, in the form of a staff poll
- **Received** an update on the Solent Striders event