

# Agenda

## Solent NHS Trust Extra Ordinary In Public Board Meeting

Monday 13 June 2020 13:30pm – 14:00pm

Condor Suite, Highpoint & MS Teams

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	-----	-----	<b>Chairman's Welcome and apologies to receive</b>	Chair	-
			<b>Confirmation that meeting is Quorate</b> <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> <li>• a minimum of two Executive Directors</li> <li>• at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair</li> </ul>	Chair	-
2	13:30	30mins	<b>Audit Results Report for the year ended March 2022</b> (draft – final version to be provided on Friday)	Chief Finance Officer	To receive (as presented to and recommended by the Audit & Risk Committee, 13 <sup>th</sup> June)
			<b>Annual Audit Letter of Representation 21/22</b> (draft – final version to be provided on Friday)	Chief Finance Officer	To receive (as presented to and recommended by the Audit & Risk Committee, 13 <sup>th</sup> June)
3	13:30	30mins	<b>Annual Accounts</b>	Chief Finance Officer	To approve (as presented to and recommended by the Audit & Risk Committee, 13 <sup>th</sup> June)
4			<b>Annual Report – including the Annual Governance Statement</b>	Chief of Staff	To approve (as presented to and recommended by the Audit & Risk Committee, 13 <sup>th</sup> June)
5			<b>Quality Account</b>	Chief Nurse	To approve (as presented to and recommended by the Audit & Risk Committee, 13 <sup>th</sup> June)
6			14:00pm	-----	<b>Close</b>



Solent NHS Trust  
Audit results report

Year ended 31 March 2022

June 2022



**EY**

Building a better  
working world



Audit and Risk Committee  
Solent NHS Trust  
High Point Venue  
Bursledon Road  
Southampton  
SO19 8BR

1 June 2022

Dear Committee Members

We are pleased to attach our audit results report, summarising the status of our audit for the forthcoming meeting of the Audit and Risk Committee. At the meeting we will provide a further update to the Committee of our further progress and outline the remaining steps to issue of audit opinion on the financial statements.

As set out on page 6, there are some areas of the audit still outstanding. However, subject to the adequate resolution of the outstanding matters listed in our report, we confirm that we anticipate being in a position to issue an unqualified audit opinion on the financial statements in the form that appears in section 3, before the statutory deadline on 22 June 2022. We also expect to have no matters to report by exception in respect of the Trust's value for money arrangements.

This report is intended solely for the use of the Audit and Risk Committee, other members of the Board of Directors and senior management, and should not be used for any other purpose nor given to any other party without our prior written consent.

We look forward to the opportunity of discussing with you any aspects of this report or any other issues arising from our work at the Audit and Risk Committee meeting on 13 June.

Yours faithfully

Kevin Suter  
Associate Partner

For and on behalf of Ernst & Young LLP  
United Kingdom

# Contents

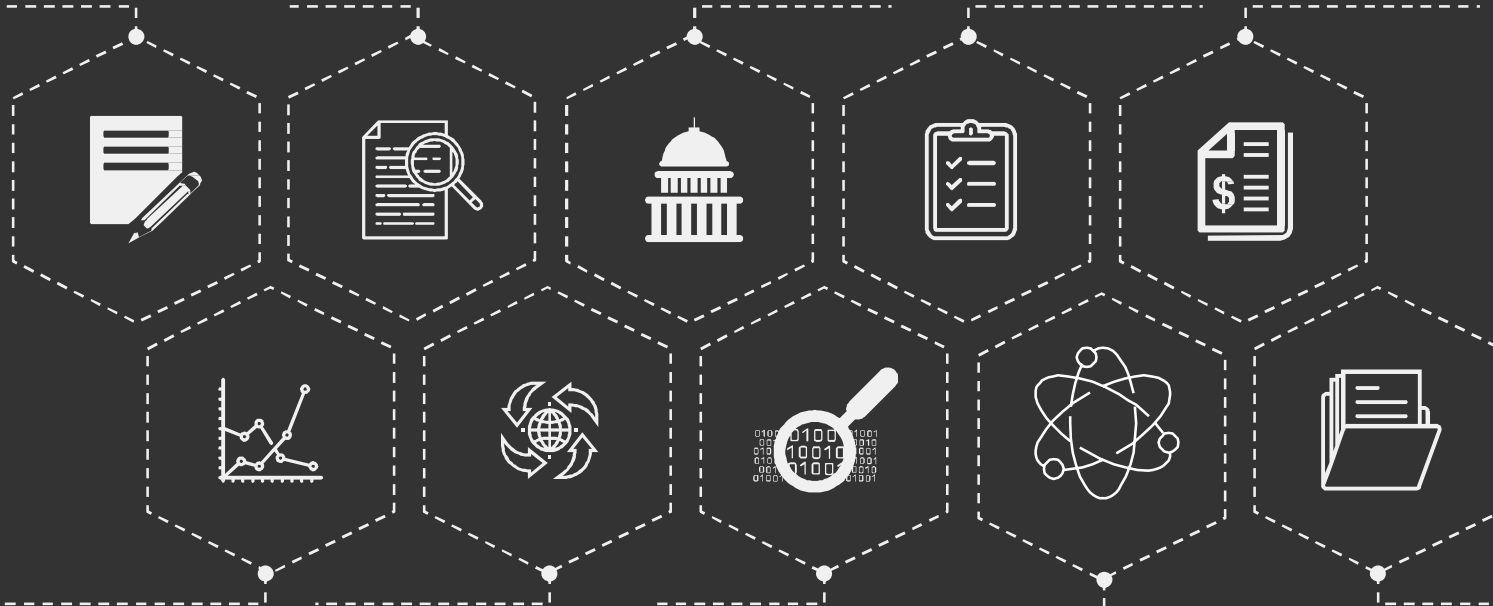
01 Executive Summary

02 Areas of Audit Focus

03 Audit Report

04 Audit Differences

05 Value for Money



06 Other Reporting Issues

07 Assessment of Control Environment

08 Data Analytics

09 Independence

10 Appendices

The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter dated 4 May 2022.

This report is made solely to the Audit and Risk Committee, Board of Directors and management of Solent NHS Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit and Risk Committee, Board of Directors and management of the Trust those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Audit and Risk Committee, Board of Directors and management of the Trust for this report or for the opinions we have formed. It should not be provided to any third party without our prior written consent.





# 01 Executive Summary

## Executive Summary

### Update to our risk assessment and the scope of our audit

In our audit planning we provided you with an overview of our audit scope and approach for the audit of the financial statements. We carried out our audit in accordance with this plan, with the following updates:

#### Changes in materiality

We updated our planning materiality assessment using the draft financial statements and have also reconsidered our risk assessment

	Planning Materiality	Performance Materiality	Audit Differences
Planning	£4.75 million	£3.56m	£0.24m
Final	£5.15 million	£3.86m	£0.26m

#### Prior period adjustments

In addition, the draft accounts include two prior year adjustments, that have increased the scope of our work.

The first is a restatement of Note 2: Operating Segments, owing to a change of coding in line with updating the operating segments in 21/22. For comparative purposes the Trust also updated the mapping relating to 20/21.

The second is a restatement of Note 6: Operating Expenses. The Trust has reviewed the financial statements mapping in comparison to the TAC submission as part of the Whole of Government Accounts. Following this review a number of expenditure cost centres were remapped to other lines in Note 6 to more closely align to the TAC submission. For comparative purposes the Trust also updated the mapping relating to 20/21. The net impact on the financial statements of these prior period adjustments is nil, however, as part of our audit work we are required to confirm the presentation and classification of the expenditure is appropriate.

This has resulted in additional procedures on these two notes.

#### Group Testing

Solent have been selected for full group audit procedures as part of the NAO group audit instructions. This has resulted in additional tests to be completed, which will be completed towards the end of the audit engagement.

## Executive Summary

### Status of the audit

Our audit work in respect of the Trust's audit opinion is still in progress. The following items remain outstanding at the date of this report.

On the basis of our work performed to date, we anticipate issuing an unqualified auditor's report in respect of the Trust accounts. However, until we have completed our outstanding procedures, it is possible that further matters requiring amendment may arise.

Audit areas outstanding	Detail
Annual Report and Annual Governance Statement	Testing of the auditable sections of the annual report, particularly in relation to fair pay multiples disclosure, is ongoing and a number of minor adjustments are arising. We await the final annual report and annual governance statement, including commentary relating to the Head of Internal Audit's report and opinion which is not yet present in the draft version
Property Plant and Equipment (PPE)	There has been some delay in the completion of this section of the accounts due to a delay in receipt of working papers. In w/c 30 <sup>th</sup> May we received a finalised Fixed Asset Register (FAR) and agreement to the general ledger from the Trust, which is a vital element of the audit trail when performing testing on Property Plant and Equipment. We have however been able to process with testing of PPE. Our testing in this area is ongoing in the following areas: <ul style="list-style-type: none"> <li>- Valuations - liaison ongoing with the Trust's expert valuer's the District Valuer</li> <li>- Existence testing - sampling currently based on a draft FAR, will require updating following receipt of final FAR.</li> <li>- Reclassification of PPE and Assets under construction - Adjustment to the financial statements expected as a result of testing</li> <li>- Additions testing - testing ongoing</li> </ul>
Provision for impairment of receivables	Complete subject to final review
Trade Payables	Sample testing ongoing
Payables Accruals and Deferred Income	Sample testing ongoing with a number of adjustments arising between payables accruals and deferred income classification, similar to issues raised in the prior year audit.
Operating Revenue	Complete subject to final review
Operating Expenditure	Complete subject to final review
Agreement of Balances	Sample testing ongoing following receipt of the Cut 2 submission

## Executive Summary

### Status of the audit (Continued)

Audit areas outstanding	Detail
Value for Money Commentary	Complete subject to final review
Whole of Government Accounts	Testing required as per the NAO's Group Audit Instructions
Closing Procedures	Completion of subsequent events review, checking final adjustments in the financial statements and agreeing the consistency of the 'other information' recorded in the final Annual Report. Receipt of signed management representation letter

Until all our audit procedures are complete, we cannot confirm the final form of our audit opinion as new issues may emerge or we may not agree on final detailed disclosures in the Annual Report. At this point no issues have emerged that would cause us to modify our opinion, based on the expectation that current identified misstatements will be corrected in the final version of the Annual Report and Financial Statements.

### Value for money (VFM)

Under the Code of Audit Practice 2020 Code we are required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. The 2020 Code requires the auditor to design their work to provide them with sufficient assurance to enable them to report to the Trust a commentary against specified reporting criteria (see below) on the arrangements the Trust has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period.

The specified reporting criteria are:

- Financial sustainability  
How the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance  
How the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness:  
How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have sufficiently completed our planned VFM procedures to confirm that we have no matters to report by exception in the auditor's report (see Section 3). We will provide the VFM commentary in our Auditor's Annual Report following agreement of wording with management.

We planned to issue the Auditor's Annual Report at the same time as we issued the audit opinion on the financial statements. However, due to the number of items still to be completed we may defer this until after the work on the financial statements and annual report is completed,



## Executive summary

### Audit differences

At the time of writing the report, we await an updated version of the Financial Statements. However, we expect to the following items to be corrected in the final audited accounts:

- Accrued Expenditure – Classification difference between Accrued Expenditure and Deferred Income (with associated impact on the recording of income and expenditure). The final figure for the amount of correction has yet to be concluded at this stage but currently stands at £5.6m.
- Property, plant and equipment – AUC reclassification to “Buildings excluding dwellings” - Total value £2.1m
- Operating Revenue and Expenditure classification – Although these errors have a nil impact on the overall financial statements, we have requested an adjustment for these items.
- Annual Report Remuneration Notes – A number of amendments have been requested in relation to the following:
  - Salary Table
  - Pensions Table
  - Exit Packages
  - Fair Pay Disclosure (following the updated reporting requirements in 21/22).

These notes are considered to be material by nature and therefore we have requested amendments to all differences identified

- Prior period restatements – We have requested a more detailed disclosure in the recording of the prior period restatement in order to clarify to the reader of the accounts why the restatement has occurred and which lines have been affected, to meet the disclosure requirements of IAS8
- A number of immaterial adjustments in the disclosure notes and associated narrative were also requested.

We have identified the following audit difference which we have communicated with management, but they have indicated they may not correct:

- Trade and other receivables – overstatement of the provision for impairment of receivables of £363k relating to various NHS bodies.

We set out full details in Section 4. As our audit work remains in progress, further audit differences may be identified. We will provide an update at the Committee meeting on 13 June 2022.

## Executive summary

---

### Other reporting issues

Our work to review the information presented in the Annual Report and Annual Governance Statement for consistency with our knowledge of the Trust is ongoing. We expect to receive an updated Annual Report to include narrative where there are placeholders, such as for the chief executive commentary, and also for the Annual Governance Statement to be updated following receipt of the Head of Internal Audit Report and Opinion.

Our work on the parts of the remuneration and staff report disclosures that are required to be audited is also ongoing. We will provide an update at the Audit and Risk Committee meeting on 13 June 2022.

We will complete the procedures requested by the National Audit Office with respect to the Trust's Whole of Government Accounts submission at the conclusion of our work on the financial statements. We will provide an update at the Committee meeting on 13 June 2022.

We referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 due to the ongoing cumulative deficit of the Trust. Under Paragraph 2 (1) of Schedule 5 of the 2006 Act, an NHS Trust shall ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to its revenue account.

### Control observations

During the audit, we did not identify any significant deficiencies in internal control. We considered whether circumstances arising from COVID-19 resulted in a change to the overall control environment or effectiveness of internal controls, for example due to significant staff absence or limitations as a result of working remotely. We identified no issues which we wish to bring to your attention.

## Executive Summary

### Areas of audit focus

Our audit plan and updates identified significant risks and areas of focus for our audit of the Trust's financial statements. We summarise below our latest findings.

Significant risk	Findings & conclusions
Misstatements due to fraud or error - management override	Our audit work to date has not identified any evidence of material misstatement due to fraud or error, including through management override of control.
Misstatements due to fraud or error - revenue and expenditure recognition.	<p>While our audit work in this area is ongoing, we have identified a number of items in Accrued Expenditure which have been matched against income received in year. For several of these items the evidence of expenditure in year could not be evidenced and therefore we conclude that the income should be recorded as deferred income as per the matching principle.</p> <p>This is a repeat of errors recorded in this area in the prior year.</p> <p>Management have agreed to amend a number of these items. We will provide an update to the Committee on the final value of agreed amendments in this area at the 13 June 2022 Committee meeting</p>

Other area of audit focus	Findings & conclusions
Valuations of Property Plant and Equipment	Our audit work in this area is yet to be complete, with ongoing discussions with the District Valuer in regards to the MEA valuation for hospital sites.
Going concern disclosure	The Trust has agreed to update its draft going concern disclosure to provide some additional narrative the reader with more information in Note 1.2 of its own going concern assessment.



## Executive Summary

---

### Areas of audit focus (continued...)

We request that you review these and other matters set out in this report to ensure:

- There are no residual further considerations or matters that could impact these issues
- You concur with the resolution of the issue
- There are no further significant issues you are aware of to be considered before the financial report is finalised.

There are no matters, other than those reported by management or disclosed in this report, which we believe should be brought to the attention of the Audit and Risk Committee or Board of Directors

### Independence

We have no matters to highlight on Independence. Please refer to Section 9 for further information.



# Executive summary

## Financial outturn

For 2021/22 the Trust was able to report an adjusted financial performance surplus of £0.067m in the draft accounts. The increased income from block contract payments has been offset with increased expenditure predominantly due to higher spend for COVID and vaccine centres.

### Expenditure (per draft accounts)

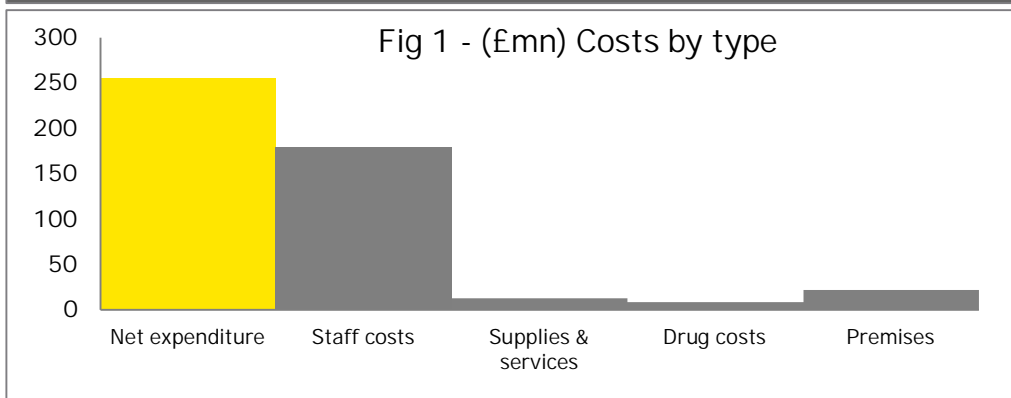
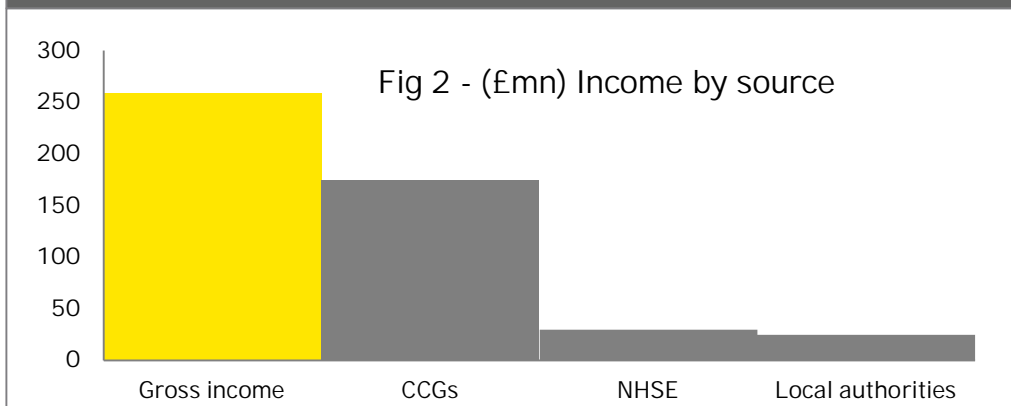


Figure 1 shows that the majority of the Trust's costs relate to staff with the next largest item being premises. This profile is similar to other NHS providers and means that our audit work on expenditure has been focused on staff costs, where we have carried out a predictive analytical review as well as using our data analytics to identify any anomalies in payments made to individuals and groups of staff. For premises, supplies and services and drug costs, we have tested a sample of items of expenditure. We have no matters to report.

### Income (per draft accounts)

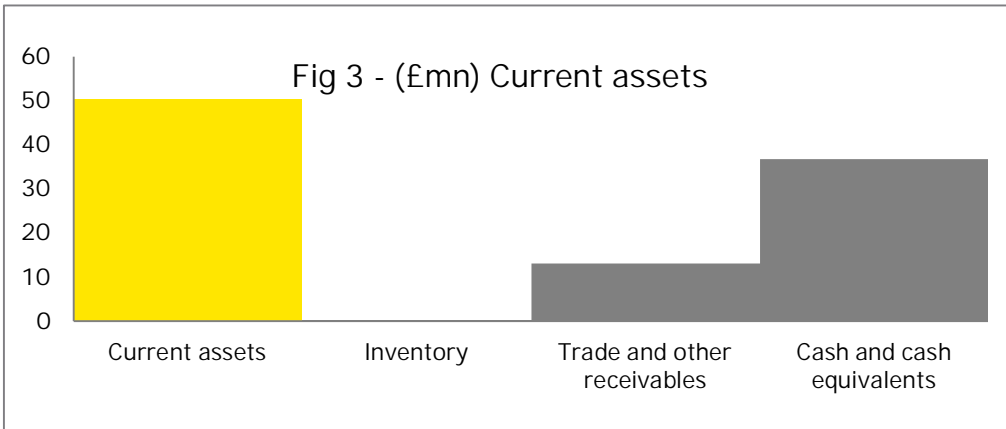


In common with other providers the Trust has three main sources of revenue - CCGs, Local Authorities and NHS England. The majority of the Trust's revenue derives from contracts agreed with commissioners with some variations subject to local negotiation and challenge. We have tested a sample of revenue to contracts and used the output from the agreement of balances exercise to gain assurance over the material accuracy of revenue. We have no matters to report.



## Executive summary

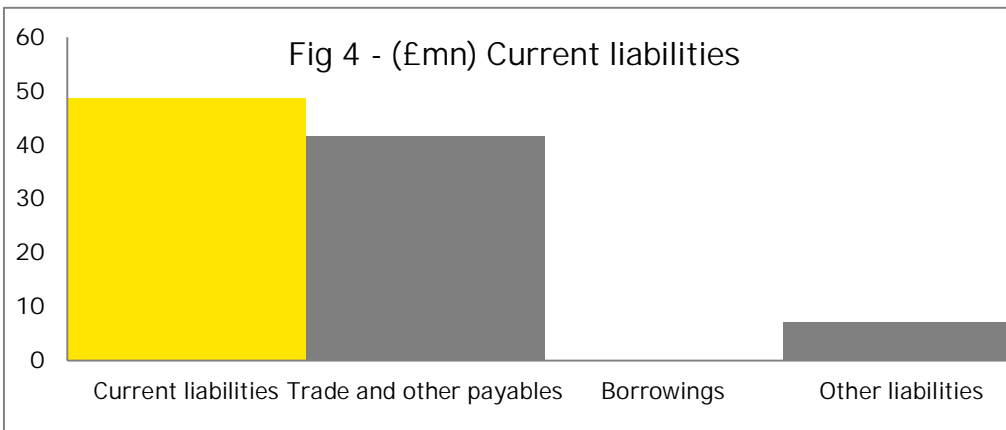
### Current assets (per draft accounts)



The current assets held by the Trust at the year end is a reflection of timing and the management of working capital. Our approach to current assets included sample testing items for evidence of their existence, applicability to the current year and recoverability (and subsequent receipt), with a particular focus on prepayments and accruals. We also used data analytics to identify any anomalies and patterns which may indicate fraud or error.

The level of inventory is not material to the Trust's accounts.

### Current liabilities (per draft accounts)



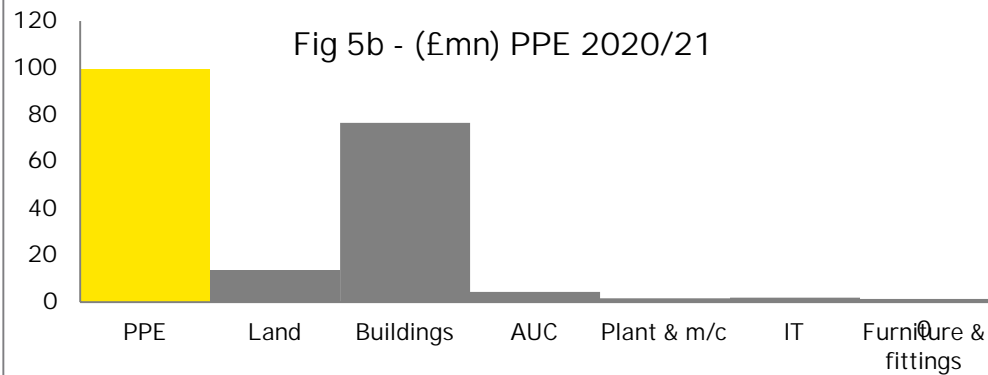
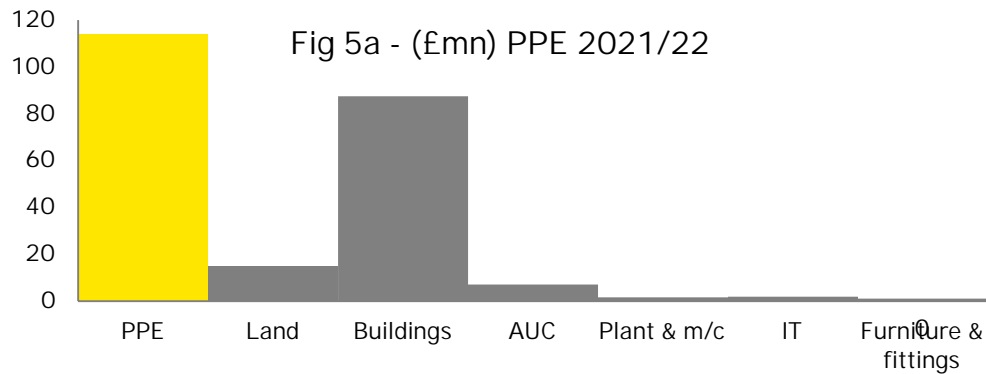
Similar to current assets, the Trust's position at the year end is largely a reflection of timing and working capital management. Our approach to current liabilities is also similar to current assets and focused our sample testing accruals and deferred income.

We have no matters to report, other than the matters included on page 10.



## Executive summary

### Property, plant and equipment (per draft accounts)

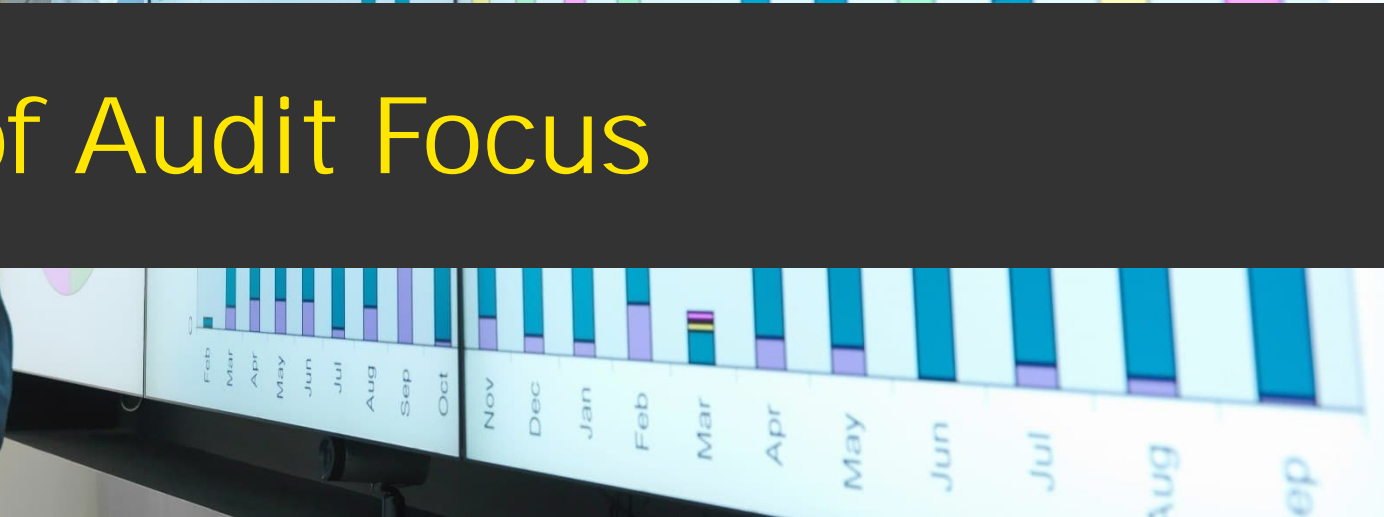


Figures 5a and 5b show the year on year movement of non-current asset valuations. There has been an increase in Buildings mainly due to additions to St James Hospital and an upwards revaluation in land and buildings. Other than that, movements are relatively constant year on year.

We outline on page 19 the audit procedures we carried out on the valuation of your property, plant and equipment.



## 02 Areas of Audit Focus







## Areas of Audit Focus

### Significant risk

#### Misstatements due to fraud or error

#### What is the risk?

The financial statements as a whole are not free of material misstatements whether caused by fraud or error. As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

#### What judgements are we focused on?

We focused on aspects of the financial statements where management could override controls to benefit the year-end financial position, primarily:

- Journal entries;
- Material accounting estimates; and
- Unusual transactions.

#### What did we do?

We carried out the following procedures:

- Identified fraud risks during the planning stages.
- Inquired of management about risks of fraud and the controls put in place to address those risks
- Understood the oversight given by those charged with governance of management's processes over fraud.
- Considered the effectiveness of management's controls designed to address the risk of fraud.
- Tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements
- Assessed accounting estimates for evidence of management bias, and
- Evaluated the business rationale for significant unusual transactions.

#### What are our conclusions?

Our audit work to date has not identified any material issues, inappropriate judgements or unusual transactions which indicated that there had been any misreporting of the Trust's financial position, or that management had overridden control.

We will provide a further update at the Audit and Risk Committee on 13 June 2022.



## Areas of Audit Focus

### Significant risk

Risk of fraud in revenue and expenditure recognition

#### What is the risk?

Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

In our view, this risk manifests itself within the following elements of the Trust's accounts:

- Prepayments and accrued income
- Accruals and deferred income
- Capital additions

#### What judgements are we focused on?

- Revenue/Expenditure cut-off and accruals/deferrals;
- Agreement of balances; and
- Inappropriate capitalisation of revenue.

#### What did we do?

- Engaged with management to understand the overall financial position, to inform appropriate audit expectations of the year-end income and expenditure position;
- Reviewed and tested revenue and expenditure cut-off at the period end date;
- Reviewed Department of Health and Social Care (DHSC) agreement of balances data and investigated significant differences (outside of DHSC tolerances);
- Reviewed accounting estimates for evidence of management bias; and
- Evaluated the business rationale for significant unusual transactions.
- We focused our testing on manual year-end debtor and creditor accruals and provisions where we believe the risk of management override and/or inappropriate revenue recognition to be greater.
- We tested property, plant and equipment and intangible asset additions using lower testing thresholds to ensure they were appropriately supported by documentary evidence and that the expenditure incurred and capitalised was clearly capital in nature.



## Areas of Audit Focus

### Significant risk (continued)

Risk of fraud in revenue and expenditure recognition (continued)

#### What are our conclusions?

Our testing in this area remains ongoing but to date we note the following:

- We identified material misstatements relating to our work performed on Accrued Expenditure. Several items were recorded in Accrued Expenditure which had been matched against received income. However, evidence that the expenditure had been incurred could not be provided. We currently conclude the expenditure should not be recorded and instead the related income should be recorded as deferred, subject to agreement to evidence. The final figure for the amount of correction has yet to be concluded at this stage but currently stands at £5.6m.
- Our testing of accounting estimates did not identify any evidence of management bias in relation to revenue and expenditure recognition.
- Our cut-off testing to date has confirmed that revenue and expenditure has been recognised in the appropriate period.
- We have not identified any inappropriate capitalisation of expenditure on property, plant and equipment.
- We have no matters to report following completion of the procedures on agreement of balances.

We will provide a further update at the Audit and Risk Committee on 13 June 2022.



## Areas of Audit Focus

### Other financial statement risks

#### Valuation of Land and Buildings

#### What is the risk?

Land and buildings is the most significant balance in the Trust's balance sheet. The valuation of land and buildings is complex and is subject to a number of assumptions and judgements. A small movement in these assumptions can have a material impact on the financial statements including the Trust's charge for depreciation.

#### What judgements are we focused on?

We focused on aspects of the financial statements where management could incorrectly recognise PPE transactions and could use their judgement to distort the valuation to improve their financial position, primarily:

- Assessment of useful lives and residual values as these affect the depreciation charge;
- Journal entries used to process valuation adjustments;
- Classification of assets and the accounting treatment for asset disposals; and
- Assumptions made by the Trust's valuer and whether this is referenced to external evidence.

#### What did we do?

- We reviewed the competency of the valuer by assessing their qualifications, experience and professional reputation;
- We reviewed the relationship of the valuer to the Trust;
- We reviewed the output of the Trust's valuer;
- We reviewed and considered the classification of assets and associated capital expenditure;
- We challenged the assumptions used by the Trust's valuer by reference to external evidence and our EY valuation specialists; and
- We tested the journals for the valuation adjustments to confirm that they have been accurately processed in the financial statements.

#### What are our conclusions?

- PPE valuations work is ongoing, of the 5 assets (land and buildings combined), we have agreed 3 as being within our reasonable range. Our review to date has identified no instances of management bias.
- There has been some delay due to late receipt of a final Fixed Asset Register and associated agreement to the General Ledger, which are required in order for us to agree the asset data has appropriately flowed into the financial statements. While we waited for these items we have tested directly against the valuation report.
- Our review of material journals at period end is ongoing but at this stage we have not identified any instances of management intention to misreport the financial position.
- The valuer had the necessary qualifications and experience to perform the valuation and is independent of the Trust.

We will provide a further update at the Audit and Risk Committee on 13 June 2022.





## Areas of Audit Focus

### Other financial statement risk

#### Going concern (disclosure)

#### What is the risk?

The auditing standard ISA 570 has been revised in response to enforcement cases and well-publicised corporate failures where the auditor's report failed to highlight concerns about the prospects of entities which collapsed shortly after.

While public sector bodies including NHS providers and CCGs are generally considered to be a going concern for the purposes of preparing the financial statements, the NHS body's management need to consider the requirements of IAS 1, the FReM and the GAM determining whether additional disclosures are required.

The Trust will need to undertake its annual going concern assessment to take into account the evolving financial framework for 2022/23, considering the likely changes to funding arrangements set out in the 2022/23 Priorities and Operational Planning Guidance, to demonstrate its liquidity over the future period of its going concern assessment which should extend for at least 12 months from the likely date of our audit report in June 2022.

#### What judgements are we focused on?

- Managements assessment of the going concern assumption.
- Cash flow projections and assumptions regarding future financial planning arrangements.

#### What did we do?

Our challenge was based on our knowledge of the Trust obtained through our audit including;

- a stand back requirement to consider all of the evidence obtained, whether corroborative or contradictory, when we draw our conclusions on going concern; and
- necessary consideration regarding the appropriateness of financial statement disclosures around going concern.

#### What are our conclusions?

The Trust has agreed to update its draft going concern disclosure to provide the reader with more information in Note 1.2 of its own going concern assessment.

The Trust has not identified any material uncertainties in respect of going concern.

We will review the Trust's revised going concern disclosure following receipt of the updated financial statements.



# Areas of Audit Focus



## Other matters

### Prior period adjustments

The draft accounts include two prior year adjustments.

#### 1. Note 2: Operating Segments

Following a review of the operating segments and the associated cost centres in 2021/22, the Trust updated the scope of some operating segments and therefore cost centre mapping was updated accordingly.

#### 2. Note 6: Operating Expenses

Following a review of General Ledger mapping for both the financial statements and the submission for the whole of government accounts (WGA), changes were made in 2021/22 to this mapping in order for the financial statement to more accurately reflect the WGA submission.

The comparative amounts for both notes have been correctly restated to reflect the above matters and appropriate note disclosure of these restatements have also been included in the current year's financial statements.

We have agreed the restated figures to the Trust's working papers, ensuring that the restatements are sufficiently explained in the accounts. We have also been required to undertake internal consultation procedures on both prior period adjustments. The fee impact of this work is noted in Section 9.



## 03 Draft audit report



# Draft audit report

## Our opinion on the financial statements

### Opinion

We have audited the financial statements of Solent NHS Trust for the year ended 31 March 2022 under the Local Audit and Accountability Act 2014 (as amended). The financial statements comprise the Trust's Statement of Comprehensive Income, the Trust Statement of Financial Position, the Trust Statement of Changes in Taxpayers' Equity, the Trust Statement of Cash Flows and the related notes 1 to 43. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, and as interpreted and adapted by the 2021/22 HM Treasury's Financial Reporting Manual (the 2021/22 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2021/22 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

In our opinion the financial statements:

- give a true and fair view of the financial position of Solent NHS Trust as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021 to 2022; and
- have been prepared properly in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and the Accounts Directions issued thereunder.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below.

We are independent of the trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

### Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report.



# Draft audit report

## Our opinion on the financial statements

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Health Services Act 2006

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the Health Services Act 2006 and the Accounts Directions issued thereunder.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the NHS Improvement's guidance; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

In respect of the following, we have matters to report by exception:  
*Referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014*

*We referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.*

*At 31 March 2022, Solent NHS Trust has reported a surplus against its incoming resources for the financial year of £0.118 million in its draft accounts, but has failed to meet the break-even duty over a rolling 3-year period, with a cumulative deficit at 31 March 2022 of £6.3 million.*

*Under Paragraph 2 (1) of Schedule 5 of the 2006 Act, an NHS Trust shall ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to its revenue account.*

Responsibilities of the Directors and Accountable Officer

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to cease operations, or has no realistic alternative but to do so.

As explained in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State and for the arrangements to



# Draft audit report

## Our opinion on the financial statements

secure economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

We understood how Solent NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives

for non-compliance, including inquiring of management, internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes and through enquiry of employees to verify Trust policies, and through the inspection of HR policies and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance through improper recognition of revenue including the risk of management override to be our fraud risk, which manifests itself within Prepayments and Accrued Income, Accruals and Deferred Income, and Capital Additions.

To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Trust's manual year end receivables and payables accruals, challenging assumptions and corroborating the income to appropriate evidence. We tested year-end cut-of arrangements by selecting samples of income and expenditure from either side of the 31 March 2022 balance sheet date and reviewing to supporting evidence to ensure these were recorded in the appropriate financial year. We also tested the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.





# Draft audit report

## Our opinion on the financial statements

To address our fraud risk of management override of controls, we tested specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in December 2021, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 (as amended) requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the accounts of Solent NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the Board of Directors of Solent NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and for no other purpose. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.





# 04 Audit Differences



## Audit Differences

In the normal course of any audit, we identify misstatements between amounts we believe should be recorded in the financial statements and the disclosures and amounts actually recorded. These differences are classified as “known” or “judgemental”. Known differences represent items that can be accurately quantified and relate to a definite set of facts or circumstances. Judgemental differences generally involve estimation and relate to facts or circumstances that are uncertain or open to interpretation.

At the time of writing the report, we await an updated version of the Financial Statements. However, we expect the following items to be corrected in the final audited accounts:

- Accrued Expenditure – several items recorded in Accrued Expenditure which had been matched against received income. However, evidence that the expenditure had been incurred could not be provided. We currently conclude the expenditure should not be recorded and instead the related income should be recorded as deferred, subject to agreement to evidence. The final figure for the amount of correction has yet to be concluded at this stage but currently stands at £5.6m.
- Property, plant and equipment – AUC reclassification to “Buildings excluding dwellings” – It has been identified that an asset held as AUC should have been transferred to land and buildings in year. Testing in this area is ongoing but at this stage currently stands at £2.1m.
- Revenue and Expenditure classification – Following a mapping exercise between the General Ledger (GL) and the Financial Statements, a number of line items in the revenue and expenditure notes were identified as not agreeing back to the GL. Although these errors have a nil impact on the overall financial statements, we have requested an adjustment for these items.
- Annual Report Remuneration Notes – A number of amendments have been requested in relation to the following:
  - Salary Table
  - Pensions Table
  - Exit Packages
  - Fair Pay Disclosure (following the updated reporting requirements in 21/22).

These notes are considered to be material by nature and therefore we have requested amendments to all differences identified

- Prior period restatements – We have requested a more detailed disclosure in the recording of the prior period restatement in order to clarify to the reader of the accounts why the restatement has occurred and which lines have been affected
- A number of immaterial adjustments in the disclosure notes and associated narrative were also requested.

We have identified the following audit difference which we have not requested management to correct:

- Trade and other receivables – overstatement of the provision for impairment of receivables of £363k relating to various NHS bodies. This is consistent with previous years and we accept the Trust’s rationale for not correcting the accounts in that they have taken a prudent approach by recognising these debts as impaired.





05

Value for Money



# Value for money

## The Trust's responsibilities for value for money (VFM)

The Trust is required to maintain an effective system of internal control that supports the achievement of its policies, aims and objectives while safeguarding and securing value for money from the public funds and other resources at its disposal.

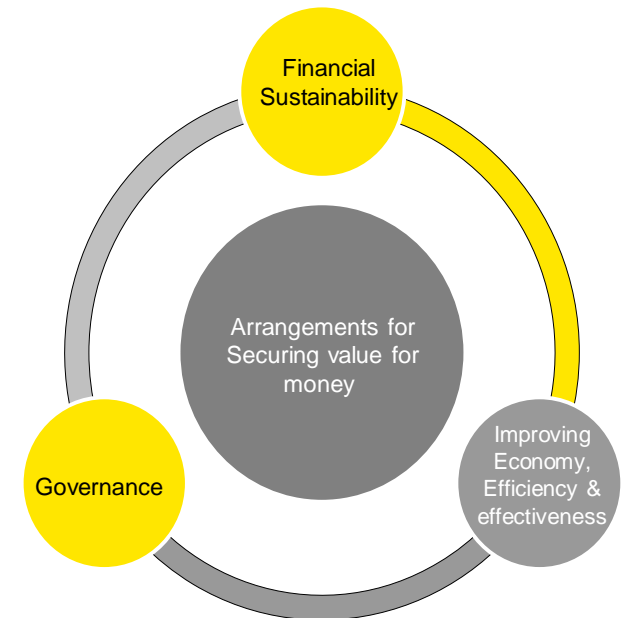
As part of the material published with its financial statements, the Trust is required to bring together commentary on its governance framework and how this has operated during the period in a governance statement. In preparing its governance statement, the Trust tailors the content to reflect its own individual circumstances, consistent with the requirements of the relevant accounting and reporting framework and having regard to any guidance issued in support of that framework. This includes a requirement to provide commentary on its arrangements for securing value for money from their use of resources.

## Risk assessment & Status of our VFM work

We have previously reported to the Trust that our assessment of the risk of significant weaknesses in the Trust's VFM arrangements remains ongoing, but at this stage we have not identified any risks.

At the date of this report we have considered whether the outstanding VFM procedures have an impact on our audit opinion on the financial statements and determined that they do not. We expect to complete our VFM procedures by the time of signing of the opinion.

We will also issue our VFM commentary in the Auditor's Annual Report.





06

Other reporting issues



## Other reporting issues

### Annual Report including Annual Governance Statement

We are required to give an opinion on the consistency of the Annual Report and other information published with the financial statements and the parts of the remuneration report that are required to be audited. We are also required to review the Annual Governance Statement for completeness of disclosures, consistency with other information we are aware of from our work and whether it complies with relevant guidance. In reviewing the Annual Report and other information published with the financial statements we took account of updated guidance issued to bodies in the light of Covid-19. Our work in these areas is ongoing. We will provide an update at the Audit and Risk Committee on 13 June.

### Whole of Government Accounts

Alongside our work on the financial statements, we also report to the Trust on differences, above our reporting tolerance of £300,000, between the Trusts consolidation schedules and the audited financial statements. We also report to the NAO under its group instructions.

We will undertake these procedures at the conclusion of our work on the financial statements. We will provide an update at the Audit and Risk Committee meeting on 13 June.

### Other powers and duties

We also have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Trust or brought to the attention of the public. We did not identify any issues which required us to issue a report in the public interest.

We referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 due to the ongoing cumulative deficit of the Trust. Under Paragraph 2 (1) of Schedule 5 of the 2006 Act, an NHS Trust shall ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to its revenue account.

### Other reporting matters

Significant difficulties encountered during the audit or significant matters, if any, arising from the audit that were discussed with management – *None*  
Other matters if any, significant to the oversight of the financial reporting process, including the strengths and weaknesses of the finance function and the quality of the financial statement preparation process - *None*

Written representations that we are seeking – *Included as Appendix B*

Related parties, external confirmations, use of auditor's external specialists and use of auditor's powers – *None*

Consideration of laws and regulations, including any significant matters involving actual or suspected non-compliance with laws and regulations or articles of association which were identified in the course of the audit, in so far as they are considered to be relevant in order to enable the Audit and Risk Committee to fulfil its tasks – *None*





07

## Assessment of Control Environment





# Assessment of Control Environment

## Financial controls

It is the responsibility of the Trust to develop and implement systems of internal financial control and to put in place proper arrangements to monitor their adequacy and effectiveness in practice. Our responsibility as your auditor is to consider whether the Trust has put adequate arrangements in place to satisfy itself that the systems of internal financial control are both adequate and effective in practice.

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. As we have adopted a fully substantive approach, we have not tested the operation of controls.

Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to you any significant deficiencies in internal control.

We have not identified any significant deficiencies in the design or operation of an internal control that might result in a material misstatement in your financial statements of which you are not aware.

We considered whether circumstances arising from Covid-19 resulted in a change to the overall control environment or effectiveness of internal controls, for example due to significant staff absence or limitations as a result of working remotely. We identified no issues which we wish to bring to your attention.

## Reliance on internal audit

Our review and evaluation of controls is performed in conjunction with Internal Audit to minimise duplication and to rely on their work where appropriate.

Once received, we will review the Internal Audit reports issued to management during the period to 31 March 2022 to ensure that any findings related to financial statement risks identified are considered in determining the extent of our audit procedures.





# 08 Data Analytics



## Data analytics – Journal Entries

### Analytics Driven Audit

#### Data Analytics

We used our data analysers to enable us to capture entire populations of your financial data. These analysers:

- Help identify specific exceptions and anomalies which can then be the focus of our substantive audit tests; and
- Give greater likelihood of identifying errors than traditional, random sampling techniques.

In 2021/22, our use of these analysers in the Trust's audit included gaining a deeper understanding of the data sources which are used in each Significant Class of Transactions and therefore allowing us to tailor our testing accordingly dependant on the nature of the source entries. We tested specific journal entries which we deem to have the highest inherent risk to the audit, including unusual transactions not consistent with the rest of the population.

We capture the data through our formal data requests and the data transfer takes place on a secured EY website. These are in line with our EY data protection policies which are designed to protect the confidentiality, integrity and availability of business and personal information.

Following receipt of the General Ledger analytics data from the Trust, a number of further journals were posted to the GL. As these entries are unable to be included in our analytics data, we have tested these separately.

#### Journal Entry Analysis

We obtain downloads of all of the Trust's financial ledger transactions posted in the year. We perform completeness analysis over the data, reconciling the sum of transactions to the movement in the trial balances and financial statements to ensure we have captured all data. Our analysers then review and sort transactions, allowing us to more effectively identify and test journals that we consider to be higher risk, as identified in our audit planning report.



09

Independence

## Relationships, services and related threats and safeguards

The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY) and your company, and its directors and senior management and its affiliates, including all services provided by us and our network to your company, its directors and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on the our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2021 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.

### Services provided by Ernst & Young

The table below shows a summary of the fees that you have paid to us in the year ended 31 March 2022 in line with the disclosures set out in FRC Ethical Standard and in statute.

We confirm that none of the services provided to the Trust has been provided on a contingent fee basis.

We confirm that we have not undertaken non-audit work in 2021/22.

## Fees

Description	Final Fee 2021/22 £	Planned Fee 2021/22 £	Final Fee 2020/21 £
Statutory Audit Fee	TBC	78,000	74,500
Total non-audit services			

NOTES: We are currently quantifying our final fee for 2021/22 and will share our proposals with the Chief Finance Officer on completion of the audit.

The difference between the Final Fee and the Planned Fee for 2021/22 will be additional time incurred on:

- Audit work in relation to the prior year adjustments and restatements, which included internal consultation.
- Delays in receipt of working papers, including receipt of the final Fixed Asset Register, in relation to Property Plant and Equipment

## Other communications

### EY Transparency Report 2021

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained. Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2021: [EY UK Transparency Report 2021 | EY UK](#)








# 10 Appendices

## Appendix A

# Required communications with the Audit and Risk Committee

There are certain communications that we must provide to the Audit Committees of UK entities. We have detailed these here together with a reference of when and where they were covered:

		 Our Reporting to you
Required communications	 What is reported?	 When and where
Terms of engagement	Confirmation by the audit committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	May 2022 Engagement Letter
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter.	March 2022 Audit Plan
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified. When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.	March 2022 Audit Plan
Significant findings from the audit	<ul style="list-style-type: none"> <li>• Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures</li> <li>• Significant difficulties, if any, encountered during the audit</li> <li>• Significant matters, if any, arising from the audit that were discussed with management</li> <li>• Written representations that we are seeking</li> <li>• Expected modifications to the audit report</li> <li>• Other matters if any, significant to the oversight of the financial reporting process</li> </ul>	June 2022 Audit Results Report







# Appendix A

		Our Reporting to you
Required communications	What is reported?	When and where
	<ul style="list-style-type: none"> <li>About the directors' explanation in the annual report as to how they have assessed the prospects of the entity, over what period they have done so and why they consider that period to be appropriate (in accordance with Code provision 31), and their statements:               <ol style="list-style-type: none"> <li>In the financial statements, as to whether they considered it appropriate to adopt the going concern basis of accounting in preparing them, including any related disclosures identifying any material uncertainties to the entity's ability to continue to do so over a period of at least twelve months from the date of approval of the financial statements (in accordance with Code provision 30); and</li> <li>In the annual report as to whether they have a reasonable expectation that the entity will be able to continue in operation and meet its liabilities as they fall due over the period of the assessment, including any related disclosures drawing attention to any necessary qualifications or assumptions (in accordance with Code provision 31);</li> </ol> </li> <li>Any other matters identified in the course of the audit that we believe will be relevant to the board or the audit committee in the context of fulfilling their responsibilities referred to above.</li> </ul>	June 2022 Audit Results Report
Going concern	<p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> <li>Whether the events or conditions constitute a material uncertainty related to going concern</li> <li>Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements</li> <li>The appropriateness of related disclosures in the financial statements</li> </ul>	June 2022 Audit Results Report
Misstatements	<ul style="list-style-type: none"> <li>Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation</li> <li>The effect of uncorrected misstatements related to prior periods</li> <li>A request that any uncorrected misstatement be corrected</li> <li>Material misstatements corrected by management</li> </ul>	June 2022 Audit Results Report
Subsequent events	<ul style="list-style-type: none"> <li>Enquiry of the audit committee where appropriate regarding whether any subsequent events have occurred that might affect the financial statements.</li> </ul>	June 2022 Audit Results Report - To be confirmed with letter of Representation at Audit and Risk Committee meeting

# Appendix A

		Our Reporting to you
Required communications	What is reported?	When and where
Fraud	<ul style="list-style-type: none"> <li>• Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity</li> <li>• Any fraud that we have identified or information we have obtained that indicates that a fraud may exist</li> <li>• Unless all of those charged with governance are involved in managing the entity, any identified or suspected fraud involving:               <ol style="list-style-type: none"> <li>a. Management;</li> <li>b. Employees who have significant roles in internal control; or</li> <li>c. Others where the fraud results in a material misstatement in the financial statements.</li> </ol> </li> <li>• The nature, timing and extent of audit procedures necessary to complete the audit when fraud involving management is suspected</li> <li>• Any other matters related to fraud, relevant to Audit Committee responsibility.</li> </ul>	June 2022 Audit Results Report
Related parties	<p>Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</p> <ul style="list-style-type: none"> <li>• Non-disclosure by management</li> <li>• Inappropriate authorisation and approval of transactions</li> <li>• Disagreement over disclosures</li> <li>• Non-compliance with laws and regulations</li> <li>• Difficulty in identifying the party that ultimately controls the entity</li> </ul>	June 2022 Audit Results Report
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence.</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> <li>• The principal threats</li> <li>• Safeguards adopted and their effectiveness</li> <li>• An overall assessment of threats and safeguards</li> <li>• Information about the general policies and process within the firm to maintain objectivity and independence</li> </ul>	March 2022 Audit Plan and June 2022 Audit Results Report

# Appendix A

		 Our Reporting to you
Required communications	 What is reported?	  When and where
	Communications whenever significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place.	June 2022 Audit Results Report
External confirmations	<ul style="list-style-type: none"> <li>• Management’s refusal for us to request confirmations</li> <li>• Inability to obtain relevant and reliable audit evidence from other procedures.</li> </ul>	June 2022 Audit Results Report
Consideration of laws and regulations	<ul style="list-style-type: none"> <li>• Subject to compliance with applicable regulations, matters involving identified or suspected non-compliance with laws and regulations, other than those which are clearly inconsequential and the implications thereof. Instances of suspected non-compliance may also include those that are brought to our attention that are expected to occur imminently or for which there is reason to believe that they may occur</li> <li>• Enquiry of the audit committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the audit committee may be aware of</li> </ul>	June 2022 Audit Results Report
Significant deficiencies in internal controls identified during the audit	<ul style="list-style-type: none"> <li>• Significant deficiencies in internal controls identified during the audit.</li> </ul>	June 2022 Audit Results Report
Written representations we are requesting from management and/or those charged with governance	<ul style="list-style-type: none"> <li>• Written representations we are requesting from management and/or those charged with governance</li> </ul>	June 2022 Audit Results Report
Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	<ul style="list-style-type: none"> <li>• Material inconsistencies or misstatements of fact identified in other information which management has refused to revise</li> </ul>	June 2022 Audit Results Report
Auditors report	<ul style="list-style-type: none"> <li>• Any circumstances identified that affect the form and content of our auditor’s report</li> </ul>	June 2022 Audit Results Report

# Management representation letter

## Management Rep Letter

*[To be prepared on the entity's letterhead]*

*[Date]*

Kevin Suter  
Ernst & Young LLP  
Grosvenor House  
Grosvenor Square  
Southampton  
SO15 2BE

This letter of representations is provided in connection with your audit of the financial statements of Solent NHS Trust ("the Trust") for the year ended 31 March 2022. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the financial statements give a true and fair view of the financial position of Solent NHS Trust as of 31 March 2022 and of its financial performance and its cash flows for the year then ended in accordance with the Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).

We understand that the purpose of your audit of our financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing (UK), which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

### A. Financial Statements and Financial Records

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 4 May 2022, for the preparation of the financial statements in accordance with the Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).
2. We acknowledge, as members of management of the Trust, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance and cash flows of the Trust in accordance with the Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), and are free of material misstatements, including omissions. We have approved the financial statements.
3. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.
4. As members of management of the Trust, we believe that the Trust has a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with the Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM) that are free from material misstatement, whether due to fraud or error. We have disclosed to you any significant changes in our processes, controls, policies and procedures that we have made to address the effects of the COVID-19 pandemic and the effects of the conflict and related sanctions in Ukraine, Russia and/or Belarus on our system of internal controls.

# Management representation letter

## Management Rep Letter

5. We believe that the effects of any unadjusted audit differences, summarised in the accompanying schedule, accumulated by you during the current audit and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. We have not corrected these differences identified and brought to our attention by the auditor because **[specify reasons for not correcting misstatement]**.

### B. Non-compliance with law and regulations, including fraud

1. We acknowledge that we are responsible for determining that the Trust's activities are conducted in accordance with laws and regulations and that we are responsible for identifying and addressing any non-compliance with applicable laws and regulations, including fraud.
2. We acknowledge that we are responsible for the design, implementation and maintenance of internal controls to prevent and detect fraud.
3. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
4. We have no knowledge of any identified or suspected non-compliance with laws or regulations, including fraud that may have affected the Trust's (regardless of the source or form and including without limitation, any allegations by "whistleblowers"), including non-compliance matters:
  - involving financial improprieties;
  - related to laws and regulations that have a direct effect on the determination of material amounts and disclosures in the Trust's financial statements;

- related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the Trust's activities, its ability to continue to operate, or to avoid material penalties;
- involving management, or employees who have significant roles in internal controls, or others; or
- in relation to any allegations of fraud, suspected fraud or other non-compliance with laws and regulations communicated by employees, former employees, analysts, regulators or others.

### C. Information Provided and Completeness of Information and Transactions

1. We have provided you with:
  - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
  - Additional information that you have requested from us for the purpose of the audit; and
  - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
2. All material transactions have been recorded in the accounting records and all material transactions, events and conditions are reflected in the financial statements, including those related to the COVID-19 pandemic and including those related to the conflict and related sanctions in Ukraine, Russia and/or Belarus.
3. We have made available to you all minutes of the meetings of the Board, and committees (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the year to the most recent meeting on the following date: **[list date]**.

# Management representation letter

## Management Rep Letter

4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.

5. We believe that the methods, significant assumptions and the data we used in making accounting estimates and related disclosures are appropriate and consistently applied to achieve recognition, measurement and disclosure that is in accordance with the Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).

6. We have disclosed to you, and the Trust has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

7. From 14 June 2021 (the date of our last management representation letter) through the date of this letter we have disclosed to you any unauthorized access to our information technology systems that either occurred or to the best of our knowledge is reasonably likely to have occurred based on our investigation, including of reports submitted to us by third parties (including regulatory agencies, law enforcement agencies and security consultants), to the extent that such unauthorized access to our information technology systems is reasonably likely to have a material impact to the financial statements, in each or in the aggregate, and ransomware attacks when we paid or are contemplating paying a ransom, regardless of amount.

## D. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
3. We have recorded and/or disclosed, as appropriate, all liabilities related to litigation and claims, both actual and contingent, and have disclosed in the financial statements all guarantees that we have given to third parties.

## E. Going Concern

1. Note 1.2 to the financial statements discloses all the matters of which we are aware that are relevant to the Trust's ability to continue as a going concern, including significant conditions and events, our plans for future action, and the feasibility of those plans.

## F. Subsequent Events

1. Other than those events described in **Note XX** to the financial statements, there have been no events, including events related to the COVID-19 pandemic, and including events related to the conflict and related sanctions in Ukraine, Russia and/or Belarus, subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.

# Management representation letter

## Management Rep Letter

### G. Agreement of Balances and key judgments

1. We have disclosed to you details of all transactions and judgments we have made on income and expenditure, payable and receivable balances with counter-parties irrespective of whether or not they have been included in the 2021/22 Agreement of Balances Exercise.
2. We have agreed balances, disputes and claims with all NHS bodies via the Agreement of Balances process and where not agreed, we have reported the matter to you.
3. We have disclosed to you all of the risks and judgments we have made in arriving at the Trust's reported financial outturn for financial year ended 31 March 2022.

### H. Other information

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises financial and non-financial information (other than the financial statements and the auditor's report thereon) included in the Trust's Annual Report.
2. We confirm that the content contained within the other information is consistent with the financial statements.

### I. Segmental reporting

1. We have reviewed the operating segments reported internally to the Board and we are satisfied that it is appropriate to aggregate these as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:

- The nature of the products and services
- The nature of the production processes
- The type or class of customer for their products and services
- The methods used to distribute their products

### J. Climate-related matters

1. We confirm that to the best of our knowledge all information that is relevant to the recognition, measurement, presentation and disclosure of climate-related matters has been considered and reflected in the financial statements.
2. The key assumptions used in preparing the financial statements are, to the extent allowable under the requirements of Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), aligned with the statements we have made in the other information or other public communications made by us (see section H).

### K. Comparative information – corresponding financial information

1. Note 2: Operating Segments - Following a review of the cost centres which are assigned to each operating segment, several changes were made to transfer cost centres to other operating segments in 2021/22.
2. Note 6: Operating Expenses – Following a review of General Ledger mapping for both the financial statements and the submission for the whole of government accounts (WGA), changes were made in 2021/22 to this mapping in order for the financial statement to more accurately reflect the WGA submission.
3. The comparative amounts for both notes have been correctly restated to reflect the above matters and appropriate note disclosure of these restatements have also been included in the current year's financial statements.



# Management representation letter

## Management Rep Letter

### L. Use of the Work of a Specialist

1. We agree with the findings of the specialists that we engaged to evaluate the valuation of Property, Plant and Equipment and have adequately considered the qualifications of the specialists in determining the amounts and disclosures included in the financial statements and the underlying accounting records. We did not give or cause any instructions to be given to the specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an effect on the independence or objectivity of the specialists.

### M. Estimates

#### Valuation of Land and Buildings

1. We confirm that the significant judgments made in making the estimate of the valuation of land and buildings have taken into account all relevant information and the effects of the COVID-19 pandemic on the valuation of land and buildings of which we are aware.
2. We believe that the selection or application of the methods, assumptions and data used by us have been consistently and appropriately applied or used in making the estimate of the valuation of land and buildings.
3. We confirm that the significant assumptions used in making the estimate of the valuation of land and buildings appropriately reflect our intent and ability to carry out the specific courses of action on behalf of the entity.

4. We confirm that the disclosures made in the financial statements with respect to the accounting estimate, including those describing estimation uncertainty and the effects of the COVID-19 pandemic on the valuation of land and buildings, are complete and are reasonable in the context of the Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).
5. We confirm that appropriate specialized skills or expertise has been applied in making the estimate of the valuation of land and buildings.
6. We confirm that no adjustments are required to the accounting estimate and disclosures in the financial statements, in addition to the ones already made during the audit, including due to the COVID-19 pandemic.

Yours faithfully,

---

(Chief Finance Officer)

---

(Chair of the Audit and Risk Committee)

EY | Assurance | Tax | Transactions | Advisory

#### About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. For more information about our organization, please visit [ey.com](http://ey.com).

© 2021 EYGM Limited.  
All Rights Reserved.

ED None

This material has been prepared for general informational purposes only and is not intended to be relied upon as accounting, tax, or other professional advice. Please refer to your advisors for specific advice.

[ey.com](http://ey.com)

Solent NHS Trust

Annual accounts for the year ended 31 March 2022

## Statement of Comprehensive Income

		2021/22	2020/21
	Note	£000	£000
Operating income from patient care activities	4	227,989	202,946
Other operating income	5	30,108	35,631
Operating expenses	6, 8	<u>(255,332)</u>	<u>(235,549)</u>
<b>Operating surplus from continuing operations</b>		<b><u>2,765</u></b>	<b><u>3,028</u></b>
Finance income	11	20	3
PDC dividends payable		<u>(2,437)</u>	<u>(2,080)</u>
<b>Net finance costs</b>		<b><u>(2,417)</u></b>	<b><u>(2,077)</u></b>
Other gains / (losses)	13	<u>(12)</u>	<u>6</u>
<b>Surplus for the year from continuing operations</b>		<b><u>336</u></b>	<b><u>957</u></b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	-	(1,428)
Revaluations	17	<u>4,667</u>	<u>244</u>
<b>Total comprehensive income / (expense) for the period</b>		<b><u>5,003</u></b>	<b><u>(227)</u></b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		336	957
Remove net impairments not scoring to the Departmental expenditure limit		(136)	(364)
Remove I&E impact of capital grants and donations		(133)	(502)
Prior period adjustments		<u>-</u>	<u>(3)</u>
<b>Adjusted financial performance surplus</b>		<b><u>67</u></b>	<b><u>88</u></b>

## Statement of Financial Position

		31 March 2022	31 March 2021
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	14	2,928	3,293
Property, plant and equipment	15	108,340	99,327
Receivables	21	-	207
<b>Total non-current assets</b>		<b>111,268</b>	<b>102,827</b>
<b>Current assets</b>			
Inventories	20	281	291
Receivables	21	13,856	13,209
Cash and cash equivalents	23	36,832	36,356
<b>Total current assets</b>		<b>50,969</b>	<b>49,856</b>
<b>Current liabilities</b>			
Trade and other payables	24	(39,127)	(35,512)
Other liabilities	25	(10,210)	(11,963)
<b>Total current liabilities</b>		<b>(49,337)</b>	<b>(47,475)</b>
<b>Total assets less current liabilities</b>		<b>112,900</b>	<b>105,208</b>
<b>Non-current liabilities</b>			
Other liabilities	25	(147)	(128)
<b>Total non-current liabilities</b>		<b>(147)</b>	<b>(128)</b>
<b>Total assets employed</b>		<b>112,753</b>	<b>105,080</b>
<b>Financed by</b>			
Public dividend capital		35,545	32,875
Revaluation reserve		9,601	5,080
Income and expenditure reserve		67,607	67,125
<b>Total taxpayers' equity</b>		<b>112,753</b>	<b>105,080</b>

The notes on pages 5 to 32 form part of these accounts.

Name	Andrew Strevens
Position	Chief Executive Officer
Date	13 June 2022

**Statement of Changes in Equity for the year ended 31 March 2022**

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2021 - brought forward</b>	<b>32,875</b>	<b>5,080</b>	<b>67,125</b>	<b>105,080</b>
Surplus for the year	-	-	336	336
Other transfers between reserves	-	(146)	146	-
Revaluations	-	4,667	-	4,667
Public dividend capital received	2,670	-	-	2,670
<b>Taxpayers' and others' equity at 31 March 2022</b>	<b>35,545</b>	<b>9,601</b>	<b>67,607</b>	<b>112,753</b>

**Statement of Changes in Equity for the year ended 31 March 2021**

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2020 - brought forward</b>	<b>17,445</b>	<b>6,441</b>	<b>65,991</b>	<b>89,877</b>
Surplus for the year	-	-	957	957
Other transfers between reserves	-	(177)	177	-
Impairments	-	(1,428)	-	(1,428)
Revaluations	-	244	-	244
Public dividend capital received	15,430	-	-	15,430
<b>Taxpayers' and others' equity at 31 March 2021</b>	<b>32,875</b>	<b>5,080</b>	<b>67,125</b>	<b>105,080</b>

**Information on reserves****Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

**Revaluation reserve**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

**Income and expenditure reserve**

The balance of this reserve is the accumulated surpluses and deficits of the trust.

## Statement of Cash Flows

	2021/22	2020/21
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit)	2,765	3,028
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	6 4,577	3,723
Net impairments	7 (136)	(364)
Income recognised in respect of capital donations	5 (270)	(603)
(Increase) / decrease in receivables and other assets	(780)	3,628
(Increase) / decrease in inventories	10	1
Increase / (decrease) in payables and other liabilities	945	16,469
<b>Net cash flows from / (used in) operating activities</b>	<b>7,111</b>	<b>25,882</b>
<b>Cash flows from investing activities</b>		
Interest received	20	3
Purchase of intangible assets	(357)	(1,876)
Purchase of PPE and investment property	(7,292)	(7,235)
Sales of PPE and investment property	-	6
Receipt of cash donations to purchase assets	270	603
<b>Net cash flows from / (used in) investing activities</b>	<b>(7,359)</b>	<b>(8,499)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	2,670	15,430
Movement on loans from DHSC	-	(9,109)
Capital element of finance lease rental payments	-	(50)
Interest on loans	-	(22)
PDC dividend (paid) / refunded	(1,946)	(2,448)
<b>Net cash flows from / (used in) financing activities</b>	<b>724</b>	<b>3,801</b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b>476</b>	<b>21,184</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b>36,356</b>	<b>15,172</b>
<b>Cash and cash equivalents at 31 March</b>	<b>36,832</b>	<b>36,356</b>



## Notes to the Accounts

### Note 1 Accounting policies and other information

#### Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

This year the Trust exceeded its financial target and achieved a £67k surplus. Income from Commissioners was largely based on the simplified block payments system introduced in 2020-21 in response to the COVID-19 pandemic, which improved liquidity and cash flow during the year. Additional costs due to the pandemic were supported on a block payment basis, and vaccine centres were supported on an actual cost reimbursement basis for the year.

For 2022/23 the current financial funding arrangements will remain in place and the Trust has produced its financial plan based on these assumptions. National guidance for 2022/23 has been published, and the Trust expects funding levels will be maintained throughout 2022/23. The Trust and NHSE&I have a clear understanding of the financial position of the Trust and the position is well recognised and understood, following planning discussions and submission of the 2022/23 planning return.

The Trust has prepared a cash forecast modelled on the expectation of funding covering the period to the end of June 2023. The cash balance as at March 2022 is £37m and is forecast to be £19.1m at the end of June 2023. The cash forecast shows sufficient liquidity for the Trust to continue to operate. Interim support can be accessed by NHS Providers through the DHSC, however the Trust does not foresee this being required.

These factors, and the anticipated future provision of services in the public sector, support the adoption of the going concern basis to the 30th June 2023.

#### Note 1.3 Acquisitions and discontinued Operations

Activities are considered to be 'acquired' only if they are taken on from outside the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

#### Note 1.4 Charitable Funds

Under the provisions of IAS27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact.

As the corporate Trustee of Solent NHS Charity, the Trust has the power to exercise control. However the transactions of the charity are immaterial and have not been consolidated. Details of the transactions with the charity are included in Note 39 Related parties.

### **Note 1.5 Revenue from contracts with customers**

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Income relating to patient treatment plans that are part-completed at the year end are apportioned across the financial years on the basis of percentage of treatment completed at the end of the reporting period compared to expected total treatment planned.

Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

### **Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Integrated Care System level. For 2021/22 these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

### **Revenue from research contracts**

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

### **NHS injury cost recovery scheme**

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit.

### **Note 1.6 Other forms of income**

#### **Grants and donations**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

### **Apprenticeship service income**

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

### **Note 1.7 Expenditure on employee benefits**

#### **Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

#### **Pension costs**

##### *NHS Pension Scheme*

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

### **Note 1.8 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

### **Note 1.9 Discontinued operations**

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

### **Note 1.10 Property, plant and equipment**

#### **Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

#### *Subsequent expenditure*

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

## Measurement

### *Valuation*

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

### *Depreciation and amortisation*

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, on a straight line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets in the course of construction are not depreciated until the asset is brought into use.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

### *Revaluation gains and losses*

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### *Impairments*

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

At each financial year-end, the Trust checks whether there is any indication that its property, plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

### **De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition and management are committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their existing carrying amount and fair value less costs to sell.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### **Donated and grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

## **Note 1.11 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably and where the cost is at least £5,000.

#### *Internally generated intangible assets*

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

#### *Software*

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

### **Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Where no intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

#### *Amortisation*

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

## **Note 1.12 Private Finance Initiative (PFI) Transactions**

The Trust has no PFI transactions.

## **Note 1.13 Inventories**

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

## **Note 1.14 Investment properties**

The Trust has no investment properties.

### **Note 1.15 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

### **Note 1.16 Financial assets and financial liabilities**

#### **Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. In the case of trade receivables, when the goods or services have been delivered and in the case of trade payables, when the goods or services have been received. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

#### **Classification and measurement**

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases.

Loans from the Department of Health and Social Care are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

#### **Financial assets and financial liabilities at amortised cost**

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

#### **Financial assets measured at fair value through other comprehensive income**

The Trust has no financial assets at fair value through other comprehensive income.

#### **Financial assets and financial liabilities at fair value through income and expenditure**

The Trust has no financial assets or liabilities at fair value through income and expenditure.

#### **Impairment of financial assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.



The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Allowances for trade receivables and lease receivables are calculated at the Expected Credit Loss on day 1. This approach means the provision is calculated as the percentage risk that the debtor will not pay, multiplied by the best estimate of how much will not be paid. From historical data the number of days from invoice date to payment date and non-payments is converted to a percentage of total invoices raised for a period (month). The historical default rate is then applied to all invoices raised and as they age resulting in the amortised cost. A review of aged debt is then carried out and, where a debt is not fully provided for, a judgment is made based on internal knowledge which may result in the debt being provided for in full.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

### **Derecognition**

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### **Note 1.17 Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

#### **The Trust as a lessee**

##### *Finance leases*

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability is recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

##### *Operating leases*

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

##### *Leases of land and buildings*

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

#### **The Trust as a lessor**

##### *Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

##### *Operating leases*

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

### **Note 1.18 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022.

### **Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note Note 28.1 Provisions for liabilities and charges analysis but is not recognised in the Trust's accounts.

### **Non-clinical risk pooling**

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

### **Note 1.19 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note Note 29 Contingent assets and liabilities, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

### **Note 1.20 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

- (i) donated and grant funded assets,
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility,
- (iii) any PDC dividend balance receivable or payable, and
- (iv) PDC funded assets purchased in response to Covid-19.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

#### **Note 1.21 Value added tax**

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

#### **Note 1.23 Climate change levy**

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

#### **Note 1.24 Foreign exchange**

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

#### **Note 1.25 Third party assets**

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

#### **Note 1.26 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

#### **Note 1.27 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

#### **Note 1.28 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been adopted early in 2021/22.

#### **Note 1.29 Standards, amendments and interpretations in issue but not yet effective or adopted**

##### **IFRS 16 Leases**

IFRS 16 Leases will replace *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	<b>£000</b>
<b>Estimated impact on 1 April 2022 statement of financial position</b>	
Additional right of use assets recognised for existing operating leases	44,266
<b>Net impact on net assets on 1 April 2022</b>	<b>44,266</b>
<b>Estimated in-year impact in 2022/23</b>	
Additional depreciation on right of use assets	(6,451)
Additional finance costs on lease liabilities	(424)
Lease rentals no longer charged to operating expenditure	6,384
<b>Estimated impact on surplus / deficit in 2022/23</b>	<b>(491)</b>
<b>Estimated increase in capital additions for new leases commencing in 2022/23</b>	<b>3,540</b>

#### **Note 1.30 Critical judgements in applying accounting policies**

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods. Any Critical judgements made are detailed in the relevant accounting policy.

#### **Note 1.31 Sources of estimation uncertainty**

Other than the valuation of non current assets the Trust has made no assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, which may cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

**Note 2 Operating Segments**

In 2021/22 Trust activity was organised into eight service lines. Details of the eight service line are as follows;

<b>Mental Health Services</b>	Inpatient and Community Mental Health and Substance Misuse services for people who require specialist assessment, care and treatment by a dedicated multidisciplinary team, learning disabilities.
<b>Adults Portsmouth</b>	Specialist Palliative Care, Rehab and re-ablement, community nursing, end of life and continuing healthcare inpatient unit, elderly frail inpatient unit, occupational therapy, physiotherapy, speech and language therapy, pulmonary rehab and home oxygen, care home support, heart failure, admission avoidance and supported discharge services.
<b>Children's East</b>	Children's nursing, child and adolescent mental health, health visiting, paediatric medical, paediatric therapies and school nursing.
<b>Children's West</b>	Children's nursing, child and adolescent mental health, health visiting, paediatric medical, paediatric therapies and school nursing.
<b>Adults Southampton</b>	Neuro rehab services, rehab and re-ablement, community nursing, neuro inpatient unit, elderly frail inpatient unit, occupational therapy, physiotherapy, speech and language therapy, care home support, heart failure, admission avoidance, stoma care and supported discharge services.
<b>Primary Care &amp; LTC</b>	TB, homeless healthcare, GP services, pain, rheumatology, physiotherapy, specialist physiotherapy, long COVID, translation and interpretation services and podiatry.
<b>Sexual Health Services</b>	Gum, reproductive health, HIV outpatient services, sexual health promotion, termination of pregnancies, vasectomy services, sexual assault referral centre.
<b>Dental</b>	Specialist dental care, GA's, Prisons and Oral Health.

Each service has its own senior management team. The Chief Operating Decision Maker (CODM) of the Trust is the Trust Board which is required to approve the budget and all major operating decisions. The monthly performance report to the CODM reports the performance of each services operating contribution towards infrastructure and overhead costs against approved budgets. The financial information below is consistent with the monthly reporting.

	2021/22			
	Revenue	Employee Benefits	Other Operating Costs	Operating surplus / (deficit)
	£000s	£000s	£000s	£000s
Mental Health Services	3,473	(23,648)	(4,272)	(24,447)
Adults Portsmouth	1,629	(18,082)	(2,019)	(18,471)
Children's East	7,717	(17,183)	(920)	(10,386)
Children's West	8,752	(20,233)	(1,460)	(12,941)
Adults Southampton	2,272	(22,411)	(2,554)	(22,692)
Primary Care & LTC	5,376	(13,896)	(3,624)	(12,143)
Sexual Health Services	19,254	(8,388)	(14,062)	(3,196)
Dental	688	(7,444)	(1,670)	(8,426)
<b>Total Services</b>	<b>49,161</b>	<b>(131,284)</b>	<b>(30,580)</b>	<b>(112,703)</b>
Infrastructure	3,769	(9,772)	(31,256)	(37,259)
Corporate Costs*	197,721	(28,299)	(7,591)	161,832
COVID & Vaccine centres	9,048	(9,514)	(4,178)	(4,644)
Depreciation, amortisation, impairment & financing	0	0	(6,889)	(6,889)
<b>Operating surplus/(deficit)</b>	<b>259,700</b>	<b>(178,869)</b>	<b>(80,494)</b>	<b>337</b>
	2020/21 restated			
	Revenue	Employee Benefits	Other Operating Costs	Operating surplus / (deficit)
	£000s	£000s	£000s	£000s
Mental Health Services	524	(20,659)	(2,906)	(23,041)
Adults Portsmouth	(522)	(16,509)	(1,141)	(18,172)
Children's East	6,393	(14,184)	(1,117)	(8,908)
Children's West	7,113	(17,791)	(2,060)	(12,738)
Adults Southampton	1,502	(21,478)	(2,745)	(22,721)
Primary Care & LTC	831	(11,859)	(1,604)	(12,632)
Sexual Health Services	16,247	(8,115)	(13,133)	(5,001)
Dental	305	(6,696)	(1,659)	(8,050)
<b>Total Services</b>	<b>32,393</b>	<b>(117,291)</b>	<b>(26,365)</b>	<b>(111,263)</b>
Infrastructure	3,990	(8,320)	(26,681)	(31,011)
Corporate Costs*	191,323	(25,114)	(12,674)	153,535
COVID & Vaccine centres	10,874	(5,339)	(10,405)	(4,870)
Depreciation, amortisation, impairment & financing	0	0	(5,434)	(5,434)
<b>Operating surplus/(deficit)</b>	<b>238,580</b>	<b>(156,064)</b>	<b>(81,559)</b>	<b>957</b>

2020/21 figures have been restated reflecting the current service line reporting hierarchy. The impact of the cost centre changes to the Operating segments affects Children's East and West and Adults Portsmouth and Southampton.

The prior year operating segment note reported £1.2m non-pay against corporate non-pay costs which is now reported within Primary Care.

The prior year operating segment note was mis-stated and did not agree to the Statement of Comprehensive Income. The £316k operating surplus reported in 2020/21 has been corrected to £957k. This was due to a correction to depreciation.

\*Revenue and employee benefits within corporate costs have been grossed up to include the additional employer pension contributions of £7,220k, paid by NHS England on the Trust's behalf in 2021/22. The comparative figure for 2020/21 was £6,365k.

**Note 3 Income generation activities**

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. None of the activities which generate income had full costs which exceeded £1m.

**Note 4 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5.

<b>Note 4.1 Income from patient care activities (by nature)</b>	<b>2021/22</b>	<b>2020/21</b>
	<b>£000</b>	<b>£000</b>
<b>Mental health services</b>		
Block contract / system envelope income	38,867	36,723
<b>Community services</b>		
Block contract / system envelope income	156,799	135,378
Income from other sources (e.g. local authorities)	24,737	24,295
<b>All services</b>		
Private patient income	145	-
Elective recovery fund	60	-
Additional pension contribution central funding*	7,220	6,365
Other clinical income	161	185
<b>Total income from activities</b>	<b>227,989</b>	<b>202,946</b>

\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Other clinical income includes DWP injury compensation scheme income and Dental patient income for those patients who are not exempt from free NHS dental care.

**Note 4.2 Income from patient care activities (by source)**

	<b>2021/22</b>	<b>2020/21</b>
	<b>£000</b>	<b>£000</b>
<b>Income from patient care activities received from:</b>		
NHS England	29,541	31,176
Clinical commissioning groups	173,382	147,205
Other NHS providers	17	86
NHS other	2	-
Local authorities	24,737	24,295
Non-NHS: private patients	145	57
Injury cost recovery scheme	14	65
Non NHS: other	151	62
<b>Total income from activities</b>	<b>227,989</b>	<b>202,946</b>
<b>Of which:</b>		
Related to continuing operations	227,989	202,946

**Note 5 Other operating income**

	<b>2021/22</b>			<b>2020/21</b>		
	<b>income</b>	<b>contract</b>	<b>Total</b>	<b>income</b>	<b>contract</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Research and development	2,577	-	2,577	2,269	-	2,269
Education and training	6,612	638	7,250	6,660	544	7,204
Non-patient care services to other bodies	1,145		1,145	3,061		3,061
Reimbursement and top up funding	8,608		8,608	14,230		14,230
Income in respect of employee benefits accounted on a gross basis	282		282	-		-
Receipt of capital grants and donations		270	270		603	603
Charitable and other contributions to expenditure		400	400		2,487	2,487
Rental revenue from operating leases		1,191	1,191		1,141	1,141
Other income	8,385	-	8,385	4,636	-	4,636
<b>Total other operating income</b>	<b>27,609</b>	<b>2,499</b>	<b>30,108</b>	<b>30,856</b>	<b>4,775</b>	<b>35,631</b>
<b>Of which:</b>						
Related to continuing operations			30,108			35,631

Other contributions to expenditure is the centrally provided PPE consumables notional income. Other contract income includes mental health grants catering income, property rentals, seconded staff, occupational health income and pharmacy sales.

**Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period**

	<b>2021/22</b>	<b>2020/21</b>
	<b>£000</b>	<b>£000</b>
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end.	7,884	2,181



**Note 6 Operating expenses**

	<b>2021/22</b>	<b>2020/21</b>
	<b>£000</b>	<b>restated £000</b>
Purchase of healthcare from NHS and DHSC bodies	3,665	3,868
Purchase of healthcare from non-NHS and non-DHSC bodies	2,552	2,277
Staff and executive directors costs	178,619	156,064
Remuneration of non-executive directors	118	105
Supplies and services - clinical (excluding drugs costs)	10,407	14,544
Supplies and services - general	2,306	3,270
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	9,341	8,476
Consultancy costs	69	552
Establishment	4,036	3,771
Premises	21,954	23,305
Transport (including patient travel)	2,397	2,087
Depreciation on property, plant and equipment	3,855	3,092
Amortisation on intangible assets	722	531
Net impairments	(136)	(364)
Movement in credit loss allowance: contract receivables / contract assets	241	(12)
Fees payable to the external auditor		
audit services- statutory audit	116	77
Internal audit costs	95	61
Clinical negligence	805	575
Legal fees	153	168
Insurance	11	5
Research and development	1,705	1,479
Education and training	1,088	3,527
Rentals under operating leases	6,045	4,424
Early retirements	38	-
Redundancy	156	-
Car parking & security	15	532
Hospitality	5	3
Losses, ex gratia & special payments	6	27
Other services, eg external payroll	1,878	1,297
Other	3,070	1,808
<b>Total</b>	<b>255,332</b>	<b>235,549</b>
<b>Of which:</b>		
Related to continuing operations	255,332	235,549

2021-22 Other services eg external payroll includes, building design and architectural costs, and facilities management advise.

2021-22 Other expenditure includes external contractor costs including costs to produce outline business case and VAT partial exemption liability.

**Expenses relating to the COVID pandemic response that are included in the table above.**

	<b>2021/22</b>	<b>2020/21</b>
	<b>£000</b>	<b>£000</b>
COVID response		
Staff costs	2,393	3,688
Other Expenditure	2,691	8,807
Vaccination Centres		
Staff costs	7,121	1,651
Other Expenditure	1,487	1,598
	<b>13,692</b>	<b>15,744</b>

Other expenditure includes IT costs to support remote working, security and premise costs.

Operating expenses 2020/21 have been restated as further analysis work has been carried out following review of the categorisation of the Trusts' chart of accounts. The impact is shown below:

	<b>2020/21</b>	<b>2020/21</b>	<b>2020/21</b>
	<b>Prior Year</b>	<b>Adjusted</b>	<b>restated</b>
Supplies and services - general	3,247	23	3,270
Establishment	5,200	(1,429)	3,771
Premises	23,623	(318)	23,305
Transport (including patient travel)	891	1,196	2,087
Depreciation on property, plant and equipment	3,189	(97)	3,092
Amortisation on intangible assets	534	(3)	531
Movement in credit loss allowance: contract receivables / contract assets	(11)	(1)	(12)
Clinical negligence	648	(73)	575
Education and training	4,072	(545)	3,527
Rentals under operating leases	4,920	(496)	4,424
Losses, ex gratia & special payments	22	5	27
Other services, eg external payroll	0	1,298	1,298
Other	1,368	440	1,808
	<b>47,703</b>	<b>0</b>	<b>47,703</b>

**Note 6.1 Other auditor remuneration**

The Trust has no other auditor remuneration.

**Note 6.2 Limitation on auditor's liability**

The limitation on auditor's liability for external audit work is £2 million (2020/21: £2 million).

**Note 7 Impairment of assets**

	<b>2021/22</b>	<b>2020/21</b>
	<b>£000</b>	<b>£000</b>
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	(136)	(364)
<b>Total net impairments charged to operating surplus / deficit</b>	<b>(136)</b>	<b>(364)</b>
Impairments charged to the revaluation reserve	-	1,428
<b>Total net impairments</b>	<b>(136)</b>	<b>1,064</b>

No impairment on donated assets included above.

**Note 8 Employee benefits**

	<b>2021/22</b>	<b>2020/21</b>
	<b>Total</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
Salaries and wages	134,785	118,203
Social security costs	12,710	10,852
Apprenticeship levy	638	544
Employer's contributions to NHS pensions	23,760	21,027
Pension cost - other	40	52
Temporary staff (including agency)	7,349	5,783
<b>Total staff costs</b>	<b>179,282</b>	<b>156,461</b>
<b>Of which</b>		
Costs capitalised as part of assets	469	398

**Note 8.1 Retirements due to ill-health**

During 2021/22 there were no early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is 0k (£42k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

## **Note 9 Pension costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as at 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

Employees that are not eligible to join the NHS Pensions Schemes can join the National Employment Savings Scheme (NEST). NEST is a defined contribution workplace pension scheme and the expense is recognised in the SOCI. The expenditure recognised in SOCI for the financial year to 31 March 2022 was £40k (financial year to 31 March 2021 £52k).

**Note 10 Operating leases**

The Trust occupies properties using operating lease arrangements with NHS and non NHS organisations.

**Note 10.1 Solent NHS Trust as a lessor**

This note discloses income generated in operating lease agreements where Solent NHS Trust is the lessor.

	2021/22	2020/21
	£000	£000
<b>Operating lease revenue</b>		
Minimum lease receipts	1,191	1,141
<b>Total</b>	<u>1,191</u>	<u>1,141</u>
	<b>31 March</b>	<b>31 March</b>
	<b>2022</b>	<b>2021</b>
	£000	£000
<b>Future minimum lease receipts due:</b>		
- not later than one year;	1,236	1,121
- later than one year and not later than five years;	2,101	1,414
- later than five years.	4,842	1,249
<b>Total</b>	<u>8,179</u>	<u>3,785</u>

**Note 10.2 Solent NHS Trust as a lessee**

This note discloses costs and commitments incurred in operating lease arrangements where Solent NHS Trust is the lessee.

	2021/22	2020/21
	£000	£000
<b>Operating lease expense</b>		
Minimum lease payments	6,045	4,920
<b>Total</b>	<u>6,045</u>	<u>4,920</u>
	<b>31 March</b>	<b>31 March</b>
	<b>2022</b>	<b>2021</b>
	£000	£000
<b>Future minimum lease payments due:</b>		
- not later than one year;	6,460	6,080
- later than one year and not later than five years;	10,439	8,551
- later than five years.	15,159	15,027
<b>Total</b>	<u>32,058</u>	<u>29,658</u>

**Note 11 Finance income**

Finance income represents interest received on assets and investments in the period.

	2021/22	2020/21
	£000	£000
Interest on bank accounts	20	3
<b>Total finance income</b>	<u>20</u>	<u>3</u>

**Note 12.1 Finance expenditure**

The Trust has no finance expenditure to report.

**Note 13 Other gains / (losses)**

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	-	6
Losses on disposal of assets	(12)	-
<b>Total gains / (losses) on disposal of assets</b>	<u>(12)</u>	<u>6</u>
<b>Total other gains / (losses)</b>	<u>(12)</u>	<u>6</u>

**Note 14 Intangible assets - 2021/22**

	Internally generated information technology £000	Intangible assets under construction £000	Total £000
<b>Valuation / gross cost at 1 April 2021 - brought forward</b>	<b>6,077</b>	<b>1,191</b>	<b>7,268</b>
Additions	-	357	357
Reclassifications	172	(172)	-
Disposals / derecognition	(21)	-	(21)
<b>Valuation / gross cost at 31 March 2022</b>	<b>6,228</b>	<b>1,376</b>	<b>7,604</b>
<b>Amortisation at 1 April 2021 - brought forward</b>	<b>3,975</b>	-	<b>3,975</b>
Provided during the year	722	-	722
Disposals / derecognition	(21)	-	(21)
<b>Amortisation at 31 March 2022</b>	<b>4,676</b>	-	<b>4,676</b>
<b>Net book value at 31 March 2022</b>	<b>1,552</b>	<b>1,376</b>	<b>2,928</b>
<b>Net book value at 1 April 2021</b>	<b>2,102</b>	<b>1,191</b>	<b>3,293</b>

**Note 14.1 Intangible assets - 2020/21**

	Internally generated information technology £000	Intangible assets under construction £000	Total £000
<b>Valuation / gross cost at 1 April 2020 - as previously stated</b>	<b>5,072</b>	<b>878</b>	<b>5,950</b>
Additions	-	1,318	1,318
Reclassifications	1,005	(1,005)	-
<b>Valuation / gross cost at 31 March 2021</b>	<b>6,077</b>	<b>1,191</b>	<b>7,268</b>
<b>Amortisation at 1 April 2020 - as previously stated</b>	<b>3,441</b>	-	<b>3,441</b>
Provided during the year	534	-	534
<b>Amortisation at 31 March 2021</b>	<b>3,975</b>	-	<b>3,975</b>
<b>Net book value at 31 March 2021</b>	<b>2,102</b>	<b>1,191</b>	<b>3,293</b>
<b>Net book value at 1 April 2020</b>	<b>1,631</b>	<b>878</b>	<b>2,509</b>

## Note 15 Property, plant and equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2021 - brought forward</b>	<b>13,414</b>	<b>78,276</b>	<b>4,379</b>	<b>5,144</b>	<b>40</b>	<b>6,951</b>	<b>2,044</b>	<b>110,248</b>
Additions	1	-	7,288	277	-	511	-	8,077
Impairments	-	(1,528)	-	-	-	-	-	(1,528)
Reversals of impairments	609	1,055	-	-	-	-	-	1,664
Revaluations	791	1,693	-	-	-	-	-	2,484
Reclassifications	-	6,181	(6,381)	-	-	15	185	-
Disposals / derecognition	-	(17)	-	(731)	-	(334)	(79)	(1,161)
<b>Valuation/gross cost at 31 March 2022</b>	<b>14,815</b>	<b>85,660</b>	<b>5,286</b>	<b>4,690</b>	<b>40</b>	<b>7,143</b>	<b>2,150</b>	<b>119,784</b>
<b>Accumulated depreciation at 1 April 2021 - brought forward</b>	<b>-</b>	<b>1,562</b>	<b>-</b>	<b>3,410</b>	<b>40</b>	<b>5,115</b>	<b>794</b>	<b>10,921</b>
Provided during the year	-	2,786	-	266	-	560	243	3,855
Revaluations	-	(2,183)	-	-	-	-	-	(2,183)
Disposals / derecognition	-	(17)	-	(731)	-	(322)	(79)	(1,149)
<b>Accumulated depreciation at 31 March 2022</b>	<b>-</b>	<b>2,148</b>	<b>-</b>	<b>2,945</b>	<b>40</b>	<b>5,353</b>	<b>958</b>	<b>11,444</b>
<b>Net book value at 31 March 2022</b>	<b>14,815</b>	<b>83,512</b>	<b>5,286</b>	<b>1,745</b>	<b>-</b>	<b>1,790</b>	<b>1,192</b>	<b>108,340</b>
<b>Net book value at 1 April 2021</b>	<b>13,414</b>	<b>76,714</b>	<b>4,379</b>	<b>1,734</b>	<b>-</b>	<b>1,836</b>	<b>1,250</b>	<b>99,327</b>

	Purchased £000	Donated £000	Total £000
<b>Additions to assets under construction in 2020/21</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Buildings excluding dwellings	3,810	120	3,930
Plant & machinery	566	120	686
Information technology	2,672	0	2,672
Furniture and fittings	0	0	0
<b>Total</b>	<b>7,048</b>	<b>240</b>	<b>7,288</b>

## Note 15.1 Property, plant and equipment - 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2020 - as previously stated</b>	<b>13,670</b>	<b>74,642</b>	<b>2,209</b>	<b>4,303</b>	<b>40</b>	<b>5,780</b>	<b>1,594</b>	<b>102,238</b>
Prior period adjustments	-	-	-	-	-	-	-	-
<b>Valuation / gross cost at 1 April 2020 - restated</b>	<b>13,670</b>	<b>74,642</b>	<b>2,209</b>	<b>4,303</b>	<b>40</b>	<b>5,780</b>	<b>1,594</b>	<b>102,238</b>
Additions	477	-	9,392	470	-	465	-	10,804
Impairments	(800)	(2,866)	-	-	-	-	-	(3,666)
Reversals of impairments	-	2,438	-	-	-	-	-	2,438
Revaluations	67	(1,631)	-	-	-	-	-	(1,564)
Reclassifications	-	5,693	(7,222)	371	-	706	452	-
Disposals / derecognition	-	-	-	-	-	-	(2)	(2)
<b>Valuation/gross cost at 31 March 2021</b>	<b>13,414</b>	<b>78,276</b>	<b>4,379</b>	<b>5,144</b>	<b>40</b>	<b>6,951</b>	<b>2,044</b>	<b>110,248</b>
<b>Accumulated depreciation at 1 April 2020 - as previously stated</b>	<b>-</b>	<b>1,180</b>	<b>-</b>	<b>3,186</b>	<b>40</b>	<b>4,655</b>	<b>643</b>	<b>9,704</b>
Prior period adjustments	-	-	-	-	-	-	-	-
<b>Accumulated depreciation at 1 April 2020 - restated</b>	<b>-</b>	<b>1,180</b>	<b>-</b>	<b>3,186</b>	<b>40</b>	<b>4,655</b>	<b>643</b>	<b>9,704</b>
Provided during the year	-	2,354	-	224	-	460	151	3,189
Impairments	-	(164)	-	-	-	-	-	(164)
Revaluations	-	(1,808)	-	-	-	-	-	(1,808)
<b>Accumulated depreciation at 31 March 2021</b>	<b>-</b>	<b>1,562</b>	<b>-</b>	<b>3,410</b>	<b>40</b>	<b>5,115</b>	<b>794</b>	<b>10,921</b>
<b>Net book value at 31 March 2021</b>	<b>13,414</b>	<b>76,714</b>	<b>4,379</b>	<b>1,734</b>	<b>-</b>	<b>1,836</b>	<b>1,250</b>	<b>99,327</b>
<b>Net book value at 1 April 2020</b>	<b>13,670</b>	<b>73,462</b>	<b>2,209</b>	<b>1,117</b>	<b>-</b>	<b>1,125</b>	<b>951</b>	<b>92,534</b>



**Note 15.2 Property, plant and equipment financing - 2021/22**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2022</b>							
Owned - purchased	14,815	82,880	5,286	1,509	1,764	1,183	107,437
Finance leased	-	-	-	74	-	-	74
Owned - donated/granted	-	632	-	162	26	9	829
<b>NBV total at 31 March 2022</b>	<b>14,815</b>	<b>83,512</b>	<b>5,286</b>	<b>1,745</b>	<b>1,790</b>	<b>1,192</b>	<b>108,340</b>

**Note 15.3 Property, plant and equipment financing - 2020/21**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2021</b>							
Owned - purchased	13,414	76,017	4,295	1,280	1,801	1,228	98,035
Finance leased	-	-	-	100	-	-	100
Owned - donated/granted	-	697	84	354	35	22	1,192
<b>NBV total at 31 March 2021</b>	<b>13,414</b>	<b>76,714</b>	<b>4,379</b>	<b>1,734</b>	<b>1,836</b>	<b>1,250</b>	<b>99,327</b>

**Note 16 Donations of property, plant and equipment**

The Trust received donated assets from NHS England and Hampshire County Council in the year.

**Note 17 Revaluations of property, plant and equipment**

Land and buildings are held at revalued amounts. A desktop exercise was carried out on these assets in March with a valuation date of 31 March 2022. The exercise was carried out by the District Valuers who are RICS qualified.

The impact of the full valuation exercise is:

	Land £000	Buildings excluding dwellings £000	Total £000
Increase to revaluation reserve	791	4,052	4,843
Decrease to revaluation reserve	0	(175)	(175)
Impairment charge to SOCI	0	0	0
Reversal of impairment charge to SOCI	609	1,055	1,664
	<b>1,400</b>	<b>4,932</b>	<b>6,332</b>

below:

	Min life Years	Max life Years
Buildings, excluding dwellings	2	99
Plant & machinery	2	30
Transport equipment	4	5
Information Technology	2	10
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

**Note 18 Investment Property**

The Trust has no investment property.

**Note 19 Disclosure of interests in other entities**

The Trust has no interest in other entities.

**Note 20 Inventories**

	31 March 2022 £000	31 March 2021 £000
Drugs	173	174
Consumables	108	117
<b>Total inventories</b>	<b>281</b>	<b>291</b>

Inventories recognised in expenses for the year were £3,379k (2020/21: £5,481k). Write-down of inventories recognised as expenses for the year were £0k (2020/21: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £400k of items purchased by DHSC (2020/21: £2,487k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

**Note 21 Receivables**

	31 March 2022 £000	31 March 2021 £000
<b>Current</b>		
Contract receivables	9,323	8,362
Allowance for impaired contract receivables / assets	(1,105)	(864)
Prepayments (non-PFI)	2,611	3,281
PDC dividend receivable	-	340
VAT receivable	2,573	1,629
Other receivables	454	461
<b>Total current receivables</b>	<b>13,856</b>	<b>13,209</b>
<b>Non-current</b>		
Prepayments (non-PFI)	-	207
<b>Total non-current receivables</b>	<b>-</b>	<b>207</b>

**Of which receivable from NHS and DHSC group bodies:**

Current	5,760	4,895
---------	-------	-------

**Note 21.1 Allowances for credit losses**

	2021/22	2020/21
	<b>Contract receivables and contract assets £000</b>	<b>Contract receivables and contract assets £000</b>
<b>Allowances as at 1 April - brought forward</b>	<b>864</b>	<b>875</b>
<b>Allowances as at 1 April - restated</b>	<b>864</b>	<b>875</b>
New allowances arising	301	125
Reversals of allowances	(60)	(136)
<b>Allowances as at 31 Mar 2022</b>	<b>1,105</b>	<b>864</b>

**Note 22 Other assets**

The Trust has no other financial assets.

**Note 23 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	<b>2021/22</b>	<b>2020/21</b>
	<b>£000</b>	<b>£000</b>
<b>At 1 April</b>	<b>36,356</b>	<b>15,172</b>
Net change in year	476	21,184
<b>At 31 March</b>	<b>36,832</b>	<b>36,356</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	15	5
Cash with the Government Banking Service	36,817	36,352
<b>Total cash and cash equivalents as in SoFP</b>	<b>36,832</b>	<b>36,356</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>36,832</b>	<b>36,356</b>

**Note 23.1 Third party assets held by the trust**

There are no third party assets held by the Trust.

**Note 24 Trade and other payables**

	<b>31 March</b>	<b>31 March</b>
	<b>2022</b>	<b>2021</b>
	<b>£000</b>	<b>£000</b>
<b>Current</b>		
Trade payables	4,270	5,470
Capital payables	6,089	5,304
Accruals	22,987	19,673
Social security costs	1,910	1,765
Other taxes payable	1,182	1,054
PDC dividend payable	151	-
Other payables	2,538	2,246
<b>Total current trade and other payables</b>	<b>39,127</b>	<b>35,512</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	3,379	3,816

**Note 25 Other liabilities**

	<b>2022</b>	<b>2021</b>
	<b>£000</b>	<b>£000</b>
<b>Current</b>		
Deferred income: contract liabilities	10,210	11,963
<b>Total other current liabilities</b>	<b>10,210</b>	<b>11,963</b>
<b>Non-current</b>		
Deferred income: contract liabilities	147	128
<b>Total other non-current liabilities</b>	<b>147</b>	<b>128</b>

**Note 26 Other financial liabilities**

The Trust has no other financial liabilities.

**Note 27 Finance leases**

**Note 27.1 Trust as a lessor**

The Trust has no finance lease receivables as lessor.

**Note 27.2 Trust as a lessee**

The Trust has no obligations under finance leases where the Trust is the lessee.

**Note 28 Provisions for liabilities and charges analysis**

The Trust has no provisions.

**Note 28.1 Clinical negligence liabilities**

At 31 March 2022, £3,387k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Solent NHS Trust (31 March 2021: £5,441k).

**Note 29 Contingent assets and liabilities**

	<b>2022</b>	<b>2021</b>
	<b>£000</b>	<b>£000</b>
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(12)	-
<b>Net value of contingent liabilities</b>	<b>(12)</b>	<b>-</b>

**Note 30 Contractual capital commitments**

	<b>31 March 2022 £000</b>	<b>31 March 2021 £000</b>
Property, plant and equipment	691	1,400
Intangible assets	501	128
<b>Total</b>	<b><u>1,192</u></b>	<b><u>1,528</u></b>

**Note 31 Other financial commitments**

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement) for ICT services. The payments to which the Trust is committed are as follows:

	<b>31 March 2022 £000</b>	<b>31 March 2021 £000</b>
not later than 1 year	3,261	4,984
after 1 year and not later than 5 years	-	1,706
<b>Total</b>	<b><u>3,261</u></b>	<b><u>6,690</u></b>

**Note 32 Financial instruments****Note 32.1 Financial risk management**

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups, Local Authorities and NHS England and the way those Clinical Commissioning Groups, Local Authorities and NHS England are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

**Currency risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

**Interest rate risk**

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1–25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations. The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

**Credit risk**

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the trade and other receivables note.

**Liquidity risk**

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

**Note 35.2 Carrying values of financial assets**

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2022</b>		
Trade and other receivables excluding non financial assets	8,672	8,672
Cash and cash equivalents	36,832	36,832
<b>Total at 31 March 2022</b>	<b>45,504</b>	<b>45,504</b>
<b>Carrying values of financial assets as at 31 March 2021</b>		
Trade and other receivables excluding non financial assets	7,959	7,959
Cash and cash equivalents	36,356	36,356
<b>Total at 31 March 2021</b>	<b>44,315</b>	<b>44,315</b>

**Note 35.3 Carrying values of financial liabilities**

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2022</b>		
Trade and other payables excluding non financial liabilities	34,102	34,102
<b>Total at 31 March 2022</b>	<b>34,102</b>	<b>34,102</b>
<b>Carrying values of financial liabilities as at 31 March 2021</b>		
Trade and other payables excluding non financial liabilities	28,499	28,499
<b>Total at 31 March 2021</b>	<b>28,499</b>	<b>28,499</b>

**Note 36 Maturity of financial liabilities**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022 £000	31 March 2021 £000
In one year or less	34,102	28,499
<b>Total</b>	<b>34,102</b>	<b>28,499</b>

**Note 37 Losses and special payments**

	2021/22		2020/21	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
<b>Losses</b>				
Cash losses	-	-	1	-
Stores losses and damage to property	3	2	-	-
<b>Total losses</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>-</b>
<b>Special payments</b>				
Ex-gratia payments	4	265	11	38
<b>Total special payments</b>	<b>4</b>	<b>265</b>	<b>11</b>	<b>38</b>
<b>Total losses and special payments</b>	<b>7</b>	<b>267</b>	<b>12</b>	<b>38</b>
Compensation payments received		-		-

A special payment was made during 2021/22 to relevant staff entitled to corrective overtime payments following the Flowers court ruling. The £261k impact was backdated to the 1st April 2019, and was funded via NHS England.

**Note 38 Events after the reporting date**

There are none to report.



**Note 39 Related parties**

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

	Expenditure	Total Income	Payables	Receivables
	Payments to Related Party £000s	Receipts from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
These entities are:				
NHS England	55	32,097	3,077	3,139
<u>Clinical Commissioning Groups</u>				
NHS Portsmouth CCG	0	69,045	0	117
NHS Hampshire, Southampton and Isle of Wight CCG	101	101,478	675	896
NHS Frimley CCG	0	1,204	0	0
<u>NHS Trust and Foundation Trust</u>				
Hampshire Hospitals NHS Foundation Trust	1,383	61	158	25
Portsmouth Hospitals University NHS Trust	2,945	1,653	379	186
University Hospital Southampton NHS Foundation Trust	2,126	1,285	856	235
Southern Health NHS Foundation Trust	1,690	1,690	229	378
Isle of Wight NHS Trust	155	464	227	265
<u>Local Authorities</u>				
Hampshire County Council	998	6,177	2,068	211
Portsmouth City Council	464	6,960	508	1,202
Southampton City Council	117	7,753	306	769
Isle of Wight council	10	3,600	212	0
NHS Business Services Authority	234	0	0	0
NHS Resolution	901	0	0	0
Health Education England	151	7,044	564	139
NHS Property Services	4,000	7	891	0
Community Health Partnerships	2,531	0	25	0
Solent NHS Charity	58	50	0	0

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with HM Revenue and Customs and NHS Pensions Agency.

The Trust has also received revenue from Solent NHS Charity of which the NHS Trust Board is the Corporate Trustee.

**Note 40 Better Payment Practice code**

	2021/22	2021/22	2020/21	2020/21
<b>Non-NHS Payables</b>	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
Total non-NHS trade invoices paid in the year	29,357	71,563	25,882	66,695
Total non-NHS trade invoices paid within target	<u>23,801</u>	<u>63,395</u>	<u>22,293</u>	<u>59,501</u>
Percentage of non-NHS trade invoices paid within target	<u>81.1%</u>	<u>88.6%</u>	<u>86.1%</u>	<u>89.2%</u>
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	1,468	20,249	1,403	18,418
Total NHS trade invoices paid within target	<u>1,148</u>	<u>15,465</u>	<u>819</u>	<u>12,438</u>
Percentage of NHS trade invoices paid within target	<u>78.2%</u>	<u>76.4%</u>	<u>58.4%</u>	<u>67.5%</u>

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 41 External financing limit**

The Trust is given an external financing limit against which it is permitted to underspend

	2021/22	2020/21
	<b>£000</b>	<b>£000</b>
Cash flow financing	<u>(2,938)</u>	<u>(14,914)</u>
<b>External financing requirement</b>	<b><u>(2,938)</u></b>	<b><u>(14,914)</u></b>
External financing limit (EFL)	<u>2,194</u>	<u>7,903</u>
<b>Under / (over) spend against EFL</b>	<b><u>5,132</u></b>	<b><u>22,817</u></b>

**Note 42 Capital Resource Limit**

	2021/22	2020/21
	<b>£000</b>	<b>£000</b>
Gross capital expenditure	8,434	12,122
Less: Disposals	(12)	(2)
Less: Donated and granted capital additions	<u>(270)</u>	<u>(603)</u>
<b>Charge against Capital Resource Limit</b>	<b><u>8,152</u></b>	<b><u>11,517</u></b>
Capital Resource Limit	<u>8,170</u>	<u>11,518</u>
<b>Under / (over) spend against CRL</b>	<b><u>18</u></b>	<b><u>1</u></b>


**Note 43 Breakeven duty financial performance**

	2021/22
	<b>£000</b>
Adjusted financial performance surplus / (deficit) (control total basis)	<u>67</u>
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b><u>67</u></b>

**Note 44 Breakeven duty rolling assessment**

	<b>2011/12 to</b>								
	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Breakeven duty in-year financial performance	4,497	(6,274)	(5,062)	(2,084)	737	1,370	286	88	67
Breakeven duty cumulative position	4,497	(1,777)	(6,839)	(8,923)	(8,186)	(6,816)	(6,530)	(6,442)	(6,375)
Operating income	573,837	187,240	178,854	180,675	187,219	193,119	200,797	238,577	258,097
<b>operating income</b>	0.8%	(0.9%)	(3.8%)	(4.9%)	(4.4%)	(3.5%)	(3.3%)	(2.7%)	(2.5%)

## Report template - Board and Committees

Item No.	Item 4	Presentation to	EO In Public Board			
Date of paper	29 <sup>th</sup> May 2022	Author	Sandra Glaister			
Title of paper	Draft Annual Report and Draft Governance Statement 2021/22					
Purpose of the paper	To present the Draft Annual Report and Draft Governance Statement to the Board for approval.					
Committees /Groups previous presented and outputs	Audit and Risk Committee, Executive Team,(AGS to QA Committee)					
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X
Action required	For decision	Yes	For assurance	No		
Summary of Recommendations and actions required by the author	<p>The Board is asked to;</p> <ul style="list-style-type: none"> <li>Approve the Annual Report</li> <li>Approve the Annual Governance Statement (pages 135 -157). The Chief Executive will be asked to separately sign the AGS, which then is submitted to the Auditor and NHS England and Improvement following the Board meeting.</li> </ul>					
To be completed by Exec Sponsor - Level of assurance this report provides :						
Significant		Sufficient	x	Limited		None
Exec Sponsor name:	Rachel Cheal, Chief of Staff and Corporate Services		Exec Sponsor signature:			

### Key messages /findings

Every year we are required to produce an **Annual Report and Annual Governance Statement (AGS)**, in accordance with the Department of Health & Social Care Group Accounting Manual (2021/22) and guidance from NHS England and Improvement.

The Annual Report, which incorporates the AGS, is a key public facing document and it is therefore essential that the information contained within is an accurate reflection and gives a true and fair view.

- The Annual Governance Statement (AGS) was presented in draft to the May 2022 Quality Assurance Committee.
- The Annual Report incorporating the Annual Governance Statement was presented in draft to the Audit & Risk Committee on 13<sup>th</sup> June 2022.

The AGS was developed in consultation with, and contributions from, a number of key officers (list not exhaustive); including the Head of Risk & Litigation, Information Governance Team, Associate Director of Quality and Governance and the Executive Team. The AGS forms a key section of the Annual Report (Governance Report section) and has been shared with external and internal auditors as part of their year-end assessment of the Trust. External Auditors review the information presented in the Annual Report and AGS for consistency, with their knowledge of the Trust and correlate their findings in order to provide an opinion of the organisation. Auditors also review the AGS for completeness of required disclosures.

At the time of drafting and paper submission to the Board, matters still outstanding for insertion include:

- External Auditors opinion within the Annual Governance Statement – page 152 and the anticipated Head of internal Audit Opinion on page 157
- The Auditors Report – page 172
- the Quality Account (presented separately)
- Full Accounts (presented separately)

Any contemporary updates will be provided at the meeting itself, including any further changes that have been requested as a consequence of the external auditors conducting their final tests and checks, and confirmation (or otherwise) that the Audit & Risk Committee have considered the statement on page 126.

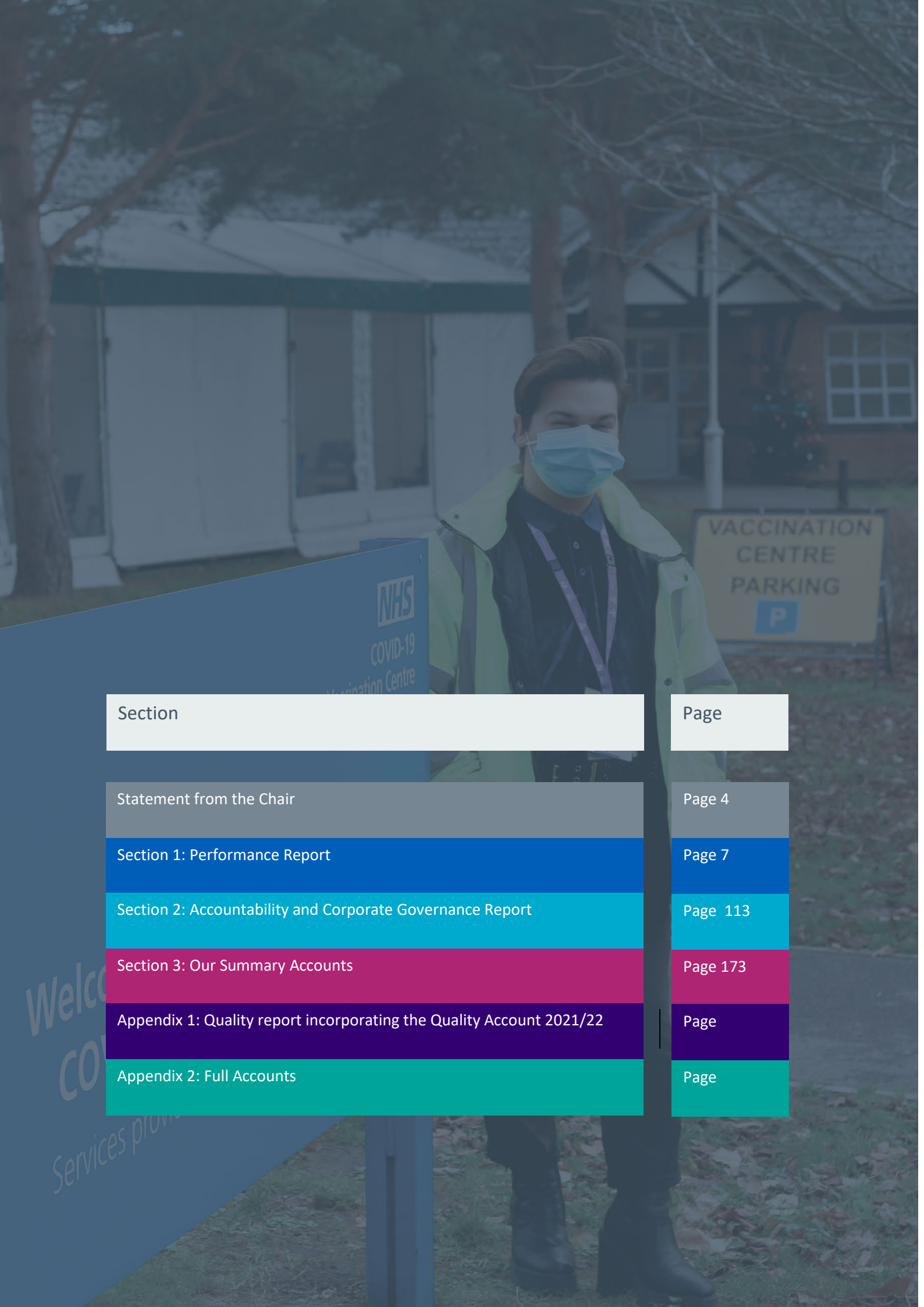


Solent  
NHS Trust



Solent NHS Trust  
**Annual Report and Accounts**  
**Incorporating the Quality Account**  
2021/22





Section	Page
Statement from the Chair	Page 4
Section 1: Performance Report	Page 7
Section 2: Accountability and Corporate Governance Report	Page 113
Section 3: Our Summary Accounts	Page 173
Appendix 1: Quality report incorporating the Quality Account 2021/22	Page
Appendix 2: Full Accounts	Page



Some of the photographs used throughout this document were taken during the pandemic as guidance regarding Personal Protective Equipment (PPE) evolved.

## Statement from the Chair

### **We are delighted to share our 2021/22 Annual Report and Quality Account.**

Against the backdrop of another unprecedented year for the NHS and Solent NHS Trust, this year has been incredibly positive. Whilst responding to the ongoing COVID-19 pandemic, we continued to deliver the best care possible with outcomes that matter. Our gratitude goes to the people who work at the heart of Solent. The team is full of dedicated people who worked with the utmost professionalism, as well as flexibility and agility, to continue to care for all our patients and each other. The difference they make is evident throughout the report and our achievements are testament to them.

In the winter months, people in Team Solent continued to rise to the challenge of the pandemic with sheer determination. We played a lead role in delivering the COVID-19 booster vaccination programme in response to the Omicron emergency, keeping people in our communities safe. We also supported the expanded Hampshire and Isle of Wight vaccination offer, visiting schools to vaccinate young people, and in the summer of 2021 launching our pop-up clinics at community locations, supporting even more people to get vaccinated. Together with Portsmouth Hospitals University NHS Trust, we launched a COVID infusion service for COVID-19 positive patients at highest risk of hospital admission. We provided them with anti-viral drugs to help them recover from COVID-19, keeping people out of hospital and in the community.

During 2021/22, we were also faced with one of the most difficult winters the NHS has ever seen. The pressures on the NHS, Solent and on our staff during this period was substantial and sustained. As a Trust we worked tirelessly to support our colleagues in the local health systems and everyone across the Trust contributed to this effort. For example, we expanded our clinical capacity in the Southampton Urgent Response Service and Portsmouth Rehabilitation and Reablement Team to provide fast, timely urgent community response services. People were also redeployed to work within the ambulance service call centre, directing people who didn't require emergency care to the most appropriate services, avoiding conveyance to hospital.

Nationally, the COVID-19 pandemic has led to significantly longer NHS waiting times. We felt, and continue to feel, this impact within our services. Our teams have been working innovatively and in different ways to continue to support people so that they can get the care and treatment they need. For example, our child and adolescent mental health service has been working with charity, Re:Minds to make additional resources available to families whilst waiting times and initial assessments were extended.

During the year, we took the opportunity to refresh and reframe our vision and strategy, considering the latest national and local policy direction, and the positive learning from the pandemic. Our new vision and strategy have a strong focus on the things our employees, and people from our communities, told us are important today, as well as the things that need to improve for the future.

Working alongside our staff, partner organisations and the communities we serve, we also developed and launched our clinical framework.

The framework, which forms part of our strategy, defines the seven core principles which we will work to in line with our commitment to deliver Great Care.

Our priority of making Solent a great place to work and developing a strong values-based culture continues to be an integral part of our strategy. In November, we were proud to be presented with the Health Service Journal Award for Employee Engagement which celebrated and recognised our cultural development journey.

Our 2021 NHS Staff Survey results were amongst the best when compared with other organisations of our type. We were the top performing trust in three of the nine key themes, and above average in all nine themes. We also scored best in some questions including the number of people who said they would recommend Solent as a place to work and the number of people who said they believe that the care of service users is the organisation's top priority. Our results also demonstrate how we embody our HEART values which guide and inspire all our actions. The survey also continues to highlight some areas which need attention.

In 2021/22, we continued to invest in our infrastructure, including our estate and information technology. In April 2021, we opened our modern health hub in the middle of Eastleigh's shopping centre, providing a better patient experience and more accessible treatment for patients and an improved working experience for staff. Work also continued on extending and enhancing some of our buildings, including our psychiatric intensive care unit at St James' Hospital, and improving spaces for employees – thanks to funding from NHS Charities Together, we opened two employee wellbeing gardens at St Mary's Community Hospital and the Western Community Hospital in Southampton. We also began a procurement process for a future operating model for our ICT services and developed our Digital Strategy which outlines the next steps in our journey to become a digitally mature organisation.

Despite all the challenges the year brought, we are proud that we achieved a £0.1m adjusted surplus; this is only possible by every single person working together and we recognise the year ahead will be even more challenging, requiring strong and compassionate leadership.

Part of our fabric is working in partnership; we strongly support an NHS where services are more joined up. At the forefront of this is our work in the Hampshire and Isle of Wight Integrated Care System.

There are many excellent examples of where we are improving service user experience and outcomes of care through partnership working. Our unique partnership with the Isle of Wight NHS Trust is a great example of how working together can improve services for the benefit of local people. The partnership was positively recognised by the Care Quality Commission following their inspection of the Isle of Wight NHS Trust. We look forward to building on our partnership work, thinking about how we can do more together, over the next year.

David Noyes, Chief Operating Officer for Southampton and County wide left the Trust for a new role in January 2022 and Sue Harriman left the Chief Executive role, after 7 years leading Solent NHS Trust, in February. Ensuring there is continuity of leadership as the Hampshire and Isle of Wight Integrated Care Systems evolves, Andrew Strevens initially took up the role of Acting Chief Executive following Sue's departure. There were also some Non-executive changes to the Board. Thoreya Swage retired during the year, and we were delighted to welcome Vanessa Avlonitis as Associate

Non-Executive Director in February. We are incredibly grateful to David, Sue and Thoreya for the contribution they have made to the success of Solent NHS Trust.

We enter 2022/23 delivering our strategy, working towards a future where health and care teams work seamlessly together to deliver high-quality care and improve service user experience. Delivery of our strategy will enable us to continue to improve the services we provide, support the health, wellbeing and future of our workforce and ensure we use precious NHS resources wisely.



Catherine Mason  
Chair

Date:

In January 2022 our CEO Sue Harriman was appointed designate Chief Executive for NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board.

We wish Sue every success in her new role and are extremely proud of her achievements as CEO, notably for embedding a positive culture and our HEART values which form the basis for everything we do. Following Sue's departure, Andrew Strevens was appointed Chief Executive Officer, following a transitional period in this role. We are very grateful to Andrew for providing continuity of leadership for our Trust.



# Section 1

# Performance Report

## Overview

The purpose of this section is to provide a summary of the Trust including our purpose and activities, and our principle risks and uncertainties facing us during the year ahead. Our Chief Executive, Andrew Strevens, also reflects on how we performed over the past year.

Consideration of the Going Concern basis can be found within Section 3.

# Statement from the Chief Executive

## Performance overview from the Chief Executive

Welcome to our Annual Report and Quality Account for 2021/22. The performance overview provides a summary of how we performed during the year.

I remain incredibly proud of our 5426 strong workforce who continue to provide high-quality care to people across Hampshire and the Isle of Wight. The Omicron COVID-19 emergency and pressures over winter are excellent examples of how people in Team Solent rise to the challenge, every day. This report seeks to recognise and celebrate those people because, despite the challenges, they have continued to provide great care.

Throughout times of uncertainty, our strategy along with our HEART values, have continued to guide us. Whilst faced with the ongoing pandemic, our teams have continued to work in partnership, with other organisations, to make a difference; ensuring people have easy access to safe and effective care, enabling more people to remain well and independent through their lives.

The impact of the pandemic and our need at the time to reprioritise our services, has a legacy. Like other organisations nationally, many of our services now have longer waiting times. We continue to review these on a regular basis and there is clear oversight of the waiting lists across the Trust. Whilst our teams are thinking innovatively to reduce waiting times, it will take many years for some of our services to recover.

Waiting times and the way we changed the provision of services has impacted the patient experience. Amongst other listening tools, the Friends and Family Test provides valuable feedback to help us make sure there is a positive patient experience across our services. During 2021/22, 93.4% of people shared a positive experience of care, responding that staff in Team Solent are compassionate, considerate, and sympathetic. The Friends and Family test also highlighted areas of improvement, including the need for better communication with patients and between teams. As a Trust, we recognise the need to do more to ensure our services are inclusive. We value diversity of voice and are looking at how we can hear more from people from marginalised communities so that we can take specific action to ensure our services are inclusive for all.

Creating a highly motivated, engaged workforce has a positive impact on patient care and outcomes. Creating a great place to work is a key priority of our strategy. We have a range of listening and engagement practices in place, including staff stories at Board, Board to floor, staff networks, Schwartz Rounds, and the Annual NHS Staff Survey. This year we also implemented the national quarterly pulse survey. I am delighted that the Trust again scored amongst the best, when compared with other combined community and mental health/learning disability trusts, in the NHS Staff Survey. The results are a testament to the working environment everyone contributes to.

Improving under representation and developing a culture of inclusivity is a priority for Solent. Prior to 2021/22 we had four active staff networks – BAME, DisAbility, LGBT+ and Multifaith. These groups offer a safe space for open discussion, and an opportunity for issues to be raised and escalated. The membership of all groups has grown significantly over the last twelve months.

In the Autumn of 2021/22, we launched The Big Conversation. Led by our staff networks and the Diversity and Inclusion team; the conversation raised issues relating to race, sexuality, age, religion and disability and we have co-designed interventions to tackle these through open, facilitated conversation with employees.

Our Annual NHS Staff Survey results reflect the priority we have put on making Solent a place where everyone counts and with a compassionate culture at its core; we scored highest on the new compassionate and inclusive theme, as well as being one of the ten Trusts who sustained their employee engagement scores of 7.4.

Throughout the year, we monitor key performance indicators to further understand workforce challenges. As a result of the COVID-19 pandemic, workforce and workload pressures continued during the year, with services seeing an impact on staff sickness and turnover.

COVID-19 related absences, including the requirements to self-isolate impacted on our sickness absence rates. These continued to rise during the 12-month period from 4.1% - 6.7% (March 2022). We continue to closely monitor sickness absence data to manage safe staffing and to ensure that we have right support in place to help people look after their own physical and mental wellbeing.

The requirement to balance service safety with safe staffing has resulted in a higher than target spend on agency staff. We continue to implement workforce controls including, where possible, filling roles with in-house temporary staffing options before approaching agency staffing supply. In addition, during the winter months, we implemented a short-term financial incentives scheme, offering people the opportunity to work additional shifts. This ensured we had safe staffing in our services and enabled the delivery of our vaccination booster programme – since we started the programme, we have provided 784,850 vaccine doses.

We work hard to recruit and retain employees. Where we know we will have continued staff shortages and recruitment challenges, we are considering alternative staffing models and development packages. Our recruitment and retention programme includes new recruitment approaches which will help us 'grow' from within and provide innovative career pathways. We also look for alternative recruitment solutions, especially for hard-to-recruit roles. This includes growing our apprenticeship offer to develop our existing workforce, recruiting internationally, and into virtual roles. In year, we piloted a national pathfinder model enabling us to successfully recruit international mental health nurses; we also appointed community mental health consultants who practice virtually. During the first year of the programme, we have recruited 48 people into nursing roles.

Despite 2021/22 being financially challenging we were able to achieve a small surplus. Our full accounts can be found within Appendix 2.

This Annual Report will enable you to find out more about our successes and challenges. We pride ourselves as a provider of healthcare that is at the heart of the wider community. I look forward to the next year; a year that will see us continue to develop our services and our partnerships so that we improve patient outcomes, reduce inequalities and make an even bigger difference.



**Andrew Strevens**  
Chief Executive Officer

Date:



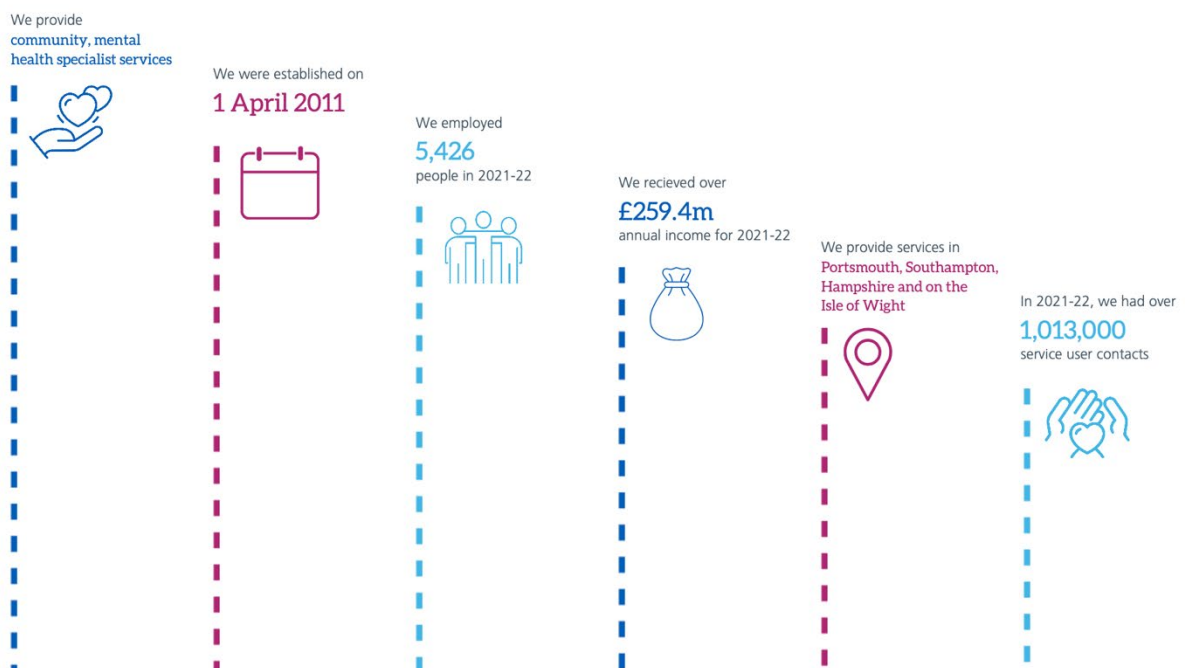
## Who we are

Solent NHS Trust was established under an Establishment Order by the Secretary of State in April 2011. We provide community, mental health and learning disability services to communities in Hampshire and the Isle of Wight. Our dedicated team of staff deliver compassionate, person-centred care to people close to home, at all stages of their lives.

We are the main community and mental health provider in Portsmouth city and the main provider of community services in Southampton. We also provide a range of specialist services across the Hampshire geography. We have made a firm commitment to support the sustainability of health and care on the Isle of Wight, and we currently provide sexual health, dental and 0-19 services to the island community.

We share a fundamental belief that the way we work, our behaviours and priorities should be guided by our values – Honesty, Everyone Counts, Accountability, Respect and Teamwork (HEART). We believe in honest, respectful conversations and working together with service users, carers, our staff and people in the communities we work in, to keep more people well and independent throughout their lives.

We have an annual income of over £259m for 2021/22. As of 31 March 2022, we employed 5426 clinical and non-clinical members of staff (including part time and bank staff) this equates to 3527.18 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities. We delivered over 1,013,000 service user contacts.



# What we do

## We specialise in providing high quality, best value, community and mental health services.

We are the main provider of community and mental health services and a core partner in the Hampshire and Isle of Wight Care System, one of the largest, most complex health and care systems in the country. We deliver some of our services countywide and operate and collaborate with other organisations at different strategic and operational levels:

- Alongside GP’s – and other primary care colleagues, in neighbourhoods,
- At a city level – or in groups of organisations surrounding the hospital Trusts, providing ‘place-based care’ and
- At a regional level – with health and care colleagues from different counties.

The COVID-19 pandemic has highlighted that collaborating with others at the appropriate level of scale to plan and deliver services is critical to tailor services to meet the needs of individuals.

Increasingly, community and mental health providers are working more closely with GP’s and colleagues in primary care networks, sharing learning and resources, with the aim of developing and maintaining sustainable, integrated community, mental health and primary care teams that are responsive to changing needs and to tackle health inequalities.

Similarly, groups of organisations are working at place level, in city and county council footprints and around hospital Trusts, to focus on population health needs and outcomes, with the aim of ensuring pathways of care are sustainable, accessible and joined-up, across organisational boundaries.

We work across Integrated Care System (ICS) boundaries to deliver highly specialist services such as specialist adult and children’s mental health, eating disorders and services for veterans of the armed forces. Working at scale has been enabled by the development of formal provider collaborative models, where two or more health organisations work together across multiple places, with a shared purpose and decision-making. Increasingly providers of hospital, community, mental health and ambulance services will work in this way, to provide greater resilience, economies of scale, capacity and benefits for service users.



# Our Services



## Primary Care

We provide GP services and homeless healthcare in Southampton, as well as specialist services in Southampton and Portsmouth.

Our specialist services include podiatry, persistent pain, rheumatology and Musculoskeletal (MSK) physiotherapy.

We have one GP surgery in Southampton, covering three locations:

- Nicholstown Surgery at the Royal South Hants Hospital
- The Solent Surgery in Portswood and
- Adelaide Surgery at the Adelaide Health Centre

## Specialist Dentistry Services

We provide specialist dental services to people who are unable to access dental care in the general dental service because of their special needs. Our services operate across Southampton, Portsmouth, Hampshire and the Isle of Wight.

## Adults Southampton

We provide community-based services to the people of Southampton and parts of the surrounding area. We offer a wide range of services which include Community Nursing, Urgent Community Response services, Community independence services, providing rehab and reablement therapy in people's own homes. We also provide a large range of specialist services, including Neurological, Diabetes, Chronic Obstructive Pulmonary Disorder (COPD), Tissue Viability, Cardiac, Stoma, Bladder and Bowel to adults in Southampton. Our inpatient services at the Royal South Hants Hospital and the Western Community Hospital, include:

- The Kite Unit - A Neuropsychiatric Rehabilitation Service for people aged 18 and over who have experienced a brain injury and whose impairments are largely in the cognitive, behavioural or mental health spectrum.
- Snowdon Ward – A 14 bed ward which specialises in the treatment of adults with physical and cognitive limitations following a recent neurological event or a long-term neurological condition.
- Lower Brambles and Fanshawe Wards – These wards offer inpatient rehabilitation to adults requiring an intensive therapy and nursing input that can't be supported within the patient's own home.

## Mental Health

We provide both inpatient and community mental health services to adults over the age of 18 who live in Portsmouth. Our inpatient services are based at St James' Hospital and they include:

- Brooker Ward - A 22 bed inpatient unit for older people experiencing an acute mental illness and/or severely challenging behaviour.
- The Orchards - Two adult mental health wards for adults aged 18 and over experiencing a mental health crisis.
  - Maple Ward - A 10 bed secure ward, providing a high standard of intensive psychiatric care in a supportive and safe environment to service users who are placed on a Section of the Mental Health Act (1983).
  - Hawthorns Ward - A 20 bedded open ward, providing a supportive and safe environment for service users experiencing an acute episode of mental illness. For patients who live outside of Portsmouth, please visit the Southern Health NHS Foundation Trust website.

We also provide Child and Adolescent Mental Health Services (CAMHS) to young people between the ages of 5 - 18 who live in Portsmouth and Southampton. This service is for young people experiencing acute, chronic and severe mental health.





## Sexual Health Services

We provide Sexual and Reproductive Health (SRH) and Genito-Urinary Medicine (GUM) services across Hampshire, Isle of Wight, Portsmouth and Southampton.

Our specialist services include:

- Sexually Transmitted Infection (STI) testing and treatment
- Emergency contraception and contraception including injection, implant and coils
- Pregnancy testing and unplanned pregnancy services (BPAS)
- HIV testing, treatment and care
- Under 25's Chlamydia testing and treatment
- Psychosexual counselling
- Vasectomy services (only in Hampshire, Portsmouth and Southampton). For services on the Isle of Wight please visit MSI UK Reproductive Choices
- 1 to 1 support; we also provide a variety of online services for appointments, at home STI test kits and condoms. You can find more information via [www.letstalkaboutit.nhs.uk/about-us](http://www.letstalkaboutit.nhs.uk/about-us)

## Adults Portsmouth

We provide community, nursing, therapy and specialist services to adults in Portsmouth.

We also provide inpatient services at:

- Jubilee House - A 25 bed ward for adults aged 18 or over who are deemed to require a continuing healthcare assessment and who are in the last stages of life
- Spinnaker Ward – A 16 bed ward for inpatient rehab for patients with complex physical disability at St Mary's Hospital Campus

## Child and family

We provide a range of community-based nursing, therapy and mental health services to children and their families across Hampshire and the Isle of Wight. Our children services aim to improve outcomes for children and their families by delivering well-led, safe, effective, caring, and responsive services.



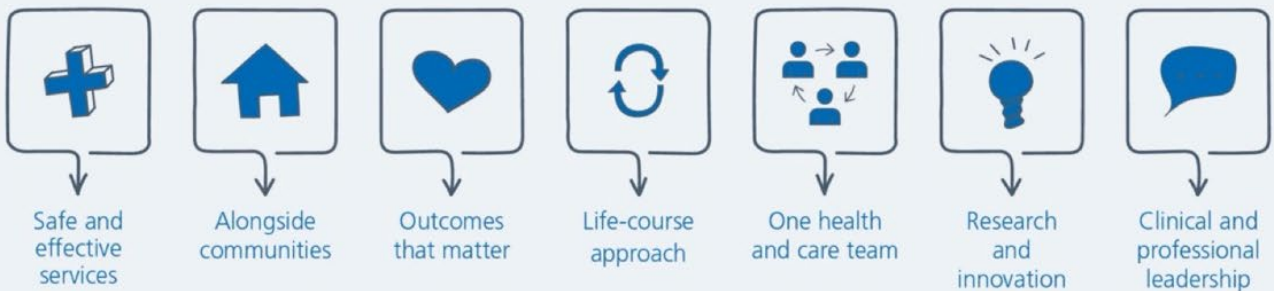
# Our vision and strategy

## Our vision

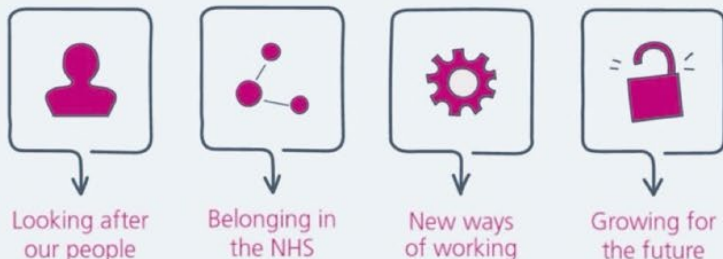


## our 15 strategic priorities

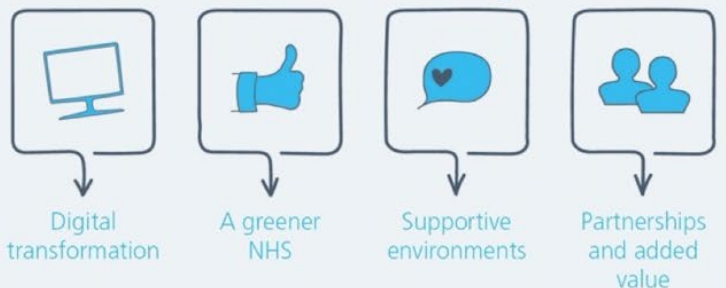
### great care: our clinical framework



### Great place to work



### great value for money







At Solent NHS Trust we all share an ambitious vision of health and care teams working with communities to make a difference, so everyone has easy access to safe and effective care, enabling more people to remain well and independent throughout their lives.

It reflects the core belief that everyone deserves equitable access to high-quality health and care services which support their health and independence, no matter who they are or where they live. We are working towards a future where health and care teams work seamlessly together to deliver high-quality care, avoid unnecessary handovers between teams and organisations and improve service user experience. We believe in a future where people have choice and control over the way their care is planned and delivered and where each individual’s priorities, strengths and needs are at the centre of their care.

## Our values

At Solent we share a fundamental belief that the way we work, our behaviours and priorities should be guided by our values – Honesty, Everyone Counts, Accountability, Respect and Teamwork (HEART). We believe in honest, respectful conversations and working together with service users, carers, our staff and people in the communities we work in, to keep more people well and independent throughout their lives.

<p><b>Honesty</b></p> <p>Courage Openness Trust Integrity</p>	<p><b>Everyone counts</b></p> <p>Voice Belonging Celebrating diversity Recognition</p>	<p><b>Accountability</b></p> <p>Ownership Learning Empowerment Performance</p>	<p><b>Respect</b></p> <p>Choice Self-awareness Person-centred Compassionate</p>	<p><b>Teamwork</b></p> <p>Leadership Collaboration Shared purpose Support</p>

# How we work together as a values-based organisation

Our values are embedded in our culture and underpin everything we do; Solent NHS Trust is a values-led organisation. Living our values enables us to be better at what we do, create a great place for our staff to work and ensure we provide the highest quality of care for our service users. In creating our values, we spent time listening to our employees and, based on what people told us, we created our HEART values to reflect and shape our culture. Our values guide and inspire all of our actions and decisions. They enable us to be better at what we do and create a great place for our staff to work, whilst ensuring we provide the highest quality of care for our service users. Living our values enables us to create a workplace where people feel able to bring their authentic selves to work and be at their very best. We will continue to develop ways of working built on our values, creating a great place to work and a great experience for our service users.



## Our Mission

We believe firmly in the NHS Triple Aim, set out in the Health and Care Bill: the health and wellbeing of populations, the quality of services provided to individuals, and efficiency and sustainability in relation to the use of resources. Our mission to provide Great Care, be a Great Place to Work and deliver Great Value for Money, aligns with the Triple Aim and remains at the forefront of our approach.

**What our mission means to us:**



Providing great care: People who use our services will say that their care is safe, high quality and designed with them to ensure it reflects their individual needs and priorities. Our care will be clinically-led, evidence-based and delivered with compassion. Our approach will be collaborative and inclusive, and we will work alongside our communities to improve health, reduce health inequalities and improve experience of care.

Providing a great place to work: Our people will feel connected, involved and supported to do their very best work together. Every person working in our Trust will feel able to bring their authentic selves to work each day.

We will support our people to learn and develop, look after their health and wellbeing and develop a workforce which is sustainable for the future.

Delivering great value for money: We will deliver best value by providing our staff with the resources they need, optimising the use of buildings and innovative technology. We will be smarter in how we use resources, so we are environmentally, economically and socially sustainable. We will work in partnership to deliver cost effective care across systems, address unwarranted variation, deliver social value, and support our communities to manage and recover from the impact of the pandemic; building a fairer future.



## 2021/22 - The year in review

It was another demanding year for the NHS, our services and our communities. The pandemic brought many challenges, but our long-standing commitment to providing Great Care, making Solent a Great Place to Work and delivering Great Value for Money has remained strong.

The passion and dedication from everyone in our Trust has been exceptional, colleagues approached situations with flexibility, ensuring we were able to continue to deliver care, respond to the pandemic and support people in our communities and one another.



Over the year, we continued to strive to be a great place to work; embedding a culture where our HEART values underpin everything we do and where people can be at their best and bring their whole selves to work.

Our 2021 NHS Staff Survey results were really positive, scoring amongst the best performing Trusts of our type.

The pandemic meant we saw a significant increase in waiting lists and our ability to maintain service provision was impacted, but we continued to find new ways to support people and their care, including working with Re:Minds to make resources available for parents and children whilst waiting times and initial assessments were extended.

In November 2021 the Omicron variant became prominent, spreading to the UK. NHS organisations were instructed to enter a state of preparedness. We focussed our response to support urgent and emergency care pathways and our acute partners, Portsmouth University Hospital and University Hospital Southampton.

In response to the Omicron variant there was an urgent national push to get people vaccinated and receive their booster by the end of December 2021. Surge capacity was stood up in the Mass Vaccination Centres across Hampshire and the Isle of Wight (HIOW) and additional workforce was sourced from a number of areas, including; redeployees, bank staff, voluntary organisations, Hampshire Fire & Rescue and the military, alongside additional support from the workforce bureau.

The additional surge capacity was stood down in January 2022 and sites reverted to previous capacity levels whilst the service expanded the community outreach service, bringing vaccination to the heart of our communities and under-served populations across HIOW.

In our commitment to deliver great care, we continued to adapt, monitor demand, and clinically prioritise referrals where necessary for example, in our learning disabilities services where we supported service users to set up technology so we could connect with them virtually and in our health visiting services where we created a 'first time mum' network via social media and used Zoom calls to provide virtual support.



We also worked closely with our health and social care colleagues across Hampshire and the Isle of Wight to enable people to stay safe and well at home, avoiding hospital admissions and promoting early hospital discharge. To help with this, our Portsmouth Community Nursing Team partnered with paramedics in the Otterbourne Ops Centre to reduce patient admissions to hospital and ambulance transfers by reviewing 999 calls diverting patients to Solent or Southern Health community services.

Our new Children’s Hospital @ Home service also work closely with medical teams and GP’s to prevent hospital admissions and facilitate early discharge for children and young people with acute and short-term health needs. We also launched our new Child and Adolescent Mental Health Service Inreach Liaison Team (based at University Hospital Southampton) to help children and young people who attend the emergency department in crisis.

We worked alongside our partners to help meet demands and make challenging decisions at times, this included redeploying people and training colleagues for new roles. Our partnership work with the Isle of Wight NHS Trust to transform mental health learning and disability services was positively recognised by the Care Quality Commission following their inspection of the Isle of Wight NHS Trust.

We also continued to see workforce and workload pressures as a result of the pandemic. To provide support, we continued to develop our extensive package of wellbeing offers for colleagues, including

**Contact us**

Phone: **0300 123 6609**  
 Email: **snhs.childrenshospitalathome@nhs.net**  
 2nd Floor, Adelaide Health Centre,  
 William MacLeod Way, Southampton,  
 Hampshire SO16 4XE  
 Opening hours:  
 7 days a week **10am - 6pm**  
**Referrals accepted until 5.30pm**

If you need to contact us we have a secure answerphone which is checked regularly throughout the service opening hours. When leaving a message please give your name, child’s name, telephone number along with your message.

**Out of hours**

Please speak to a member of our team if you’re unsure of who to contact outside of our working hours.

NHS 111 is available outside of our working hours and can help with urgent medical needs.

For any life-threatening or emergency need, please dial 999 for the emergency services.

**Tell us how you feel**

Please tell us how you feel about the services we provide.

If you have a compliment, concern or complaint please contact the Patient Advice and Liaison (PALS) and Complaints Services on: **0800 013 2319** or **snhs.solentfeedback@nhs.net**  
 Alternatively, visit: **www.solent.nhs.uk/contact-us**

Further information about this service: [QR Code]  
 NHS Healthier Together website: [QR Code]  
 Friends & Family Test Under 11: [QR Code]  
 Friends & Family Test Over 11: [QR Code]

**Children’s Hospital @ Home**  
 Service (CH@H)

Service provided by  
 Solent NHS Trust  
 University Hospital Southampton

[www.solent.nhs.uk](http://www.solent.nhs.uk)

new fitness programmes, access to wellbeing apps, welfare calls and wellbeing themed Zoom calls. We also looked for new recruitment approaches, development programmes and innovative pathways to support workforce pressures.

This included recruiting overseas colleagues, introducing a new room and desk booking system to support agile working and growing our apprenticeship offer by 22 more programmes. Although we operated in difficult financial times, we continued to work within the budget to deliver great value for money, investing in new digital systems and maximising efficiency and accessibility through our digital strategy.



We are exploring a helpdesk that it easier to access for colleagues, we replaced networks and introduced real-time access to data and integrated systems to help improve the services we provide.

# Whole system response and emergency preparedness

## Emergency Planning Resilience and Recovery (EPRR)

Throughout 2021/22 our staff and volunteers worked incredibly hard to respond to the continuing demands of the Coronavirus pandemic. The EPRR, Estates, Information Technology (IT), Infection Prevention Control (IPC) teams and People Services formed a delivery team to ensure the vaccines continued to be provided to the public.



### Emergency

Throughout 2021/22 our staff and volunteers worked incredibly hard to respond to the continuing demands of the Coronavirus pandemic. Following a request by the UK Government, we planned, co-ordinated and continue to manage the mass vaccination sites across the county of Hampshire and the Isle of Wight.

---



### Resilience

During 2021/22 we delivered over 785,000 Covid-19 vaccinations. Our seconded colleagues were supported by staff from Southern Health, the voluntary sector and Hampshire Fire and Rescue; the fire station at Basingstoke was used as a mass vaccination site for almost 11 months. We continue to deliver vaccines in line with Government guidance; in addition to our standard clinics, we utilise pop up sites to meet the needs of our communities.



### Planning

This year we have updated the EPRR framework and Business Continuity Plans across our services as well as delivering training and operational de-briefs. We worked with the Local Resilience Forum (LRF) and responded to a wide range of incidents, proving our resilience planning was effective.

---



### Recovery

During 2021/22 we recognised that the continuing pandemic had an adverse impact on some of our staff. We supported them by setting up safe workplaces for those who could not work from home, and facilitated regular, online meetings with their peers and managers. Gold command meetings were initiated and the EPRR Team continued to support teams with their Business Continuity Plans.



In addition to supporting our Trust with managing the pandemic during 2021/22, we continued with our EPRR programme of work, including the following.

**We delivered hazardous materials (HAZMAT) training to our reception staff and on call training for new directors and managers.**

- This provided receptionists with the skills necessary to deal with self-presenting casualties' who may be contaminated by chemicals or hazardous materials. Directors and managers new to the on-call rota received training, providing them with the tools to deal with incidents, empower decision making and an understanding of their role in multi-agency scenarios.

**We enacted the Psychosocial plan as part of the Afghan Relocation Assistance Programme (ARAP).**

- The Plan was used to develop a mental health response and framework to enable three providers of Improving Access to Psychological Therapies (IAPT) to come together quickly.

**We attended multiple Partner Activation Teleconference (PAT), Tactical Co-ordination Group (TCG) and Strategic Co-ordination Group (SCG) calls in relation to incidents.**

- Storm Eunice and several infrastructure incidents led to PAT and TCG calls to ensure all stakeholders were aware of the evolving situation and our planned mitigation was put in place.
- Following flooding at PHUT we worked closely with our partners, enabling us to provide extra bed space and staff to cover any patients who were discharged as a result of the flooding.

**We responded effectively to a fire at St James's Hospital.**

- Staff on the night of the fire were commended by the fire service for their quick actions which resulted in the safe evacuation of patients and staff.
- The Business Continuity Plan was enacted enabling all patients to move to suitable alternate wards.
- A fire action card was produced to ensure managers followed a set protocol after the fire covering items such as staff and patient welfare is assured ensuring all relevant stakeholders are notified, the area is made safe and subsequent investigations are started promptly.

**We carried out lockdown training at the vaccination centres.**

- The EPRR team and the Security Management Specialist carried table-top and physical lockdown exercises, ensuring staff knew the actions required to ensure staff and public safety in the event of an incident at one of the vaccination centres.

Throughout 2021/22 we continued to be an agile, effective and resilient organisation that operated at the highest level with training, plans and the necessary arrangements in place to mitigate the effects of any incident or challenges we were faced with.

# Principle risks and uncertainties facing the organisation

## The ongoing pandemic

As last year, the ongoing pandemic has been particularly challenging on our ability to maintain service quality. Consequently, our waiting times in some of our services have been adversely impacted as a result of needing to adjust and suspend some of our service offers. We continuously monitor the risks associated with capacity and demand across our clinical teams, however it will take many years for some of our services to recover to pre-pandemic waiting lists.

There are risks and uncertainty as we move into 2022/23; particularly regarding supporting the ongoing national COVID-19 vaccination programme and the impact this will have on our ability to provide and sustain levels of services as we redistribute our workforce to enable this programme, as well as the relentless toll on our people of responding to potential further waves of the pandemic.

## Our strategic risks

We monitor our key strategic risks within our Board Assurance Framework (BAF), and these are further referenced in our Annual Governance Statement. It is acknowledged that many risks are interconnected and as such, lapses in controls may impact and compromise other risks.

Our BAF risks relate to:



Demand, capacity and accessibility



High quality safe care



3<sup>rd</sup> party contractor assurance



Financial sustainability



Strategic Partnerships



Digital Maturity



Workforce sustainability

## Funding and financial pressures

The national emergency has meant that the basis of revenue received during the year has radically altered, with the basis for FY2020/21 being largely block based funding with additional support for COVID-19 and other pressures. This basis continued into FY2021/22 and will continue into FY2022/23. Whilst it has been extremely difficult to plan throughout the year, the Trust has delivered a £0.1m adjusted surplus in FY2021/22.

Traditional planning and contractual discussions continue to be paused, and instead the focus has been on system recovery and restoration (following the numerous pandemic waves) whilst balancing business as usual, responding to subsequent waves, and, supporting the vaccination programme.

Contractual discussions are expected to resume during quarter 2 2022/23 in line with the proposed new funding model of paying for services delivered via a fixed value to cover costs and variable value linked to activity.

This model should help address the new cost pressures of delivering services post COVID-19, with appropriate funding flows.

Achieving efficiencies during the year has proven difficult as the focus has been on supporting the Integrated Care System in responding to COVID-19. Efficiencies will form a fundamental component of financial plans moving forward, and as it is proving more difficult to deliver efficiencies as a stand-alone organisation; future efficiencies will need to be delivered on an Integrated Care System and Integrated Care Partnership basis through significant system transformation.

As part of our internal financial governance response to the pandemic, we consciously increased the level of financial control risk we are willing to tolerate to enable the swifter payment to our suppliers. This included increasing the tolerance for 3 way matching between Purchase Orders (PO), goods received and invoices.

## **Our business risks**

The great majority of our business is with Clinical Commissioning Groups (CCGs), NHS England, and local authorities, as commissioners for NHS patient care services and preventative services. As CCGs, NHS England and local authorities are funded by Government to buy NHS patient care and preventative services, the Trust is not exposed to the degree of financial risk faced by business entities, apart from the normal contract negotiation/renewal that is expected in any organisation.

The deficits were incurred in 2014/15, 2015/16 and 2016/17 and as at 31 March 2022, the cumulative deficit stands at £6.3m. The deficits were funded by Department of Health loans with differing repayment dates and in 2020/21 the loans of £9.1m were transferred into Public Dividend Capital.

## **The future**

As the ICB develops we look forward to working with our partners to shape services to better meet the needs of the future. We acknowledge that the future shape of services for Solent, as they are currently constructed, is unclear and that the medium and long-term configuration of health and social care services will undoubtedly change as a consequence of further partnership working and responding to the HIOW strategic review of community and mental health services. We acknowledge that services will be radically transformed in order to ensure they are fit for the future in terms of ensuring enduring quality and safety, to meet rising demand as well as achieving efficiencies ensuring a sustainable health and care environment. Services and pathways will be innovative and will be supported by digital advancements and enablers at a place-based partnership level and within Local Delivery Systems. We are committed to the development of provider collaboratives and have learnt much, as an organisation, and as a system, in response to the pandemic. Change and transformation can happen at pace when everyone works on a collective goal – this has been proven.

The forthcoming legislative changes under the Health and Care Bill will undoubtedly have an impact, including the new arrangements regarding the Integrated Care Board (ICB) and their legal and operational establishment.

The current uncertainty of how financial arrangements will be implemented will bring challenges to sovereign organisations and their respective Boards; however, we are committed to supporting the emerging governance processes and infrastructure to ensure the success of the ICB.

We also know that during times of change we are open to risk. These include risks concerning ensuring we can maintain 'business as usual', attract and retain an engaged workforce, remain a credible partner and continue to strive to achieve excellence in all we do. We must not become distracted or complacent.

The Board has oversight of our strategic risks, many of which are interdependent, via our Board Assurance Framework and the Board also ensures we have appropriate mitigations in place to manage these; particularly during periods of such significant transformation. We will ensure that Solent provides great care, is a great place to work and provides great value for money and that these remain our priorities.

Details of our key risks in year are included within the Annual Governance Statement.

## **Going Concern**

Our statement on Going Concern can be found in Section 3.



## Providing great care

Our priority is to become even better at delivering high quality care, coupled with a positive experience for both the people we look after, and our workforce. Delivering great care is about maintaining high quality standards – standards which improve the experience for service users and staff and enable us to provide safe, effective services.

We believe that substantial change in the way we deliver care in communities is needed to meet the new challenges of the NHS over the next 10 years – we recognise that we cannot do this alone. We are committed to working collaboratively at a local community level with primary care and, when required, at the scale of our cities and regions.

Our principal identity is that we work as one team for the NHS and alongside our friends and partners in social care, in the voluntary sector and alongside our communities too; if we are truly all together then we will achieve great things. During the year, we launched our new clinical framework, which includes a set of principles to describe how we will work to achieve the best outcomes for the populations we serve. You can download a copy of our [clinical framework here](#).



## Adapting our services in response to COVID-19

Continuing to meet the care needs of our patients has meant we have had to remain agile in our response to the COVID-19 pandemic – adapting our services. Our people have shown great resilience, commitment and dedication and approached incredibly challenging situations with flexibility. Services have been transformed at pace and people have stepped into roles that they would not otherwise do; ensuring we have been able to continue to deliver care, respond to the pandemic, support people in our communities and one another. We will always be whole-heartedly grateful to every member of Team Solent.

The pandemic has brought many challenges for the NHS, our service users, communities and system partners. Never more has the need to address health inequalities within our communities been more apparent.

The pandemic has also created some opportunities and a wealth of positive learning, particularly in terms of how health and care partners can best work together to improve care and achieve common goals. And so, as we learn to live with COVID-19, we have taken the time to think about what “beyond the pandemic” looks like for the local health and care system, for our services and for our communities.

We and our partner organisations were at the forefront of the vaccination programme across Hampshire and the Isle of Wight, working alongside our partners to deliver lifesaving vaccines to our population.

In February 2021 we stood up four large-scale vaccination centres across HIOW, including Portsmouth, Southampton, Basingstoke and the Isle of Wight. Our running of these centres has continued and to date we have delivered over three quarters of a million vaccinations to the people in our communities. This has included the delivery of first and second doses to children aged 12 and above and over one million booster vaccinations to those aged 16 and over.

The vaccination centres are staffed by incredible people and continue to evolve to meet the needs of the population. In the summer of 2021, a new roving model was created to provide an agile service to ensure that every individual had easy access to a vaccine. These clinics provided a vital service by being located in the heart of communities, including places of worship, shopping centres, fire stations and community halls. Our teams stepped into nightclubs, cruise ships and even music festivals to provide the vaccine, offering reassurance and education to support individuals to make informed choices.



**Solent reaches out to communities in COVID-19 rollout programme**

Throughout April, Solent employees joined NHS colleagues, community partners and volunteers to reach out to residents who had not received their first vaccine dose. Vaccination sessions were held in neighbourhood settings including places of worship, homeless shelters and even a boxing academy (pictured). Staff were also able to have conversations with people who were concerned about having the vaccine, helping reduce their hesitancy and counter misinformation.





## Redeploying staff to support our patients

A former music schoolteacher who was not expected to survive COVID-19 returned home to his family, thanks to the care he received from Solent NHS Trust staff and those at Portsmouth Hospitals University NHS Trust.

Colin Garner, 61, from North End, became critically ill with COVID-19 in January 2021 and was admitted to the intensive care unit at Queen Alexandra Hospital in Cosham. Whilst there in an induced coma, Colin was cared for by a team which included two physiotherapists seconded from Solent NHS Trust. Colin's condition improved, and he was transferred to Spinnaker Ward at St Mary's Hospital in Portsmouth in April. At the same time, physiotherapists Fiona and Hannah finished their redeployment, and they treated Colin once again, at St Mary's.

Colin, who has learnt to walk again but needs oxygen, recovered sufficiently to leave hospital.

Colin said at the time: "It feels absolutely brilliant to be going home, I never thought the day would come. I didn't think I would ever walk again so I'm over the moon. Everyone at the Queen Alexandra and St Mary's have been guardian angels – every step of the way they've been there for me, encouraging me.

"I'm most looking forward to holding my wife, sitting with my wife, just meeting my friends and family again, being able to walk out in the garden, things like that.

"It hits you that COVID-19 is horrible, I think they nearly lost me a couple of times with pneumonia.

The continued success of our vaccination programme is a testament to the commitment of our people across all disciplines who were redeployed to the vaccination centres and our wonderful volunteers. The vaccination centres have welcomed over 2,000 volunteers, some were provided with training to administer vaccinations, others welcomed people to the centres and offered kindness and support whilst they waited to be vaccinated.

The vaccine has provided the people in our communities and their families the chance to protect themselves against the devastating effects of COVID-19. As an organisation we are incredibly thankful to our people and proud of their commitment to the vaccination programme.

A COVID-19 commemorative book was designed to help share the stories and experiences of our people through the pandemic, creating a snapshot of the past 18 months. The book is online and was printed so staff could have copies as a keepsake, sharing these stories and milestones with families, generations to come, and remembering how much they have done and continue to do, throughout this unprecedented time.



Additional capacity across Solent inpatient units was stood up in early December 2021 to meet expected winter pressures, higher acuity patients and provide surge capacity to the HIOW systems to support timely hospital discharges.

Services across the Trust continued to be in recovery mode, with waiting lists and backlog levels varying across services. A number of actions we have taken has helped to mitigate and minimise the impact, however the reduction in service delivery over the pandemic has been unavoidable. Actions have included:

- Initial triage of new referrals to assess priority; pooled ‘whole service’ waiting lists to ensure prioritisation based on clinical need rather than capacity by location.
- Urgent cases prioritised.
- Regular and ongoing review of waiting lists; patients able to make contact in the event of deterioration of their symptoms. This has allowed active review and reprioritisation of risks where appropriate.
- Continued use of technology to support patient care such as using telephone and video consultations alongside face to face appointments. The most appropriate approach decided according to clinical need. Support for patient self-care options where appropriate.
- Partnership working; sharing resources with partner organisations to support patient care. i.e. some very urgent dental cases seen via emergency lists by Maxillofacial surgery at PHU/UHS.
- Targeted areas of focus to flex resources and maximise capacity. ‘blitz clinics’.
- Use of additional hours from existing staff to increase capacity, while also balancing with wellbeing of staff after a challenging year.

In year we introduced a COVID-19 infusion service at St Mary’s Hospital in Portsmouth. The service is for at-risk patients who have a positive COVID-19 result, are symptomatic and have certain medical conditions that may result in a higher risk of hospitalisation. We support community patients to receive their infusions in hospitals closer to (and eventually at home) rather than acute hospital settings.

The Harbour – a remote, out of hours mental health crisis service – launched mid-September for people living in Portsmouth, Fareham, Gosport, Havant and East Hampshire is expanding. The service, which is being piloted for 12 months, entered its second rollout phase, expanding from three to seven evenings a week with the aim to reduce the number of people who use the emergency and acute mental health services by preventing people reaching crisis point.

Our Child and Family Services launched an online portal to help parents and families access information and support during pregnancy, birth and beyond, all written and approved by local health professionals. The digital portal called [Family Assist Solent](#) can be accessed at any time, from a phone, tablet or PC, and will deliver key pieces of information by e-mail to registered 3 users at the relevant stages throughout pregnancy and the different stages of a child’s life.

## Working with our partners and the wider ICS

### Hampshire and Isle of Wight Integrated Care Systems (HIOW ICS)

The Hampshire and Isle of Wight Integrated Care System (ICS) is a partnership of NHS and local government organisations working together to improve the health and wellbeing of our local communities.

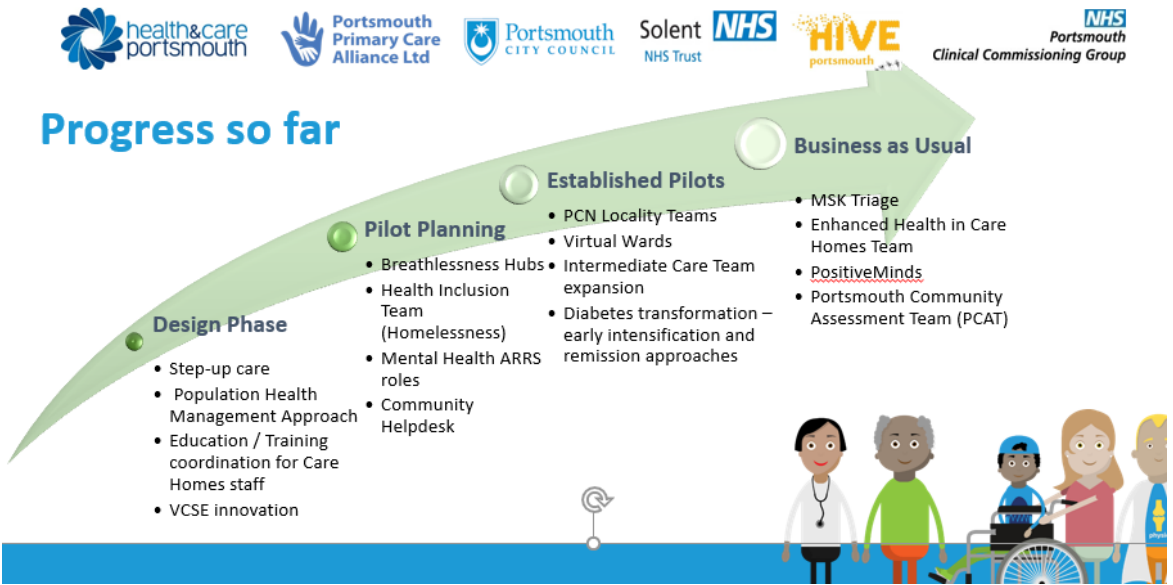
The HIOW Health and Care Leadership Group held its inaugural workshop on 23 June 2021 to consider the feedback received from system leaders on the proposals for the development and formalisation of ICS arrangements.

Integrated Care Boards will formally take on powers in July 2022. The Hampshire and Isle of Wight Integrated Care Board will serve a population of 1.9million people, with an NHS budget of over £3billion and supported by 77,500 health and care staff.

There are already many excellent examples where we are improving service user experience and outcomes of care through partnership working with hospital services, social care, other mental health and community services, GP’s and other primary care colleagues. We will further develop this collaborative approach in the coming months and years; increasingly also working together with colleagues in non-NHS services, such as housing, employment services, the Police and the voluntary, community and social enterprise sector. We must make best use of our collective experience and assets and ensure all people can access effective, joined-up services which meet local needs, reduce inequalities and improve the health and wellbeing of our population.

The Hampshire and Isle of Wight system faces a number of challenges. Some communities experience unacceptably poorer access, outcomes and life expectancy than the rest of our population. This has been highlighted more than ever during the COVID-19 pandemic. In common with other systems across the country, there is an increasing financial challenge and we have some difficulties recruiting and retaining the workforce we need. The needs of our city populations are different in some areas to those of our rural communities. Across the county, there is a growing elderly population with changing health needs. We also know there is variable quality and resilience of services, with some people staying in hospital longer than is beneficial.

**Portsmouth Provider Partnership**



Despite the challenges of living and working through a pandemic, the Portsmouth Provider Partnership has continued to go from strength to strength and has showcased to ICS colleagues the capabilities and achievements of a well-established place-based partnership.

Whilst some projects have had to pause, significant progress has been made in priority areas such as addressing health inequalities and a focus on resilience and sustainability within the local system and a strong drive towards achieving many of the ambitions outlined in the long-term plan, for example Urgent Community Response services and Integrated Teams with Primary Care Networks.



The Partnership will be taking stock of the planned structural changes taking place across the ICS and understanding where it can continue to add value, ensuring a continued focus on improving health and care outcomes for the people of Portsmouth.

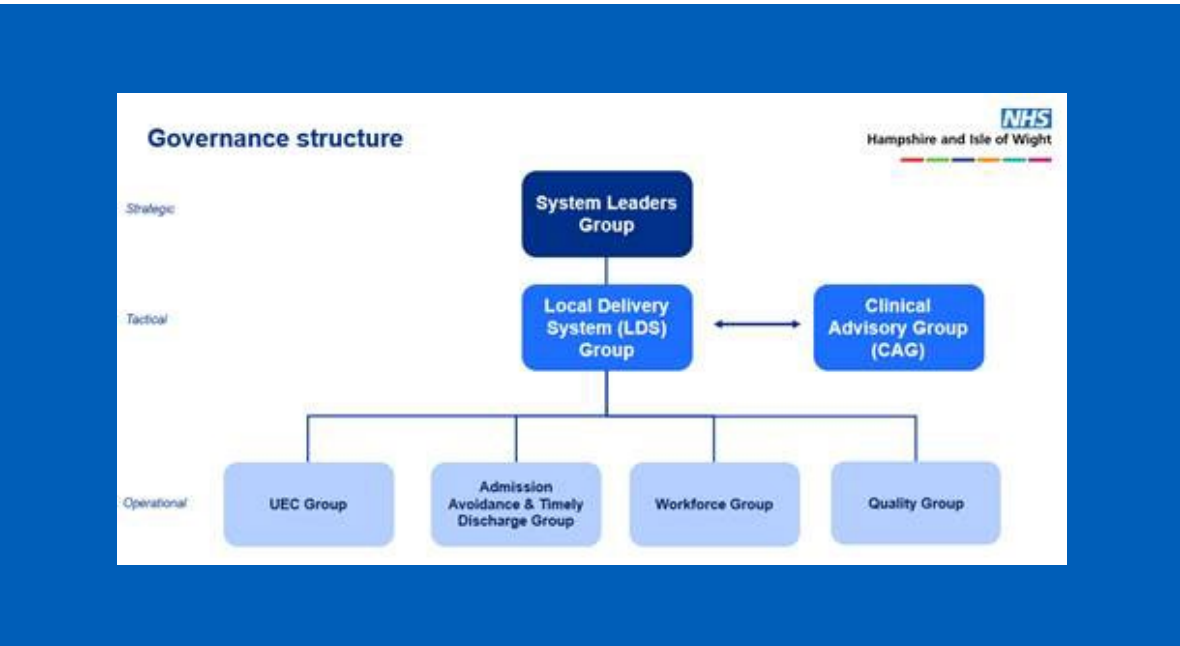
### Southampton and South West Hampshire (S&SWH) Local Delivery System (LDS)

LDS Plan 2022/23 – system principles

The Southampton and Southwest Hampshire system is incredibly proud of its achievements over the past year 2021/22, whilst recognising that there is still a significant amount of work to do. In 2022/23 the system plans to come together again, to deliver improvements for our local population and workforce, guided by the following principles and for the purpose as set out below

Key principles	Purpose
<ol style="list-style-type: none"> <li>1. Ensuring joint working - 'one' system for our local population</li> <li>2. Continuing to build relationships between system organisations</li> <li>3. Recognising the pressures of other organisations within the system</li> </ol>	<p style="margin: 0;">Creating, monitoring and reviewing joint action plans to deliver a shared ambition. Having a safe space where partners can openly share progress and constructively challenge each other</p>

S&SWH LDS has grown in maturity over the period of the pandemic; continuing to share expertise and resource to collectively respond to COVID-19. Over the course of 21/22 S&SWH LDS has responded to the delta and omicron variants, creating and delivering a surge plan that enabled us collectively to manage the demands that COVID-19 placed on our health and care services. In recent months the LDS has agreed it’s principles, governance structure and work programme for the forthcoming year.





## Isle of Wight Trust Partnership

We have been working in partnership with the Isle of Wight NHS Trust for over two years to improve the quality of Mental Health & Learning Disability Services on the Island and work in Partnership with the Island’s Adult Community Services. The latest Isle of Wight CQC inspection (2021) cited our partnership as a key driver of quality improvement in services provided by the Isle of Wight. The partnership has fostered shared learning between services by bringing clinical and operational leaders together. We plan to continue to build on this positive start, with work in 2022/23 focused on sharing learning to improve services for our patients across both our Trusts.

## Community Partnerships



**SAINTS FOUNDATION**

Southampton FC and the Saints Foundation

Last year we formed a promising partnership with Southampton Football Club and Saints Foundation to launch a range of health-focused initiatives.



In the summer we joined forces to produce a video with Saints Foundation ambassador and former Southampton and international footballer, James Beattie, to raise awareness of COVID-19 and its long-term side effects, (also known as ‘Long Covid’) especially amongst the male population. You can watch the video by clicking on the link.



During the year ahead we will be working closely with the club to raise awareness amongst fans and our wider community of some of the region’s key health priorities, with the aim of encouraging people to make sustainable changes that will positively affect their own health.





## Portsmouth FC

Portsmouth FC worked with our Pulmonary Rehabilitation team to raise awareness of different lung conditions and support those who currently attend their rehabilitation programme. Solent's team provides pulmonary rehabilitation for patients who have a long-term lung condition, providing exercise and self-management education.

As part of the partnership, Pompey players featured in a series of six videos that aid the pulmonary rehabilitation process, including breathing techniques, exercise training and health education.



## Terence Higgins Trust

We launched a new campaign in partnership with the Terence Higgins Trust, a leading HIV and sexual health charity, to raise awareness locally about a free pre-exposure prophylaxis (PrEP) pill that protects people from contracting HIV and is available from sexual health clinics. Tristan Norris, Assistant Health Advisor was interviewed by BBC Radio Solent following our PrEP release, which was also a feature on Yahoo! News.



Hospice UK

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



Enable Ability

Following the incredibly positive response to the [vaccination hub virtual tours](#), we have again partnered with enable ability to produce a tour of its centre for people with learning disabilities.

The tours were shown to reduce anxiety and increase accessibility for service users whose difficulties or disabilities range in severity; often people with quite mild needs may face difficulties in orientating around a new building or location. This virtual tour is designed to be immersive and provide points on the journey to reassure and support.

The [virtual tour](#) was our Learning Disability Forum and received a positive response from carers and service users.

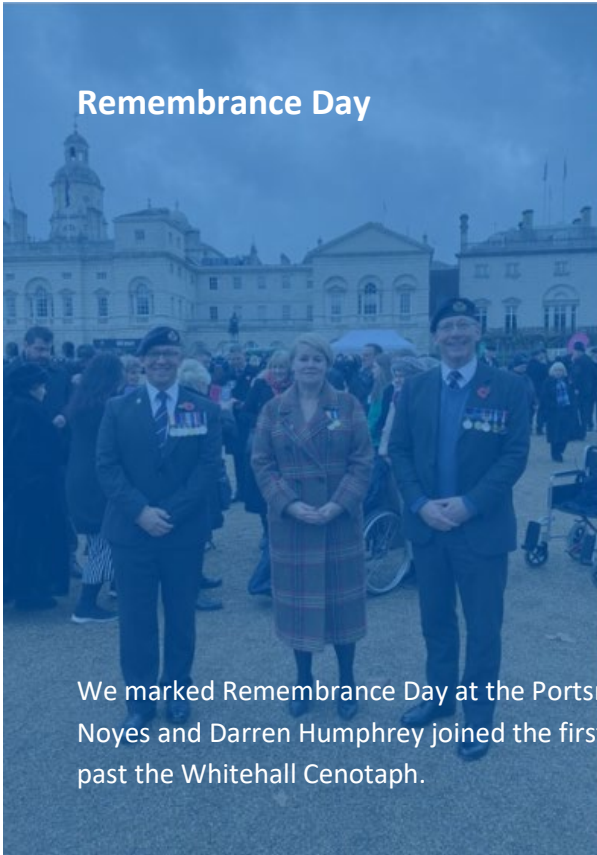
## Working with our Veterans

In the summer of 2021, we signed the [Armed Forces Covenant](#) making a number of pledges to improve services to armed forces communities and to become a better employer of veterans, reservists and their families.

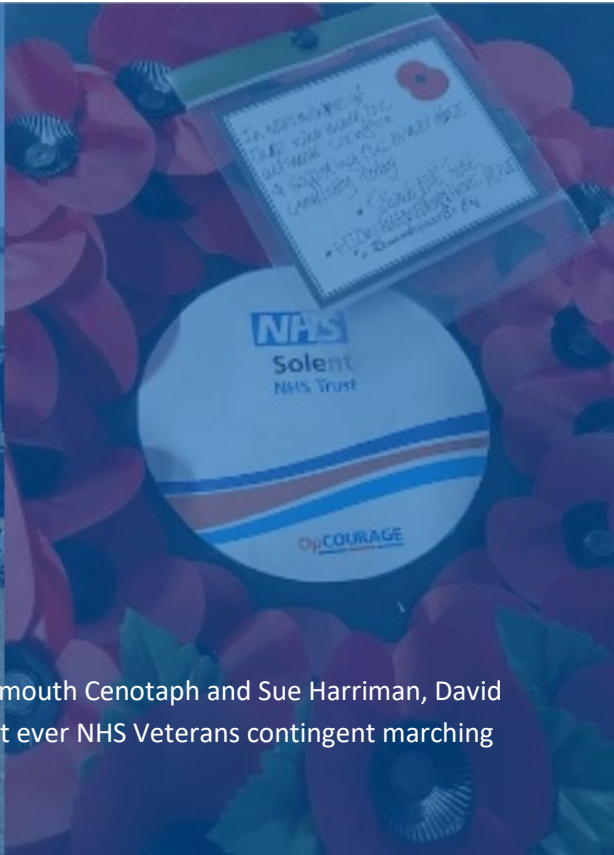
We are now proud holders of Bronze status in the Covenant Employer Recognition Scheme. We are also seeking Veterans Covenant Healthcare Accreditation status. All of this, together with working to ensure we meet our new “due regard” responsibility under the Armed Forces Act 2022, has the aim of making Solent an exemplar NHS organisation for our armed forces communities.

We marked Armed Forces Day 2021 with a [series of podcasts](#) showcasing the work we do with our partners to raise awareness support available and we plan to do more in 2022.

## Remembrance Day



We marked Remembrance Day at the Portsmouth Cenotaph and Sue Harriman, David Noyes and Darren Humphrey joined the first ever NHS Veterans contingent marching past the Whitehall Cenotaph.



In 2021 the Veterans Mental Health High Intensity Service (HIS), part of OpCOURAGE of which we are lead provider in the South East, has become fully established. We have supported over 150 veterans with a wide range of mental health issues through providing trauma informed veteran aware wrap around clinical and social support to stabilise and help engagement with community and specialist veterans services. This pathfinder will continue into 2023 with the learning informing the shape of future OpCOURAGE services in which we will continue to play a key role.

We continue to lead the Hampshire and Isle of Wight Military Mental Health Alliance of over 40 member organisations, and this has led to improved outcomes for our armed forces communities in the due to better networking, sharing of expertise and making pathways of support and care as easy to navigate as possible. Future focus will be on specific issues such as support for alcohol addiction, and family pathways.

We also continue to work in partnership with the Royal Navy & Royal Marines Charity to support projects to improve outcomes for Naval families which in 2021 saw the launch of Anchoring Minds, a new service provided by Solent Mind and the growth of Forces Link Alcohol & Gambling Support (FLAGS), delivered by the Society of St James, working alongside the Royal Navy, providing support to serving personnel.

In 2021 we became a mentor to 10 Covenant funded projects across England designed to tackle loneliness in the armed forces communities and we actively support these projects to deliver their outcomes and work alongside their local health and care pathways.



## Working with our community

*‘Communities are all around us, close at hand, awaiting the community building that will make the invisible assets within then visible in all their abundance.’*

In April 2021 we launched *Alongside Communities - the Solent approach to engagement and inclusion*, the result of over 18 months of working with patients, families, carers and the community we serve. We wanted to better understand what really matters most to local people about their local community and mental health trust and how we could work with the strengths of communities to achieve their goals. *Alongside Communities* is based on three ambitions, described by local people as the things that will make the most difference to their health and well-being:

1. Improving health;
2. Reducing health inequalities;
3. Improving the experience of care when using services.

People also told us about how we could best achieve these ambitions, they said:

- Start with what’s strong, not what’s wrong – recognise the strength of communities.
- Come ***alongside communities*** to work in a very different way – build trusting relationships with local people, become true partners.
- Shift from ***fixing or prescribing***, from “doing to, doing for” to “*doing with and doing by our communities*”
- Work with ***small places***, or small groups of shared interest is best, and much more effective than large scale.



So together we, the teams at Solent, and the communities we serve, are fundamentally changing the way we work. Local people are becoming increasingly involved in what we do, offering their skills, knowledge and expertise, guiding us to deliver what really matters most to them. Over the last year we have developed a strong network of community partners; individuals and groups from local communities. We have increased the number and range of partners from 20 at the start in 2020 to over 250 in 2022, and now have support from people from minority ethnic groups, individuals living with severe mental and physical ill health, people with a learning disability, and the LGBTQ community.



We have developed a way of listening, hearing and understanding what matters most to local people. Community conversations provide an opportunity for people to share with us what we do well, what we could do better and how to approach some of the challenges we face. Over 100 community conversations have been held in the last year, with more than 500 people involved directly in discussing topics, including death and dying, community mental health services, carers support and how people wish to participate in Solent services. These conversations have resulted in the identification of priorities for a programme of work related to palliative and end of life care, the co-creation of framework for community mental health services, the implementation of innovative carers support for people caring for those with severe mental ill health, carers from minority ethnic communities, and a framework of opportunities for involvement.

## Supporting our community to access therapies

The Talking Change Team identified that people from minority ethnic groups were less likely to access their service and if they did, they had a poorer experience of care. The team asked the Community Engagement and Experience Team (CEET) to support them in improving their understanding of why people were reluctant to use the service, and what made their experience of care poorer than others. Confidential 1:1 conversations between a CEET Facilitator, a member of an ethnic minority and over 100 service users provided rich stories that to four key recommendations for the service;

**1. Talking Change need to strengthen their relationships with communities to build trust with those who do, and most importantly who do not use their service.**

*Action: The CEET are facilitating links with the network of community partners, many from minority ethnic groups. This will help with access to people from local communities as a matter*

**2. Staff require greater cultural awareness to support practice.**

*Action: The team undertook cultural sensitivity training in January 2022, to improve their understanding of the context of mental ill health in different cultures.*

**3. Improve appointment accessibility including appropriate translation services.**

*Action: Work has commenced to improve knowledge of how to effectively use language interpreting services, to offer appointments which afford the person.*

**4. Increase visibility of service.**

*Action: Whole team delivered Portsmouth Mental Health Alliance workshop to 126 attendees.*

*Action: Cultural sensitivity training delivered to team January 2022.*

*Action: Working with interpreters training has been initiated, to improve access to and use of interpreting services for people.*

*Action: Diversity Training from IAPT national leader.*

Further work will be undertaken improve visibility of the service and provide support to ethnic minority groups in our community to self-identify mental health issues.



# Engagement with Health Overview and Scrutiny Forums

During the year, we provided updates and answered questions on the following subjects:

## Southampton (Health Overview and Scrutiny Panel)

No written updates were required, however we formed part of regular updates from the CCGs around COVID-19 vaccination programme.

*September 2021* – Report of NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing the Panel with an update on developments at RSH and Western Community Hospital.

## Portsmouth (Health Overview and Scrutiny Panel)

*June 2021* – Update provided around future of Jubilee House, COVID-19 vaccination programme, staff survey and the Orchards refurbishment.

*November 2021* – We provided a written update around the vaccination programme, international nurses recruitment campaign and the Harbour mental health service.

*March 2022* – Update given around our mass vaccination centres, additional capacity to support winter pressures and urgent community response to support partners [across the system](#).

## Hampshire (Health and Adult Social Care Select Committee)

*June 2021* – Written update around service recovery and the vaccination programme.

## Our volunteers



The people who use our services, and the staff who provide those services, are supported by an exceptional team of volunteers who offer us the gift of their time, their knowledge, skills and experience. The contribution that volunteers make is as diverse as the volunteers themselves who range in age from under 20 to over 80 years! Whilst many roles are those that have been traditionally undertaken, including ward buddies, administrative support for busy teams, and people who support the Patient Led Assessment of Care Environment (PLACE) work, many more have developed

to enhance the experience of people who use our services. Innovative volunteering roles are established in the Solent Academy, with patients, families, carers and members of the local community playing a central role in the development and delivery of research and improvement activities.

The Experience of Care Team benefit from the support of volunteers in receiving feedback from patients, and our Community Engagement Team have a network of volunteers in the local community supporting our reach out.

The impact of the pandemic on volunteers and opportunities for volunteering has been extensive, due to the necessary restrictions in our clinical areas and also having a very high proportion of our regular volunteers in the risk of COVID-19 groups, who chose to suspend their volunteering activity for the time being. Between 2020 and 2021 we saw a significant reduction in the number of volunteers working on our sites (from 180 to 28) but are now starting to see an increase with 44 in March 2022.

We have however taken the opportunity to be creative and think about the how we can best use the skills our volunteers offer whilst keeping them and the people we care for safe:

- The Children’s Community Team have benefited from the support of a volunteer driver for clinical team members, releasing valuable time and clinical resource.
- Pastoral Care Volunteers were developed to help our recently recruited nurses from overseas, offering friendship and guidance about the local area. Driving volunteers offer transport to the new members of our team to their initial induction days, making sure they get to where they need to be safe and sound.
- The ‘Fine Voice Choir’ volunteers, offer an uplifting outdoor concert to patients in our wards in Portsmouth. Much needed and appreciated with limited visiting allowed last summer. They came back in May 2022 for a repeat performance!
- The Experience of Care Team have been supported by a team of volunteers to improve our understanding of patients’ experience of using our services. They have been key in enabling people to share their story, including the implementation of the use of digital a QR code to allow direct access to the national Friends and Family Test, a simple experience of care tool.

**English**  
We value your feedback. Please help us improve our services by completing our survey. We can offer a feedback form or you can scan a QR code.  
Your response is free and anonymous



**Polish**  
Cenimy sobie Wasze opinie. Pomóż nam ulepszyć nasze usługi, wypełniając naszą ankietę. Możemy zaoferować formularz opinii lub zeskanować kod QR.  
Twoja odpowiedź jest bezpłatna i anonimowa



### Improving the experience of waiting – a volunteer led wellbeing call service

Many Trusts have seen an increase in the amount of time people are waiting for an appointment for care or treatment as a result of the pressures on services during the pandemic. Whilst we have for some time reviewed the risk of harm to people as they wait, little has been done to consider the impact on the quality of life as they wait.

We, with the support of a small grant from NHSE/I have implemented a system of volunteer led wellbeing calls to people who are on our waiting list. After undergoing training, they check in with the person to see how they are doing, offer advice and signposting and if any concerns, advise the voluntary services and patient experience manager. We will be reviewing the impact of this initiative during the year ahead.

### A volunteer army supports the COVID-19 Vaccination Centres



Around 2,000 volunteers have supported the running of the Solent NHS Trust mass vaccination centres. They have worked in a range of roles, covering 12 hours a day, seven days a week. It is a phenomenal contribution, only made possible by the partnership and support of partner organisations (Basingstoke Voluntary Action, HIVE Portsmouth, Community Action Isle of Wight, Hampshire Search & Rescue, Southampton Voluntary Services, Communicare, St John’s Ambulance, Royal Voluntary Services and the Saints Foundation, Southampton).

Megan Sankey, Clinical Matron on the Programme, sums up the importance of their contribution, she said: *“They’re everywhere we need them to be and without them the patient’s experience wouldn’t be as good as it is. We are so grateful to them”*



Jonathan used to work in IT, and has been working as a volunteer vaccinator with St John’s Ambulance, he said: *“The most important thing is I feel I’m contributing to the campaign to keep the country safer and able to enjoy the freedoms we’ve been enjoying as a result of the vaccination programme.”*

Our volunteers are the welcoming face of the vaccination centres, reassuring and guiding people through their vaccination process. They have kept the car parks running smoothly in every sort of weather and held the hands of many an anxious attendee. They have worked side by side with clinical teams inside the centres, vaccinating, managing queues and providing observation post vaccination.

Nick Hemmings, Medical Lead for HANTSAR, has been vaccinating at Oakley Road in Southampton, he said: *“The vaccination role has been hugely rewarding and the team have really enjoyed working alongside healthcare professionals and in the later stages, other volunteers and paid staff from different backgrounds. Additionally, we have been able to raise the profile of HANTSAR and increase awareness of the work we do. We've built upon our professional image and demonstrated our capability, as well as undoubtedly forging friendships into the future.”*

Shirley Winn started volunteering on the Isle of Wight, following the closure of her travel business, she said: *“Before Covid, I had a really successful travel agency and tour operating business on the island. I had to really reinvent myself because I lost my company. I could have gone one of two ways, but I decided to reinvent myself.”*



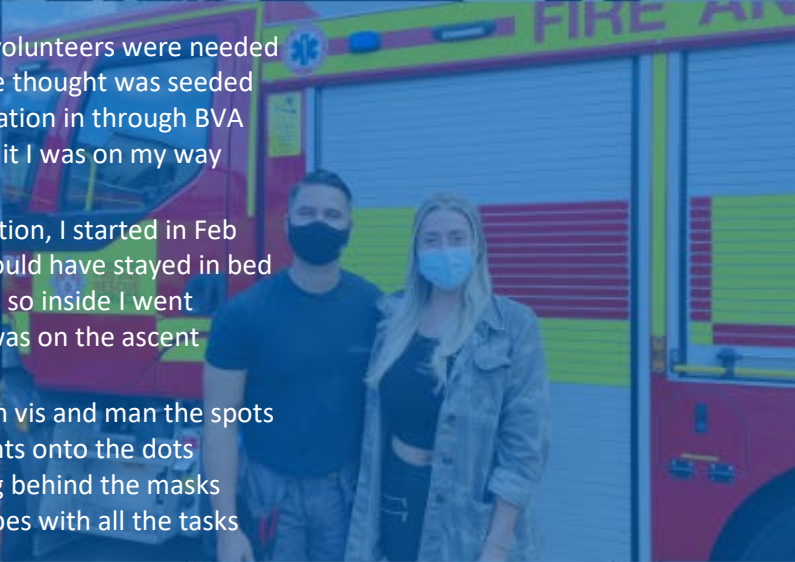
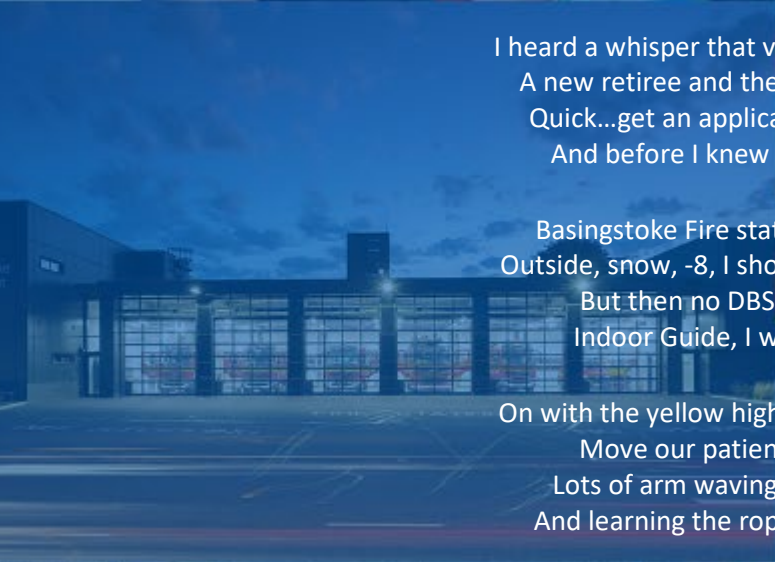
Shirley’s passion and the chance to try something new at the Riverside vaccination centre has led to her deciding to retrain as a nurse so she can continue to support people. The volunteer programme at the Vaccination centres has been the largest seen by our Trust and has demonstrated how patient care is improved by partnering with the voluntary sector. It leaves a legacy of joint working and new roles for volunteers going forward. A massive thank you to all that volunteered and to all of those organisations who supported us.







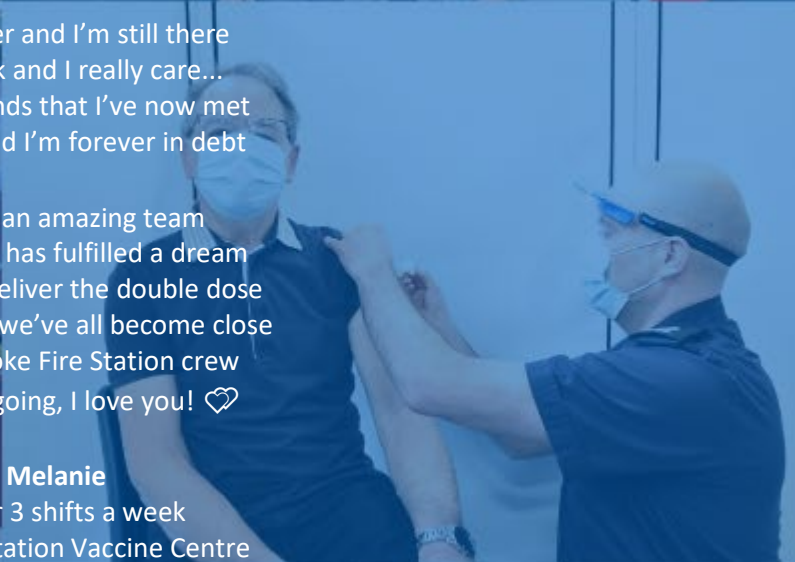
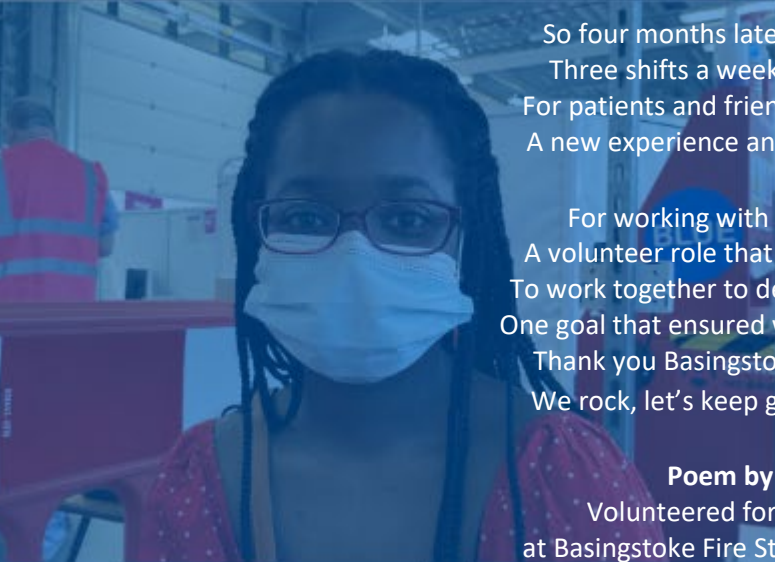
Boxing Day arrived and lockdown three  
 Oh no!, winter and I want to flee  
 Instead, confined at home, no not again!!  
 But then not everything was in vain



I heard a whisper that volunteers were needed  
 A new retiree and the thought was seeded  
 Quick...get an application in through BVA  
 And before I knew it I was on my way

Basingstoke Fire station, I started in Feb  
 Outside, snow, -8, I should have stayed in bed  
 But then no DBS so inside I went  
 Indoor Guide, I was on the ascent

On with the yellow high vis and man the spots  
 Move our patients onto the dots  
 Lots of arm waving behind the masks  
 And learning the ropes with all the tasks



So four months later and I'm still there  
 Three shifts a week and I really care...  
 For patients and friends that I've now met  
 A new experience and I'm forever in debt

For working with an amazing team  
 A volunteer role that has fulfilled a dream  
 To work together to deliver the double dose  
 One goal that ensured we've all become close  
 Thank you Basingstoke Fire Station crew  
 We rock, let's keep going, I love you! ❤️

**Poem by Melanie**

Volunteered for 3 shifts a week  
 at Basingstoke Fire Station Vaccine Centre





# Volunteering in partnership

During the pandemic we have partnered with the University Hospitals Southampton NHS Trust, offering support from 10 of volunteers when they have been under exceptional pressure. Having an agreement in place to allow for the temporary transfer of volunteers between organisations allowed these volunteers to support patients in the wards in Southampton.

*“I have enjoyed my opportunities to work with the Volunteering team at Solent NHS. The people I have been involved with at Solent NHS have been very enthusiastic, caring and supportive which has helped me achieve a positive and rewarding experience while contributing to improving the wellbeing of patients”.*

**Eddie - Volunteer**

It is important to note that not all volunteers are human beings! Casper (left) and Bella (right) are important members of the vaccination team. Helping children who come to have their COVID-19 vaccinations and Bonnie (below) is a PAT (Pets as Therapy Dog) at the Royal South Hants Hospital.



## How we have used Charitable Funds to enhance care

The Solent NHS Charity, formally known as Beacon, raises money to make a difference to the experience people have when they are being cared for by Solent NHS Trust, covering areas not covered or fully supported by NHS funds.

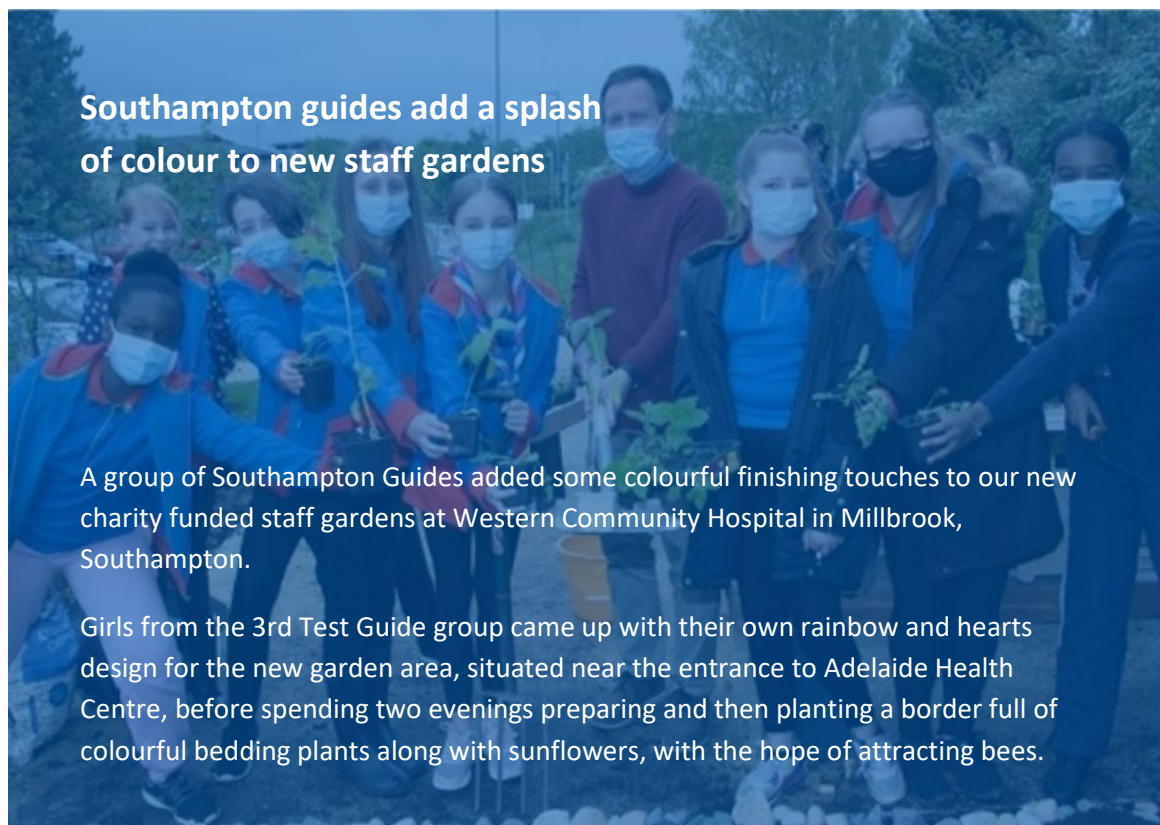
We are really grateful to everyone who helps raise money for the Solent NHS Charity, we realise every penny counts and we work hard to ensure donations are spent wisely. The donations we’ve received between 2021/22 amounted to £7342.

## We launched three new Wellbeing gardens for our people

Three new wellbeing gardens – one at St. Mary’s Community Health Campus in Portsmouth another at the Western Community Hospital in Southampton and a third at St James campus.



The gardens offer a much-needed space for reflection and peace for Solent staff and colleagues. They were funded in full by NHS Charities Together, to the sum of £110k. The gardens are a unique space complete with beautiful ergonomic seating and complementary planting to enhance the senses.



### **Southampton guides add a splash of colour to new staff gardens**

A group of Southampton Guides added some colourful finishing touches to our new charity funded staff gardens at Western Community Hospital in Millbrook, Southampton.

Girls from the 3rd Test Guide group came up with their own rainbow and hearts design for the new garden area, situated near the entrance to Adelaide Health Centre, before spending two evenings preparing and then planting a border full of colourful bedding plants along with sunflowers, with the hope of attracting bees.

## Charity funded sports area at Portsmouth mental health campus

A multi-purpose games area (MUGA) has been created in the grounds of St. James' hospital in Portsmouth.

The all-weather MUGA is being generously funded to the tune of £50k by NHS Charities Together with money raised in part by Captain Sir Tom Moore in support of NHS staff, volunteers and patients during the COVID-19 pandemic.

The MUGA will provide the perfect place for patients to enjoy the physical and mental health benefits of exercising outside as part of their road to recovery.

The new sports area is part of an ambitious transformation project by Solent NHS Estates to extend, alter and refurbish Maples psychiatric intensive care unit for the benefit of patients and staff.

## Thank you badges

Charitable Funds were used to purchase 'grateful thanks' badges for all our staff at Christmas. Proceeds from the badges, which were really well received and are being proudly worn by people in Team Solent, will go to NHS Charities Together.

## Donations received

We would like to express our thanks for the generous grants we have received via NHS Charities Together and from organisations and members of the public to our Solent NHS Charity.

## CQC Inspection Results

You can read about our CQC inspection results in the Quality Account, Appendix 1.

## NHS Constitution



The NHS Constitution was established in 2009 and revised in summer 2015. The constitution sets out the principles and values of the NHS. It also sets out the rights to which patients, service users, the public and staff are entitled, a range of pledges to achieve and the responsibilities which patients, service users, the public and staff owe to one another to ensure that the NHS operates fairly and effectively. We operate in accordance with the principles and pledges as set out in the NHS Constitution and undertake an annual review of our compliance, which is reported to our In-Public Board meeting.



## Providing a great place to work

Team working is at our heart; delivering great care is only possible if people feel connected, involved and supported to do their very best work together.

We have a values-based culture where every interaction matters; if we continue to build a great place to work, outcomes and safety for patients will further improve.

Improved people practice and compassionate and inclusive leadership are key to the development of a just and supportive environment, in which people feel safe to speak up and challenge practices

We will continue to ensure our people are liberated through communities of action to simplify, participate and innovate. Innovation and technology will be at the core of our plans to achieve a sustainable workforce.

We nurture a culture of growth and will ensure that all our colleagues benefit from learning, and career development.

## Our People

At 31<sup>st</sup> March 2022, we employed 5426 clinical and non-clinical members of staff (including part-time and bank staff) this equates to 3527.18 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities. Most of our people are permanently employed in clinical roles and deliver patient care either directly or indirectly. We also employ a number of administrative and estates staff members who provide vital expertise and support. The following table provides a breakdown of our Solent NHS Trust team at the end of the year, March 2022.

Staff Group	Female FTE	Female %	Male FTE	Male %	Grand Total
Admin and Estates	279.13	78.34%	77.16	21.66%	356.29
Director	3.00	65.22%	1.60	34.78%	4.60
Healthcare Assistants and other support staff	1,107.18	85.75%	183.95	14.25%	1,291.13
Managers and senior managers	37.20	63.48%	21.40	36.52%	58.60
Medical and Dental	100.45	72.66%	37.79	27.34%	138.23
Nursing and Midwifery Registered	800.24	91.78%	71.69	8.22%	871.93
Scientific, Therapeutic and Technical	248.09	87.58%	35.19	12.42%	283.28
Allied Health Professionals	441.48	84.83%	78.93	15.17%	520.41
Qualified Ambulance Service Staff	2.70	100.00%	0.00	0.00%	2.70
Grand Total	3,019.46	85.61%	507.71	14.39%	3,527.18

Our workforce is largely female (85.6%), and this is the predominant gender in all our staff groups. We publish our Gender Pay Gap Report annually (available on the government website). The average



(mean) hourly rate for our females in Solent is 11.83% lower than our male employees. However, the median calculations (the average hourly rate at the mid-point for each gender) is only 0.55% lower for females. Our gender pay gap exists largely because we have a greater number of women in the workforce with a higher proportion in our entry level roles. We remain committed to Equality, Diversity and Inclusion agenda and to strengthening inclusive people practices across the Trust and will continue to work on reducing gender pay gaps.

The following tables provide detail on staff numbers and expenditure. These staff numbers represent average for the year and expenditure for the full year.

<b>Average staff numbers during 2021/22 period</b>	<b>Permanent Number</b>	<b>Other Agency Number (inc. bank staff)</b>	<b>Total Numbers</b>
Admin and Estates	347.1	54.60	401.7
Director	5.9	0	5.9
Allied Health Professionals	515.6	6.02	521.62
Healthcare Assistants and other support staff	1,227.0	89.90	1316.9
Managers and senior managers	54.6	1.02	55.62
Medical and Dental	137.6	1.63	139.23
Nursing and Midwifery Registered	857.2	86.52	943.72
Scientific, Therapeutic and Technical	264.8	5.10	269.9
Qualified Ambulance Service Staff	2.3	0.16	2.46
Other	0	28.39	28.39
<b>Total</b>	<b>3,412.0</b>	<b>273.35</b>	<b>3685.35</b>

<b>Employee Benefits - Gross Expenditure (audited)</b>	<b>Permanent £000s</b>	<b>Other Agency £000s</b>	<b>Total £000s</b>
Salaries and wages	131,490	10,644	142,134
Social security costs	12,710	0	12,710
Apprenticeship levy	638	0	638
Employer Contributions to NHS BSA - Pensions Division	23,760	0	23,760
Other pension costs	40	0	40
Termination benefits	0	0	0
<b>Total employee benefits</b>	<b>168,638</b>	<b>10,644</b>	<b>179,282</b>
Employee costs capitalised	469	0	469
<b>Gross Employee Benefits excluding capitalised costs</b>	<b>168,169</b>	<b>10,644</b>	<b>178,813</b>

The overall level of vacancies was just 3.6% of the total workforce (March 2022), against our target of 5%. Our vacancy rate decreased from 5.5% to 3.6% over the year.

The table below highlights the concerted effort and focus that has gone into recruitment over the year to bring the vacancies down. Work this year included a greater focus on filling Healthcare Assistant vacancies, as part of a national drive and the arrival of nurses that had been recruited internationally into both our physical and mental health services.

	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Vacancies %	5.5%	5.0%	4.8%	4.3%	3.7%	2.9%	7.3%	7.0%	6.8%	5.1%	4.3%	3.6%

The demand for bank and agency staff increased during 2021/2022. The amount of spend on bank and agency was 9.99% of the total pay bill in financial year 2021/22, with Agency spend making up 41% of all bank and agency spend. This is reflective of national staffing shortages across a range of professional groups, and also includes staffing for some of the staff within our vaccination hubs.

The Trust agency spend increased from the previous year 2020/2021 of £6.3 million to £7.3 million in 2021/22. We have again seen significant success in filling bank shifts with a total fill rate for bank of 66.66% and an overall fill rate including agency of 95.4%. We continue to work hard on increasing the number of staff held on our bank and we are currently implementing all staff having both a bank and substantive assignment to enable staff to pick up shifts more easily.

**Our staff are our biggest assets – our staff retention programme and our training offer**

Throughout the COVID-19 pandemic during 2021/22 our people have continued to demonstrate commitment to our patients and the wider NHS. We been agile when required, mobilising and deploying our workforce into different roles, to meet operational needs, with some staff undertaking retraining and adapting to new working environments, including working from home. Supporting our people and their health and wellbeing continues to be of paramount importance to us and you can read more about our wellbeing offers within the Occupational Health and Wellbeing section.



Our nursing turnover increased between the period April 2021 and March 2022 from 9.2% to 11.6%, our overall turnover rate was 12.6%. We continue to work hard on retention and are aware of the effect COVID-19 has had on turnover figures across the NHS. This further highlights the necessity of International recruitment for nurses to close the vacancy gap.



We have been working with service lines and engaging with groups of staff across the organisation to understand the root causes of staff turnover.

**We have made progress on our priorities as follows:**

<p><b>Recruitment</b> - In January 2022 we were designated as the lead recruiter for internationally recruited mental health nurses for Hampshire and Isle of Wight in collaboration with Southern Health NHS Foundation Trust and Isle of Wight NHS Trust. Our target was to bring in an additional 24 mental health nurses and 20 community nurses by December 2022 and a total of 188 mental health nurses for Hampshire and Isle of Wight. We were then asked if we would lead on international OT recruitment for 5 Trusts within the ICS, building strong relationships between our organisations. Healthcare support worker (HCSW) recruitment has continued throughout the year and has evolved to include a specially designed induction course, enabling more time for our new HCSW to undertake the care certificate and competencies they will require for their roles.</p>	<p><b>Generational Vanguard</b> - We took part in the nationally launched NHS Generational retention programme for 2021. The programme focused on finding solutions to better support our people in the early and later stages of their careers and sharing learning and good practice nationally across NHS Trusts. We also introduced a new 2022 50+ staff network, co-facilitated by the workforce community and is very well supported. Furthermore, we are exploring the opportunity to become a 50+ demonstrator site to promote good practice in the NHS.</p>
	<p><b>Induction</b> - We have continued with the amended Induction programme and Trust Induction, the two-hour virtual welcome to the organisation, is currently delivered weekly, with permanent, bank and volunteers attending. New staff are given a live tour of the learning site as part of the two-hour welcome session prior to a separate session to answer any specific questions from Bank staff.</p>

We will continue to focus on staff recruitment and retention as a priority, supported by measures outlined within the NHS National People Plan, Future of NHS Human Resources & Organisational Development 2030, Well-Led recommendations and Solent Trust Strategy.

**Investing in our staff** - Many of our programmes are organised centrally, we have increased our portfolio of programmes and run line manager essentials sessions and more in-depth Leadership Development programmes. We have developed our 'Coaching and Wellbeing' line manager support and implemented a Solent Coaching Network helping to shape the systems, processes and governance needed to ensure safe and effective coaching.

We commenced training for Clinical Associate in Psychology Level 7, Dental Nursing Level 3 and Dental Practice Manager Level 4 this year and have places with Plymouth University for Podiatry in September 2022.

We introduced a "top up" course, enabling our Nursing Associates to complete an additional 18 months following on from their NA foundation degree to become fully qualified Registered Nurses. Options for

**Staying Connected** - was and is important for relationships and connections, whilst reducing the risk of isolation. A variety of Staff wellbeing communications and events to help boost motivation and connection, have continued through 2021-2022 thanks to the videoconferencing systems we have available. Sessions have varied from topics on, sleep, menopause, exercise classes, remote working, anxiety, fatigue, and CEO chats.

Details of our **Reward and Recognition** can be found in the 'Celebrating our Staff' section.

**Supporting our future workforce** - The Apprenticeship Team are currently supporting 182 apprentices on 31 different programmes. Some of the non-clinical apprenticeship programmes available are Business and Administration, HR, Procurement, Finance, Estates, Digital Marketing and Management with the addition of Senior People Professional Level 7, Finance Level 7 and Service Improvement Level 3 and 5 this year. These additions have now created structured career pathways from Level 2 to Level 7 across the non-clinical staff within the Trust. Clinical apprenticeship programmes include Registered Nurse Degree (Adult, Child, Mental Health and Learning Disabilities), Nursing Associate, Advanced Clinical Practitioner, Occupational Therapy, Associate Practitioner, Senior Healthcare Support Worker and Pharmacy.

83 apprentices started in 2021-22. Recruitment for Apprentices has been more limited this year due to the impact of COVID-19 and so meeting the public sector target set by the government has more challenging.

Our retention rate within the Trust of Apprenticeship completers is 97% confirming that investment in these opportunities continues to be a success.

**Flexible and Agile Working** - We sponsored the formation of a pilot Agile Working Programme, launched in November 2021. This will be developed into a long-term plan for Agile working as we enter 2022/23.

## Celebrating our Staff



### HSJ Staff Engagement Award

AWARDS  
2021

In December, we were recognised for our commitment to our people when we were awarded the prestigious Health Service Journal (HSJ) 2021 Award for Staff Engagement.

At a time when many in the healthcare sector, especially within the NHS, are facing increasing challenges, our Trust stood out as an employer who genuinely listens and provides a values based culture that ensures this a great place to work.

Our former CEO Sue Harriman accepted the HSJ Award for Staff Engagement on behalf of the Trust.

It has been a successful year despite the uncertainty of COVID. The resilience and dedication of our people continues to be at the forefront of everything we do.

During 2021/22 we have continued to celebrate individual and team successes and rewarded long service through our Solent Awards. In addition, in celebration of the immense contribution of people at a challenging time, we have thanked people with tokens of gratitude throughout the year.

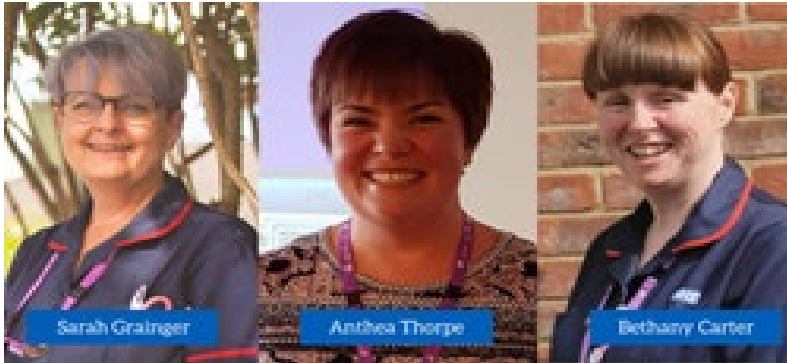
All employees were given a wellbeing day, an additional day of annual leave to spend doing something that supports their own wellbeing. Sue Harriman, former CEO, also sent a letter to everyone in Solent, thanking them for their dedication and offering the opportunity to select a wellbeing voucher to use as they wish. The response to both of these 'thank you's' was incredibly positive, with people taking to our Team Solent Facebook group to share pictures and stories.

In addition, at Christmas time, staff were sent a 'heartfelt thanks' pin badge and thank you card with all proceeds raised from the badges going to NHS Charities Together. Locally, service lines have undertaken their own recognition activities, in addition to the Trust wide activity.

In July, we took part in the NHS Big Tea providing staff with a time to come together and reflect over tea and cupcakes, baked by our own catering team. Over 3,000 cupcakes were delivered to teams across Hampshire and the Isle of Wight. Our tea party was celebrated by NHS Charities Together, founders of the Big Tea.

We continue to look at how we thank and recognise people in Team Solent. A review of our recognition schemes took place in 2021/22, with re-launch of the schemes due in early 2022/23.

### Our Queens Nurses



This year, three of our nurses have been awarded the prestigious title of Queen’s Nurse. Sarah Grainger, Modern Matron for the Portsmouth Rehabilitation and Reablement Team (PRRT); Bethany Carter, Head of Infection and Prevention; and Anthea Thorpe, Integrated Services Matron in Southampton, were awarded the title by the Queen’s Nursing Institute for demonstrating a high level of commitment to patient care and nursing practice.

### Deputy Chief Nurse finalist for Nursing Times award



We were proud to see our Deputy Chief Nurse Angela Anderson be nominated as a finalist for The Nursing Times ‘Nurse Leader of the Year Award’.

Angela, who has been responsible for overseeing the delivery of Solent’s COVID-19 vaccination centre rollout across Hampshire and the Isle of Wight, is being formally recognised for her dedication to the nursing profession, her colleagues and the communities which Solent NHS Trust serves.

## Chief Nurse awarded honorary doctorate



Our Chief Nurse, Jackie Munro was awarded an Honorary Doctorate in Human Sciences from Solent University, Southampton in February 2022.

Jackie commenced her career in Critical Care, working across the health system in General Nursing, Primary Care, Mental Health and Community Services and now has 44 years' experience in the NHS as a registered nurse. Her breadth of experience includes working as Chief Nurse for acute, mental health and community providers.

## Operational Director named as Role Model of the Year



Sharon McCann, Acting Operational Director was named Role Model of the Year at the Ex-Forces in Business Awards.

Sharon, who was a nurse in the Royal Navy for 27 years before transitioning to the NHS in 2017, was named the winner of the Role Model of the Year category for her forward-thinking approach to recruiting nurses and attracting Armed Forces veterans as part of that work.

The prestigious, national awards celebrate the achievements of ex-forces personnel who are now excelling in their second careers.

## Celebrating International Nurses Day



We held two events to celebrate International Nurses Day in May 2021. A ceremony took place at St Margaret's Church, West Wellow, the resting place of Florence Nightingale. This included readings by people from Team Solent and the Emma D'aeth, Trust Chaplain. Our online Nurses Day Conference took place the following day. The conference was held over Zoom to help everyone celebrate and stay connected with one another. We were thrilled to be joined by Ruth May, Chief Nursing Officer for England, who delivered a special message to our Solent nurses.



We were also joined by a number of keynote speakers, including Antony Sheehan, President and Chief Executive for Aspire Health Alliance in Boston, USA; Cormac Russell, Nature Development and Professor; and Michael West, Senior Visiting Fellow, The King's Fund, Professor of Organisational Psychology, Lancaster University and Emeritus Professor, Aston University.

Angela Anderson, Deputy Chief Nurse, was presented with the award for Solent 'Nurse of the Year'. The award gave patients and Solent colleagues the opportunity to recognise someone who has really made a difference to nursing in the Trust across the year.

### Kelly Pierce awarded MBE



Head of Service for Early Health and Prevention, Kelly Pierce was awarded an MBE for a service she helped create that came to the aid of expectant mums and their families during COVID-19.

Kelly, who is also a Consultant Midwife in Public Health for Solent, and Portsmouth City Council, was honoured by Her Majesty for her contribution to the creation of a digital portal called Family Assist, a one-stop shop of essential information for parents and their families throughout pregnancy, birth and beyond.



### SHINE

We published our biannual patient and staff magazine Shine in October 2021, celebrating our inspirational staff and patients as well as offering health and wellbeing advice. The Autumn edition can be [viewed here](#).

### AHP Conference

The Allied Health Professionals conference was held in October 2021 – celebrating all the great work our AHPs do across the Trust. The online Zoom event included talks on compassionate leadership, safeguarding and social prescribing.



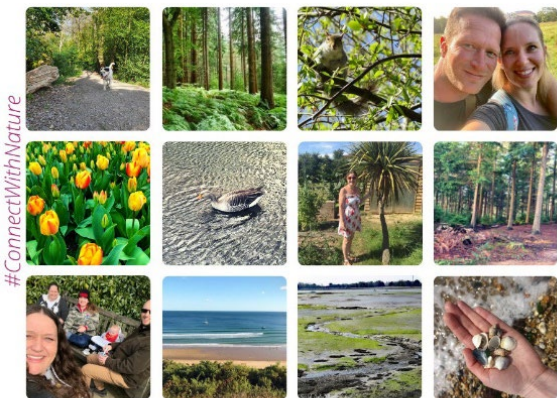
## Solent turns 10!



In recognition of Solent's tenth anniversary, social media posts, including a video reel, were created to recognise the breadth of high-quality care delivered to thousands in this time, as well as celebrating the amazing staff – past and present.



For Maternal Mental Health Awareness Week, Solent created a suite of social media posts to help audiences access services and ensure they receive the timely support they need as mothers.



Mental Health Awareness Week celebrates nature and the positive impact connecting with nature has on our wellbeing

This year's theme for Mental Health Awareness Week was connecting with nature, so Solent featured insights from colleagues about how they connect with nature, the health and wellbeing benefits they experience from doing that, and what steps people can take to be closer with the outdoors.

Blog posts, social media posts and internal articles were produced to showcase the wellbeing benefits of fresh air, green spaces and nature. The content on internal and external received really positive and supportive feedback.

Equality, Diversity and Human Rights Week centred on several themes including ‘a voice that counts’ and ‘compassion and inclusivity’. Solent published two blog posts – one from Trust Chaplain, Emma D’aeth, on the importance of belonging, and the other from Associate Director of Diversity and Inclusion, Pamela Permalloo-Bass, who spoke about how an organisation’s culture is critical for open conversations. Alongside the blogs, Solent hosted a zoom session about ‘what inclusivity at work means to me.’ Also, social media posts were published encouraging audiences to join webinars and activities run by NHS Employers throughout the week.

For Volunteers’ Week we highlighted the work of our amazing longstanding volunteers across the Solent region, as well as those at our vaccination centres. We featured a volunteer from [Basingstoke, Portsmouth, Southampton](#), and the [Isle of Wight](#). Some of the featured volunteers were also interviewed by local TV and radio channels.

For Learning Disability Week, we pointed out that following the incredibly positive response to the vaccination hub virtual tours, Solent has again partnered with EnableAbility to [produce a tour](#) of its centre for people with learning disabilities. The tours have been shown to reduce anxiety and increase accessibility for service users whose difficulties or disabilities range in severity; often people with quite mild needs may face difficulties in orientating around a new building or location.



For Pulmonary Rehab Week, we worked with one of our junior rotational physios, Ryan Thomas, to showcase his role through a [Q&A type article](#). We also worked with a service user, Diane, to get her perspective on how her physio treatment had gone (particularly during COVID-19). [Her testimonial is very positive.](#)

We highlighted podcasts from veterans during Armed Forces Week. Podcast interviewees included insights from: Steve and Eamon, veterans wellbeing advisors at Positive Minds; and Bianca and Emma from South West Family Values, partners to the Hampshire and IOW Military Mental Health Alliance.



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



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

## Wellbeing Days



In recognition of the amazing work that employees have carried out in such unprecedented times (and continue to do so), Solent has given a wellbeing day to each employee so that they can have a day off work, doing something relaxing and positive and meaningful to them. Many colleagues have posted their positive thoughts, and thanks, on social media. A lot of activity has centred on being outdoors and people connecting with nature in a deeper way now that COVID-19 constraints are lifting gradually.



## NHS Big Tea

Solent delivered over 3000 cupcakes and 600 teabags to thank their staff for their work during the pandemic. The NHS Big Tea event has seen NHS Trusts across the UK supply staff with hot brews and tasty treats as part of celebrations for the NHS' 73rd birthday. Solent's former Chief Executive, Sue Harriman, said *'it's important staff take time to reflect on their hard work'*. Solent also featured in NHS Charities Together's celebratory content.







## The News

### Portsmouth boxing academy Heart of Portsmouth helps fight Covid-19 with vaccine jabs

Solent NHS Trust set up the centre at the Heart of Portsmouth Boxing Academy as part of a campaign to reach vaccine-hesitant people.

The NHS staff have teamed up with England Boxing's Win With The Jab campaign, targeted at those with doubts about the vaccine within the boxing community.

The head coach at the Heart of Portsmouth, Q Shillingford, said: "We are hoping through this campaign to address some of those issues and convince people that having the COVID-19 jab when they are offered it is the right thing to do."

[Read more](#)



## Isle of Wight County Press

### NHS celebrate 50,000th Covid jab on the Isle of Wight

THERE was huge cause for celebration as the Solent NHS Vaccination hub hit an incredible milestone – their 50,000th vaccination on the Isle of Wight.

The jab was delivered into the arm of Gemma Duer, 25, at Newport's Riverside Centre today (Saturday).

Gemma received her first shot of the BioNTech/Pfizer vaccine, amid balloons and congratulations from clinical staff, volunteers and firefighters who volunteered at the centre.

It was a real shot in the arm for the vaccination team at The Riverside Centre, led by senior manager Sarah Stronger, mother, Janez Salter, clinical shift lead, Michelle Martin, and vaccination centre manager, Emmeline Payne, who have worked tirelessly in recent months delivering the vaccination programme on the Isle of Wight.

[Read more](#)



### Former Royal Navy nurse hailed a national inspiration

A former Royal Navy nurse has been named as a national role model for her work in the NHS.

Sharon McCann, acting operational director at Solent NHS Trust, was honoured at the Ex-Forces in Business Awards.

Sharon, who was a nurse in the Royal Navy for 27 years before transitioning to the NHS in 2017, has been named the winner of the Role Model of the Year category for her forward-thinking approach to recruiting nurses and attracting Armed Forces veterans as part of that work.

The prestigious, national awards celebrate the achievements of ex-forces personnel who are now excelling in their second careers.

[Read more](#)



### VIDEO: SOLENT NHS TRUST CELEBRATES DEDICATED VOLUNTEERS DURING NATIONAL VOLUNTEERS' WEEK

Solent NHS Trust is celebrating National Volunteers' Week (1st-7th June) by showcasing the brilliant work its volunteers on the Isle of Wight do.

One of the biggest volunteer efforts has been seen at Solent's COVID-19 Riverside vaccination centre in Newport. Solent relies on 170 volunteers a week to support the centre, and have had over 250 individuals work alongside us. Community Action Isle of Wight has played a leading role in recruiting and co-ordinating the volunteers at

[Read more](#)



## SOUTHERN Daily Echo

Southampton fire stations to host 'grab a jab' Covid vaccine

Fire stations in Southampton will be hosting Covid vaccine clinics this week.

Anyone aged 18 and over can walk-in for their first or second COVID-19 vaccination at local Southampton fire stations including Hightown Fire Station and St Mary's Fire Station.

Firefighters along with clinical teams from Solent NHS Trust will be on hand to vaccinate those who would like a jab.

People can walk-in for a Pfizer jab at Hightown Fire Station in **Sholing** on Tuesday July 13 from 9:30pm - 8:30pm.

[Read more](#)



## The News

Portsmouth Covid vaccinations: Cruise ship sailors get the jab at sessions run at Portsmouth International Port

On Saturday, 55 crew members on board Noble Caledonia ships Island Sky and Hebridean Sky received their first vaccine doses, following vaccination sessions for crews from cargo ships, which come into **Portsmouth** with fresh fruit and vegetables destined for UK supermarkets.

The vaccinations were run by Solent NHS Trust, which has also organised pop-up sessions at **Hampshire fire stations** and at **Fratton Park** recently.

[Read more](#)



## HAMPSHIRE CHRONICLE

Covid-19 vaccine clinic to open in Winchester Cathedral grounds

09 August 2021

ANYONE aged 18 and over can walk-in for their first or second Covid-19 vaccination in the historic grounds of Winchester Cathedral next week.

People can walk-in for a Pfizer or AstraZeneca vaccination at the clinic on Tuesday (August 17), which is being run by Solent NHS Trust, between 11am-5pm. Second jabs are available at the walk-in if it has been at least eight weeks since the first dose.

To use the walk-in vaccine service, people will need to arrive at Winchester Cathedral between 11am and 5pm on foot, there is no parking available. Vaccines are offered on a first come, first served basis and there may be a short wait for people to receive their vaccine.

[Read more](#)



## Gazette

At the heart of the community since 1878

Basingstoke fire station lights up in blue for the NHS

09 August 2021

The fire station, which has been transformed into a mass Covid-19 vaccination centre since February, will continue to wear blue till tomorrow night (Monday).

The NHS is celebrating its 73rd birthday tomorrow.

People working at the Basingstoke Fire Station vaccination centre, led by Solent NHS Trust, have been playing a big part in protecting local residents from Covid-19 by offering jabs seven days a week, 8am to 8pm.

[Read more](#)





### FREE FLU VACCINATION BEING OFFERED TO CHILDREN ACROSS THE ISLE OF WIGHT

Angela Anderson, Deputy Chief Nurse at Solent NHS Trust, said:

"We are encouraging the families of all Year 8 to Year 11 children to ensure that their child receives the flu vaccination so that they are protected against the virus this Autumn and winter."

"Sisters are being sent to schools, talking how our dedicated teams of nurses will be vaccinating children on arranged days, as well as offering evening and weekend clinics in the community, making it a really quick and easy process."

[Read more](#)



THOUSANDS OF COMMUNITY GROUPS, INDIVIDUALS AND BUSINESSES JOIN NHS CHARITIES TOGETHER TO CELEBRATE THE NHS'S BIRTHDAY TODAY

Solent NHS Trust staff catered for more than 3,000

[Read more](#)



## The News

Portsmouth man Colin Garner who was not expected to survive Covid-19 returns home from hospital

Chief nurse at Solent, Jackie Ardley, added: "We are delighted that Colin is returning home to his loved ones, this is the best outcome we could have wished for. His story is one which shows the very best of NHS trusts working hand in hand to deliver high quality care to someone suffering from a devastating disease during unprecedented times."

"We are particularly proud of how our teams at St Mary's, including nursing, rehabilitation and reablement, home oxygen and discharge hub colleagues, have worked seamlessly to ensure Colin's long-term recovery and quality of life at home is the best it can be. We wish him the very best for the future."

[Read more](#)



## The News

New remote mental health service to set up for patients in Portsmouth area at 'breaking point'

The Harbour will provide a phone call, text, online chat and video call service to people in Portsmouth, Fareham, Gosport, Havant and East Hampshire in need of help from Friday.

It comes as health professionals fear the pandemic will see rising numbers needing services – surpassing previous NHS Digital predictions that more than 26,000 people aged between 18 and 64 in the city will live with a common mental health disorder by 2025.

[Read more](#)



## The News

### Selfless volunteers at St James' vaccine hub in Portsmouth thanked

In line with National Volunteers' Week, Good Samaritans at the St James' Hospital vaccine hub in Milton received a visit from the city's Lord Mayor - and were treated to an offering of 60 cupcakes from Portsmouth's voluntary network, the Hive.

[Read more](#)



## The Argus

### Sussex midwife Kelly Pierce recognised in Queen's honours

A MIDWIFE who helped new mothers keep in touch with loved-ones through their pregnancies and births has been recognised by the Queen.

Her Majesty has award former senior midwifery manager Kelly Pierce with an MBE for her sterling work at St Richards and Worthing hospitals.

Kelly created the Family Assist digital app, a one-stop shop of information for parents and families.

She said the digital portal replaced "mountains and mountains" of leaflets, and has allowed families to keep in touch in ways which had not been possible before.

[Read more](#)



### SOLENT NHS TRUST TO DELIVER SEXUAL HEALTH SERVICES ON THE ISLE OF WIGHT

The transfer of sexual health services to Solent NHS Trust took place yesterday (Wednesday) with all the current IOW NHS colleagues transferring to Solent under the TUPE scheme.

The Sexual Health service is commissioned by Public Health England through the Isle of Wight Council.

The new delivery will see Solent NHS Trust take responsibility for the delivery of key services whilst working to positively transform services

[Read more](#)



## Southern Daily Echo

### Solent NHS Trust names its Nurse of the Year for 2021

Angela Anderson, Associate Nurse Director has been named as Nurse of the Year for 2021 by Solent NHS Trust.

The award gave patients and Solent colleagues the opportunity to recognise those who make a difference and is part of Solent NHS Trust's celebration of International Nurses Day 2020.

Angela, who qualified as a nurse in 1988 and is trained in both adults and children's nursing was presented with the award on the first day of Solent NHS Trust's Nurses' Day celebrations, following a ceremonial service at St Margaret's Church in Wellow where Florence Nightingale is buried.

[Read more](#)



### £19.5m rehabilitation unit in Southampton receives planning permission

Planning permission has been granted for a project to create a £19.5m rehabilitation unit for patients across Southampton. The conditional planning for the scheme was approved by Southampton City Council.

The wing will be based at Solent NHS Trust's Western Community Hospital and will provide purpose-built rehabilitation accommodation for patients in the community. It will allow more patients to be cared for in modern facilities, improving the overall patient experience and working environment for staff. This also includes using

[Read more](#)



### Solent NHS Trust first with integrated sexual health self-service

Solent NHS Trust has become the first trust in the country to go live with a personal health record (PHR) system that facilitates an integrated approach to the remote delivery of sexual health services.

The PHR will enable trust patients to book and amend clinic appointments online, improve their experience by allowing them to create and manage their own patient record, and streamline delivery service by allowing clinicians to digitally triage their patients.

Once fully implemented, the service also gives patients access to repeat contraception, postal testing kits, results and prescriptions, plus offers a secure and anonymous partner notification service.

[Read more](#)



### NHS director and ex-navy nurse from Fareham scoops national award

Operational director at the Solent NHS Trust, Sharon McCann, has been named role model of the year at the British Ex-Forces in Business Awards - which celebrates the achievements of ex-forces personnel who are now excelling in their second careers.

[Read more](#)



### New jobs scheme to help wounded forces heroes in Portsmouth is welcomed by veterans

Health professionals will be able to refer veterans for support from The Poppy Factory's employment consultant, Lisa Battersby, who is embedded within NHS Solent's Talking Change mental health service.

[Read more](#)

## Engaging with our Workforce and our Staff Survey Results

As we continued to work differently over the last year, while also learning to live with COVID-19, we continued to connect with our workforce to ensure our people remained engaged and communicated with. To help support this, we continued to develop our extensive package of wellbeing offers for colleagues, including new fitness programmes, access to wellbeing apps, welfare calls and wellbeing themed Zooms.



This included:

- Regular weekly and twice-weekly Zoom Q&As hosted by Sue Harriman or Andrew Strevens at varied times such as first thing in the morning, lunchtimes and early evening to ensure those colleagues working shifts could attend and ask questions of our senior leaders.
- Ad hoc manager zooms to update managers on specific important topics.
- Sharing of stories from colleagues on our website and on social media to showcase our people doing amazing things in extremely difficult circumstances.
- Regular Chief Executive films, updating people on the latest news. These were incredibly well received.
- Online wellbeing sessions, including fitness classes and spaces for people to connect on key topics. We also held cook-a-longs from the Western Community Hospital restaurant.
- Themed online events, in celebration of awareness days, including International Nurses' Day. We also held online events with partners across Hampshire and the Isle of Wight to celebrate diversity and belonging. More information about these can be found in the diversity and inclusion section.
- A fun and interactive quiz in celebration of Christmas.
- Series two of our Solent Sessions podcast was launched.
- Staff have also taken part in the HIOW wide wellbeing interactive sessions.
- Increased use of Lightbulb, our online crowdsourcing platform, with 'Ask Andrew' – an opportunity for people to ask questions of the CEO.
- The Big Conversation, listening events for colleagues to share their personal experiences of discrimination in the workplace. Feedback from these sessions has been used to create an action plan to respond the further develop our inclusive and diverse culture.



## NHS Staff Survey results



People across our organisation shared their open and honest account about working in Solent and what they want to see improved by completing the NHS staff survey. We had a response rate of 68% - our best response ever. The results help us understand our people's experiences at work, including how motivated they feel and what we can do to make an even bigger difference.

For the first time, in 2021 the questions were aligned with the [NHS People Promise](#) to track progress against the national ambition to make the NHS the workplace we all want it to be.

Our scores rank amongst the best when compared with other organisations of our type. We were the top performing Trust in three of the 10 key themes, and above average in all 10 themes. We also scored best in some questions including the number of people who said they would recommend Solent as a place to work and the number of people who said they believe that the care of services users is the organisation's top priority.

Our results also demonstrate how we embody our HEART values which guide and inspire all our actions.

Our people told us that Solent really has a compassionate and inclusive culture with people sharing that the organisation respects individual differences, that people feel a strong attachment to their team and that colleagues are understanding, kind to one another, polite and treat each other with respect.

They also demonstrate that we take pride in putting our patients first and that we have an excellent speaking up culture where people feel psychologically safe to express their concerns knowing that we will take the time to listen and act.

Our priority of developing an inclusive culture where we all feel we belong is making a difference. We can see good progress in responses to questions around equality and diversity. Whilst this is



positive, there is still further work to be done. With more insight into how people feel at work, we will have more opportunity to make significant and effective changes.

Whilst the results demonstrate that we continue to build a values-based, people-centred organisation in which you can thrive and do your best work, there is still more to do. The survey continues to highlight some areas which need attention. Our people have told us that they struggle to meet the conflicting demands on time and that there are unrealistic time pressures, with people often feeling emotionally exhausted and tired at the end of the working day or shift.

Whilst the results show our people feel Solent takes positive action on health and wellbeing, we need to go further and look deeper at what more we can do, including ensuring they have the right materials, supplies and equipment to do their job.

The survey results also suggest that we need to make sure we are supporting people to reach their full potential through learning and development opportunities and ensuring that people receive an appraisal that adds value; helping people to improve how they do their job.

We will be looking at the results to make sure that we improve in the areas which need attention. We will review the results alongside our survey long-term action plan.

## Diversity and Inclusion and our staff resource groups

### People Who Use Our Services

In 2021 we conducted a pilot scheme aimed at improving the quality of data for the protected characteristics of patients and service users. Work in our Children and Family Service was undertaken to ensure that data on protected characteristics is routinely collected, allowing us to develop and further enhance our service offer, to ensure it meets our service user needs. To assist our staff and service users in understanding why this is important, we developed a short animation that was officially launched in January 2022 via multiple channels both internal and external. It may be viewed via the following link <https://vimeo.com/manage/videos/672386519>

We hold regular meetings with our Children and Family Service to support and enhance our service offer to promote diversity and inclusion. We produced video materials to explain our service offer engagement and worked with support groups to co-produce information on our services. We have updated our SystemOne software to enhance its ability to collect and report data from the Children and Family Service. This will enable us to evidence base the characteristics of the families who use our services, benchmark this against prevalence within the wider community and identify who in the community is less likely to engage with our services

Our Child and Adolescent Mental Health Services (CAMHS) West has carried out role play work around the collection of personal data.

Other work has included:

- Staff reflecting upon our effectiveness of collecting equality data in the Children and Family Service line.
- Linking with Learning and Development to locate training to support staff with requesting information for the purpose of monitoring equality.

Overall the core purpose of the work is centred around:

- Understanding the Children and Family Service demographic and ethnographic groups.
- Organising how data is captured and retrieved in SystmOne.
- Engaging with the Children and Family Service.
- Staff Engagement and Education.

We will be reflecting on our learning from the pilot and will adapt our processes to match with the software in other clinical service lines, with the aim of improving the quality of the data captured across our Trust.

## Friends and Family Tests

The Friends and Family Test provides valuable feedback to help us improve our services; In 2021/22 15,409 people shared their experiences of our services as follows:



- **14,395** people said the overall the service they received was *'good/very good'*.
- **93.4%** of people shared a positive experience of care, with many people telling us about 'how compassionate, considerate and sympathetic' staff are.



- **479** people said their experience was *'poor/very poor'*.
- **3.1%** told us about things we could improve, including 'lack of communication to patients' and 'between staff'

The overall response to the Friends and Family Test was positive. However, it is important that we continue to consider all feedback and the diversity profile of those that responded, listen to the voices of people from marginalised communities and take specific action to ensure that our services are inclusive for all.

Sexual orientation, Age, Gender, Demographic, Disability, Ethnic Group and Participant have been captured on the patient feedback system (CIVICA) since 1 April 2020. Prior to 2020, demographic information was captured on the Meridian system.

	21/22		20/21
Participant	10,000	Participant	3,000
Sex	8,000	Sex	2,500
Age	9,000	Age	3,000
Gender	10,000	Gender	3,000
Disability	9,000	Disability	3,000
Ethnicity	8,500	Ethnicity	3,000

Comparative demographic information from our service users in 2021/22 an 2020/21 shows a high increase in the number of participants from 7k in 2020/21 to 10k 2021/22.

The information provided by the increased number of participating service users will support the equality and diversity team, community engagement teams and service lines, to understand the barriers to accessing services and initiate improvements to ensure they represent the diversity of communities we serve.

## Our Staff and Our Policies

To ensure that we meet the Public Sector Equality Duties, Equality Analysis (EAs) are completed when writing and revising policies that impact equality decisions.

Under the Equality Act 2010 we have an obligation to:

- evidence the analysis that has been undertaken to establish whether our policies and practices have (or would) further the aims of the general equality duty
- provide details of information that we have considered when carrying out an analysis, and
- provide details of engagement (consultation / involvement) that we have undertaken when making changes, for example, to our services.

To meet the requirements of this duty we use the Equality Impact Assessment (EIAs) process which has been developed to be compliant with the Equality Act 2010. To support education and awareness of this requirement an online learning module has been developed and added to our Learning Management System for staff to complete. This interactive module equips colleagues across the Trust with the information and tools needed to complete the Solent Equality Impact Assessment and ensure diversity and inclusion sits at the heart of our planning and service delivery.

Diversity and Inclusion is fundamental to 'Belonging in the NHS', one of the four Pillars of the People Plan. The NHS sets out the NHS Long Term Plan in this link. <https://www.longtermplan.nhs.uk/>.

For us to ensure that we meet the challenges ahead, implement the NHS People Plan and embed the NHS People Promise [NHS England » The Promise](#) that supports the drive to achieve the vision set out in the Long Term Plan, it is essential that we work differently, develop a compassionate and inclusive culture and a sense of belonging.

To do this we have developed a road map and action plan for 2022/23 to ensure our people feel valued and supported, delivering the very best health outcomes for all. This plan has been designed to ensure that all service lines and corporate services are able to demonstrate advancement in equality of opportunity and meeting our obligations and duties under the Equality Act 2010, Public Sector Equality Duty, Workforce Race Equality Standard (WRES) and the Equality Delivery System 2 (EDS2).

**Our vision is; To enable every person working in Solent NHS Trust bring their authentic self to work each day, ensuring we all feel visible and our identity is validated and valued.**

A focus on two themes for the next year have been agreed.

**1. Ensure inclusive recruitment and opportunities for growth are available for all.**

- *We will be known as an employer of choice; recognised for inclusive recruitment and for opportunities for growth.*

**2. Develop an inclusive culture and sense of belonging for all.**

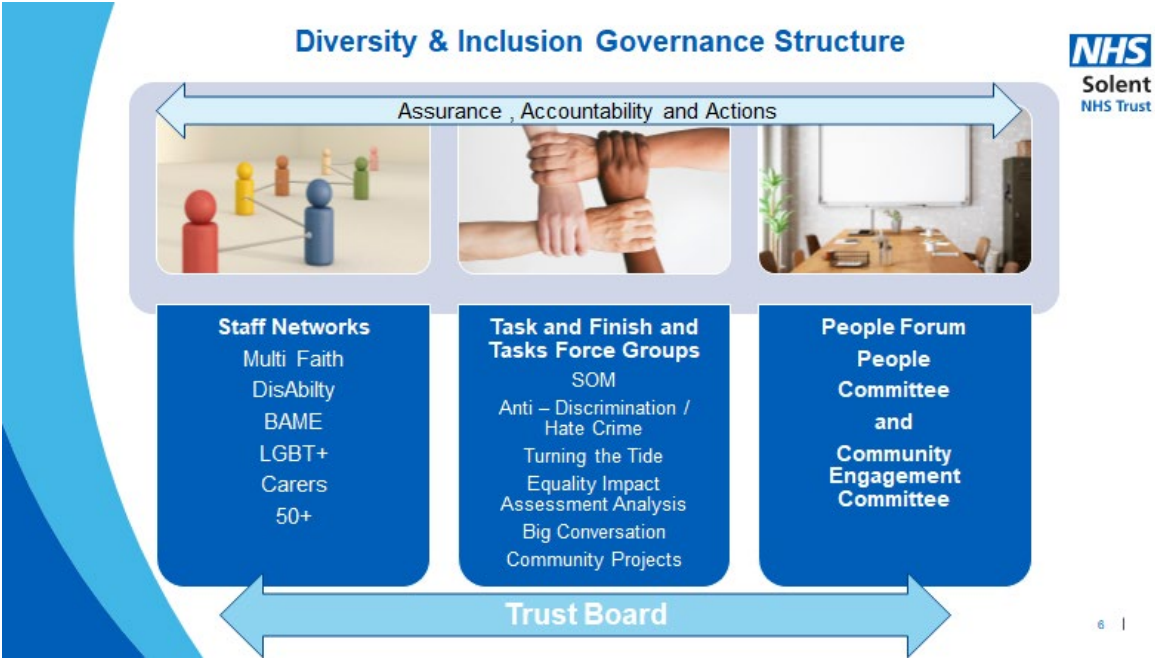
- *We will be accountable and take action so that measurable processes and systems are in place to make things happen.*
- *We will begin the journey to ensure everyone has a sense of belonging and anti-discrimination action is the norm.*

We have continued to invest in improving Diversity and Inclusion and have realigned and consolidated the roles and functions of the Diversity & Inclusion team to drive the revised strategy. We have implemented a partnership model to increase capacity of the Diversity & Inclusion team and to ensure improved collaboration with colleagues across the Trust. It is through this partnership model that Diversity and Inclusion will start to drive cultural change and become embedded in new ways of working.

All publicly funded organisations have a duty to adhere to Public Sector Equality Duty, to:

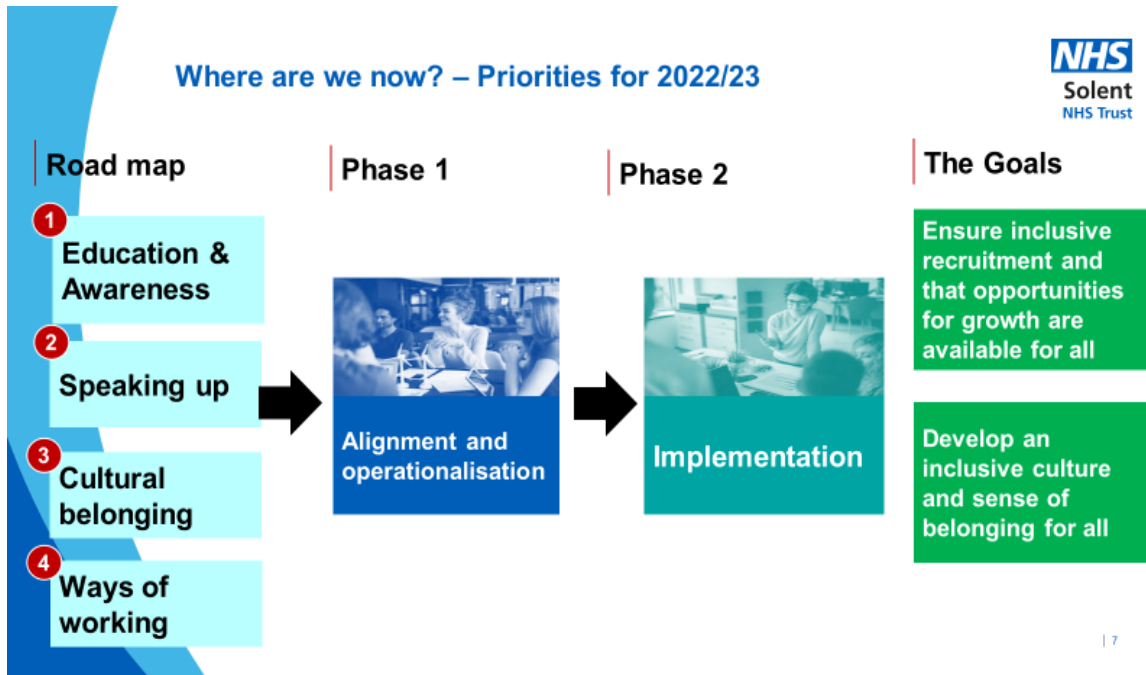
- Eliminate unlawful discrimination.
- Advance equality of opportunity.
- Foster good relationships on the basis of protected characteristics.

These principles underpin the work undertaken by the Diversity and Inclusion team. As part of the realignment of roles, the Diversity and Inclusion Team has established two new posts to support the development of staff networks - a Diversity and Inclusion Network Partner and a Diversity and Inclusion Assistant Partner. These posts are there to mobilise actions generated from the networks and to support engagement and membership to the groups. We have reviewed the governance of the networks and the work that is being driven by the Diversity and Inclusion Team to ensure that decision making, accountability and outcomes are more effectively achieved.



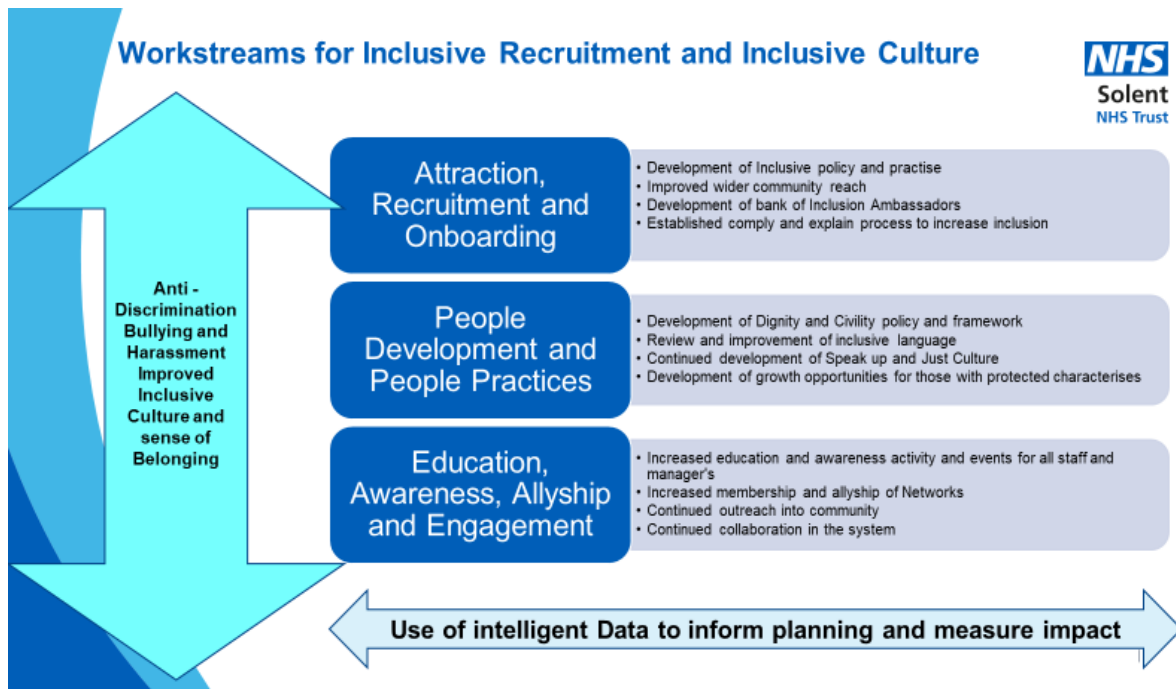
We have developed a robust and measurable action plan for 2022/23 – which has key SMART deliverables, that align to the WRES and WDES indicators . We will be developing a dashboard to ensure that data is used intelligentially to monitor progress and inform future activity and planning.

## Where are we now? – Priorities for 2022/23



| 7

To ensure that we can achieve our goals, 3 key workstreams have been established and for each workstream key outcomes and deliverables identified.



We monitor and report the ethnicity of our staff, meeting the requirements of the Workforce Race Equality Standard (WRES). The information we collect supports us with developing and maintaining an inclusive and motivated workforce.

The tables below were derived from our ESR system. The following graphs show the ethnicity of our staff in each WRES band for 2020/21. There was an overall increase in BAME staff employed by the Trust in each of the previous two years.



Ethnicity of Staff – total number of staff 3940 - In 2020/21 98.9% of staff self-reported their ethnicity.

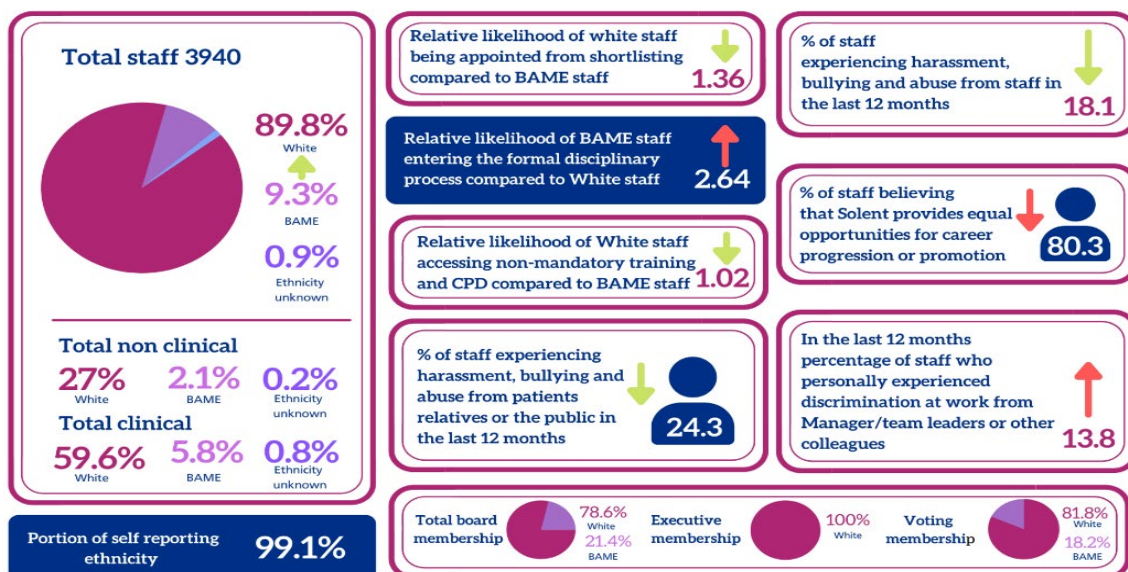
2018/19			2019/20			2020/21		
White Staff	BAME Staff	Ethnicity Unknown	White Staff	BAME Staff	Ethnicity Unknown	White Staff	BAME Staff	Ethnicity Unknown
91%	8%	.9%	90%	9.2%	.8%	89.5	9.4	1.1%

Breakdown of Banding and Ethnicity 2020/21

	Clinical				Non-Clinical				
	White		BAME		White		BAME		
	No.	%	No.	%	No.	%	No.	%	
Under Band 1	0	0	0	0	Under Band 1	0	0	0	0
1	3	0.1	0	0	1	11	0.3	1	0
2	143	3.6	25	0.6	2	277	7	37	0.9
3	349	8.9	26	0.7	3	337	8.6	21	0.5
4	209	5.3	16	0.4	4	109	2.8	5	0.1
5	348	8.8	73	1.9	5	110	2.8	6	0.2
6	691	17.5	49	1.2	6	65	1.6	3	0.1
7	399	10.1	24	0.6	7	64	1.6	4	0.1
8a	134	3.4	9	0.2	8a	30	0.8	1	0
8b	46	1.2	2	0.1	8b	21	0.5	0	0
8c	10	0.3	2	0.1	8c	17	0.4	1	0
8d	11	0.3	1	0	8d	15	0.4	2	0.1
9	1	0.0	0	0	9	5	0.1	1	0
VSM	1	0.0	0	0	VSM	4	0.1	0	0
Medical & Dental Consultants	33	0.8	19	0.5	<b>Total</b>	<b>1065</b>	<b>27</b>	<b>82</b>	<b>2.0</b>
Medical & Dental Non-Consultants	48	1.2	23	0.6					
Medical & Dental Trainee Grades	22	0.6	6	0.2					
Other	16	0.4	8	0.3					
<b>Total</b>	<b>2464</b>	<b>62.5</b>	<b>283</b>	<b>7.4</b>					

The following infographic compares our performance in 2020/21 with that of the previous twelve months against the WRES, a set of national indicators.

## Workforce Race Equality Standard 2021



Note – there are slight differences in figures in our tables and the above chart due to timing/reporting periods and rounding.

The table compares our Trust’s performance in 2021 with that of the previous twelve months against a set of national indicators, the results showed:

- An increase in the total number of BAME staff, and more BAME colleagues being appointed from short-listing compared with white staff.
- Reductions in bullying, harassment and abuse from staff, patients, relatives and the public.
- A relative increase in the number of BAME staff accessing non-mandatory training and Continuing Professional Development (CPD) compared with white staff.

However, we noted that there were increases in negative staff experiences in respect of discrimination by managers and colleagues and equal opportunities and an increased number of entries into the disciplinary process by BAME colleagues relative to white staff.

In 2021/22 a deep dive into data enabled us to work closely with specific service lines and implement targeted action plans aimed at reducing discrimination and increasing diversity and inclusion. As a result of this work the following has happened:

- The introduction of a coaching programme for colleagues with protected characteristics, that on evaluation demonstrated a positive impact with regards to supporting career aspirations and development pathways.
- Training for managers with staff of protected characteristics.
- Increased marketing and the design and delivery of leadership programme for BAME administrative staff in bands 2-4.
- Increased recruitment from overseas that has resulted in greater workforce diversity
- positive discrimination practised in recruitment and selection.

We were aware that the figures for self-reporting a disability on our Electronic Staff Record (ESR) required some improvement; we established a Workforce Disability Equality Standard (WDES)

Taskforce to focus on this. The group is supported by the Chairs of the Disability Resource Group and supports the implementation of the actions identified by an action plan. The group conducted a confidential staff survey and received 68 responses enabling us to further understand why people are reluctant to disclose disability.

In respect of employees with existing disabilities or those who become disabled whilst working for us, we provide support, training and make reasonable adjustments to ensure our staff can enjoy a fulfilling career with us. We continue to encourage and support applications for employment from all individuals. For applicants who disclose a disability, reasonable adjustments are put in place on request and all appointments are based on merit. The network group was instrumental in the conceptual development of a business case for a disability advisory team to further support access arrangements and provide support for colleagues with a disability. A business case is currently being developed for the implementation of a neuro diverse and disability service, to be delivered across Hampshire and the Isle of Wight.

In 2021 we were successful in achieving accreditation from Stonewall, an organisation that supports LGBTQ+ people and partners with organisations to make real, positive change and aim to retain our accreditation throughout 2022. This will allow us to participate in the Workplace Equality Index, which enables us to measure, progress and celebrate our LGBTQ+ inclusion work and access expert support and advice.

We are an inclusive employer that has developed structured policies and practices which embed inclusion across the organisation. This will help us to attract and retain the best talent and ensuring the evolution of a diverse workforce which creates diversity of thought, action and innovation in a competitive market.

The table below from our ESR system shows the profile of the sexual orientation of our colleagues

**Substantive staff only 31.02.21.**

Sexual Orientation	Headcount
Bisexual	44
Gay or Lesbian	62
Heterosexual or Straight	3,050
Not Disclosed	780
Other Sexual Orientation not listed	<5
Undecided	<5

We recognise that there is a significant number of colleagues who have not disclosed their sexual orientation. The Diversity and Inclusion Action Plan aims to develop an inclusive culture through creating a psychologically safe space where colleagues feel comfortable with recording this information on their ESR records.

**In summary significant areas of activity over the past year are:**

Project	Summary
Group Coaching	<p>An external organisation delivered a pilot coaching programme for colleagues with protected characteristics and a complimentary training programme for managers.</p> <p>Evaluation of the coaching showed:</p> <ul style="list-style-type: none"> <li>• a positive shift in confidence (68%-100%) in carrying out their role</li> <li>• a positive shift 52%-88% in access to development resources to support personal goals</li> <li>• a positive shift in confidence to move self forward in career 32%-71%</li> <li>• a positive shift in ability to solve own problems 60%-80%</li> </ul> <p>Next steps - We have a solid set of recommendations to internalise both the coaching and manager training so that they can be scaled up to help more staff in the Trust and to have a greater impact on diversity and inclusivity in the Trust's culture.</p>
Parenting Calls	<p>Since the start of the pandemic, our Head of Diversity and Inclusion has been hosting parenting calls for employees with caring responsibilities especially focussed on school closures and the impact it has to work/ life balance. These calls continue even though children have returned to school as it is recognised that parents will still face numerous pressures due to the pandemic. Three disability zoom events during Disability History month and The Big Conversation in October and November 2021 respectively also touched on disability and careers.</p>
Black History Month	<p>We participated in Black History events during October 2021 and hosted the 'Solent 'Big Hair Day', the BAME Staff Network Group Celebration, on 28th October.</p>
Animation on data recording	<p>The Diversity and Inclusion team worked with Children and Families team and Operations Director, who required support with collecting equality data for service users. The team are worked with Drop the Mask to produce a short animation that explains the importance and benefits of recording this data.</p>
Covid-19 Vaccine hesitancy	<p>The Diversity and Inclusion team helped shape the COVID-19 risk assessment tool and have continued to be instrumental in working in partnership with local communities and third sector organisations such as Our Version Media, Drop The Mask and a range of community wellbeing projects in partnership with Solent's Community Engagement team and voluntary sector partners to increase vaccine uptake across local BAME population, faith communities, wider HIOW and Solent workforce where risk was identified. VCOD Equality Impact Analysis completed before government rethink on mandatory vaccination.</p>
The Big Conversation	<p>The successful roll out of The Big Conversation that collected lived experience from over 400 colleagues across the Trust has informed the key priorities for the 2022/23 Diversity and Inclusion action plan.</p>
Equality Impact Analysis (EIA) digital learning module	<p>The Diversity and Inclusion team has developed a new Equality Impact Analysis (EIA) digital learning module available to all staff across the Trust supports staff at the primary stages of planning and is used for the following activities:</p> <ul style="list-style-type: none"> <li>Organisational change.</li> </ul>

Considering any new or changing activity.  
 Developing or changing service delivery.  
 Procuring services.  
 Developing projects.  
 Developing a policy / procedure / guidance or changing or updating existing ones.  
 The module is designed to assess whether there may be any barriers or difficulties, harassment or exclusion, or any positive impact such as promotion of equality of opportunity, developing good community relationships, encouraging participation and involvement as experienced by service users, patients, carers, relatives, staff, the general public and key stakeholders.

## Staff Networks

We have re-set, reviewed, and invested in what were called our Resource Groups, now called Network Groups. This is to ensure that there is adequate support for developing the current staff networks in terms of membership, allyship and profile across the Trust. As well as the previously established groups of Multi faith, disability, BAME and LGBT+ we are also establishing two additional network groups; Group for Carers and the 50+Network.

### Multi Faith Staff Network



This network, chaired by Emma D'aeth our Trust Chaplain and Vice Chair, Louise Keith, Community Engagement Officer, provide a supportive voice for staff of all faiths and no faith, supporting our commitment to equality.

The group has remained active and key activities/ highlights are provided below:

- **Coffee sessions** at St Mary's Community Health Campus and Western Community Hospital
- **Maintenance of the multi faith rooms in the Trust** – at the Western Community Hospital, Highpoint Venue, St Mary's Hospital and Jubilee House. New furniture has also been secured for all three faith rooms. A new Multi Faith Room is also to be built during the refurbishment of the Orchards at St. James's Hospital.
- **Promoting Inter Faith working** and increasing dialogue to raise awareness about different faiths, their practices, festivals and celebrations. We held successful Inter-faith week celebrations in November 2021 with on-line zoom sessions highlighting the diversity of faiths and cultures within our Trust. More sessions will be taking place during the coming year.
- If you would like to join our Multi Faith Staff Network or find out more, please email [MFRG@solent.nhs.uk](mailto:MFRG@solent.nhs.uk)



## DisAbility

This network, chaired by Erin Power, Continual Professional Development and Job Planning Project Lead and Vanessa Taylor, Occupational Therapist, has continued to push for a positive culture regarding people with a disability, as set out by the Equality Act 2000.

During the coming year, the network plans to:

- Increase visibility by providing more engagement opportunities. This will require a lot more support from the Trust's D&I Team.
- Play a lead role in ensuring the Trust observes and supports key awareness events and opportunities.
- If you would like to join our DisAbility Staff Network or find out more, please email [DisabilitySNHST@solent.nhs.uk](mailto:DisabilitySNHST@solent.nhs.uk)

## BAME and Allies Staff Network



During the year, there were some changes to the network leadership with Sapna Vohra and Kenneth Koyama joining Pawan Lall as chairs following redeployment of Elton Dziki and Ophelia Matthias to other roles within the Trust.

The network's activities have included:

- Attending Solent Meetings (including WRES Taskforce, D&I Committee. Chairs/Co-Chairs H&WB; The Big Conversation Planning, etc).
- Black History Month and other events (such as Afro Hair Day).
- Supporting individuals with discrimination issues.
- Involvement in operational matters e.g. culture onwards, COVID-19 vaccine uptake efforts, supporting the MH Deep Dive.
- System work/partnership via active involvement on Workstream meetings.
- Support for International nurses.

During the coming year, the BAME Staff Network plans include:

- Further discussions on racial equality topical issues to raise awareness.
- Celebration of national events such as Black History Month, South Asian Heritage month.
- Supporting Solent to achieve its organisational aims, objectives and outcomes.

If you would like to join our BAME and Allies Network Group, or learn more about the work they are doing, please email [equality@solent.nhs.uk](mailto:equality@solent.nhs.uk)

## Lesbian, Gay, Bisexual, Trans, Plus (LGBT+) and Allies Staff Network



Create a Supportive Space  
& Work Environment

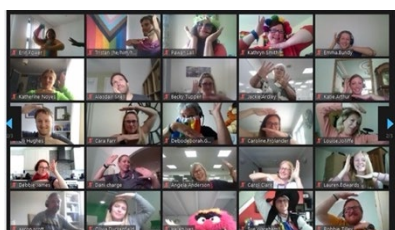


Raise Awareness  
& Visibility



Influence the  
Organisation

Dr Jo Bagley and Ian Scrase, who along with Anna Murray, had successfully led our LGBT+ Staff Network for a long time stepped down in December 2021. We are thankful for their invaluable and inspirational leadership and wish them success in future endeavours.



Anna and Ella acted as interim chairs and we are currently conducting the nomination process to ratify new substantive chairs/conveners.

Albeit activities were somewhat curtailed this year (compared to previous years), our LGBT+ Staff Network achieved the following:

- Zoom session hosted by our LGBT+ Staff Network with the producers of the Out on an Island project.
- The project turned into a book and tells the story of the LGBT+ community on the Isle of Wight. This project is available as a book and unearths a public history and cultural heritage hidden for over a century.
- LGBT+ History Month: Conversation with Inspector Scott Johnson - Reflecting on his life and career. An opportunity to shine a light on the history of lesbian, gay, bi and trans people in the UK. A chance for us all to connect and to reflect on the past and present of the LGBT community.

If you would like to join our LGBT+ Staff Network or find out more, please email

[LGBT+@AlliesStaffNetwork@solent.nhs.uk](mailto:LGBT+@AlliesStaffNetwork@solent.nhs.uk)

## Carers Staff Network

"Everyone I have worked with at Solent demonstrates our HEART values and, because of this, I am able to share my experience with others knowing we have a caring and inclusive culture"



In March 2022 work commenced to create another network to bring together staff who are carers – as well as allies with an interest in supporting this very important platform.

During March, the Diversity Inclusion Team; Community Engagement Team and our Communications Team undertook a range of activities to raise awareness of carers, in support of Young Carers Day on 13 March. We recognise that staff who juggle work with caring are committed to both. We also recognise

that they may need additional support in order to maintain their health and wellbeing, as well as regular attendance at work. We have therefore introduced our Staff Carers Pledge Permit.

If you would like to join or supports Carers Staff Network, please email:

[carersstaffnetwork@solent.nhs.uk](mailto:carersstaffnetwork@solent.nhs.uk)

## Freedom to Speak Up



Since the introduction of Freedom to Speak Up (FTSU) in 2015 and in light of the recommendations made by Sir Robert Francis, we have implemented processes within the Trust to ensure our staff are able to easily raise concerns and seek confidential advice and support.

We have appointed an Independent Lead Guardian who is supported currently by seven guardians.

Our Quarterly Freedom to Speak Up (FTSU) oversight meeting, which is chaired by a Non-executive Director (Chair of the Quality Assurance Committee ) is attended by the Chief Executive, Chief People Officer, Chief of Staff, Chief Nurse and our Independent Lead FTSU Guardian. Executives provide assurance to the Lead Non-executive Director for FTSU on behalf of the Board that issues raised are dealt with promptly and appropriately by the Trust. The oversight group also oversees supporting work

programmes associated with FTSU. At the meetings, the FTSU Independent Lead Guardian briefs colleagues on:

- themes, current cases and actions taken, taking into account confidentiality and anonymity, and
- regulatory/national requirements from the National Guardian Office

The Chief of Staff, Chief Nurse and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and /or wellbeing.

In year our Guardians dealt with the following cases:

- Quarter 1 – 9
- Quarter 2 – 2
- Quarter 3 – 7
- Quarter 4 – 9

Thematically the cases vary but more commonly involve behaviours, bullying/harassment and cultural issues rather than patient safety concerns. All cases have been actioned and staff supported in finding resolution either formally or informally.



Whilst there has been a reduction in case numbers this year, the guardians continue to support (non-FTSU) enquiries and have provided a number of unofficial supportive conversations.

Examples include supportive wellbeing focused discussions, signposting to IPC regarding infection prevention concerns, working alongside D & I to raise inclusion related concerns and support team/individual development.



Our key work focuses over the year summarised:

- **Vision** - Over the past year the vision for the department has been to support proactive work to improve the speaking up culture within the Trust.
- **Speaking up infographic** – We produced an interactive poster enabling staff to easily link to the numerous speaking up routes within and outside the organisation.
- **Speak up month – (October)** We celebrated Speak up month by videoing a number of executive colleagues sharing what Speaking Up means to them. We also produced a podcast episode with our Lead Guardian, Chief Executive and Chief of Staff discussing a speaking up culture.
- **Speaking up strategy** - we summarised how we can provide support to colleagues via a strategic poster.
- **The Big Conversation** - based on recommendations from our BAME resource group, we embarked on a series of facilitated sessions discussing and addressing discrimination. We partnered with the equality, diversity and inclusion department to plan, develop and implement these sessions. The pre-work included:
  - **Resource group engagement sessions.**
  - **Rapid insights** – surveying over 400 individuals experiences.
  - **Developing framework.**
  - **Procuring independent facilitators, tech support** team and a **psychologist** to support.
  - **Board and senior leadership sessions** – to ascertain support, advocacy and understanding of the sessions.
- We were again **rated ‘best in class’** for our positive speaking up culture for the third year in a row, leading to better care for our patients.
- The National Guardian’s Office confirmed our Trust as **the best performing combined mental health, learning disability and community Trust in the country**. The Trust also had the third highest FTSU index score nationally, coming in the top 10 ranking for another year. The score is based on questions from the NHS annual staff survey.

## Occupational Health and Wellbeing Service

The health and wellbeing (H&WB) of our employees is paramount and particularly, we have recognised and continue to recognise the impact of the COVID-19 impact over the last two years. We offer a wide range of services provided by our in-house Safe Effective Quality Occupational Health Service (SEQOHS) accredited team, demonstrating our commitment to delivering safe, effective, and quality services. The team consists of qualified Occupational Health clinicians, Physiotherapists with expertise in OH, CBT therapists, wellbeing practitioners and practice nurses. This multi-disciplinary team provides an excellent cohesive and collaborative service; supporting employees remain or return to work and providing managers with guidance and support to enable them to provide a safe and healthy working environment to their team.

This year COVID-19 continued to bring challenges to meet requirements and embed new ways of working. Many of the team predominantly work from home, this has resulted in learning and

embedding new systems of work; the added value of this new way of working is that we have been able to recruit from a wider geographical area. We now have a large pool of Occupational Health Physicians based locally and further afield to provide Occupational Health clinical knowledge and expertise.

There are challenges with remote working, relationships take longer to create and adhoc/informal learning is more difficult- we have therefore had to be creative; for example, team time is now part of the working week, a time when the team come together, virtually and learn a non-work related task, take part in a quiz or do some yoga!

## **Referrals into Occupational Health**

The Occupational Health Nurse Advisors support the majority of referrals. These referrals are made by the member of staff's manager who is requesting support and advice regarding their member of staff's fitness to work. Following referral and assessment, a report is created which is shared with the manager, with consent. On occasions and due to the complexity of the referral, the assessment and ongoing support is provided by an Occupational Health Physician.

## **COVID-19**

COVID-19 has caused the team to adapt, change and provide new services. The COVID-19 testing team became an integral part of the Occupational Health (OH) team, with support being offered 5 days a week, this was extended during outbreaks or particularly busy periods. The team ensures that current information regarding COVID-19 is reflected on SolNet (our intranet) and that staff can contact a clinician who will advise and support and escalate to an appropriate member of the team when required. OH continues to play a part in any outbreak meetings, this helps ensure that we have an overall picture of the health and wellbeing of our staff and any concerns. Ways of reporting infection have been modified and simplified. Our staff are required to complete just one form and the information is shared, with consent, to Health and Safety, Infection prevention and Occupational Health; this allows for early intervention and action following a positive result.

Using an approved tool, we have created a bespoke risk assessment tool that takes into account risk factors if the member of staff was to contract COVID-19 infection, a manager and the member of staff then were able to create a bespoke action plan that would help identify who was at greater risk of becoming ill with COVID-19.

We have a dedicated Multi-disciplinary Team (MDT) who support those staff who have been absent from work for an extended period following COVID-19 infection, (Long COVID-19, post COVID-19 syndrome). Staff affected can experience a range of different symptoms that influence their work and personal lives. The most common, significant symptom is fatigue. The Health and wellbeing team have experience in energy management using Cognitive Behavioural Therapy (CBT), wellbeing conversations and techniques of pacing, sleep advice, graded functional activity and breathing exercises. The Occupational Health Advisors (OHA's) have experience and expertise in developing and advising bespoke return to work packages for staff and managers. The team meet on a weekly basis and there is a strong link to the People Partner and the manager, with regular case conferences as required; 112 staff have been referred to the service and to date just 20 have not yet been able to return to work, the feedback received was very positive.



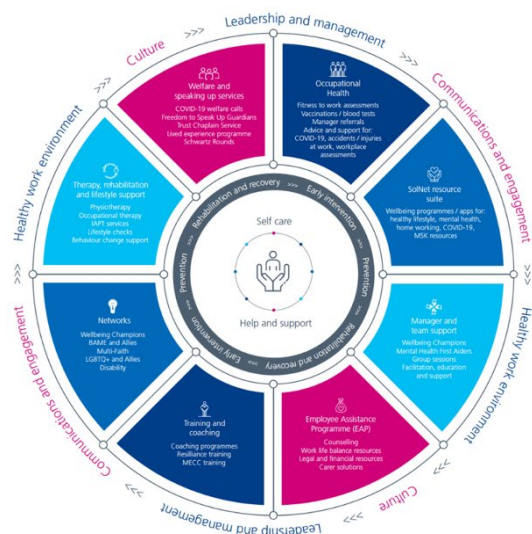
Following the success of the MDT for those struggling to return to work following COVID-19 infection, the OH and WB team will now meet monthly; the aim is to review the support and care of all staff who have been off work for more than a month, largely with long term conditions affecting physical and mental health. The OH and Health and wellbeing team are skilled and committed to ensuring we are doing all we can to support staff and managers with staff who have been away from work for more than a month.

This requires skilled assessment and management of medical and psychosocial factors that can act as barriers to staff returning to their optimum functioning at work and home.

Our [Team Solent Health and Wellbeing Package](#) is still in place which encompasses our offers.

## Wellbeing, rehabilitation and recovery

Team Solent health and wellbeing package



### Our priorities

- 1 Self-care and facilitating teams / managers to establish sustainable wellbeing support within their service.
- 2 Easy access to mental health support services and reducing workplace stigma.
- 3 Home working: physical and psychological impacts and different ways of working.
- 4 Supporting long COVID-19 impacts through wellbeing support interventions.

For more information visit the Occupational Health and Wellbeing pages on SolNet.

Our focus is keeping employees well at work through prevention, early intervention, and rehabilitation. Employees can access the various headings via our SolNet page.

- Occupational Health services
- SolNet resource suite
- Manager and team Support
- Training and coaching
- Therapy, rehabilitation, and lifestyle support
- Employee Assistance Programme (EAP)
- Networks
- Welfare and speaking up services

COVID-19 has required us to continue to adjust and strengthen our OH&WB support services, ensuring our people are supported and are able to access resources and support services quickly. We have included new areas:

### Psychological support

Our employees can now access 1-2-1 psychological support with our two Cognitive Behavioural Therapists (CBT). Our staff will initially receive a Mental Wellbeing Assessments (MWA) to determine what support is appropriate. This could include internal low-medium intensity, high intensity CBT or an appropriate onwards referral to an external service.

## Managing Stress Course



Our CBT therapist and Wellbeing team have further developed and piloted a Managing Stress Course with Solent employees. The course lasts 5 weeks and has been rolled out with employees via a live pilot session and pre-recorded sessions, accompanied by a workbook. The course is being evaluated using both pre and post evaluation forms and will be adapted and improved based on the feedback received.

The 5-week course aims to help those who are experiencing stress, burnout and those that are possibly off work to return. Course outline:

Session 1	Understanding stress and physical symptoms.
Session 2	How stress affects our thinking; managing worry and thinking styles.
Session 3	How stress affects our behaviours; values and finding a balance.
Session 4	The four pillars to stress management; goal setting.
Session 5	Moving forwards; seeking further support, resources, and information.

## Team Support Library

The OH&WB team continue to receive Team Support requests from managers, colleagues, and champions. Requests typically are dominated by teams experiencing high levels of stress and bereavement. As such, a Team Support Library, on SolNet, has been created which offers various methods of team support. The idea is that teams can choose the required support by using the available resources, which may include an interactive PowerPoint, a pre-recorded session, or an activity template. Topics include:

- 5 Ways to Wellbeing interactive PowerPoint
- Team Huddles
- Stress Risk Assessment: tool, short guide, and SOP
- Self-help Energy Management
- Physical Wellbeing
- Bespoke offer

## Solent Health and Wellbeing Strategy

We are developing an organisation wide ‘Solent’s Health (and wellbeing) Strategy’ which aligns with the national Health and Wellbeing Framework (2021). The Strategy encompasses the seven elements stated in the framework that contribute to employee H&WB and has had sign off from the board.

1. Personal health and wellbeing
2. Relationships
3. Fulfilment at work
4. Environment
5. Data insights
6. Managers and leaders Professional Wellbeing Support

To shape the Solent’s Health (and wellbeing) Strategy our next step is to complete the diagnostic tool which is included in the framework’s toolkit. This helps to identify areas within the seven elements that require any action and determines where our priorities should lie.

## Health and Wellbeing Champions and MHFAs

We continue to build a network of Champions, who promote H&WB within their teams. Responsibilities include ensuring that H&WB is on the agenda at team meetings and promoting wellbeing check-ins. Additionally, the champions can have specialisms such as expertise in MSK, menopause or MHFA.

We have two signed off MHFA trainers within the OH team, who continue to train employees across the Trust (current total = ~100). Continued Mental Health First Aid (MHFA) training and collaborative working with other Trusts within a Mental Health Faculty as part of the Hampshire and Isle of Wight (HIOW) project.

The champions are supported via 6-weekly networks, a buddy system, CPD, monthly newsletters, Microsoft Teams Channels where updates and resources are shared. To ensure more champions can access this support, we are introducing a second network which will occur in addition to the Tuesday meetings (2-3:30pm) on Thursdays (9:30-11am). Champions also record their H&WB Conversations using SharePoint which is linked to a Power BI report. This means that we can evaluate the effectiveness of our champions and MHFAs. Data collected includes:

- Conversation/intervention type (H&WB or MHFA)
- Initial/review conversation
- Outcomes and signposting (i.e., EAP)
- Conversation date
- Conversation duration
- Non PID comments

## Awareness Campaigns

We continue to link with the Communications Team to raise awareness around particular H&WB topics. Communication channels for promotion include social media, staff news, live and pre-recorded sessions.

## Time to Talk Day



Time to Talk Day 2022

#Mywholeself



Ophelia Watson

Joyful  
Eclectic  
Loyal  
Loving  
Honest  
Fun



We hosted a Zoom Tea and Talk which promoted the Time to Talk Day on 3 February 2022. Time to Talk day aims to encourage more people to be open about mental health. We covered a true or false quiz surrounding mental health which aimed to reduce stigma and create awareness. Following this we had a discussion around live experience and employees shared their helpful coping strategies for stress, which included crochet and crafts. This awareness day was also aided by ‘My Whole Selfie’ posts on our Solent Instagram page. The idea behind this is to connect with others by sharing a photo of yourself and describing yourself which could include your interests, current health, sexuality etc. Resources around creating conversations with colleagues, families and friends were also shared and the MHFA training was promoted.

## World Menopause Day

World Menopause Day is held every year on 18 October. Led by the International Menopause Society, the purpose of the day is to raise awareness of the menopause and support options for improving health and wellbeing. At Solent a series of events were organised to mark World Menopause Day on 18 October 2021.

- Menopause session including Q&A with Dr Caroline Taylor (menopause specialist).
- Pelvic Floor and the Menopause with Alex Stephenson (physiotherapist).
- CBT for Menopause with Jola Jastrzebska (CBT therapist).
- Recorded yoga for Menopause session with Adele Sales (health and wellbeing practitioner).
- Lived Experience story added to Solnet and social media.

Our staff can attend a quarterly menopause session hosted by a wellbeing practitioner and menopause specialist. A presentation on menopause, symptoms, how symptoms affect work and home life and possible treatments are followed by a Q&A session. Staff requiring individual support and advice can contact the wellbeing team for a wellbeing call.

## Collaborative working

We are part of the Hampshire and Isle of Wight (HIOW) programme, which is delivering enhanced wellbeing and occupational health initiatives across the system; it is aimed at improving the experience of working in the NHS for everyone in the region. Partner organisations in the system are:

- Hampshire Hospitals NHS Foundation Trust
- Isle of Wight NHS Trust
- Portsmouth Hospitals University NHS Trust
- Solent NHS Trust
- University Hospital Southampton NHS Foundation Trust
- Southern Health NHS Foundation Trust

Internally OH have worked with People Partners (Human Resources) to create a multi-disciplinary approach to employee health and wellbeing. The proposed agenda for these meetings includes:

- Discuss the long-term vs short term, sickness by staff group and by reason.
- Look at hotspot areas and explore reasons, patterns trends in these areas.
- Explore interventions that might support and how we can proactively improve attendance and wellbeing.

- Discuss current approaches to absence management.
- Challenges and difficult case studies.

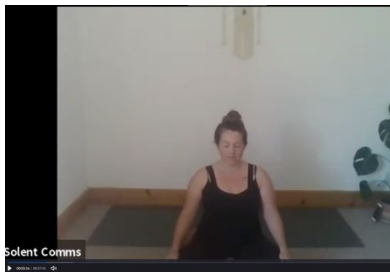
## Musculoskeletal (MSK)

The MSK service continue to strive towards reducing the impact of MSK problems within the workplace. As a team we consider all the factors, including physical and psychosocial, relevant to work that influence staff MSK wellbeing. The MSK team work closely with the wellbeing service in a holistic view to workplace wellbeing. Importantly this includes risk assessment and contributing to our H&WB strategy. We have produced “Physical wellbeing in the workplace” recorded webinar for staff and managers to access.

The MSK team have also visited work sites including Podiatry and CAMHS. Here we have been able to see staff at work and assess what factors may be affecting MSK wellbeing. This can lead to problem solving with the team to find solutions that are realistic and bespoke.

Staff can access both face to face and remote consultations with the physiotherapy team which gives staff options and flexibility when accessing care. We are also continuing to work closely with the Southampton and Portsmouth MSK teams to streamline our specialist referrals to either SMSK, IMAT or CPS services if a patient requires any onwards specialist care. The MSK team have also been working closely with the exciting HIOW project that is looking to create equal local access for MSK services to all staff across the six Trusts. This is progressing well and should offer choice to Solent staff about where they receive their Physiotherapy support.

## Yoga



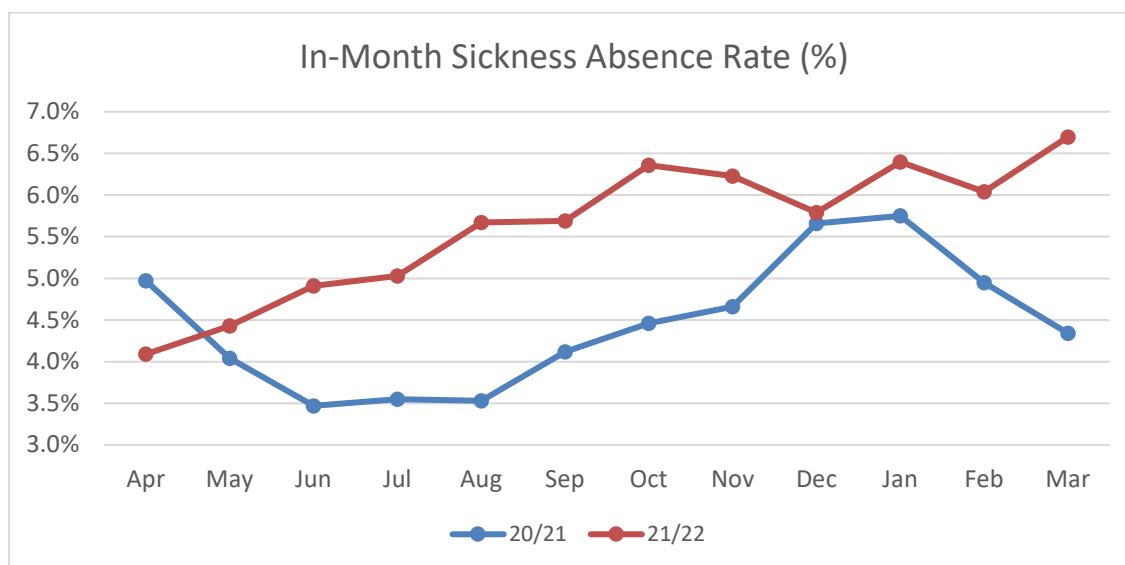
Colleagues have access to a live 30-minute yoga class once a week from an internal member of the Occupational Health team through Zoom. The classes are also recorded and added to SolNet for any members of staff that are unable to make the live times. Additionally, extra yoga classes have been made bespoke for offers such as World Menopause Day, the Winter Wellness campaigns and other awareness campaigns.

## Sickness absence

Sickness rates have continued to rise during the 12-month period from 4.1% - 6.7% (In month), ending the year 2021/22 at 6.7% (March 2022). Sickness related to Anxiety, Stress or Depression remains the highest cause of absence, averaging at 30% of every months sickness. The prevalence of COVID-19 has continued to significantly impact our workforce through related sickness and requirements to self-isolate to prevent further transmission. Since the beginning of 2022 there have been increased pressures based on more prolific transmission of COVID-19 variants in our communities.

We are starting to understand the effects of Long Covid on our workforce and continue to follow the latest national guidance for managing this within the workplace, through adjustments and phased returns. The following graph represents sickness data from 2021/22 and 2020/21, which evidences the continued growth in absence. On 31 March 2022 NHS absence rates for England in November 2021 were published through NHS Digital as 5.6% in month, the Solent reported figure was 4.8%.





Continued close monitoring of sickness absence data is maintained and reported within the Trust to manage our safer staffing and also to the HIOW ICS for comparator to other providers in our system. There remains a prioritised focus on improving access and services provided under wellbeing, both locally and through collaborative working with regional partners. Earlier interventions and an increased offering of support ensures Solent is meeting the NHS People Plan Priorities in looking after our people. <https://www.england.nhs.uk/ournhspeople/>

## Working in Partnership with our Unions

Partnership Working - We pride ourselves on having developed excellent partnership arrangements with our staff side representatives. This is formally supported within the Joint Consultative Committee (JCC) and the Joint Consultative and Negotiating Committee (JCNC). The local Doctors and Dentists Negotiating Committee (DDNC) specifically deals with matters for medical staff. We also have a Policy Steering Group (PSG) to ensure that we continue to develop partnership arrangements when renewing and considering new policies that affect the workforce and wider external environment to ensure fairness and equity.

## Trade Union (Facility Time Publication Requirements) Regulations 2017

Information on the amount and cost of facility time given to Trade Union representatives as specified within the Trade Union (Facility Time Publication Requirements) Regulations 2017 is shown below:

**Table 1: Relevant Union Officials**

Number of employees who were relevant union officials during the 2021-22 year	
9	8.48

**Table 2: Percentage of time spent on facility time**

The number of employees who were relevant union officials employed during the 2021-22 year spent a) 0%, b) 1% - 50%, c) 51%-99%, or d) 100% of their working hours on facility time

Percentage of time during the 2021-22 year	Number of employees
0%	4
1-50%	4
51 – 99%	0
100%	1

**Table 3: Percentage of pay bill spent on facility time**

First Column	Figures
The total cost of facility time	£25,746
Total Pay bill	£179,282
The percentage of the total pay bill spent on facility time **	0.01%

\*\*[(total cost of facility time divided by the total pay bill) times 100]

**Table 4: Paid trade union activities**

First Column	Figures
Time spent on trade union activities as percentage of total paid facility time hours*:	0%

\*[(total hours spent on paid trade union activities by relevant union officials during 2021/22 divided by the total paid facility time hours) times 100]

For the purposes of this section paid facility time includes duties as a union learning representative, union representative, health and safety representative, for the purposes of training, consultation, or representation which arises under section 168, section 168A of the 1992 (Trade Union and Labour Relations (Consolidation) Act 1992), section 10 (6) of the Employment Relations Act 1999 and Regulations made under section 2(4) of the Health and Safety at Work Act 1974.

Trade Union Activities as specified in section 170 (1) (b) of the Trade Union and Labour Relations (Consolidation) Act 1992. This can include attending Regional or National policy making meetings, voting in Union elections, attending other Branch meetings, executive committee meetings, regional union meetings, and annual conferences, etc.

## External consultancy

At times it is necessary for us to engage external consultants when we do, we ensure that the arrangements comply with our standing financial instructions and offer value for money.

External consultants may be engaged when we require objective advice and assistance relating to strategy, structure, and management of our organisation. The costs associated with this can be found within the Remuneration Report.

## Health and Safety

We have remained committed to providing a safe working environment within our operational footprint, and continue to manage the safety, health and welfare of staff, clients, patients, visitors and anyone else who can be affected by our work activities.

Due to the effective management of health, safety and welfare we have not received a visit from or been the subject of investigative proceeding from any external regulatory agency, either pre-planned or because of a specific incident or complaint. We have successfully continued to comply with our statutory obligation in consulting with our appointed trade union elected representatives and staff side employees through our Health and Safety Group, the group has acted in accordance with its Terms of Reference.

No statutory health and safety requirements were impacted by Coronavirus, however some proactive risk assessments from the 2021/22 action tracker were delayed due to the usual resources that would carry out these assessments being re-deployed to support our COVID-19 response throughout the year.

In May 2021 the internal audit of Health, Safety and Occupational Health was undertaken. The audit reviewed the key Health and Safety and Occupational Health processes and controls in place and how we adapted in a COVID-19 environment. It was reported that we have a number of well-designed controls that remained robust during the significant disruption and change during the pandemic. The report was rated overall as Low risk.

# Great value for money



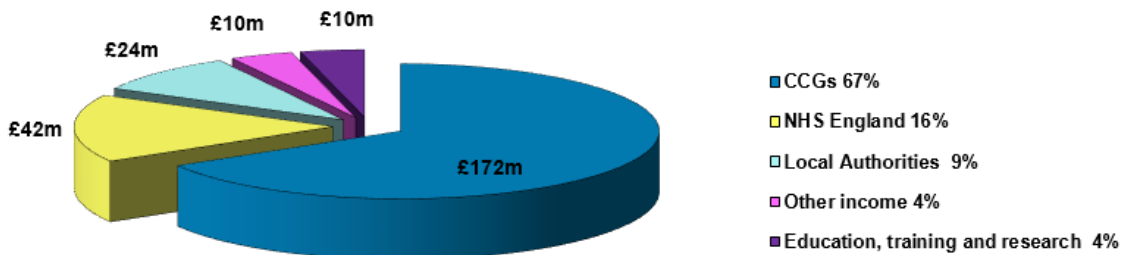
## Providing a great value for money

We want to make the best use of every pound invested in the NHS. We will deliver value by providing our staff with the resources they need, optimising the use of buildings and technology, reducing waste by removing duplication, openly sharing and constructively challenging cost information, and working in partnerships to deliver cost effective care across systems.

## Our finances

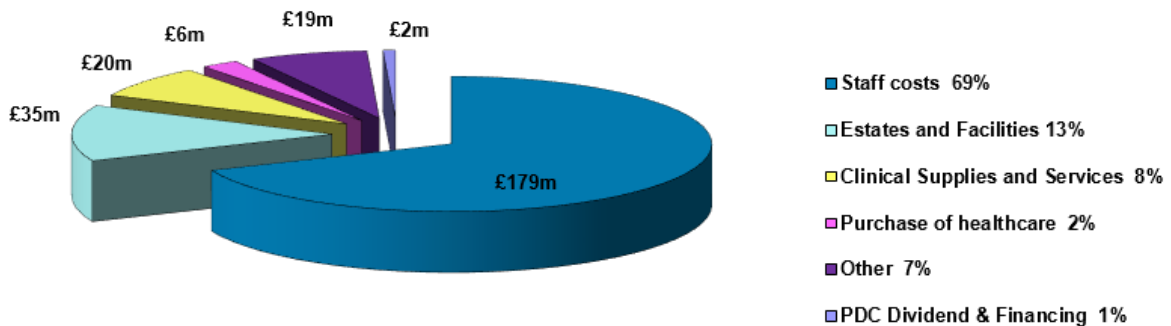
### Our income

During 2021/22 we had an income of over £259m. Our income is illustrated below:



### Our expenditure

Our expenditure is illustrated below:



You can read more about our finances in Section 3.

## Our estate

Despite pandemic-related pressures, more than 100 projects of varying shapes and sizes were progressed and completed. From creating new health buildings to supporting vaccination centres, it was another busy year for our Estates team.



In April 2021, the doors opened on our modern health hub in the middle of Eastleigh's shopping centre. The former Chinese restaurant has been transformed into a multi-purpose health facility housing a children's therapy service and sexual health clinic. As well as providing better, more accessible treatment for patients, the scheme has resulted in an improved working environment for staff.

Work continued on an ambitious extension, alteration and refurbishment to transform Maples psychiatric intensive care unit at St James's Hospital, Portsmouth. The project followed work to improve the patient environment at nearby Hawthorns adult mental health ward, providing a larger dining area, smarter corridor areas and new bathroom facilities.

In October, we proudly opened our charity funded staff gardens at St Mary's Community Health Campus in Portsmouth. The scheme was thoughtfully designed around a large lime tree already on site, with curved benching and picnic tables for staff to enjoy their lunch or a coffee break. Staff gathered at St Mary's to watch Chief Executive Sue Harriman snip a ribbon to declare the new gardens officially open.

The green space, together with a smaller scheme at the Western Community Hospital in Southampton, was funded by NHS Charities Together, with money raised in part by the late great Captain Sir Tom Moore

Meanwhile, our estates team transformed a former consulting room at Gosport's War Memorial Hospital into a much-needed new dental suite, to sit beside three existing ones. The £121k project was carried out during October and November. We also carried out office refurbishment at Enterprise House in Newport on the Isle of Wight. The project allowed us to relocate our school aged immunisation and 0-19 health visiting and school nursing services into a much better working environment.

2021 was a landmark year for our hard-working maintenance team as they moved their service in-house from April and continued to deal with everything from dripping taps to heating and flooding emergencies. The team expanded during the year, via the creation of several new posts and took delivery of eight new Solent Estates and Facilities branded vans. It was also a significant year for our clinical engineering team, which moved to a new base in Portsmouth following the refurbishment of a former car showroom.

Our premises team had a busy year continuing to support the county throughout the COVID-19 pandemic, helping to refresh three mass vaccination centres allowing them to offer booster jabs as well as immobilising a fourth. The team assisted mobile vaccination programmes across the



community in addition to their scheduled work, which included office moves and opening additional patient beds.

The premises team also undertook administration tasks to support the programme, from laminating hundreds of signs for the vaccination centres to preparing around 2,500 volunteer ID badges and welcome packs.

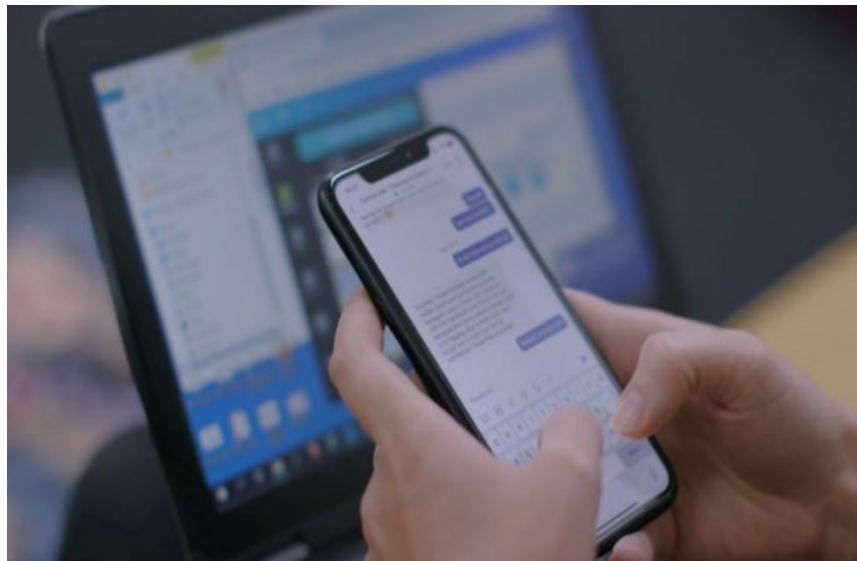
In November, we launched a new online desk and room booking system which will shape future ways of working across Solent NHS Trust. The innovative Matrix software was piloted at two of the Trust’s larger sites in Southampton and Portsmouth, before being rolled out further across the Trust. Staff can book a desk or meeting room at the touch of a button, helping them to work flexibly at different locations as needed.



Our ambitious project to create a 50-bed rehabilitation unit for patients across Southampton was given the green light by city planners in August 2021. Southampton City Council granted conditional planning permission for the scheme to provide purpose-built rehabilitation accommodation in the heart of the community. The £20.8m wing, based at Western Community Hospital, will enable a greater number of people to be cared for in fresh, modern

facilities. Building work is due to start later this year on what will be the biggest building project in the Trust’s history.

## Technology and digital



### 2021/22 in summary

In addition to maintaining and developing the infrastructure which was created to support Solent's contribution to the response to COVID-19. The main two foci of activity throughout the year involved an initiation of the procurement of a future operating model for our ICT services and an organisational transition from a relatively narrow focus on ICT and performance reporting functions to a much broader focus on digital maturity as a whole. Underpinning this, the organisation maintained a high level of vigilance and adaptation to cyber security threats, with robust levels of threat protection staff training and awareness preventing successful breaches of our information estate.

### COVID-19

Last year's report detailed our response to the challenges of COVID-19. It described the advantage our staff already had, by the time that the COVID-19 pandemic hit, of having been issued, for the most part, with mobile personal computing and communication devices allowing them remote access to the Solent information estate as well as creating various business continuity workarounds for remote working, when primary methods of connection failed.

These proved invaluable when a large part of Solent's work had to be conducted remotely from the homes of colleagues, making extensive use of remote consultations, remote meetings, remote digital collaboration and an increase in channels used for communication.

The solutions put in place to support vaccination centres proved lastingly robust and expanded throughout the year to accommodate the increased depth and breadth of our vaccination offer and a high level of support was provided to these centres from across all parts of the team.

## Future Operating Model

In recognition that the contract with Solent's main supplier of ICT services, CGI, was coming to an end in 2022, we embarked on a comprehensive review of the optimal future operating model for ICT going forward, which would guide our re-procurement strategy.

External consultants and extensive internal consultation led to the development of a model blending internal and external functions and resulting in 4 new contracts requiring to be let in the areas of device management and support (lot 1), optimising the use of Microsoft products and services (Office 365, power platform, Azure cloud hosting)(lot 2), airtime services (lot 3) and network services (lot 4).

By the end of the year we had finalised the procurement process and had selected the most promising suppliers, with a robust transition strategy to move from our existing model to the new model by the end of 2022.

The adoption of this new future operating model ensures that Solent gets the best value for its digital investment by contracting with suppliers who are specialist in their own area, focusing on solid reliable infrastructure alongside agile adoption of emerging technology and information management systems to make the experience of receiving care and giving care safer, more efficient, more effective, and a better experience all round.

## Transition from ICT to "digital" awareness

The rate of digital development and adoption in healthcare has been very rapid. Where once it was sufficient to have an "ICT team", it is now recognised that a much broader range of skills, perspectives, strategies, and objectives is required, still incorporating the need for a robust ICT infrastructure, but critically adding competency and expertise with information management and exploitation, and addressing digital competencies of staff and optimising the end-user experience (of both staff and patients). Across the year, the organisation has embraced this change by focusing on digital maturity as a concept and ensuring that a single executive has oversight and accountability for organisational digital maturity.

Our activities and learning have shaped the production of our new Digital Strategy for 2022-2025. It describes the next steps in our journey to becoming a more digitally mature organisation, specifically around:

- information management
- efficiency
- service user focus
- workforce
- system integration
- governance

The strategy has been co-produced following extensive engagement with stakeholders across the Trust which use our digital services and with our partners

We have ensured alignment with other Trust strategies and with emerging national guidance around digital e.g. 'What Good Looks Like' and 'Data Saves Lives' so that developments we implement in the digital space support their strategic aims.

We've supported the creation of the emerging digital thinking within the Hampshire and IOW ICS, with senior digital leaders actively participating in these conversations to ensure that the needs of both the ICS and the Trust are considered.

## **Information governance and cyber security**

Well-publicised breaches in security in other healthcare settings around the world have continued to draw attention to the vulnerabilities of complex organisations to cyber-attacks and there has been focussed activities to ensure that defences stay one step ahead and we reduce the risk of disruption from a such an attack.

Over the year, we have implemented multi-factor authentication for external access and a number of other technical features within our Microsoft services to enhance our protection. We have also adopted the use of centrally provided services from NHS Digital to provide additional layers of security.

There has also been focus on ensuring that legacy unsupported software is updated and replaced, the most notable during this year being the replacement of the Internet Explorer browser with Microsoft Edge.

## **Digital Infrastructure**

During the course of the year, we have progressed a number of projects to further modernise our digital infrastructure.

In line with our strategy of using cloud technology where possible, we have migrated a number of on-premise services and applications to cloud services/hosting, resulting in improved performance, reliability and rationalisation of infrastructure.

During 2021/22, we completed the remaining migrations as part of our Wide Area Network (WAN) replacement programme, providing more cost-effective HSCN connections into our locations with much higher speeds. We've also deployed the Govroam Wi-Fi network in order to provide easy and fast access to the internet for other health and care partners using Govroam when their staff work from one of our locations.

## **Information Systems**

In addition to providing significant support to the vaccination centre programme, there were a number of other key achievements during this year.

In partnership with our clinical services, developments were delivered in our electronic patient record (EPR) systems, including new configuration across a number of services to improve the capture of and access to information. Specific examples include Children Safeguarding and the CIS and Admiral Nursing services. Another significant achievement this year was the launch of the Personal Health Records platform with our Sexual Health Services.

We began the implementation of a feature called Autoplanner within our main EPR to enable more intelligent scheduling of visits for staff seeing patients in the community, releasing more time for our clinicians to provide care. During the year, we supported the mobilisation of a number of new clinical services and provided them with an electronic patient records system including IOW Special School Nursing and the Jigsaw and Building Resilience and Strengths integrated teams with SCC.



# Performance Analysis

The purpose of this section is to provide a detailed performance summary of the measures we use to assess our performance and how these measures combine to provide an overall picture of our Trust.

## Performance Measurement

### Performance Governance Framework

Our Performance Governance framework has continued to be tailored during 2021/22 due to the extraordinary nature of this year also, taking a risk-based approach with the Trust's response to COVID-19 at the forefront. The continuation of the pandemic throughout the year has seen the Performance Governance approach flexed to meet the needs of the organisation.

For the majority of 2021/22 the formal performance governance structure continued, ensuring the needs of the organisation were met in the most efficient way, optimising escalations to the senior leadership team and Trust Board.

You can read more about performance meeting structures within the Annual Governance Statement.

### Business Intelligence

This year has also seen the continued implementation of Power BI, a collection of software, Apps and connectors that bring together sources of data across our Trust to and support our services to work together to understand requirements and co-design useable products. Fulfilling our need for Executive oversight, has seen the introduction of executive summary dashboards, alongside close to real-time clinical, workforce and quality system products, which will continue to evolve and iterate into 2022/23. Throughout the year Power BI was utilised to deliver a range of prominent intelligence relating to COVID-19, alongside a continuation of development across all services within the Trust.

### Contractual Performance Monitoring

External reporting of contractual performance information was paused in March 2020, which continued throughout 2021/22. The agreement reflected arrangements with our stakeholders that COVID-19 still impacted our business-as-usual service delivery and that all efforts should be focussed on delivery of core services.

External reporting for key public health contracts such as the Local Authority funded Sexual Health Service and School Aged Immunisations service has continued throughout 2021/22.

All contractual performance reporting will be available to our commissioners from April 2022 activity month onward, as we see a return to pre-pandemic levels of monitoring.

Due to limited production of contractual performance information, the scrutiny of services was reduced, acknowledging that it was expected for performance of business as usual measures to deteriorate where COVID-19 had impacted service delivery.

Where possible key areas or newly mobilised service’s performance reporting continued, alongside the facilitation of ad-hoc data requests.

During 2021/22 any concerns over performance were highlighted and discussed as appropriate via the exception reporting processes referenced previously.

This year, system-level performance monitoring continues to develop, cementing a collaborative approach due to pressures on the local system caused by the subsequent waves of the COVID-19 pandemic. We continue our collaborative approach with providers across Hampshire and the Isle of Wight to develop integrated products and to demonstrate the impact of the pandemic on a range of key services; such as Community Hospitals, Community Nursing Services, Urgent Response Services, and Mental Health services. These workstreams consider the wider impact of demand across all provider Trusts within the Hampshire and Isle of Wight system.

**Activity review**

A breakdown of patient contacts and occupied bed days by service line is illustrated in the following table:

Service Line	Contacts	Inpatient Occupied Bed Days	Total
Adult Mental Health	81,086	13,526	94,612
Adult Services, Portsmouth	192,289	7,979	200,268
Adult Services, Southampton	259,405	18,092	277,497
Child and Family Services	228,967	0	228,967
Pharmacy Services	1,446	0	1,446
Primary Care and Long-Term Conditions Services	164,011	0	164,011
Sexual Health Services	61,289	0	61,289
Special Care Dental Services	25,499	0	25,499
	<b>1,013,992</b>	<b>39,597</b>	<b>1,053,589</b>

Overall activity levels in 2021/22 have increased compared to 2020/21. Due mainly to the national drive for restoration & recovery, as well as our continued supporting role within the system. The overall increase against 2020/21 activity was 4%. We will continue to monitor our activity levels throughout 2022/23 to support us with optimising our performance.

Focusing on restoration & recovery, most of our services are back or above pre-COVID-19 levels, however some close contact services are still impacted by the pandemic due to PPE donning and doffing requiring a longer appointment time, alongside staff availability.

Services have continued to adapt rapidly as we move into 22/23, implementing technologies to deliver care remotely at pace. During 2021/22, almost 18% of all patient contacts were delivered via remote means, reducing the need for patients to travel and physically attend appointments. This is an expected reduction of approximate 12% against 2021/22 as services move to reinstate face to face appointments where necessary for close contact services.

We successfully achieved the national standards for Referral to Treatment (RTT) within 18 weeks for another year, despite the challenges faced due to COVID-19.

Due to the community nature of services provided by Solent, there are limited services applicable to the national RTT standards. Although the standards have been achieved, performance has shown a slight decline from 2020/21 across both measures, highlighting the pressures on consultant-led community services. A breakdown of performance for 2020/21 is illustrated in the following table:

RTT standard	Number of compliant referrals	Total number of referrals	Performance
Part 1B – Complete Outpatient	6,272	6,521	96.20%
Part 2 – Incomplete	10,078	10,411	96.80%

**NHS Improvement Single Oversight Frameworks**

The NHS Improvement Single Oversight Framework (SOF) provides the framework for overseeing organisations and identifying potential performance concerns by NHS Improvement (NHSI). We continued to assess ourselves against the standards set out, regularly utilising the national Model Hospital tool for benchmarks.

During 2021/22, our organisational grading decreased from the highest Level 1 to Level 2 Autonomy (out of levels 1-4). Our involvement in the challenging Portsmouth and South East Hampshire health system, in addition to our submission of a deficit financial plan for H1 (first half of 2021/22), contributed to our decline in score.

The SOF covers five themes:

1. Quality of care
2. Finance and use of resources
3. Operational performance
4. Strategic change
5. Leadership and improvement capability (well-led)

NHSI has defined metrics for the first three themes listed above; our performance against the Quality of Care metrics and Operational Performance metrics are summarised as follows.

Thresholds highlighted in grey in the tables are internal and aspirational thresholds, whereas all others are national targets.

## Quality of Care Metrics

The measure of 'Quality of Care' includes the CQC's most recent assessment of whether our care is, effective, safe, caring and responsive as well as in-year information where available. NHSI also consider a range of indicators under this domain and our performance is summarised as follows;

### Caring

Indicator Description		Apr - 21	May - 21	Jun - 21	Jul - 21	Aug - 21	Sep - 21	Oct - 21	Nov - 21	Dec - 21	Jan - 22	Feb - 22	Mar - 22
<b>Quality of Care Indicators</b>													
Caring	Written Complaints	12	19	19	9	15	15	12	18	12	8	9	10
	Staff Friends & Family Test - % Recommended Care	-	-	-	-	-	-	-	-	-	-	-	-
	Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0
	Community Friends & Family Test - % positive	95%	95%	95%	91%	97%	96%	96%	96%	92%	95%	97%	97%
	Mental Health Friends & Family Test - % positive	96%	96%	86%	100%	99%	100%	97%	98%	100%	97%	99%	98%

Compliance against the Caring domain is positive overall with no significant concerns.

The Trust average for community Services was 95% which is above both the England and Hampshire averages (89%), meeting the recommended 95% national threshold. Mental Health FFT average was 97%.

### Effective

Indicator Description		Apr - 21	May - 21	Jun - 21	Jul - 21	Aug - 21	Sep - 21	Oct - 21	Nov - 21	Dec - 21	Jan - 22	Feb - 22	Mar - 22
<b>Quality of Care Indicators</b>													
Effective	Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	80%	100%	80%	100%	100%	100%	100%	70%	100%	100%	88%	100%
	% clients in settled accommodation	71%	72%	69%	69%	70%	71%	74%	71%	71%	69%	69%	68%
	% clients in employment	6%	5%	4%	3%	4%	3%	3%	4%	4%	3%	3%	3%

The standards required to meet the majority of the metrics under the Effective domain were met, with 'percentage of clients in in employment' being an outlier, failing to reach the 5% target for 10 months out of 12.

### Safe

Indicator Description		Apr - 21	May - 21	Jun - 21	Jul - 21	Aug - 21	Sep - 21	Oct - 21	Nov - 21	Dec - 21	Jan - 22	Feb - 22	Mar - 22
<b>Quality of Care Indicators</b>													
Safe	Occurrence of any Never Event	0	0	0	1	0	0	0	0	0	0	0	0
	NHS England/ NHS Improvement Patient Safety Alerts outstanding	0	0	0	1	3	0	0	1	0	0	0	2
	VTE Risk Assessment	98%	97%	97%	97%	99%	99%	89%	92%	98%	95%	94%	95%
	Clostridium Difficile - variance from plan	0	0	0	0	0	0	0	0	0	0	0	0
	Clostridium Difficile - infection rate	0	0	0	0	0	0	0	0	0	0	0	0
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0
	Escherichia coli (E.coli) bacteraemia bloodstream infection	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0
	Admissions to adult facilities of patients who are under 16 yrs old	1	0	0	0	0	0	0	0	0	0	0	0

The standards required to meet the metrics under the Safe domain were achieved in most months throughout the year, with VTE Risk Assessments being the outlier. This is an area where performance is often just below target and is attributed to the high level of change seen in the medical team providing cover to the Mental Health Inpatient wards.

## Operational Performance Metrics

NHSI have determined a number of key metrics in accordance with NHS Constitutional standards. Our performance against these are summarised as follows;

Operational Performance	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
Maximum time of 18 weeks from point of referral to treatment (RTT) – patients on an incomplete pathway	92%	96%	98%	99%	98%	97%	100%	100%	98%	97%	92%	93%	95%
Maximum 6-week wait for diagnostic procedures	99%	85%	92%	76%	79%	76%	74%	74%	85%	89%	95%	99%	99%
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	0%	0	0	0	0	0	0	3	31	42	12	6	19
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50%	60%	100%	75%	100%	100%	100%	100%	60%	60%	100%	100%	60%
Data Quality Maturity Index (DQM) - MHSDS dataset score*	95%	91%	91%	91%	91%	91%	91%	92%	91%	92%	92%		
<b>Improving Access to Psychological Therapies (IAPT)</b>		-											
- Proportion of people completing treatment moving to recovery	50%	47%	52%	52%	53%	51%	57%	55%	56%	54%	61%	52%	57%
- Waiting time to begin treatment - within 6 weeks	75%	100%	99%	97%	93%	90%	99%	93%	97%	95%	87%	92%	94%
- Waiting time to begin treatment - within 18 weeks	95%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	99%

Overall, compliance against the Operational Performance theme is positive. A continued area of concern in 2021/22 was the sustained impact of COVID-19 on our diagnostics service provision, and the unfavourable effect this has had against the 6-week target. A dip in achievement was seen between June – December 2021, with recovery to a favourable position from January 2022 onwards. At all times throughout the year, our relationship with the Diagnostics third-party provider was closely monitored and interventions implemented to realise an increase in activity towards the 95% threshold.

The enduring national incident concerning Coronavirus COVID-19 has impacted our operational performance and ability to maintain service provision, resulting in a significant increase in waiting lists across many of our services. As we return to a more ‘business as usual’ footing we are working to refresh our waiting list trajectories and improve our data quality and identify the service areas which require the most attention.

Service lines originally set waiting times trajectories in November 2021, with reports now available within Power BI showing performance against those trajectories. A review of the waiting lists was undertaken in February 2022 the purpose of which was twofold. Firstly, to provide an overview of the data presented and available within our visualisation suite (Power BI) including data quality/validation, with discussion points and suggestions as to how that might be improved for the future. Secondly, to provide insight with a more detailed deep dive into the actual waiting list position within service lines, endeavouring to provide discussion points and recommendations going forward. A process to review and potentially revise trajectories (given the impact of pressures) is in trial, with the aim to be operational in quarter 1 of 2022/23. In addition, a data quality review was undertaken of those services or caseloads with a waiting time measure, and appropriate adjustments made, improving assurance of the accuracy of our waiting lists.

We reported a reduction in our 52 week breach position by 65% over the year, and we continue to review and develop plans to improve this position further in 2022/23. Work is ongoing to create measures and trajectories for the overall size of the waiting list, and our Urgent Community Response (UCR) activity. This information will be managed and monitored with the ICS via the System Operating Framework in 2022/23 and will be monitored internally through the Solent Trust Board Report.

## 2022/23 – A Look Forward

As we move into 2022/23, we will undoubtedly continue to be responding to the pressures, both organisationally and as a wider ICS.

### Development of the Performance Governance Framework

Within the first quarter of 2022/23, the Trust is to enhance its performance governance oversight by reframing our Performance Review Meetings (PRM).

We've also committed to establishing a formal Executive PRM as part of our enhanced operational oversight, with service lines and corporate functions following the same approach to governance, providing oversight of all the Trust's operations.

As we begin to implement the new style Performance Review Meetings, thoughts will be given to the incorporation of 'what does good look like' guaranteeing the best use of our intelligence, proactive identification and alerts, understanding of risk (identification & mitigation), ensuring a rounded view of the organisation and performance management for the Trust Board.

### Performance and Business Intelligence Strategy

During Quarter 1 2022/23 we will implement our Performance and BI Strategy (a sub-strategy of the Digital Strategy)"

Key highlights include:

- Through the provision of data and intelligence, improve the health and wellbeing of our populations and individuals, ensuring the right care, at the right time, in the right place, for Solent's patients & populations.
- Development of a data driven culture that encourages our teams to experiment & advance, to offer the best solutions, underpinned by robust trusted data.
- Provide timely insight, driven by our services ask, with an improved ability to understand the 'what' and 'why' leading to more informed decision making.
- Support Solent's ambition to be a digitally mature organisation, that enables our services to adapt and respond to the needs of the local communities and service users.
- Ensure an open and safe culture, enforcing Solent's organisational values.

### Business Intelligence

#### Infrastructure

The delivery of our data warehouse to a new infrastructure has been delayed by the exceptional year we have endured, with the hope for the new platform to be delivered by summer 2022. Within the first months of the new platform, a freeing up of skilled resource will aid delivery of the Performance and Business Intelligence strategy. An official launch of Power BI is scheduled for 2022/23, which sees a dependency on the infrastructure and new platform implementation.

#### Power BI

The roadmap for the Power BI rollout has continued, albeit at a slower pace due competing priority of key workplans. As such, a review of current products and a formal launch for widespread access of Power BI across the Trust is planned for 2022/23.



Whilst it is acknowledged that further work is still required to lay the foundations for Power BI, there has been a definite shift seen as we begin to change the way we use information and intelligence within Solent, an appetite for driving our decisions based on our data is evident.

### Data management

The first quarter of the financial year sees the introduction of a robust request on-boarding solution, which enables transparency of all product development, aiding oversight of delivery, through shared understanding and communication at all stages.

Running alongside, is a discovery phase of a potential CSDS (commissioner Services Data Set) redevelopment and an agreement of the pilot services identified.

### Engagement

Our stakeholder engagement continues, both within Solent and outside as part of the system wide provider collaborative.

## Strategic Objectives Achievement and our key successes

During 2021/22 we continued to deliver and enhance the services provided as part the national response to COVID-19. We also provided significant support to Isle of Wight services helping to improve their CQC rating to 'good', providing advice and support on improvements in clinical quality, and estates strategy development.

We established rapid changes to the workforce to continue to meet the challenges of providing COVID-19 hubs and services, mobilised new children and family services and supported improvements in intermediate care, working with local authority partners.

Our achievement of business objectives at the end of Quarter 4 for 2021/22 is summarised as follows:

- 51 Objectives (61%) were rated as green indicating they were on target for completion by intended dates;
- 14 Objectives (17%) were highlighted as amber, indicating that they were experiencing difficulty or delay, however this delay should not be detrimental to the overall success of the objective;
- 3 Objectives (4%) were currently rated as red. This means that these objectives had one or more milestones outstanding that have a significant impact on achieving the intended outcomes of the objective; and
- 15 Objectives (18%) successfully met all the planned milestones and were complete.

As we come out of the pandemic, the priorities for our Commissioners and the Trust, have changed. Programmes which support the reduction in the acute backlog, for example, the establishment of Virtual Wards, have become even more central to our plans for 2022/23. A process has been agreed to review all planned programmes and projects to reflect this revised focus.

Those programmes which we know are part of post pandemic priorities are included in plans for 2022/23. The remaining programmes will be reviewed by directors and assessed as high, medium or low priority with a view to delivering those in the high priority and which are affordable and consistent with commissioner plans. The review of all programmes and projects will be completed by the end of June 2022.

## Environmental Reporting

Progress on several initiatives and plans linked to the overarching Environmental achievements has continued to be impacted by the COVID-19 pandemic, however progress has still been made in several key areas and several initiatives have been achieved.

Our Green Plan was published and approved by the Trust Board in August 2021 which aligns with the NHS Standard Contract, specifically Service Condition SC18 – Sustainable Development.

We are required to quantify our environmental impacts and publish in our annual report quantitative progress data covering as a minimum, greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved.

### Our Green Plan priorities

We are committed to be a leading sustainable healthcare organisation, and to carrying out our business with the minimum impact on the environment. Our Sustainable Development Management Plan (SDMP) priorities were amended during 2020/21 and incorporated within our new Green Plan. The areas of focus are aligned with the national and regional priorities and are shown below:

- Digital transformation
- Medicines
- Travel and transport

During 2021/2022, along with many other Trusts, we were impacted by the Covid-19 pandemic, during the period we provided support to the HIOW healthcare system that inevitably had an impact on our sustainability and environmental position. The support we provided included:

- Provision of additional bed capacity to a number of sites in Portsmouth including Hamble House, Jubilee House and Spinnaker and Brooker wards
- Provision of additional bed capacity to a number of sites in Southampton including Snowdon and Lower Brambles wards.
- Estates and Facilities support to enable the HIOW Vaccination Centres
- We also maintained an in-patient facility at Adelaide Health Centre in Southampton with a 72-bed capacity.

The additional bed capacity and changes to guidance in managing our patient and non-patient areas has impacted on waste, energy, staffing and the way in which services and activity were delivered. These changes included an increase in home working, reduced clinics, and virtual consultations during Q1, Q2 and Q3. The use of Teams and Zoom for meetings resulted in a reduction in travel. The provision of standby beds affected the re-instating of our clinical services.

### Our consumables

Following a review of VAT on utilities costs refunds were agreed and received from the utility companies as many of our in-patient areas are classified as residential facilities due to the length of stay of our patients. These sites are now charged pro rata 5% VAT for the ward area with no Climate Change Levy (CCL) payable for the ward proportion of the site.

In year we;

- Increased our electricity consumption by 19% across the whole of the Trust, largely due to the resumption of clinical activity across our sites and a reduction in home working.
- Increased our gas consumption by 10% across the whole of the Trust partly due to windows and doors being open for additional ventilation and partly due to heating remaining on throughout the building even if only a few areas were being used. The increase was also due in part to increased water consumption with a large proportion of this having been to generate hot water used for increased cleaning and handwashing.
- The Increased electricity and gas consumption raised our CO2 (tonnes) by 8%. We are proactively reviewing our operational delivery and implementing agile working to improve our efficiency in respect of occupancy levels, with the aim of reducing our consumption of utilities and consequently, our CO2 output.
- Our waste volumes remained high in the year due to operational requirements. Where appropriate Tiger bags are being used in our inpatient ward areas. Precautionary Personal Protective Equipment (PPE) is now disposed of in Tiger bags unless there is a presence of infection. During the period our waste contractor performance remained high at 96% or above.
- Upcycled and refurbished 107 clinical waste bins with soft closures to roll out in our health centres and small clinics where additional bins were required for the Tiger bag roll out.
- Our Infection Prevention and Control team and our Health & Safety manager approved community staff to bring small quantities of offensive waste and clinical waste back to their base saving individual collections from patients' homes by our waste contractor.
- Worked with our landlords to achieve consistency across our Solent services with recycling and continue to provide additional waste bins where required.

Our mixed waste recycling (including confidential waste) remained consistent with the previous year at 27% across the whole of the Trust. The three new compactors installed on our hospital sites in 2020/21 continue to significantly reduce the number of collections from 3 times a week to once every 3 weeks.

In addition, we have:

- Continued to achieve our target of zero waste to landfill.
- Invested £498k in energy efficiency measures.
- Re-established a Sustainable Action Group to support the required outcomes from our Green Plan, drive sustainability and energy initiatives and raise awareness and generate environmental improvement actions. The Group comprises 52 staff from all our services providing an excellent mix of committed individuals. The Group are working on the delivery of some of the key actions set out within our Green Plan.
- Continued to introduce initiatives where possible to make our procurement more sustainable, however PUSH deliveries had an impact on implementing these.
- Our Apprentice Energy Assistant supported the increasing focus and challenges on energy and sustainability and the implementation of our Green Plan and assisted with water surveys, waste audits and the roll out of tiger waste bins.

- Completed our decarbonisation road map and reviewed the actions identified. Where appropriate these actions are being managed by our in-house estate maintenance team and a specialist consultant has been appointed to address the remaining actions.
- Identified a number of energy saving schemes including replacement of existing lighting using LED technology with the second stage complete on 31 March 2022
- Appointed a framework consultant to complete a feasibility study and business case for the provision of an electric vehicle charging infrastructure across our estate. The report is currently under review to assess the next steps and our target is to implement this to the agreed sites during 2022/23.
- Having signed the Trust up to a plastic reduction pledge in 2019/20 we achieved the target dates of April 2020 and April 2021 for the three required elements. However due to COVID-19 some single use plastics had to be reinstated during 2021/22 e.g. sauce sachets.

## Travel

To assist us in our aspiration to reduce single occupancy car travel and increasing cycling in conjunction with our Sustainable Travel Plan, we updated our Access & Transport policy recognising lessons learnt during the 'lockdown' period and this is due for approval in Q1 2022/23. Reduced journeys continued to be noted due to home working and virtual consultations, although this reduced in Q4 as restrictions eased.

The provision of pool cars to support staff that used this facility or car shared, has been well supported and we are looking to extend this scheme to our Western Community Hospital.

We are currently working with Mobilityways whose platform is designed to help communities calculate, benchmark, and reduce commuter emissions to zero. There are several elements to this platform including car sharing, personal travel plans, travel surveys and scoping, we are targeting to have a business case approved in Q2 2022/23 to implement the platform.

We are also continuing to work closely with the 'My Journey' programme across Hampshire, Portsmouth, and Southampton to raise awareness of alternative transport options. As part of this collaboration we were invited by Portsmouth City Council and Southampton City Council to join the Voi e-scooter pilot scheme set up by Government. These were implemented at our St Mary's Community Hospital Campus in Portsmouth and our Western Community Hospital site in Southampton. These have proved successful and the scheme has been extended to November 2022. Behavioural change and the impact of COVID-19 remain the two key challenges to this being fully and successfully implemented.

Grants for 2022/23 have recently been announced by the My Journey programme and we are assessing opportunities where grant applications can be made to support our active travel and alternative travel initiatives.

As part of the Health & Wellbeing Strategy for Portsmouth City Council we are members of the Air Quality and Active Travel Group and this group is attended by our Building & Compliance Manager.

## Reporting, monitoring and the Sustainable Development Unit (SDU) Report

The Sustainable Development Unit no longer exists, and the Sustainability Development Action Tool is no longer available and is due to be replaced with a new reporting tool, but this is not yet available. We were therefore unable to report as we had done in previous years but did report through the annual ERIC return (Estates Return Information Collection) and received and analysed data provided through our energy bureau. We also completed the NHS Greener quarterly and ad-hoc returns that were issued during the year.

This is therefore not in line with our Carbon Reduction Action Plan, to meet our mandatory sustainability reporting requirements but once the new reporting requirements are published, we will comply with those. We use the Model Hospital reports to review our performance against published benchmark information and our peer groups.

In addition, on a monthly basis, we monitor our waste disposals and utilities consumption. Our utilities consumption is compared with previous year's usage and adjusted using degree day data<sup>1</sup> to ensure economic efficiencies and to track consumption in line with our carbon reduction targets. Due to the easing of COVID-19 requirements and guidance we saw an increase in electricity consumption of 19%, an increase in gas consumption of 10% and an increase in CO<sub>2</sub> of 8% compared to the previous year.

Our waste disposal locations are monitored to ensure zero waste to landfill, and to track increasing recycling rates where these are achieved. We work with our waste contractor to increase segregation to improve recycling rates, and with their subcontractors to increase clinical waste residues to R1<sup>2</sup> recovery facilities. Recycling has continued to be impacted by the pandemic during the year.

Changes to our cleaning methodology, required because of the COVID-19 guidance, continued to impact on waste volumes produced during the year. Medium risk IPC clinical care pathways resulted in most inpatient areas that were previously using Tiger bags to revert to clinical waste bags, however Tiger bags have now been re-introduced. There was also a significant increase in precautionary PPE in all services that previously produced no waste. In addition, we saw sustained increases in clinical waste in patient homes, however as already highlighted our Infection Prevention and Control team and our Health & Safety manager approved community staff to bring small quantities of offensive waste and clinical waste back to their base saving individual collections from patients' homes by our waste contractor.

In January 2021 we reached agreement through our current utilities contract to purchase Green Electricity and this took effect on 1 October 2021 as planned. The expected carbon saving to the Trust was approximately 826 tonnes of carbon. This would be a significant reduction in our carbon footprint and any future heat decarbonisation would then be 100% carbon saving as the alternative electric plant will be powered from a green source. However, whilst we purchase 100% green electricity it is not a 100% carbon saving as the electricity is not generated at site level.

---

<sup>1</sup> Degree day data enables an accurate assessment and comparison of energy consumption to be made, making due allowance for weather conditions in any given period.

<sup>2</sup> R1 recovery facilities use waste to generate energy.

Following advice from our energy consultant we are unable to report the expected reduction our carbon footprint by the expected 826 tonnes by purchasing green electricity. This is due to the electricity we use being supplied from the national grid. Due to the time of day and the national demand there is the possibility that we may not be using green energy on our sites.

We are currently reviewing the impact of this with our supplier given we contract to purchase 199% green electricity. The national grid aim is to be 100% renewable energy by 2025.

Continued improved accuracy in monitoring our energy consumption has helped to inform future capital investment decisions to reduce energy consumption and delivery of a sustainable estate. Roll out of AMR (Automatic Meter Readers) had been slowed due to COVID-19, however we have continued with this roll out and all electric meters have been changed to AMR and gas meters to our larger sites have also been changed to AMR, changing of gas meters to our smaller sites has been deferred to the end of the heating season to minimise disruption to our clinical services - this will reduce the burden and carbon footprint of sending out maintenance staff to read meters and has further improved the accuracy of invoices.

## Utility contracts

Our new water contract, as a result of the increasing competitiveness of the deregulated water markets, has achieved a reduction in cost, improved water loss management and improved visibility of consumption via use of a portal. Through the framework customer service is evaluated against Key Performance Indicators (KPIs) with the potential to enforce Poor Performance Remedies in cases of significant and prolonged poor customer service.

The process to switch is complete and all supplies are now consolidated with one supplier and we are seeing the benefits of the new contract. Site surveys on the feasibility of installing AMR water meters were completed and fiscal meters have been changed to AMR meters, this will improve invoicing, and enable early leak detection.

In accordance with the HM Treasury Sustainability Reporting Guidance, our Carbon reduction Plan addresses the minimum requirements concerning Green House Gases (GHG) including Scope 1 (direct emissions), Scope 2, (energy indirect GHG emissions, and Scope 3 (other indirect GHG emissions) as well as Finite Resource Consumption including estates water consumption, via our ERIC return (measured in cubic meters).

We are committed to sustainable procurement practices and all new contracts are issued in accordance with NHS Terms and Conditions. By ordering our goods via a supply chain we minimise fleet mileage through improved route planning and optimisation, reduce the number of deliveries required, minimise congestion and the associated emissions/pollutants.

We have worked with incumbent contractors to improve and monitor their carbon footprint and to set targets to meet net carbon zero, including those where the contract value is less than £5m, those conversations have also included discussions regarding social value.

## Chief Executive

Date:





## Section 2

# Accountability and Corporate Governance Report

## Our Board of Directors

Accountable to the Secretary of State, the Board is responsible for the effective direction of the affairs of the organisation, setting the strategic direction and appetite for risk. The Board establishes arrangements for effective governance and management as well as holding management to account for delivery, with particular emphasis on the safety and quality of the Trust's services and achievement of the required financial performance as outlined in its Terms of Reference.

### The Board leads the Trust by undertaking the following key roles:

- formulating strategy, defining the organisation's purpose and identifying priorities
- ensuring accountability by holding the organisation to account for the delivery of the strategy and scrutinising performance
- seeking assurance that systems of governance and internal control are robust and reliable and to set the appetite for risk
- shaping a positive culture for the Board and the organisation, and
- ensuring the management of staff welfare and patient safety.

The business to be conducted by the Board and its committees is set out in the respective Terms of Reference and underpinned by the Scheme of Delegation and Reservation of Powers.

The Board meets formally every other month In-Public. Additional meetings with Board members and invited attendees are held following In-Public meetings to discuss confidential matters. The Board also holds confidential seminar (briefing) meetings /workshops every other month. All Non-executive Directors take an active role at the Board and board committees.

Whilst our established and existing governance infrastructure continued throughout the National Incident, we have proactively considered items reported to ensure appropriate oversight of risk and have continued to hold virtual Committee and Board meetings to comply with infection prevention guidance.

## Balance, completeness and appropriateness of the membership of the Board of Directors

The Board of Directors comprises six Non-executive Directors (NEDs) including the Chairman and five voting Executive Directors.

In year the Board adjusted its composition, and that of its Committees as a consequence of change in personnel, this is summarised in the following tables.

Board membership as at 01/04/2021	Board membership as at 31/03/2022
<p><u>Voting members:</u></p> <ul style="list-style-type: none"> <li>• Independent Chair (Chairperson)</li> <li>• Five Non-Executive Members<sup>1</sup></li> <li>• Chief Executive Officer<sup>2</sup></li> <li>• Chief Nurse</li> <li>• Chief Finance Officer and Deputy CEO</li> <li>• Chief Medical Officer</li> </ul> <p><u>Non-voting members:</u></p> <ul style="list-style-type: none"> <li>• Chief People Officer<sup>3</sup></li> <li>• Acting Chief People Officer<sup>4</sup></li> <li>• Chief Operating Officer Southampton and County<sup>5</sup></li> <li>• Chief Operating Officer Portsmouth<sup>6</sup></li> </ul> <p><u>Attendees:</u></p> <ul style="list-style-type: none"> <li>• Associate Director of Corporate Affairs and Company Secretary<sup>7</sup></li> <li>• Director of Finance<sup>8</sup></li> <li>• Director of Partnerships<sup>9</sup></li> </ul>	<p><u>Voting members:</u></p> <ul style="list-style-type: none"> <li>• Independent Chair (Chairperson)</li> <li>• Four Non-Executive Members</li> <li>• Chief Executive Officer<sup>10</sup></li> <li>• Acting Deputy CEO and Chief Nurse Officer<sup>11</sup></li> <li>• Acting Chief Finance Officer<sup>12</sup></li> <li>• Chief Medical Officer</li> </ul> <p><u>Non-voting members:</u></p> <ul style="list-style-type: none"> <li>• Chief Operating Officer</li> <li>• Chief People Officer</li> <li>• Associate Non- Executive Director<sup>13</sup></li> </ul> <p><u>Attendees:</u></p> <ul style="list-style-type: none"> <li>• Chief of Staff and Corporate Affairs</li> </ul>

<sup>1</sup> Thoreya Swage, NED, left 31/01/2022

<sup>2</sup> Sue Harriman, CEO, left 06/02/2022

<sup>3</sup> Helen Ives, Chief People Officer, left 09/04/2021

<sup>4</sup> Jasvinder Sohal, Acting Chief People Officer joined 01/04/2021 and made substantive 08/07/2021

<sup>5</sup> David Noyes, Chief Operating Officer Southampton and County, left 16/12/2021

<sup>6</sup> Suzannah Rosenberg, role changed to Chief Operating Officer from 16/12/2021

<sup>7</sup> Rachel Cheal, role changed to Chief of Staff and Corporate Affairs from 17/05/2021

<sup>8</sup> Gordon Fowler, role changed to Strategic Transformation Director and Director of Estates from 17/05/2021

<sup>9</sup> Gordon Muvuti, role changed to Director of Strategies and Partnerships from 17/05/2021 and then returned to position of Director of Partnerships from 03/11/2021

<sup>10</sup> Andrews Stevens, commenced Acting role from 07/02/2022 and substantive role from April 2022 onwards

<sup>11</sup> Jackie Munro, commenced Acting role from 07/02/2022

<sup>12</sup> Gordon Fowler, commenced Acting role from 07/02/2022

<sup>13</sup> Vanessa Avlonitis, Associate NED, joined 15/02/2022

Together, the Board members bring a wide range of skills and experience to the Trust. The composition, balance of skills and experience of the Board is reviewed regularly by the Governance and Nominations Committee.

## Appointments

### Executive Director appointments



#### Chief People Officer

In April 2021 Helen Ives, Chief People Officer, commenced her new role as Director of Workforce for Hampshire and the Isle of Wight, part of the joint executive team for the CCG and Integrated Care System.

Jas Sohal was appointed substantively in July 2021. Jas is a valued member of our team and commenced her role as the Acting Chief People Officer role back in September 2020. Jas is incredibly passionate about living our values, making work a full experience for each individual and she brings with her a wealth of knowledge and skills which will help continue to support our teams and develop Solent as a great place to work.

Sue Harriman, CEO, left Solent at the early February 2022 for her new role as designate Chief Executive of the NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB). We therefore implemented the following leadership arrangements from 7 February;

- Andrew Strevens is now our **Chief Executive Officer**, following a transitional period in this role following Sue's departure.
- Chief Nurse, Jackie Munro, is providing additional support in the role of **Acting Deputy CEO** in addition to her current role. Jackie is also the chair of the Health & Safety Group
- Gordon Fowler has been appointed on an interim basis as **Acting Chief Finance Officer**, and retains his strategic transformation and estates portfolio

### Non-executive Director appointment

During 2021/22 Calum Mercer (formerly appointed as Associate Non-executive Director) was appointed as Audit & Risk Committee Chair from 01 April 2021, following the retirement of Jon Pittam. Vanessa Avlonitis was appointed on 15 February 2022, as Associate Non-Executive Director, as our Chair of the Quality Assurance Committee and Mental Health Act Scrutiny Committee following the retirement of Thoreya Swage. Vanessa will commence her substantive appointment as NED from 1 July 2022. Appointments were supported by Odgers Berndston. Interview panels were convened of representatives of NHS England, an independent Trust Chair and the Trust's Chair. We also held engagement events as part of the interview process with representatives from our executive team, Non-executive Directors, Healthwatch representatives and members of our organisation.



## Our Board members during 2021/22 – and as at 31 March 2022



**Catherine Mason** Chair

**Appointed:** April 2019

Catherine joined us as Chair from 1 April 2019. Prior to this Catherine was a Non-executive Director of University Hospital Southampton NHS Foundation Trust between March 2018 – March 2019.

Catherine has experience of working in the transport, consumer goods and healthcare sectors. She held senior roles within marketing for blue chip companies, was the Group Chief Executive of Translink, a public transport organisation in Northern Ireland and was Managing Director of NATS (National Air Traffic Services) Services division, the leading provider of air traffic control services.

Catherine moved into healthcare in 2016 when she was appointed as Chief Executive for Allied Healthcare, the UK's largest provider of care at home, and then joined Spire Healthcare as Chief Operating Officer. Catherine is also the Chair of Community Health Partnership and is an independent member of the Network Rail System Operator. Catherine is committed to improving the healthcare of local communities and believes there are many opportunities for community and mental health services to drive system transformation. Catherine's role with us includes the following: Board Chair and Governance & Nominations Committee Chair.



**Mike Watts** Deputy Chair and Senior Independent Director

**Appointed:** October 2016

Mike grew up and went to school in Southampton. He is a Hampshire resident and has an extensive and wide ranging track record in organisational design and development that has driven business performance.

Mike is currently the lead consultant with Capability and Performance Improvement Ltd of which he is a co-owner. He has previously held senior HR roles at Southampton City Council, and the Chartered Institute of Professional Development; Cabinet Office; Lloyds TSB and Scottish Widows. During his time in the Cabinet Office, Mike was recognised by HR Magazine as one of top 30 influencers of HR practice.. He has also held a previous Non-executive Director role with the Scottish Executive. Mike's role with us includes the following: People Committee Chair, Remuneration Committee Chair, Lead NED - Medical and Professional Fitness to Practice cases, NED Wellbeing Guardian.



**Stephanie Elsy** Non-executive Director

**Appointed:** September 2017

Stephanie has worked in the delivery of public services for over 30 years. She was a CEO in the charity sector for 15 years managing community and residential services for people recovering from substance misuse, people with disabilities and people living with HIV and AIDS. She then entered local politics as a Councillor in the London Borough of Southwark in 1995, becoming Chair of Education in 1998 and then Leader of the Council in 1999.

After retiring from local government in 2002 Stephanie served on the Board of Southwark Primary Care Trust which had pooled its resources with the Social Services Department and had a joint Director. She also started a consultancy business providing services in health, local and regional government. Serco Group PLC became one of her clients, and in 2004 she was invited to join the company as a senior Director to support its Board and Senior Executives in raising the company's profile in government and business. She was a member of the company's Global Management Team and helped shape the company's business strategy and supported new market entry in the UK and internationally.

Stephanie left Serco in 2012 to establish a new consultancy business, Stephanie Elsy Associates, an advisory consultancy specialising in public sector services and the government contracting markets. She lives in Emsworth where she is Chair of the local Neighbourhood Forum which is developing a Neighbourhood Plan for the town. Stephanie is also the Chair of Bath and North East Somerset, Swindon and Wiltshire STP/ICS. Stephanie joined the Trust in September 2017. Stephanie's role with us includes the following: Finance & Infrastructure Committee Chair, Engagement & Inclusion Committee Chair.



**Gaurav Kumar** Non-executive Director

**Appointed:** October 2019

Gaurav is a Hampshire resident with extensive Global experience. During his career he has worked and lived in India, New Zealand, Australia, U.A.E and the UK. He is presently employed as the Global Chief Information Officer with ASSA ABLOY Entrance Systems where is also an Executive Board member and a member of the ASSA ABLOY IT Board.

Gaurav has a strong background in strategy development, digital transformation, operations management and enterprise performance improvement. His professional experience consists of working in the areas of Engineering, Supply Chain, Information Technology and Major Program Management.

Gaurav's role with us includes: Charitable Funds Committee Chair, Strategy and Partnership Committee Chair



**Calum Mercer** Non-executive Director

**Appointed:** July 2021

Calum has several years of experience as an executive and Non-executive Director in health and social care and a range of other sectors. Calum is the Finance and Operations Director at the Royal College of Psychiatrists and a Non-executive Director at the Legal Aid Agency (an agency of the Ministry of Justice that manages the legal aid service), Treasurer and member of Council at the University of Bath and the Housing and Finance Institute (which supports the delivery of more homes and good homes across the country). Calum chairs the Audit and Risk Committees at Dimensions and the Legal Aid Agency. He was previously a governor of Manchester Metropolitan University. Previous executive roles were in social care sector as Finance

Director of one the largest behaviour change charities and previously in infrastructure and utilities. In his roles he has helped transform and improve organisations, helping them deliver better outcomes for people and has raised over £4 billion in funding. Calum's role with us includes the following: Lead NED – Security Management, Audit and Risk Committee Chair.



**Vanessa Avlonitis** Associate Non-executive Director

**Appointed:** Associate NED from 15 February 2022

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

Vanessa's role with us includes the following: Lead NED – Freedom to Speak Up / Whistleblowing, Quality Assurance Committee Chair Mental Health Act Scrutiny Committee Chair.





**Andrew Strevens** Chief Executive Officer  
(Chief Financial Officer and Deputy CEO from 01 April 2021 – 07 Feb 2022)  
**Appointed:** August 2015

Andrew joined the Trust in August 2015. His formative years were in Southampton, being educated in local state schools. He has worked within the health service since 2009 and brings a whole system view, having worked in senior positions for providers (Hampshire Community Health Care and Southern Health) and as a commissioner (NHS England South Region).

He also has a commercial background, having worked for KPMG and B&Q Plc. Andrew is passionate about ensuring the maximum benefit from the resources available. Andrew is a values-based leader who believes deeply in developing a culture where people can thrive and be at their best.

He previously stepped into the role of Acting Chief Executive Officer from October 2020 to March 2021 whilst the Trust's Chief Executive was seconded to the national COVID-19 vaccination programme. During this time, Andrew led the organisation's response to the second wave of the COVID-19 pandemic which included the creation and operation of four COVID-19 mass vaccination sites across Hampshire and the Isle of Wight. Andrew has a real passion for working in partnership with health, social care and the voluntary sector to deliver joined up, patient-centred care for the benefit of local people. Following Sue Harriman's departure, Andrew was appointed on an interim basis as Acting Chief Executive Officer from 07 February 2022 and was subsequently appointed to the role.



**Jackie Munro** Acting Deputy CEO and Chief Nurse (Chief Nurse from 01 April 2021 – 07 Feb 2022)  
**Appointed:** December 2017

Jackie has over 40 years' experience in the NHS as a nurse. She commenced her career in Critical Care, working across the health system in General Nursing, Primary Care and Mental Health and Community Services. From 2001 Jackie spent seven years working on national service redesign programmes, leading a number of successful initiatives within a number of roles including Director of Service Improvement and a Regional Director post in Improvement Partnerships.

Jackie has worked as Chief Nurse in Leicestershire Partnership NHS Trust. She is passionate about improving patients and their families experience across health and social care. Following Sue Harriman's departure, Jackie was appointed on an interim basis as Acting Deputy CEO and Chief Nurse from 07 February 2022. Jackie

recently received an honorary doctorate in Human Sciences from Solent University in recognition of her outstanding contribution to nursing and the reduction of health inequalities within our communities.



**Gordon Fowler** Acting Chief Financial Officer,  
(Director of Finance from 01 April 2021 – 17 May 2021)  
(Strategic Transformation Director and Estates Director from 17 May 2021 – 07 Feb 2022)  
**Appointed:** September 2020

Gordon Fowler joined Solent in January 2016 and has stepped up from the role of Director of Finance to Acting CFO for 3-6 months from Oct 20. Gordon joined the British Army at the age of 16 and served for 24 years across various regiments/organisations. While serving in the army he completed accountancy studies and became a Chartered Management Accountant at the age of 28. During his last 12 years in the army he worked on various high-profile strategic projects and acquisitions and has followed a career in finance since leaving the Army. Gordon left the army and joined the Rural Payments Agency working in Strategic Finance before joining Solent in 2016. From 17 May 2021, Gordon was appointed as Strategic Transformation Director and Estates Director and retained his Advisory position to the Board. Following Sue Harriman's departure, Gordon was appointed on an interim basis as Acting Chief Financial Officer from 07 February 2022.



**Suzannah Rosenberg** Chief Operating Officer  
(Chief Operating Officer, Portsmouth from 01 April 2021 – 16 December 2021)  
**Appointed:** April 2020

Suzannah returned to full time work after being a full time mum in 1995 and took a job as administrator at a supported housing project for young people with mental health and substance misuse issues. Her passion to support young people led her to apply for a support worker role in that same project which led to a 25 year career in health and social care. She quickly stepped into a management role as deputy manager of a registered hostel for homeless young people.

In 1999 she led the development of one of the first one stop shops for young people, turning an empty butchers shop in a highly deprived area into a vibrant drop-in with multi agency support. She went on to manage the new service and its sister drop-in, in Portsmouth. In 2001, Suzannah took up her first joint commissioning role in substance misuse and since then has held a number of senior management and Director roles across health and social care spearheading the integration of both services and commissioning. Suzannah has been a strong advocate of breaking down the barriers between providers and commissioners which facilitated her joining the Trust in 2019 as Deputy Chief Operating Officer whilst retaining a role in Portsmouth CCG. Suzannah stepped into the Chief Operating Officer role responsible for all clinical operations.



**Dan Baylis** Chief Medical Officer  
**Appointed:** August 2020

Dan studied medicine in London and graduated with distinctions in surgery and medicine before moving to the south coast to complete his postgraduate specialty training in general and geriatric medicine. He took time out of clinical training when he was awarded and NIHR fellowship to undertake a PhD where he studied the role of the immune system in accelerating age related processes and, separately, was also able to spend some time working in a field hospital on the Thai-Myanmar border.

Since qualification he has been appointed as a consultant geriatrician in Southampton which has seen him work across both community and hospital settings. Currently Dan works clinically in the Older Persons assessment within the Emergency Department at University Hospital Southampton and runs a weekly syncope clinic. Dan has had a number of management roles within healthcare which has included leading the UHS department of medicine for older people where the team were awarded BMJ Older Persons Team of the Year and also the department of emergency medicine. Dan has also had system wide roles in patient flow and worked as a clinical leader within the Solent Adults Southampton service line. In addition to his duties as CMO for Solent, Dan will also provide leadership to UHS via his role as Associate Medical Director for integrated care and thereby step across community and acute organisations which is aligned with his values of partnership working to provide high quality care in the most appropriate settings.



**Jasvinder Sohal** Chief People Officer  
(Acting Chief People Officer from 01 April 2021 – 08 July 2021)  
**Appointed:** September 2020

Jas has lived and worked in and around Southampton for most of her life, starting her career as an employment law solicitor in private practice. In 2001, after a career break to have her twin boys, she became an in-house lawyer for B&Q plc and then branched out to HR to pursue her real passion for making a positive difference for the people she works with. Over her 16 year career in retail (during which she also had a daughter!), she undertook a number of roles including strategic partnering to board Directors for various functions, leading HR teams and delivering several change management initiatives. She then moved into the world of aviation joining a company which trained commercial airline pilots, working in an international role.

Jas joined Solent in July 2020 and believes in the importance of making work a fulfilling experience for each individual, knowing how having happy, supported staff inevitably leads to great care for our patients. Jas was appointed substantively in July 2021 following Helen Ives's departure.

## Advisor to the Board and Attendee



**Rachel Cheal** Chief of Staff and Corporate Affairs  
(Appointed as Chief of Staff May 2021)

**Appointed:** 2008

Rachel joined the NHS back in 2002 to support the establishment of the Patient Advice and Liaison Service. Prior to this she worked in a number of corporate sector industries including banking, recruitment and IT. Whilst in the NHS, Rachel has worked in a variety of corporate support and management roles and was heavily involved in the programme bringing the provider arms of both Southampton City PCT and Portsmouth City PCT together prior to the establishment of Solent NHS Trust in 2011. She was appointed as Company Secretary to Solent's predecessor organisation(s) in 2008. In her current role, Rachel provides support and advice to the Board as well as managing corporate affairs. In May 2021, Rachel was appointed as Chief of Staff which includes managing the Communications Team, Freedom to Speak up and supporting the Trust's SIRO.

## Board Members who left in 2021/22

### Sue Harriman [Chief Executive](#)

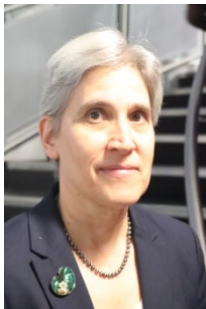


**Appointed:** September 2014

Sue trained as a nurse in the Royal Navy. During her 16 year military career, she worked in both primary and secondary care, including spending five months on board a hospital ship during the 1990 Gulf War conflict. Sue was a trained critical care nurse for a number of years, and after completing a BSc in Infection Prevention at the University of Hertfordshire, joined the NHS in 2002 to become a Nurse Consultant in Infection Prevention. Sue has developed a management and leadership portfolio that includes attending Britannia Royal Naval College, Dartmouth, and gaining Masters level Management and Leadership qualifications at the University of Southampton. Sue has been an Executive Board Director for 10 years. Her executive roles have included Director of Nursing and Allied Health Professions, Chief Operating Officer and Managing Director. Sue was appointed to lead Solent NHS Trust as Chief Executive in September 2014. Sue has lived and worked, locally, in

Hampshire since her military career brought her here nearly 30 years ago. She is committed to bringing health and care services together, so they work in partnership with the community, and those who use and work with them.

It was announced that Sue Harriman had secured a new role as designate Chief Executive of the NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) from 07 February 2022.



### Thoreya Swage [Non-executive Director](#)

**Appointed:** February 2020

Thoreya has several years' experience in the NHS both as a clinician (psychiatry) and a senior manager in various NHS purchasing organisations covering the acute sector as well as primary care development. Her last NHS post was Executive Director of a Health Authority with a remit to develop all types of GP Commissioning including GP Fundholding. Thoreya has run a successful management consultancy business since 1997 during which time she has developed particular expertise in the field of service reviews and redesign, strategic development, clinical governance, reviews of the evidence, commissioning and procurement with the NHS and independent sector and education and training. In 2006-7 she was Deputy Medical Director at the Commercial Directorate, Department of Health implementing the National Independent Sector Treatment Programme. Since 2014 she

has run a number of leadership development programmes for primary care clinical and non-clinical staff on behalf of the NHS Leadership Academy in the South East area which recently have been supporting development of Primary Care Networks. She has taught at Reading University, Queen Mary, University of London and King's College, London, and has researched and written a number of published articles. Thoreya is a current Non-executive Director at Frimley Health NHS Foundation Trust, a past Non-Executive Director at Barts Health NHS Trust as well as a member of the Advisory Committee of Clinical Excellence Awards for North East London. Thoreya retired from her role as Non-executive Director at our trust from 01 February 2022.

### David Noyes [Chief Operating Officer Southampton and County Wide Services](#)



**Appointed:** July 2017

Prior to his life in the NHS, David spent 28 years in the Royal Navy, as a Logistics Officer, serving at sea and ashore in a wide variety of roles, including during hostilities in both the Gulf and in support of operations in the former Yugoslavia. His professional responsibilities spanned a broad range of operational disciplines including all support related operational matters, such as logistics, catering, HR, cash/budgets, medical, equipment support, infrastructure and corporate support functions. During his career, he also served in major Headquarters undertaking strategic planning roles, and also twice worked in the Ministry of Defence in London, directly supporting members of the Admiralty Board, including the First Sea Lord. Towards the end of his military career, David was seconded to the Army, and served with 101 Logistics Brigade, during which time he served as Deputy Commander in the Joint Force Support Headquarters deployed for 6 months in Helmand

province, Afghanistan. Having left the Royal Navy in 2013, David joined the NHS, and initially worked as Director of Planning, Performance and Corporate Services for Wiltshire Clinical Commissioning Group, before joining Solent NHS Trust as Chief Operating Officer for Southampton and County wide services in July 2017. David left Solent in December 2021 to commence his new role as Chief Operating Officer for Gloucestershire Health and Care NHS Foundation Trust.



**Gordon Muvuti** Director of Strategies and Partnerships (Director of Partnerships from 01 April 2021 – 17 May 2021)

**Appointed:** August 2020

Gordon qualified as a mental health nurse over 20 years ago and spent most of his early career working in front line roles across all clinical areas in mental health from children to older adults before becoming a clinical nurse specialist in Psychosocial Interventions. Throughout his career, Gordon has taken many senior leadership roles in the NHS, including leadership roles in Governance and Quality Improvement, several senior leadership roles in community and mental health Trusts, acute Trusts and clinical commissioning groups. These include Director of Operations North East London Foundation Trust, Programme Director Barking and Dagenham CCG and Operations Director for Mental Health in Solent NHS Trust. More recently Gordon has been leading on the origination's partnership with the Isle of Wight and is also providing leadership into the Hampshire and Isle of Wight Mental Health Programme. From 17 May 2021, Gordon was appointed as Director of Strategies and Partnerships substantively. Gordon returned to his Director of Partnerships role in November 2021 before joining Barnet Enfield and Haringey NHS Trust on secondment in the role of Transformation Director in February 2022.



**Helen Ives** Chief People Officer

**Appointed:** April 2017

Helen Ives joined us as in May 2016 to lead our organisational development programme and was appointed to the role of Chief People Officer in April 2017. Helen is an organisational psychologist and an HR professional. She is a fellow of the Chartered Institute of Professional Development and member of the British Psychological Society. Prior to joining the NHS, Helen worked in a variety of business sectors, including technology, logistics and professional services. Helen also runs her own business as an independent consultant, working with organisations to develop their culture and people. As Chief People Officer, Helen is accountable for the development, and successful implementation, of the People and Organisational Development Strategy. She works with our people and teams to develop our culture – our vision, mission and how we create a working environment in which people can thrive, make a difference to the communities we serve and deliver great care. She is also the executive lead for workforce planning, ensuring we have a sustainable workforce plan that enables us to deliver our services. Helen joined the National COVID-19 Vaccination programme on secondment with NHS England and Improvement on 28 September 2020 and subsequently left the Trust on 09 April 2021 to start a new role as the Director of Workforce for Hampshire and the Isle of Wight.

We would like to thank all of our previous colleagues for their contribution and dedication to our trust and wish them every success in their new endeavours.

## Board development and performance evaluation

The Board of Directors keeps its performance and effectiveness under on-going review.

The Board holds seminar and workshops every two months to focus on educational, developmental and strategic topics. Examples of educational sessions in year include:

- NHS Digital Cyber Security training, as part of GDPR requirements
- Trust strategy – in the context of local services and the Integrated Care System
- Oversight of Performance – Board metrics, waiting lists and data quality
- CQC Strategy – NHS Providers briefing
- A session on the Well Led Developmental Review and subsequent development of a Trust wide plan
- Digital Strategy
- Integrated Care Board developments
- Community and Mental Health Strategic Review

Further to the Board Development session in Quarter 4 of 2020/21 we held a session in Quarter 1 of 2021/22 that provided the Board with the opportunity to build on the findings of the earlier workshop. In Q2 2021/22 a further session was held and the outcomes will be taken forward into the year ahead.

We annually conduct an internal evaluation of the Board and its key Committees, the outcomes of which help drive changes and improvements. In Quarter 3 2021/22 we partnered with AuditOne to conduct our independent assessment against the NHSE requirements *'Developmental reviews of leadership and governance using the Well- Led Framework: guidance for NHS Trusts and NHS Foundation Trusts'*. Whilst the report was complementary of us, we are not complacent, and we will be addressing the action plan during the year ahead with the aspiration to be an outstanding organisation in readiness for our next CQC inspection.

In addition, an annual governance review is conducted by the Governance and Nominations Committee and each Board committee completes a mid-year review against its agreed annual objectives and, at year end, presents an annual report to the Board on the business conducted. Individual Board members are appraised annually.

## **Declaration of interests and Non-executive Director Independence**

The Board of Directors is satisfied that the Non-executive Directors, who serve on the Board for the period under review, are independent, with each Non-executive Director self-declaring against a 'test of independence' on an annual basis. The Board of Directors are also satisfied that there are no relationships or circumstances likely to affect independence and all Board members are required to update their declarations in relation to their interests held in accordance with public interest, openness and transparency.



Name	Interest registered
Catherine Mason Chair	<ul style="list-style-type: none"> <li>• Membership: Independent Member Network Rail System Operator Advisory Board.</li> <li>• Chair Community Health Partnership.</li> </ul>
Mike Watts Non-executive Director	<ul style="list-style-type: none"> <li>• Directorship Capability and Performance Improvement Ltd (75% ownership and 25% wife's ownership) Does work with other Trusts as declared and limited</li> <li>• Financial Interest – as above</li> <li>• Directorship: The Trojans Club Limited</li> </ul>
Stephanie Elsy Non-executive Director	<ul style="list-style-type: none"> <li>• Directorship, Membership and Chair: Emsworth Forum Ltd</li> <li>• Directorship and Ownership of business: Stephanie Elsy Associates</li> <li>• Other Employer, Directorship and Membership of statutory bodies: Bath and North East Somerset Swindon and Wiltshire ICS</li> </ul>
Gaurav Kumar Non-executive Director	<ul style="list-style-type: none"> <li>• Other employer: Assa Abloy Entrance Systems Ltd, 7 Churchill Way, 35a Business Park, Chapelton, Sheffield, South Yorkshire, S35 2PY (Chief Information Officer, full time employee)</li> </ul>
Calum Mercer Non-Executive Director	<ul style="list-style-type: none"> <li>• Directorship: Lorcal Ltd, Legal Aid Agency, Housing &amp; Finance Institute Ltd</li> <li>• Membership of statutory bodies: Non-Executive Board Member Legal Aid Agency.</li> <li>• Treasurer and member of Council at the University of Bath.</li> <li>• and Finance and Operations Director Royal College of Psychiatrists</li> <li>• Other Employer: Royal College of Psychiatrists, London – full time</li> </ul>
Vanessa Avlonitis Associate Non-executive Director (from 15/02/2022)	<ul style="list-style-type: none"> <li>• Directorship: Dorset CCG Governing Body</li> <li>• Trustee: Harlington Hospice</li> </ul>
Andrew Strevens Acting CEO (from 07/02/2022)	<ul style="list-style-type: none"> <li>• NIHR Applied Research Collaboration (ARC) Wessex – Board Member</li> <li>• Parents are committee members of Southampton Mencap. Southampton Mencap have been commissioned to support Solent's Community Engagement work programme. Not involved in any discussions or decisions relating to commissioning / procurement.</li> </ul>
Jackie Munro Acting Deputy CEO and Chief Nurse (from 07/02/2022)	No interests to declare
Gordon Fowler Acting Chief Financial Officer (from 07/02/2022)	No interests to declare
Dan Baylis Chief Medical Officer	<ul style="list-style-type: none"> <li>• GMC, Fellow of Royal College of Physicians and Member of British Geriatrics Society</li> <li>• Employed by University Hospital Southampton NHS Trust as Consultant Physician 16hrs/week and Associate Medical Director</li> <li>• Wife employed on Solent bank as MSK Physiotherapist – not involved in any assignment placements</li> <li>• Gifts &amp; Hospitality: Southampton Football Club pre-game meal with Senior Leadership Team to discuss reframing ambition to the preventative agenda across the City and opportunities which the emerging ICS now present. Approximate cost is £25.</li> <li>• Directorship: NIHR Applied Research Collaboration (ARC) Wessex</li> </ul>
Jas Sohal Chief People Officer (from 08/07/2021)	<ul style="list-style-type: none"> <li>• Directorship: Big Rock Estates Limited</li> <li>• Directorship: Little Rock Estates Limited</li> <li>• Membership: Law Society</li> </ul>
Rachel Cheal Chief of Staff and Corporate Affairs – Board Advisor (from 17/05/2021)	No interests to declare
Suzannah Rosenberg Chief Operating Officer	No interests to declare

## The Board's committees

The Board has established the following committees:

### Statutory committees

- Audit and Risk Committee
- Governance and Nominations Committee
- Remuneration Committee
- Charitable Funds Committee

### Designated committees

- Quality Assurance Committee
- Finance & Infrastructure Committee
- Mental Health Act (MHA) Scrutiny Committee
- People Committee
- Engagement and Inclusion Committee
- Strategy and Partnership Committee

Further details can be found within the Annual Governance Statement.

During 2022/23 we will be reviewing our governance infrastructure in consideration of findings from our Well led review.

### Audit and Risk Committee

Frequency: At least quarterly (plus private meeting with External & Internal Auditor). During 2021/22 the committee met four times and separately in private.

The purpose of the Audit & Risk Committee is to provide one of the key means by which the Board of Directors ensures that effective internal control arrangements are in place. The Committee operates in accordance with Terms of Reference set by the Board, which are consistent with the NHS Audit Committee Handbook. All issues and minutes of these meetings are reported to the Board. In order to carry out its duties, Committee meetings are attended by the Chief Executive, the Chief Finance Officer and representatives from Internal Audit, External Audit and Counter Fraud on invitation. The Committee directs and receives reports from these representatives and seeks assurances from trust officers. The Committee's duties can be categorised as follows:

- Governance, Risk Management and Internal Control
- Internal Audit
- External Audit
- Other Assurance Functions – including Counter Fraud
- Financial Reporting

In year the Committee has received progress reports against recommendations identified by Internal and External Auditors, committee specific health sector updates, and received updates on financial governance processes, including single tenders, losses and special payments, Freedom to Speak Up as well as receiving briefings on clinical audit and counter fraud investigations.

During the last year, as well as the scheduled items for discussion the Committee also considered reports and updates relating to IT Asset Management, contract management, our planned approach to the National COVID Inquiry, litigation updates as well as the findings from the Well Led Developmental Review.

No significant issues in relation to the financial statements of 2021/22, operations or compliance were raised by the Audit and Risk Committee during the year, however the Committee were informed in relation to issues concerning cyber security threats as described within the 'significant issues' section of this Annual Governance Statement. Committee composition and attendance 2021/22 is separately summarised.

## Composition of Board committees at 31 March 2022

Director Name Position	Board	Finance & Infrastructure Committee	Remuneration Committee	Quality Assurance Committee	MHA Scrutiny Committee	Governance & Nominations Committee	Audit & Risk Committee	Charitable Funds Committee	People Committee	Engagement & Inclusion Committee	Strategy and Partnership Committee <sup>3</sup>
<b>Catherine Mason</b> Trust Chair	Chair	-	Member	-	Member	Chair	-	-	-	-	-
<b>Stephanie Elsy</b> Non-executive Director	Member	Chair	Member	Member	-	-	-	-	-	Chair	-
<b>Mike Watts</b> Non-executive Director	Member	-	Chair	Member	-	Member	Member	-	Chair	-	Member
<b>Gaurav Kumar</b> Non-executive Director	Member	Member	Member	-	-	-	-	Chair	Member	-	Chair
<b>Vanessa Avlonitis</b> Associate Non- executive Director	Member	Member	Member	Chair	Chair	-	Member	-	-	-	-
<b>Calum Mercer</b> Non-executive Director	Member	-	Member	-	-	Member	Chair	-	Member	-	-
<b>Andrew Strevens</b> <sup>4</sup> Chief Executive Officer	Member	Member	Attendee on invitation	Member	-	Member	Attendee	-	Member	-	Member
<b>Jackie Munro</b> Acting Deputy CEO & Chief Nurse	Member	-	-	Member	Member	-	Attendee	-	Member	Member	-
<b>Gordon Fowler</b> Acting Chief Financial Officer	Member	Member	Attendee on invitation	Member	-	Attends in CEO absence	Attendee	Member	Attendee	-	Member
<b>Dan Baylis</b> Chief Medical Officer	Member	-	-	Member	Member	-	-	-	-	-	-
<b>Suzannah Rosenberg</b> Chief Operating Officer	Non- voting member	Member	-	Member	Member	-	-	-	Member	-	Member
<b>Jas Sohal</b> Chief People Officer	Member	Attendee on invite	Attendee on invite	-	-	-	-	-	Member	-	-
<b>Rachel Cheal</b> Chief of Staff and Corporate Affairs – Board Advisor	Attendee	-	-	Member	-	Attendee	Attendee	Attendee	-	-	Attendee

Indicates Exec sponsor

Due to the interim leadership changes that occurred in year, as described previously, membership at each Board meeting and Committees has been included separately on the following pages

<sup>3</sup> All Exec team members (non-committee members) are openly invited to the SPC meetings

<sup>4</sup> Jackie Munro is chair of the Health and Safety Group on behalf of the Board

## Attendance at Board and committees throughout 2021/22 2022

### Board In-Public and Confidential meeting dates

Name	Meeting position	04/05/2021 – EO Confidential Board	07/06/2021	02/08/2021	04/10/2021	06/12/2021	10/01/2021 – EO Confidential Board	07/02/2022	23/02/2022 – EO Confidential Board
Catherine Mason	Chair of Board	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Mike Watts	Member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Stephanie Elsy	Member	Attended	Attended	Apologies	Attended	Attended	Attended	Attended	Attended
Gaurav Kumar	Member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Thoreya Swage (Left 31/01/2022)	Member	Attended	Attended	Attended	Attended	Apologies	Attended		
Calum Mercer	Member	Attended	Attended	Attended	Apologies	Attended	Attended	Attended	Attended
Vanessa Avlonitis (Joined 15/02/2022)	Attendee							Attended – as observer only	Attended
Sue Harriman (Left 06/02/2022)	Member	Attended	Attended	Attended	Attended	Apologies	Attended		
Andrew Strevens	Member	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Attended – as Acting CEO
Dan Baylis	Member	Apologies	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Jackie Munro	Member	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Deputy CEO and CN	Apologies – as Deputy CEO and CN
David Noyes (Left 16/12/2021)	Member	Attended	Attended	Apologies	Attended	Attended			
Suzannah Rosenberg	Member	Attended – as COO P	Attended – as COO P	Attended – as COO P	Attended – as COO P	Attended – as COO P	Attended – as COO	Attended – as COO	Attended – as COO
Jas Sohal	Member	Attended – as Acting CPO	Attended – as CPO	Attended – as CPO	Attended – as CPO	Attended – as CPO	Attended – as CPO	Attended – as CPO	Apologies – as CPO
Gordon Fowler	Member	Attended – as DOF	Attended – as STD and DOE	Apologies – as STD and DOE	Attended – as STD and DOE	Attended – as STD and DOE	Attended – as STD and DOE	Attended – as Acting CFO	Attended – as Acting CFO
Rachel Cheal	Attendee	Attended – as ADOCA	Attended – as COS	Attended – as COS	Attended – as COS	Attended – as COS	Apologies – as COS	Attended – as COS	Attended – as COS
Gordon Muvuti (Until 05/11/2021)	Attendee	Attended – as DOP	Attended - as DOS&P	Attended - as DOS&P	Attended - as DOS&P				

## Audit and Risk Committee dates

Name	Meeting position	21/05/2021	04/06/2021 – EO Audit	05/08/2021	03/02/2022
Calum Mercer	NED Chair of Audit and Risk Committee	Attended	Attended	Attended	Attended
Mike Watts	Committee member	Attended	Attended	Attended	Attended
Thoreya Swage (Left 31/01/2022)	Committee member	Attended	Attended	Attended	
Sue Harriman (Left 06/02/2022)	Committee attendee	Attended	Attended	Attended	Apologies
Andrew Strevens	Committee attendee	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – representing role of Acting CEO
Jackie Munro	Committee attendee	Attended – as Chief Nurse	Attended – as Chief Nurse	Apologies – as Chief Nurse	Attended – representing role of Acting Deputy CEO and CN
Gordon Fowler	Committee attendee				Attended – representing role of Acting CFO
Rachel Cheal	Committee attendee	Attended – as Chief of Staff	Attended – as Chief of Staff	Attended – as Chief of Staff	Attended – as Chief of Staff

## Charitable Funds Committee dates

Name	Meeting position	21/05/2021	17/08/2021	04/11/2021	03/02/2022
Gaurav Kumar	NED Chair of Charitable Funds Committee	Attended	Attended	Attended	Attended
David Noyes (Left 16/12/2021)	Committee member	Attended	Attended	Attended	
Gordon Fowler	Committee member				Attended – representing role of Acting CFO
Rachel Cheal	Committee attendee	Attended – as Chief of Staff	Attended – as Chief of Staff	Attended – as Chief of Staff	Attended – as Chief of Staff

## Engagement & Inclusion Committee dates

Name	Meeting position	08/06/2021	07/09/2021	09/12/2021	22/03/2022
Stephanie Elsy	NED Chair of Engagement and Inclusion Committee	Attended	Attended	Attended	Apologies
Jackie Munro	Committee member	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Acting Deputy CEO and CN (chaired)
Gordon Muvuti (Until 05/11/2021)	Committee member	Attended	Attended	Apologies – as Director of Partnerships	

## Finance & Infrastructure Committee dates

Name	Meeting position	29/04/2021 – EO F&IC	24/05/2021	27/07/2021	27/09/2021	22/11/2021	21/01/2022	21/02/2022 – EO F&IC	28/03/2022
Stephanie Elsy	NED Chair of Finance and Infrastructure Committee	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Thoreya Swage <i>(Left 31/01/2022)</i>	Committee member	Attended	Attended	Attended	Attended	Apologies	Attended		
Gaurav Kumar	Committee member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Vanessa Avlonitis <i>(Joined 15/02/2022)</i>	Committee member							Apologies	Attended
Sue Harriman <i>(Left 06/02/2022)</i>	Committee member	Attended	Apologies	Attended	Attended	Attended	Apologies		
Andrew Strevens	Committee member	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Apologies – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Attended – as Acting CEO
David Noyes <i>(Left 16/12/2021)</i>	Shared membership with COO colleague	Attended	Attended	Attended	Attended	Attended			
Suzannah Rosenberg	Shared membership with COO colleague	Attended – as COO P	Attended – as COO P	Attended – as COO P	Apologies – as COO P	Attended – as COO P	Attended – as COO	Attended – as COO	Attended – as COO
Gordon Fowler	Committee member	Attended – DOF	Attended – as STD and DOE	Attended – as STD and DOE	Attended – as STD and DOE	Attended – as STD and DOE	Attended – as STD and DOE	Attended – as Acting CFO	Attended – as Acting CFO
Gordon Muvuti <i>(Until 05/11/2021)</i>	Committee member		Attended – as DOS&P	Attended – as DOS&P	Attended – as DOS&P				
Jas Sohal	Invitee	Apologies – as acting CPO	Apologies – as acting CPO	Apologies – as CPO	Apologies – as CPO	Apologies – as CPO	Apologies – as CPO	Apologies – as CPO	Apologies – as CPO

## Governance and Nominations Committee dates

Name	Meeting position	04/06/2021	22/10/2021	13/01/2022
Catherine Mason	NED Chair of Gov and Noms Committee	Attended	Attended	Attended
Mike Watts	Committee member	Attended	Attended	Attended
Calum Mercer	Committee member	Attended	Apologies	Attended
Sue Harriman <i>(Left 06/02/2022)</i>	Committee member	Attended	Attended	Attended
Andrew Strevens	Committee attendee (in CEO absence)	Not required	Not required	Attended – as CFO and Deputy CEO
Rachel Cheal	Committee attendee	Attended – as Chief of Staff	Attended – as Chief of Staff	Attended – as Chief of Staff
Jas Sohal	Invitee		Attended – as Chief People Officer	Attended – as Chief People Officer



## Remuneration Committee dates

Name	Meeting position	19/08/2021	02/12/2021	13/01/2022
Mike Watts	NED Chair of Remuneration Committee	Attended	Apologies	Attended
Catherine Mason	Committee member	Attended	Attended – chaired meeting	Attended
Stephanie Elsy	Committee member	Apologies	Attended	Apologies
Gaurav Kumar	Committee member	Attended	Attended	Attended
Thoreya Swage (Left 31/01/2022)	Committee member	Attended	Attended	Attended
Calum Mercer	Committee member	Attended	Attended	Attended
Sue Harriman (Left 06/02/2022)	Invitee	Attended	Attended	Attended
Andrew Strevens	Invitee (in CEO absence)	Not required	Not required	Not required
Jas Sohal	Invitee	Attended – as CPO	Attended – as CPO	Attended – as CPO
Rachel Cheal	Invitee (as minute taker)	Not required	Attended – as COS	Not required

## Mental Health Act Scrutiny Committee dates

Name	Meeting position	22/07/2021	14/10/2021	24/02/2022
Thoreya Swage (Left 31/01/2022)	NED Chair of MHAS Committee	Attended	Attended	
Vanessa Avlonitis (Joined 15/02/2022)	NED Chair of MHAS Committee			Attended
Catherine Mason	Committee member	Attended	Attended	Attended – chaired meeting
Dan Baylis	Committee member	Attended	Attended	Attended
Jackie Munro	Committee member	Attended – as Chief Nurse	Attended – as Chief Nurse	Apologies – as Acting Deputy CEO and CN
David Noyes (Left 16/12/2021)	Committee member	Attended	Attended	
Suzannah Rosenberg	Committee member	Attended – as COO P	Attended – as COO P	Attended – as COO
Sue Harriman (Left 06/02/2022)	Committee attendee	Apologies	Apologies	
Andrew Strevens	Committee attendee	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Apologies – as Acting CEO

## Quality Assurance Committee dates

Name	Meeting position	20/05/2021	22/07/2021	23/09/2021	18/11/2021	20/01/2022	17/03/2022
Thoreya Swage <i>(Left 31/01/2022)</i>	NED Chair of Quality Assurance Committee	Attended	Attended	Attended	Attended	Attended	
Vanessa Avlonitis <i>(Joined 15/02/2022)</i>	NED Chair of Quality Assurance Committee						Attended
Mike Watts	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
Stephanie Elsy	Committee member	Attended	Apologies	Apologies	Attended	Apologies	Attended
Sue Harriman <i>(Left 06/02/2022)</i>	Committee member	Attended	Attended	Attended	Apologies	Attended	
Andrew Strevens	Committee member	Attended – as CFO and Deputy CEO	Apologies – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO
Dan Baylis	Committee member	Attended	Attended	Attended	Attended	Apologies	Attended
Jackie Munro	Committee member	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Acting Deputy CEO and CN
David Noyes <i>(Left 16/12/2021)</i>	Committee member	Attended	Attended	Attended	Attended		
Suzannah Rosenberg	Committee member	Attended – as COO P	Attended – as COO P	Attended – as COO P	Apologies – as COO P	Attended – as COO	Attended – as COO
Rachel Cheal	Committee attendee	Attended – as COS	Attended – as COS	Apologies – as COS	Apologies – as COS	Attended – as COS	Attended – as COS
Gordon Fowler	Committee member						Apologies – as Acting CFO

## Strategy and Partnership Committee dates

Name	Meeting position	13/05/2021	20/07/2021	20/09/2021	11/11/2021	12/01/2022	14/03/2022
Gaurav Kumar	NED Chair of Strategy and Partnership Committee	Attended	Attended	Attended	Attended	Attended	Attended
Michael Watts	Committee member		Attended	Attended	Attended	Attended	Attended
Sue Harriman <i>(Left 06/02/2022)</i>	Committee member	Attended	Attended	Attended	Attended	Attended	
Andrew Strevens	Committee member	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO
David Noyes <i>(Left 16/12/2021)</i>	*Invitee from Sept 21 onwards	Apologies	Attended				
Suzannah Rosenberg	Committee member	Attended – as COO P	Attended – as COO P	Attended – as COO P	Attended – as COO P	Attended – as COO	Attended – as COO
Jackie Munro	*Invitee from Sept 21 onwards	Attended – as Chief Nurse	Attended – as Chief Nurse				
Dan Baylis	*Invitee from Sept 21 onwards	Apologies	Apologies				
Jas Sohal	*invitee from Sept 21 onwards	Apologies – as Acting CPO	Attended – as CPO		Attended – as CPO		
Rachel Cheal	*Committee member	Attended – as ADOCA	Attended – as Chief of Staff				Attended – as Chief of Staff
Gordon Fowler	Committee member	Attended – as DOF	Attended – as STD and DOE	Attended – as STD and DOE	Attended – as STD and DOE	Attended – as STD and DOE	Attended – as Acting CFO
Gordon Muvuti <i>(Until 05/11/2021)</i>	Committee member	Attended – as DOP	Attended – as DOS&P	Apologies- as DOS&P			

\*It should be noted that from September 2021, the following execs are openly invited to the SPC and may elect to attend for items of relevance: COO S, CN, CMO, CPO, COS.

		People Committee dates (previously known as Workforce and OD Committee)					
Name	Meeting position	20/05/2021	15/07/2021	23/09/2021	18/11/2021	20/01/2022	17/03/2022
Mike Watts	NED Chair of People Committee	Attended	Attended	Attended	Attended	Attended	Attended
Calum Mercer	Committee attendee	Attended	Attended	Attended	Attended	Attended	Attended
Gaurav Kumar	Committee member – only required for quoracy	Not required	Not required	Not required	Not required	Not required	Not required
Sue Harriman <i>(Left 06/02/2022)</i>	Committee member	Attended	Apologies	Apologies	Attended	Apologies	
Andrew Strevens	Committee attendee	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO
Jackie Munro	Committee member	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Acting Deputy CEO and CN
David Noyes <i>(Left 16/12/2021)</i>	Shared membership with COO colleague	Attended	Apologies	Attended	Attended		
Suzannah Rosenberg	Shared membership with COO colleague	Attended – as COO P	Attended – as COO P	Attended – as COO P	Attended – as COO P	Attended – as COO	Attended – as COO
Jas Sohal	Committee member	Attended – as Acting CPO	Attended – as CPO	Attended – as CPO	Attended – as CPO	Attended – as CPO	Attended – as CPO
Gordon Fowler	Committee attendee	Apologies – as STD and DOE	Apologies – as STD and DOE	Attended – as STD and DOE	Apologies – as STD and DOE	Attended – as STD and DOE	Attended – as Acting CFO
Gordon Muvuti <i>(Until 05/11/2021)</i>	Committee member	Attended – as DOS&P	Attended – as DOS&P	Apologies – as DOS&P			

## Remuneration

Full details of remuneration are given in the Remuneration Report.

## Our Auditors

### Internal audit

Our Internal Auditors during 2021/22 were PricewaterhouseCoopers LLP (PwC). Internal Audit provides an independent assurance with regards to our systems of internal control to the Board. The Audit and Risk Committee considers and approves the internal audit plan and receives regular reports on progress against the plan, as well as the Head of Internal Audit Opinion which provides an opinion on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes. The Committee also receives and considers internal audit reports on specific areas, the opinions of which are summarised in the Annual Governance Statement. The cost of the internal audit provision for 2021/22 was £95k (excluding VAT).

### External audit

Our External Auditors are Ernst & Young LLP. The main responsibility of External Audit is to plan and carry out an audit that meets the requirements of The Code of Audit Practice and the National Audit Office. External Audit is required to review and report on:

- Our financial statements (our accounts) and
- Whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

The Audit and Risk Committee reviews the external audit annual audit plan at the start of the financial year and receives regular updates on progress.

The cost of the external audit for 2021/22 was £116k (including VAT). Our External Auditors did not conduct any non-audit services in year; we have re-appointed Ernst & Young LLP as our External Auditors for 2022/23.

#### [Disclosure of information to auditors](#)

Please refer to the 'Statement of Directors' responsibilities in respect of the accounts'.

### **Countering fraud and corruption**

Our Local Counter Fraud Specialist (LCFS) is provided by Fraud and Security Service. The role of the LCFS is to assist in creating an anti-fraud, corruption and bribery culture within the Trust, to deter, prevent and detect fraud, to investigate suspicions that arise, to seek to apply appropriate sanctions, and to seek redress in respect of monies obtained through fraud. An annual risk-based fraud workplan is designed by the LCFS and agreed with the Trust and the Audit and Risk Committee. The Audit and Risk Committee receives regular progress reports from the LCFS during the course of the year and also receives an annual report.

Our Counter Fraud provision is recorded with the NHS Counter Fraud Authority as being fully compliant against the 'Government Functional Standard Gov S 013: Counter fraud - Counter fraud, bribery and corruption' and achieving the highest possible rating against each of the 12 components.

We have implemented agreed policies and procedures, such as the Local Counter Fraud, Bribery and Corruption Policy as well as a Freedom to Speak Up Policy and issues of concern are referred to the LCFS for investigation. We also ensure that there are various routes through which staff can raise any concerns or suspicions. The Acting Chief Finance Officer is the executive lead for counter fraud and bribery and meets regularly with the LCFS to ensure that any learning from incidents and allegations is implemented. The Audit and Risk Committee is also regularly briefed on all allegations / investigations and actions taken. All counter fraud recommendations made throughout the financial year with the aim of addressing identified system weaknesses are considered by the Trust and recorded through the Trusts tracker system. This has ensured that appropriate action is taken, when concerns are identified, to mitigate fraud risk.

### **Information Governance**

Incidents concerning personal data are formally reported to the Information Commissioners Office, in accordance with Information Governance requirements. Further information can be found within the Annual Governance Statement.

### **Statement of Accountable Officers Responsibilities**

The Statement of Accountable Officers Responsibilities is located later in this report.

### **Modern Slavery Act 2015 – Transparency in Supply Chains**

Our modern slavery statement can be found within our Publication Scheme on our Public Website.

# Annual Governance Statement 2021/22

## Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust’s policies, aims and objectives, whilst safeguarding public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

## The Purpose of the System of Internal Control

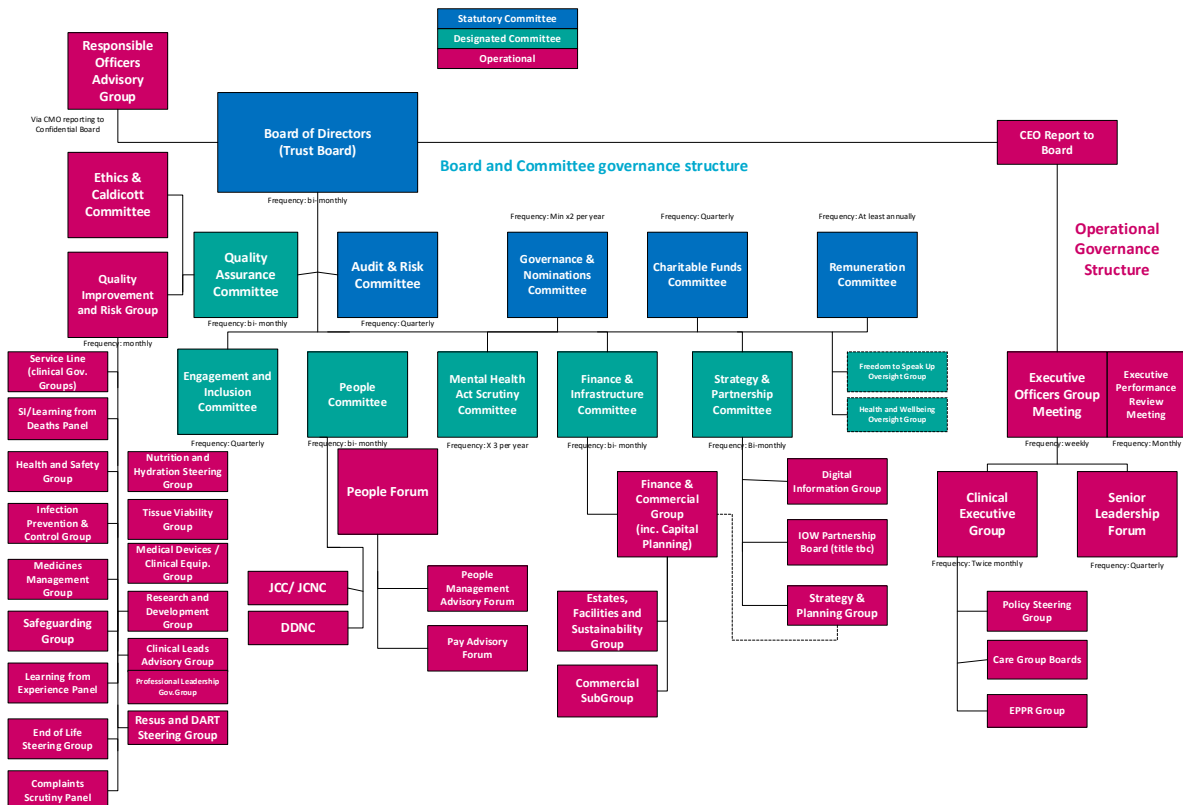
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Solent NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Solent NHS Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

## The Governance Framework of the Organisation

Within the Directors Report Section (‘Governing our Services’) of the Annual Report the following information can be found:

- The individuals who serve on the Board
- Changes in appointments
- Attendance records at Board and Committees meetings

The following diagram illustrates the Board and reporting committees;



Details of each Committee are as follows;

### Finance and Infrastructure Committee

Frequency: Bi-monthly. During 2021-22 the Committee met six times including March 22.

The Finance and Infrastructure Committee is responsible for ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial and infrastructure matters (including estate and IT) as directed. The Committee focuses on the following areas; strategic financial planning, business planning processes, annual budget setting and monitoring, treasury management and financial control, infrastructure, business management as well as conducting in depth reviews of aspects of financial performance as directed by the Board. The Committee has been integral to the Board in providing scrutiny and oversight concerning the delivery of the financial plan and in year, oversight of our IT Re-procurement.

### Charitable Funds Committee

Frequency: Quarterly (or as required). During 2021-22 the Committee met four times

The Corporate Trustee (Solent NHS Trust), through its Board, has delegated day to day management of the charity (Beacon, Solent NHS Charity) to the Committee. The Committee:

- ensures funds are spent in accordance with the original intention of the donor (if specified),
- oversees and reviews the strategic and operational management of the Solent NHS Charity (or non-exchequer funds as they are sometimes known),
- ensures that all requirements of the Charity Commission are met and all legislation relating to charitable funds is adhered to in the administration and application of funds, and
- ensures co-operation with the external auditors in the regulation of the funds.

### Mental Health Act Scrutiny Committee

Frequency: Three times per year. During 2021-22 the Committee met three times.

The central purpose of the Committee is to oversee the implementation of the Mental Health Act (MHA) 1983 (amended 2007) functions within the Trust principally within Adult and Older Persons Mental Health, and Learning Disabilities services. The Committee has primary responsibility for seeking assurance that the requirements of the Act are followed. In particular, to seek assurance that service users are detained only as the Mental Health Act 1983 allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights. In addition, on an annual basis the Trust's external legal advisors provide update training in relation to the Mental Health Act.

### Remuneration Committee

Frequency: At least annually and as required. During 2021-22 the Committee met three times

The Remuneration Committee is comprised of the Non-executive Directors (and others by invitation) and reports to Confidential Board meetings regarding recommendations and the basis for its decisions.

The Committee makes decisions on behalf of the Board regarding remuneration and terms of office relating to the Chief Executive and other Executive Directors.

It oversees and approves:

- Employer Based Clinical Excellence Awards
- severance payments over £100k and, all non-contractual payments.



## Governance and Nominations Committee

Frequency: At least twice a year and as required.  
During 2021-22 the Committee met three times

The Committee makes recommendations to the Board as appropriate regarding the following matters;

- the governance arrangements for the Trust including Committee structure, the composition and Terms of Reference, consideration of skills and experience of Board members succession planning of Board members, and Associate Hospital Manager appointments.

## People Committee

Frequency: Bi-monthly.  
During 2021-22 the Committee met five times

The Committee is responsible for providing assurances to the Board on all aspects of workforce and organisational development supporting the provision of patient care and the NHS People Plan. In particular, ensuring the strategic objectives and Trust ambitions are being delivered. The People Committee seeks to provide assurance to the Board on the delivery of the People & Organisational Development strategy, Communications Strategy, Workforce Plans and the recruitment, retention, deployment and development of the Trust's workforce.

## Engagement and Inclusion Committee

Frequency: Quarterly (or as required).  
During 2021-22 the Committee met four times

The purpose of the Committee is to drive the delivery of the community engagement strategy. The Committee:

- provides support, leadership, advice and guidance for staff so that they feel supported and able to make community engagement part of everything they do
- ensures that the Trust is accessible to local people and communities who want to be involved in contributing their knowledge, skills and experiences to improving the Trust. It will also ensure that the Trust does not exploit people's willingness to contribute their time, energy and assets.

## Quality Assurance Committee

Frequency: Bi-monthly.  
During 2021-22 the Committee met six times

The Committee is responsible for providing the Board with assurance on all aspects of quality, clinical governance and regulatory compliance.

- In year the Committee received additional reports on a variety of matters, including the Pascoe Report and the Risk Management Framework
- The Committee also received a deep dive report on Safeguarding.

## Strategic Partnership Committee

Frequency: Bi-monthly.  
During 2021-22 the Committee met six times

In recognition of the strategic significance of Solent's involvement in the emerging Integrated Care System, Integrated Care Partnerships and potential future provider collaboratives, the Strategic Partnership Committee (SPC) has been established.

The SPC seeks assurance that risks concerning strategic partnerships are being appropriately mitigated, including potential competition concerns from other providers as well as having oversight of overarching governance associated with strategic partnerships.

- ensures the Trusts meet its obligations and duties under equality and human rights legislation as an employer by working collaboratively with the People Committee provides assurance to the Trust Board that community engagement is becoming part of the culture and practice of the Trust as a 'must do' and makes recommendations on revisions to the Community Engagement Strategy as required and appropriate.

As part of our response to the independent Well Led Developmental Review undertaken in year we will be reviewing our committee governance structure during 2022/23.

A summary of the role of the **Audit & Risk Committee** is found within the Directors Report section of the Annual Report and internal audit opinions for the audits carried out in year are as summarised below.

Audit title	Report classification
Key Financial Systems – Payroll Review	High Risk
Cyber Security	Draft Report
Risk identification, escalation and reporting	Low Risk
Data Security Protection Toolkit	Advisory
Estates, Facilities and Transport	Low Risk
Fit and Proper Persons Process	Draft Report

Significant progress has been made in respect of responding to recommendations made by our internal auditors, as reflected within the Head of Internal Audit Opinion. In respect of our Payroll Review, we implemented actions to strengthen existing controls around the validation and authorisation of payroll processes. We are refining our robust risk management processes by accelerating the implementation of actions and improving our communications to our staff to support them to do this. In response to the Fit and Proper Person Test (FPPT) audit, we will be strengthening our processes around the Standard Operating Procedure we have proactively implemented.

## Highlights of Board Committee Reports

The Board has an agreed annual cycle of business and receives exception reports via the relevant Chair in relation to recent meetings of its committees. The Board, as a standing item at each meeting, also considers whether additional assurance is sought from its committees on any items of concern. The Chief Executive Report to Board includes commentary on significant changes recorded in the Board Assurance Framework (BAF) and Corporate Risk Register and each Board Committee also considers relevant BAF risks and progress against internal audit recommendations at each meeting. In addition, a number of internal audits were completed, as described previously and annually each Board Committee presents an annual report to the Board detailing a summary of business transacted and achievements against the agreed Committee objectives. The Committee annual reports are available via the In-Public Board papers on our website.

## Performance Evaluation of Board

Further details of the Board's development activities and performance evaluation can be found within the Directors Report section of the Annual Report. We self-certify against the requirements of the NHS Provider Licence, in accordance with the NHSI Single Oversight Framework requirements (including Conditions G6 and FT4)– the details of which are incorporated into our Board Performance Report and are publicly available.

We also conduct a self-assessment against the NHS Constitution annually.

## Capacity to Handle Risk

### Risk management and quality governance arrangements, accountability and leadership

As Chief Executive, I am ultimately accountable for governance and risks relating to the operational delivery of all clinical and non-clinical services provided by the Trust including its subcontracts. The Board regularly considers its risk appetite and reviewed this together with its risk tolerance during the year, particularly in light of the COVID-19 pandemic. Details can be found within our Risk Management Framework (available via our website). The appetite and tolerance set the parameters of Risk Management for staff to operate within. The Board is informed of current risks via the CEO Report and regular reporting of the Board Assurance Framework.

The Trust has a range of measures in place which provide monitoring and assurance in relation to quality, safety and regulatory matters. Each Service Line has a governance structure in place which reports through to the Quality Improvement & Risk Group and the Quality Assurance Committee. Corporate Services have governance structures in place to report through to their appropriate Board Committee.

Key roles in relation to risk management and quality governance include;

Roles	Responsibilities
Chief Nurse	Nominated Executive Lead Director for risk management and quality governance. The Chief Nurse is also responsible for ensuring on-going compliance with CQC registration requirements.
Chief Medical Officer	Lead director with responsibility for Learning from Deaths (mortality) agenda (Patient Safety Director as defined by national guidance on learning from deaths, National Quality Board 2017)
Chief Finance Officer	Nominated Executive Lead Director for health and safety compliance.
Chief Operating Officer	Nominated Executive lead for emergency planning and disaster recovery, ensuring plans are established and regularly tested. This includes leading our Gold Command structure during the pandemic.
Clinical Directors	Accountable for risk and clinical governance within their respective service lines, supported by the Operational Directors and Heads of Quality and Professions.
Operational Directors and Heads of Service	Responsible for managing operational risks originating within their service areas.
Heads of Quality and Professions (HQP)	Each service line has an identified lead for quality safety and assurance who is responsible for supporting the service line Clinical Director in the delivery of the quality, safety and governance agenda. HQPs with the corporate Quality and Governance team to support cross organisational work streams and learning arising from incidents.
Head of Risk and Litigation	Responsible for ensuring the development and oversight of implementation of the Trust Risk Management Framework, risk procedures and administration of the Trust Risk Register.

Trust wide arrangements which support robust assurance include:

## Meetings

---

- Care Group meetings, chaired by the Chief Operating Officer, cover general performance of quality and other operational issues.
- Service Line Clinical Governance Groups are responsible for the oversight of quality and risks, triangulating performance information to monitor and address service quality. The groups provide exception reporting to the Quality Improvement and Risk Group which is chaired by the Chief Nurse and these are then scrutinised at the Quality Assurance Committee. The service line structure provides high levels of autonomy increasing the effectiveness and accountability of the clinical services. This meeting has undergone considerable review during this year and will be further reviewed to ensure that assurance processes related to all aspects of quality performance are viewed alongside other pertinent factors in the delivery of care. This is reflective of the changing healthcare landscape and how governance is assured in healthcare settings.
- Clinical Executive Group - oversees operational responses to risks contained in the Trust Risk Register and broader clinical risk. The roles of the Quality Assurance Committee and Audit and Risk Committee are described previously.
- Oversight of service performance and risk by the Chief Operating Officer via daily escalation and reporting through to Performance Review and Executive Performance Management Reviews. Oversight of corporate performance and risk via the Corporate Performance Review Meetings.
- Quality Contract Monitoring pre COVID-19 was formally reviewed via monthly CQRM meetings. These meetings were temporarily placed on hold during COVID-19, within which time discussions were held with commissioning Quality Leads as and when needed concerning Quality and Governance.

## Visits and inspections

---

- Board to Floor visits (includes executives and non-executives) to engage with frontline staff and service users . In 2020 these Board to Floor sessions were moved to a virtual format in response to the COVID-19 pandemic. During 2021 these were re-introduced as face to face and gave the teams an opportunity to meet executives and non-executives. The frequency was also increased from 4 per month to 7 per month. This has enabled every service line to be visited each month and corporate and non-patient facing teams to be included. Visits were temporarily paused throughout the year in recognition of the pandemic and safety considerations.
- Service review visits by commissioners were suspended in year, due to COVID-19 and the need for strict adherence to infection prevention and control guidelines and recent CCG configuration changes. These remain in plan for 2022.
- Announced and unannounced visits to clinical areas/teams by the Quality & compliance team have been taking place in response to the development of services quality plans and also at the direct invitation of the services.
- All services have now submitted their quality assurance reviews and quality assurance visits have taken place across service lines – in the case of mental health services these have been undertaken jointly with the IOW mental health services for joint learning. Again, these visits were suspended during the height of the pandemic and in consideration of safety.
- The National programme of Patient-Led Assessments of Care Environment (PLACE) visits were suspended during the winter – we will look to commence our PLACE LITE programme in Q1 2022/23.
- NED Service Emersion sessions – which we held throughout the year covering all service lines, enabling NED colleagues to be briefed on contemporary matters, including service risks
- Quality Checker Programme, a group of people with a learning disability have started local visits but this has been limited by COVID-19.

## Feedback mechanisms

---

- Range of new feedback opportunities offered including community conversations, story gathering, digital story telling using video, plans in place to implement community feedback champions for groups we seldom hear.
- Friends and Family Test (FFT) feedback by text implemented, to reduce need for paper forms.
- Significant increase in number of responses from 1904 in Q1 to 5828 in Q3, improving reliability of data
- Patient / carer and staff stories to Board  
During Q4 we were invited by NHSEI to be a pilot site for the introduction of community based Patient Safety Partners. These roles mandated in the National Patient Safety Strategy but NHSEI recognised the significant steps taken by Solent in engaging with the community and we continue to work closely to introduce a Solent model over the next year.
- Mental Health were also invited to be a pilot site for a national Patient Safety Collaborative programme which aims to improve safety for patients across a range of set domains, as part of a national program of improvement in reducing restraint, reducing self-harm and improving sexual safety in inpatient areas.
- Strong national Freedom to Speak Up indexing and Staff Survey results provide assurance to the Board regarding workforce feedback mechanisms and a culture of openness.

## Governance and reporting processes

---

- Any new scheme or change in service provision (including efficiency plans, and importantly changes to practice as a result of COVID-19) are formally assessed through a Quality Impact Assessment process. Within the QIA process, foreseeable or potential risks which could impact on quality, patient safety and experience are considered, and key leading indicators are identified to help highlight the realisation of any actual risks. A gateway approach to the agreement QIAs has been embedded with sign-off by the applicable service line Clinical and Operational Directors in consultation with services prior to review by the Chief Medical Officer and Chief Nurse. The Service Line Clinical Governance Groups are responsible for the management and monitoring of the leading indicators identified within signed off QIAs and for ensuring that in collaboration with the Chief Medical Officer and Chief Nurse, risks associated with QIAs are escalated to the Quality Assurance Committee.
- We established an Ethics Panel in light of the COVID-19 Pandemic and in recognition of the need to consider complex matters (including escalated QIAs) and provide ethical scrutiny of particularly difficult situations or dilemmas
- An audit programme (Trust wide and service level covering standards and topic specific issues)
- Monthly reporting and publication of safe staffing status (with sign off by matrons and oversight by the Quality and Governance Team.
- The Board is appraised of any key quality and safety matters at the beginning of each Board meeting and via comprehensive Chief Nurse reporting via the Performance Report.
- Our Quality Account is produced annually which outlines the progress made and action taken to improve and maintain quality and safety within and across Trust services. The Annual Quality Account is developed in consultation with key stakeholders and serves as an additional validation mechanism for determining the quality of services. More information on the Quality Account is provided in Appendix 1 of the Annual Report.
- The Learning from Experience Panel has replaced the Complaints Panel. Significant representation from patients, families, carers and community representatives who receive, review and scrutinise experience of care feedback and associated actions.
- A quarterly Experience of Care Insights assurance report is presented to the Learning from Experience Panel, to QIR and then QAC.
- The Making a Difference Group – a service user led group has been implemented, to oversee and support the delivery of agreed experience of care priorities.



## Risk Management

We provide a range of risk management training including; All staff complete an online E Learning module, which includes risk management principles, escalation processes, accountability, risk assessment and hazard identification.

- On request face-to-face Risk Management training provided by the Quality and Governance Team as an alternative to the E Learning module.
- On request Risk Register training for all staff who have responsibility for using the Trust's on-line risk register.
- A two-day training package for SI Investigators provided in collaboration with neighbouring organisations. This training provides in depth training on root cause analysis, identification of hazards and the SI process.
- Formal Incident reporting and reviewers training, and
- Bespoke training provided by the Quality and Governance Team.

## Risk Assurance

The Board Assurance Framework (BAF) provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been identified and where gaps exist, that appropriate mitigating actions are in place to reduce the risk to a tolerable level. The Audit and Risk Committee tests the effectiveness of this system annually.

## The Risk and Control Framework



I am assured that risk management processes are continuing to be increasingly embedded within the Trust and incident reporting is openly and actively encouraged to ensure a culture of continuous improvement and learning. I am also assured that there are appropriate deterrents in place concerning fraud and corruption. The organisation understands that successful risk management requires participation, commitment and collaboration from all staff.

The Board approved Risk Management Framework provides a clear overarching framework for the management of internal and external risk and describes the accountability arrangements, processes and the Trust's risk appetite.

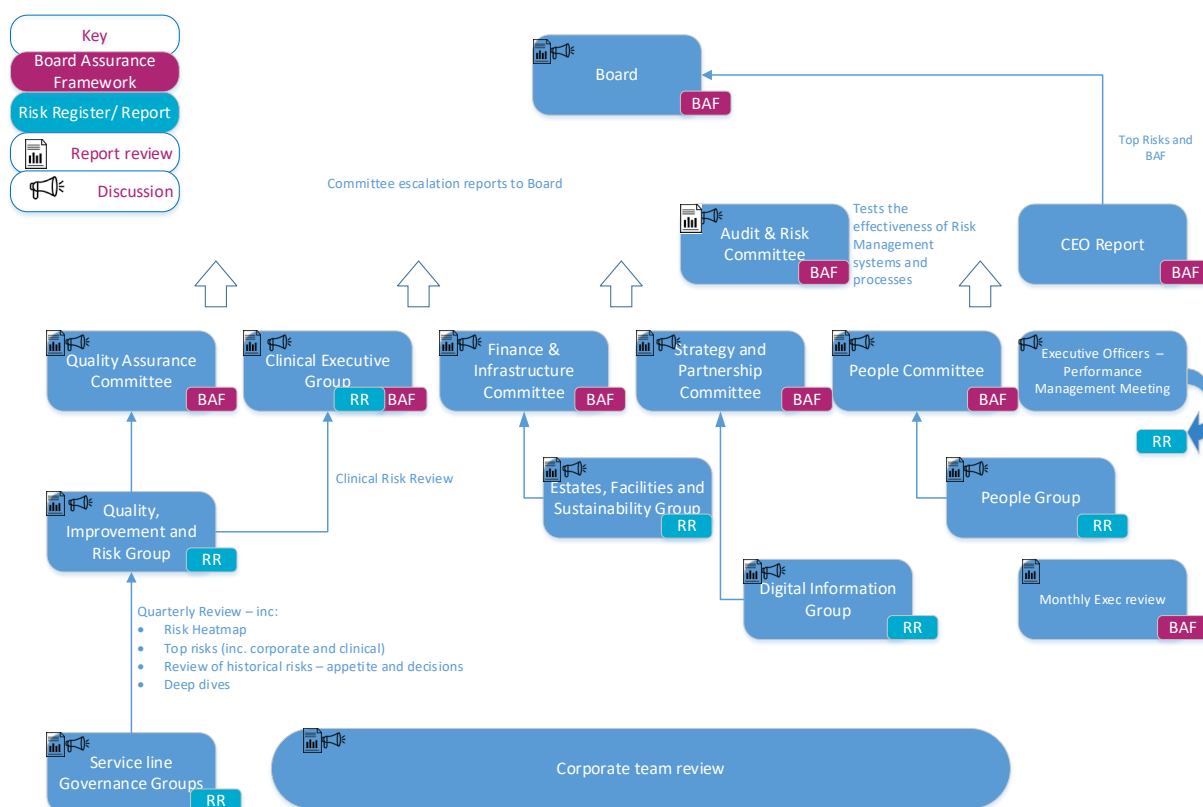
The Trust's approach to risk management encompasses the breadth of the organisation by considering financial, organisational, reputational and project risks, both clinical and non-clinical. This is achieved through;

- an appropriate framework; delegating authority, seeking competent advice and assurance,
- a risk culture which includes an agreed risk appetite, as outlined within the framework,
- the integration of risk management into all strategic and operational activities,
- the identification and analysis, active management, monitoring and reporting of risk across the Trust,
- the appropriate and timely escalation of risks,
- an environment of continuous learning from risks, complaints and incidents in a fair blame/non-punitive culture underpinned by open communication,
- consistent compliance with relevant standards, targets and best practice,
- business continuity plans and recovery plans that are established and regularly tested (particularly focus was given this year to ensure plans were updated and relevant to our COVID-19 response and recovery),

- actively analysing and reflecting on key findings from our annual staff survey, staff friends and family test as well as intelligence and feedback from our friends and family feedback to ensure issues are addressed; and
- Fraud prevention, detection and deterrence activity and reactive investigation are undertaken by the Local Counter Fraud Specialist (LCFS) which is supported by the 'Local Counter Fraud, Bribery and Corruption Policy'. Proactive fraud prevention, detection and deterrence work is integral to the management of risk across the organisation especially as there could be clinical or health and safety implications which could then impact upon the organisation. Staff are encouraged to report any potential fraud using the online incident reporting process appropriately including anonymous reporting if necessary. We are not aware of any specific areas within the organisation that are at risk of material fraud, however we cannot be complacent. We worked closely with our LCFS to conduct proactive audits on Conflicts of Interest, IT Asset Management processes and Controlled Drugs management on Trust wards and will be embedding the learning from these areas of work into regular audit practice. Notifications from the Counter Fraud team improve our knowledge and awareness of the risk of fraud.

## Risk Assessment Process

The following diagram illustrates the assessment, reporting and oversight structure:



The organisation has structured risk assessment and management processes in place as set out in the Risk Management Framework.

Managers are responsible for managing action planning against identified risks and for escalating those risks with additional resource implications via service risk registers. The Quality & Professional Standards Team receives and centrally records risk assessments to identify commonalities for organisational risk treatment and escalation.

Risk registers operate at service line level for all identified risks. Risks are monitored and assured at the Quality Improvement and Risk Group, and escalated as appropriate to the Clinical Executive Group, and other Groups. This is in accordance with the risk appetite, agreed by Board and set out in the Risk Management Framework.

As a result of the ongoing National Emergency we implemented further governance checks and balances at the end of the previous year and retained these throughout this year. We did this to ensure appropriate oversight of emerging risks; including those to service quality and safety including the implementation of an enhanced Quality Impact Assessment processes and the establishment of an Ethics Panel to provide additional scrutiny, as well as ensuring learning is shared. At our April 2021 Board meeting we also refreshed our Risk Appetite to ensure it reflects the contemporary nature of dealing with such an unpredicted situation.

### **Risk identification and measurement**

Risk identification establishes the organisation's exposure to risk and uncertainty. The processes used by the Trust include, but is not limited to risk assessments, adverse event reports including trends and data analysis, Serious Incidents requiring investigation (SI), learning from deaths, claims and complaints data, business decision making and project planning, strategy and policy development analysis, external/internal audit findings /recommendations and whistle blowing in accordance with the Trusts Freedom to Speak Up policy.

The online risk system is fully embedded and has provided the ability for real time reporting and escalation; it also aligns existing systems used for incident, complaints and claims reporting. In turn this has enabled the Quality & Professional Standards Team (and service managers) to provide swift response and support to services. The use of the online system supports the triangulation of data from incidents, claims and complaints for further analysis and assurance.

The Trust uses an adapted version of the National Patient Safety Agency likelihood and severity matrix to assign a risk score and we recognise that in all cases it is vital to set the risk into context for evaluation. Risks which fall outside of the remit of routine clinical assessment or are potentially significant for the organisation are approached and managed in line with the Risk Management Framework. The Trust is aware and encourages a proactive safety culture, good communication and teamwork, all of which are inherent in the improvement of risk and the implementation of good clinical risk assessments. To ensure clinical risk assessments are appropriate they are always reviewed as part of all serious or high-risk investigations so that lessons can be learnt, and assessments improved if necessary.

The positive risk management culture and risk management processes have enabled the Trust to proactively identify, assess, treat and monitor significant risks in year.

There is clear alignment between the Board Assurance Framework and operational risk register and our risk pyramid summarises the top risks and most prevalent themes each month.

## Strategic Risks

The organisations strategic risks (scoring 12 or over), at the end of the current financial year and as detailed within the Board Assurance Framework relate to:

- **Demand, Capacity and Access to Services** - There is a risk that demand in the system outstrips our capacity that we are contracted /funded to provide. This is particularly heightend as a consequence of the Pandemic and significant increase in waiting lists.
- **Workforce Sustainability** – There is a risk that we are unable to recruit and / or retain sufficient numbers of clinical staff with the qualifications, skills and experience required. We are already experiencing staffing pressures in a number of our services, as detailed further within the ‘significant issues’ section of the Annual Governance Statement.
- **Digital Maturity** - there is a risk that our digital infrastructure, processes and workforce digital literacy are insufficient to provide efficient, patient focussed services, provide sufficient timely evidence for the organisation to make informed decisions, provide security against cyber attacks and enable innovation
- **Strategic Partnerships** – there is a risk that Solent acquires additional risks associated with new ways of working
- **High Quality Safe Care** – there is a risk that we are unable to effectively identify and meet the needs of our population (through community engagement and development of patient centred outcomes), and we are unable to deliver safe and effective care, particularly in light of holding higher acuity and greater complexity within our community services that would have traditionally been managed within acute hospitals.

As these are strategic risks they have longevity and will pose as risks to the Trust into the future – we are actively mitigating these to an agreed tolerable level and, as with operational risks, ensure that any learning is disseminated to reduce the chance of the risks materialising. At the end of the financial year we also included an emerging risk in relation to the **strategic provision of services**, the details of which will be developed during Q1 2022/23.

## Operational Risks

The most prevalent operational risks at the end of the financial year are identified below, however each are being managed by the services with oversight by the Executive Lead to reduce the risk to an acceptable level:

- **Information Technology** – risks associated with IT infrastructure, accessing our core and partner systems and connectivity
- **Demand and Capacity** – risks associated with increasing demand for our services which is impacting on timely access to treatment and waiting times
- **Staffing and recruitment** – risks associated with vacancies which are difficult to fill due to wider system and national staff shortages
- **Below Planned Staffing** – risks related to Teams regarding being below their planned WTE staffing levels

We will continue to monitor and mitigate all significant risks associated with efficiency saving plans identified via the Quality Impact Assessment process.

## Information Governance and Data Security



Data Security is a significant part of national Data Security and Protection Toolkit requirements as well as ensuring that at least 95% of staff have completed IG training annually, which is nationally recognised as an extremely challenging standard. The submission of the Data Security and Protection Toolkit for 2021/22 has nationally been delayed until

June 2022, as a direct result of the impact that COVID-19 has had on the NHS. Once published, our compliance will be made publicly available  
<https://www.dsptoolkit.nhs.uk/OrganisationSearch/R1C>

IG serious incidents are reported and monitored via the Toolkit and where deemed necessary, to the Information Commissioner's Officer as described below. We continue to monitor all incidents and risks associated with IG matters and ensure we learn as a consequence.

### Serious Incidents Requiring Investigation



A total of 16 Serious Incidents (SI) were raised during 2021/22 as categorised in the graph below:

Deaths - Expected and Unexpected	3
Pressure Ulcer	3
Assault - Verbal/Gestures/Bullying	1
Clinical assessment and diagnosis	1
Clinical delay	1
Diagnosis	1
Documentation / Patient Records	1
Emergency (Medical)	1
Equipment - Non-medical device	1
Medication incident / Error	1
Patient experience	1
Slips, Trips & Falls	1

As part of our SI process we actively identify opportunities for shared learning. During the year the Trust has not reported any Information Governance (IG) SI's. However, if a SI was to be reported, the following actions would take place;

- The Information Commissioner's Office would be informed
- The Data subject would be informed
- A thorough investigation would take place, with lessons to be learnt being a main focus of any action plan
- Our Caldicott Guardian and Senior Information Risk Officer are consulted whenever there is an IG Serious Incident
- Our commissioners provide scrutiny to our SI process and confirm closure on investigations once appropriate assurance has been sought.

## Care Quality Commission (CQC) Compliance



The Trust is fully compliant with the registration requirements of the Care Quality Commission and routinely receives visits and inspections from the CQC. There are no outstanding issues recorded against the Trust. We were inspected back in 2018 against the following eight core services;

- Community Adults
- Community Children & Young People
- Primary Care Services
- Mental Health - Psychiatric Intensive Care Unit (PICU)
- Mental Health - Crisis and Health Based Place of Safety (HBPoS)
- Mental Health - Older Persons Mental Health (OPMH) /Ward
- Mental Health - Older Persons Mental Health (OPMH)/Community
- Mental Health Rehabilitation /Adults/Ward.

### Overview and CQC inspection ratings

<b>Overall Good</b> <small>Read overall summary</small>	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

We also underwent a “Well Led” inspection. As an outcome of these inspections we were rated as ‘Good’ across all domains for our Primary Care Services and ‘Good’ across our core services with an ‘outstanding’ in the Caring domain.

We were due to be re-inspected in early 2020/21, however in response to the national situation concerning COVID-19, the CQC suspended all routine

inspections. Mental Health Act inspections have continued throughout the year and we look forward to welcoming the CQC team back when full inspections resume.

## Workforce Strategies and staffing Systems



The Chief Nurse, Deputy Chief Nurse or their representative, meets with all service lines on an agreed schedule, determined by the Chief Nurse and the Service Line Senior Leadership Team and review a range of data and information relating to safe staffing including current establishments, vacancies, recruitment and retention programmes, turnover, roster management, sickness/absence levels and compliance with mandatory and statutory training - all of these areas are identified as key within in the National Quality Board (NQB) guidance: ‘Developing Workforce Safeguards’.

Throughout and as a consequence of the Pandemic, during 2021 the format and the frequency of the meetings increased from monthly to weekly, to ensure that frontline teams were offered an opportunity to escalate their challenges directly to the Chief Nurse and / or her representative regarding increased complexity and acuity of patient care and impact of pandemic on the well-being of our staff.

During Quarter 3, the NHSEI published the ‘Winter 2021 Preparedness: Nursing and Midwifery Safer Staffing’ paper, adding additional guidance in relation to COVID-19 workforce models and the fundamental principles for the nursing and midwifery workforce as set out in the NQB guidance referenced above.



A benchmarking process was undertaken and subsequently the safe staffing schedules was increased, and each team were requested to supply a two week forecast of the staffing situation, identifying potential challenges but accepting due to the nature of the pandemic that short notice absence was challenging to predict. It was also an opportunity to ensure the Chief Nurse was aware of the additional capacity within the inpatient areas and the impact this had upon safer staffing, alongside the Quality Impact Assessment (QIA) process.

To ensure this information was available for the executive team to be appraised of, a daily situation report was developed, and teams were asked to “rag rate” their staffing and operational capacity including additional beds. Internal service line escalations were noted and if insufficient then the Chief Nurse and / or her deputy would be appraised and to offer support.

Throughout this period the Trust has also explored the use of evidenced based national Acuity and Dependency tools specific to our Mental Health Inpatient Wards, Community Nursing and Adult Inpatient Wards. Currently we are pending training and implementation support from the national team within our Mental Health Wards and securing licences for the Safer Care Nursing Tools for our Community and Inpatient Wards. This will enable us to undertake biannual (or more frequent) acuity and dependency audits which incorporate a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity and dependency terms.

The staff who attend the safe staffing meetings are those with clinical leadership roles as well as the professional leads and all teams are reviewed at least once in the year. Areas where there are concerns or on-going difficulties are reviewed more frequently and the meetings are supported by colleagues from workforce/HR, Learning & Development and the Roster team.

The structure and format of safe staffing meetings is continually reviewed to ensure it reflects the current situation. However, as we move into a new phase of the pandemic, the aim is to ensure that workforce planning is a key element of the business planning process with service lines required to consider their workforce needs and any changes to establishments, skill mix, or the introduction of new roles – these are required to have a full Equality and Quality Impact Assessment completed and presented to the Chief Nurse & Chief Medical Officer for sign off.

A six-monthly safe staffing report is provided to Board which reports on progress against NQB guidance and the priorities set out in the previous six-month report.

We have been actively monitoring the impact of the COVID-19 crisis on our workforce, and our ability to ensure service sustainability during periods of absence and in consideration of national guidance regarding social distancing. Where possible and where necessary, we have been making adjustments to the way some services are delivered, including; providing alternative digital mechanisms to that which would have been face to face traditional offers, redeploying, up-skilling and competency training and in some cases scaling down provision to meet urgent demand. In such cases appropriate Quality Impact Assessments have been completed.

## NHS Pension Scheme



As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

## Equality, Diversity and Human Rights



Control measures are in place to ensure that all the organisation's obligations under Equality, diversity and human rights legislation are complied with. Equality Analysis are carried out to assess the impact of the Trust's decisions and design of services as part of the Trust's legal duty under the Equality Act 2010 – we also use Equality Analysis in the development of policies and procedures, organisational change, changes to any activities or service delivery and in consideration of cost improvement plans. During Q4 2021/22 we launched a new eLearning module that aims to support colleagues understanding of the requirements of this duty and how the Trust uses the Equality Impact Assessment process which has been developed to be compliant with the Equality Act 2010. Our commitment is to ensure that leaders keep listening, learning and improving. To help us do this we appointed a new Interim Associate Director of Diversity and Inclusion and invested in a new Network Partner role in the Diversity & Inclusion. The focus for the team has realigned to ensure that effective delivery of its two key aims being;

- ensuring inclusive recruitment and opportunities for growth are available for all and
- developing an inclusive culture and sense of belonging for all.

You can read more about Equality, Diversity and Inclusion within the Staff Report section of the Annual Report.

## Register of Interests



The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. We continue to work with our Local Counter Fraud Specialist to enhance our processes wherever possible.

## Environmental responsibilities



The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. You can read more about our environmental reporting within the Performance Report section of the Annual Report.

## Review of Economy, Efficiency and Effectiveness of the Use of Resources



The following key processes are in place to ensure that resources are used economically, efficiently and effectively:

- Scheme of Delegation and Reservation of Powers, Standing Orders and Standing Financial Instructions approved by the Board. These key governance documents include explicit arrangements for:
  - Setting and monitoring financial budgets;
  - Delegation of authority;
  - Performance management; and
  - Achieving value for money in procurement
- A financial plan approved and monitored by the Board
- The Trust operates a hierarchy of control, commencing at the Board and cascading downwards to budget managers in relation to budgetary control, balance sheet reconciliations, and periodic review of service level income with commissioners. In addition, the Finance Committee provides scrutiny and oversight which has been supplemented this year by independent commissioned reviews
- Robust competitive processes used for procuring non-staff expenditure items. Above £5,000 procurement involves competitive tendering. The Trust has agreed procedures to override internal controls in relation to competitive tendering in exceptional circumstances and with prior approval obtained
- Efficiencies which are assessed for their impact on quality with local clinical ownership and accountability
- Strict controls on vacancy management and recruitment
- Devolved financial management with the continuation of service line reporting and service line management
- With the ongoing evolution and progression of the Model Hospital, the utilisation and inclusion of its information and benchmarking continues to be used by us to identify areas of outlying performance, including diversity and inclusion statistics as well as efficiency opportunities.
- We are also participating in the Crisis/Acute Mental Health programme for Getting it Right First Time (GIRFT), successfully focussing on a whole team approach to community caseloads, effective patient flow, staff training, patient interventions and strong relationships with local partners.
- We continue to participate in the NHS Benchmarking Network's comprehensive annual programme, covering Community Hospitals, Community Indicators, Community Services, CAMHS, Learning Disabilities, Mental Health Inpatient and Community, Corporate Functions, mental health survey and workforce returns. We continue to undertake comprehensive review of outputs and benchmarks to understand any variances.
- The Trust Board gains assurance from the Finance and Infrastructure Committee in respect of ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial matters as directed, including to review the impact of efficiency schemes on forward financial planning and

- The Audit and Risk Committee also receives reports regarding losses and compensations, SFI breaches, financial adjustments and single tender waivers. The Board gains assurance from the Quality Assurance Committee regarding the quality of services and compliance with regulatory control. The Audit & Risk Committee test the effectiveness of these systems.

In accordance with national requirements we have also been monitoring expenditure during the Pandemic. As stated within the Annual Results Report for the year ended 31 March 2022, our external Auditors anticipate issuing an unqualified value for money conclusion and an unqualified audit opinion on the financial statements.

## Performance Reporting



Our performance governance structure has continued to optimise escalations of significant performance to the senior leadership team and Trust Board. The meeting structures are described as follows;

- We conducted a review of Performance Review Meetings structure and reporting and saw a change to bi-monthly sessions, moving from care group aligned to service line centric.
- We hold performance management reviews within Executive Group, covering key areas: Finance, Quality, People Services, Operational Performance and System Oversight Framework.
- Clinical service and corporate exceptions are raised to the Clinical Executive Group meeting ensuring oversight and are detailed within the bi-monthly Board Report.
- Clinical service lines: Chief Operating Officers meet with their service line senior managers on a monthly or bi-monthly basis (depending on performance), to review performance against quality, workforce, finance, business plans, operations, data quality and any other issues pertinent at that time. The exceptions form the agenda at a later monthly meeting chaired by the Chief Nurse, where these are discussed in-depth, necessary mitigations implemented, and assurance sought where appropriate.
- We implemented a new style Integrated Performance report, as part of the bi-Monthly Board Report.
- In addition to standard performance monitoring, other significant areas of risk can be requested for review at the performance meetings, for example, agency spend and contract performance notice remedial action plans. Similarly, the Chief Operating Officers and Chief Nurse have discretion to include agenda items, where appropriate, to ensure all necessary and required items for performance assurance are considered. Specialised forums are also held periodically to provide additional scrutiny and support to managers where escalation is required on finance, quality and workforce.

## Data Quality

High quality data is a key foundation to any digitally led Trust, supporting improvements in patient care and safety. Access to high quality data plays a role in improving our services, enabling decision making to be based on fact, alongside the identification of trends and patterns, drawing comparisons, prediction of future events and outcomes, and evaluation of our services through benchmarking.

In year we have seen a continued development of statistical process control (SPC) analysis within our Clinical Services and Trust Board Performance Report, with plans to offer in-house training to services, aiding shared understanding. Further detail regarding data quality can be found within the Quality Account.

## Annual Quality Report



The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to Trusts on the form and content of annual Quality Reports – we have produced our annual Quality Account in compliance with these requirements, and in doing so has consulted with key stakeholders.

The Account includes a summary of the arrangements in place to assure the Board that the reporting of quality presents a balanced view and that appropriate controls are in place to ensure the accuracy of data.

The Trust has in place a number of systems and processes to ensure that we are focusing on the right quality indicators and that quality reports are integral to the overall performance monitoring of the Trust. This is led by executive leadership to ensure that quality and other performance information is triangulated and presented in a balanced view.

Quality indicators are based upon a range of sources, including regulatory, national, best practice and locally agreed improvement targets. Many indicators are established internally in collaboration with clinical services to help achieve the highest possible standards of quality and care.

All quality metrics have systems to appropriately capture the information, analyse and onward reporting to the applicable stakeholders, including internally (the Board, Care Group Performance Subcommittees) or externally (for example NHS Improvement and local commissioners). Our Quality Account is available in Appendix 1 of the Annual Report.

Our Quality Framework supports our vision and focus on making a difference to patients and their families and brings together how the Trust delivers Great Care in a way that is clear to patients, staff and our stakeholders.

At the centre of the Framework is a formula designed to be easy for patients and staff to remember and relate to: SEE (Safe, Effective, Experience).

Safe + Effective + Experience = Great care

The Framework sets out:

- what quality means to Solent, its patients and staff in terms of Safe, Effective and Experience (SEE),
- the pivotal role our staff play and how we support them to deliver Great Care,
- how we check the quality and standards of care in our services,
- how we use innovation, research and organisational learning to continually improve,
- governance, risk management and leadership arrangements for quality, and
- how we talk about quality at all levels of the Trust.

## Significant Issues during 2021/22



As part of its role in ensuring effective direction of the Trust, the Board continuously seeks assurances on the detection and management of significant issues. As Accountable Officer, I ensure that Board members are apprised of real or potential significant issues on a no-surprises basis, both within formal Board meetings and as required between meetings. Electronic briefings are circulated to Non-executive Directors to inform them of any emerging issues in between Board meetings as appropriate. The Board Assurance Framework is updated to reflect significant issues and the mitigation thereof.

In year the following significant issues occurred:

The enduring national incident concerning **Coronavirus COVID-19** has obviously impacted our operational performance and ability to maintain service provision, resulting in a **significant increase in waiting lists** across many of our services. We continue to monitor demand and clinically prioritise referrals. Services remain vigilant in managing their waiting lists to ensure patients waiting are not being harmed and implement escalation policies as appropriate. All patients on a waiting list have been triaged and patients can contact the service should their needs change which could mean they are seen sooner. As we return to a more 'business as usual' footing we are working to refresh our waiting list trajectories and improve our data quality and identify the service areas which require the most attention.

Like all front-line services, throughout the year we have had to continue to be adaptive and flexible, working with our partners to meet the demands of the ongoing situation. This has meant making some difficult and challenging decisions at times, including our needing to plan (and enact when needed) for redeployments and train our staff accordingly.

Where service changes occurred, we completed a Quality Impact Assessment and continue to review and monitor any potential patient safety indicators. We have kept commissioner colleagues informed during the process and will continue this engagement, and with our partners, as part of our post-pandemic recovery. We also continue to redesign services and work with commissioners to reduce waits.

We are also aware that workforce and workload pressures continue with services seeing an impact in staff sickness and turnover, which exacerbates waiting times. Balancing service safety with safe staffing has continued to be a challenge throughout the year. The wellbeing of our workforce is of paramount importance to us and we continue to focus our efforts on staff wellbeing. Even before the COVID-19 outbreak a number of our services, like many NHS organisations, experienced staffing pressures due to sickness, vacancies and difficulties recruiting due to national staff shortages – particularly within our Mental Health Services and Community Adults teams.

This has resulted in a reliance on agency staff, as well as our own bank staff. Workforce controls continue to be implemented including ensuring the majority of temporary staff are sourced through our in-house bank, and where necessary block booking agency which has provided additional assurance in terms of the quality of temporary staff supply. We have seen some success with our controls; however, we are always looking for more ways to improve this. During winter, short term financial incentives to work additional shifts proved effective in ensuring we had safe staffing in our services and enabled the vaccination booster programme to be successful.



Where we know we will have continued staff shortages and recruitment challenges, we are considering alternative staffing models and development packages. Our recruitment and retention programme include new recruitment approaches and development programmes which will help us 'grow' from within and provide innovative career pathways. We continue to look for alternative solutions to our workforce challenges, especially where these are within national shortage occupations, including growing our apprenticeship offer as a way to develop our existing workforce, recruiting internationally, and into virtual/agile roles. In year we piloted a national pathfinder model enabling us to successfully recruit a number of international mental health nurses. We also appointed a number of community mental health consultants who practice virtually.

Ahead of the announcement on 31 January from the Secretary of State and intention to revoke the regulations requiring Vaccination as a Condition of Deployment (VCOD) we supported staff in the proposed implementation of the vaccination requirement with the Occupational Health Team reaching out to all staff who had not had 2 vaccinations. All such staff received the offer of individual support and guidance from Occupational Health (OH), the Chief Nurse, Chief Medical Officer or a relevant specialist. At the same time the Chief Nurse and Chief People Officer held Zoom sessions for staff and managers to ensure that everyone had the latest and most up to date information so that informed choices could be made. This support continues even with the revoking of VCOD announced on 1 March 2022 and our OH team providing support and guidance to non-vaccinated staff, encouraging them to have conversations with their Managers and consider completing the COVID-19 Age Risk Assessment (CARA). We continue monitoring the professional regulators and professional bodies responses to the consultation update and will note any further updates as they are published.

We have continued to operate in challenging financial times and submitted a breakeven plan for H2 (the second half of 2021/22 financial year). In year we encountered several financial related risks as summarised below;

- our COVID-19 vaccination centre expenditure which is fully funded in arrears; we have also ensured we kept a robust record of all other COVID-19 related expenditure to understand how this compares to the funding received,
- inflated spend associated with the Western Community Bed Optimisation project, driven by protracted timeframes associated with national business case approvals,
- in relation to the Hampshire & IOW ICS and related system financial pressures. This includes expectations to work together to reduce costs which could significantly destabilise Solent services and impact on neighbouring system partners as well as adversely affecting the quality of our service offer, and
- our IT expenditure, which has identified us as an outlier, consequently our IT re-procurement explores opportunities for cost, efficiency and service improvement whilst considering our future IT and digitalisation strategy in accordance with requirements and aspirations of the NHS Long Term plan. Wherever possible we will look to work with system partners to maximise efficiencies and accessibility.

We continue to constructively support system working as part of our involvement with the Integrated Care Systems (ICS), and soon to be established Integrated Care Board (ICB) particularly in the support of hospital admission avoidance and discharging medically optimised patients from the acute sector. However, the system is not yet in financial balance resulting in pressures in some community services, as well as the organisation holding additional risks due to patients with higher acuity and greater complexities within our community services that would have traditionally been managed within acute hospitals.



Like many other organisations across the world, we have seen an increase threat of cyber security attacks and the need to protect ourselves against such potential incidents. This is something that the Board takes very seriously and has implemented a number of actions to strengthen our protection. From a technical perspective the Board has supported enhanced security measures, such as increased monitoring of cyber threats, clear processes in place to isolate any potentially compromised devices, preventing access to our data unless through secure routes such as direct network access, VPN (virtual private network access) or multi-factor authentication (similar to online banking).

Other security measures are also in place but cannot be published in order to safeguard their effectiveness. We recognise human factors alongside technical controls are key components of our security effectiveness in order to safeguard the Trust against Cyber Attacks. As a result, the Board has modelled from the top down the need to educate and be aware of Cyber Security and in May 2021 undertook Cyber Security Training. In September 2022 we rolled out mandatory cyber training for all staff which will be an annual requirement going forward. We also ensure that our staff are kept up to date with the latest cyber threat alerts and continuous learning, education and awareness is undertaken.

## Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their Annual Audit Letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee, Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following key processes have been applied in maintaining and reviewing the effectiveness of the system of internal control:

- a review of committee governance by the Governance and Nominations Committee. The Board consider recommendations made by the committee and is ultimately responsible for approving and monitoring systems to ensure proper governance and the management of risk
- reviews of key governance documentation such as Standing Orders, SFIs, Scheme of Delegation and the Board Assurance Framework
- the oversight by the Audit & Risk Committee of the effectiveness of the Trust's systems for internal control, including the Board Assurance Framework (BAF). In discharging their duties, the committee takes independent advice from the Trust's internal auditors (PwC) and external auditors (Ernst & Young). The BAF is also reviewed and challenged by the Board and updates are presented via the Chief Executive's report to the Board
- the internal audit plan, which has been adapted in year to address areas of potential weakness in order that the Trust can benefit from insight and the implementation of best practice recommendations and the findings of relevant internal audits
- the scrutiny given to the Clinical Audit Programme by the Audit and Risk Committee
- the Trusts self-assessment and recommendations made by the independent assessor against the Well Led Framework and associated action plan
- the scrutiny given by the Mental Health Act Scrutiny Committee in relation to the implementation of the Mental Health Act, and
- the review of serious untoward incidents and learning by SI and, Learning from Death Panels and Service Line Clinical Governance Groups.

The Head of Internal Audit Opinion (HOIA) concluded an opinion of '*generally satisfactory with some improvements required*'. It was noted however, that there are some areas of weakness and as such the Trust is actively addressing these, as previously identified in this report. We are actively addressing all recommendations made by our auditors across all audits conducted and track progress with regular reports to overseeing Committees. The HOIA also highlights areas of good practice identified as a consequence of our auditors reviews. I therefore believe that the necessary arrangements are in place for the discharge of statutory functions, that the Trust is legally compliant and there are no irregularities.

## Conclusion

In conclusion, and in acknowledgment of the referenced significant issues, I believe Solent NHS Trust has a generally sound system of internal controls that supports the achievement of its objectives.

Chief Executive Officer

Date:

# Statement of Chief Executive's responsibilities as the Accountable Officer of Solent NHS Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

**Andrew Strevens**

Chief Executive Officer

Date:

# Statement of Directors' responsibilities in respect of the accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

We have complied with HM Treasury's guidance on cost allocation and setting charges for information as required.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The Directors consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy. A statement regarding the going concern position in relation to the accounts can be found within Section 3.

## Disclosure of information to auditors

The Directors confirm that, so far as we are aware, there is no relevant audit information of which the Trust's external auditors are unaware. We also confirm that we have taken all steps that we ought to have taken as Directors in order to make ourselves aware of any relevant audit information and to establish that the auditors are aware of that information.

By order of the Board

**Andrew Strevens**  
Chief Executive Officer  
Date:

**Gordon Fowler**  
Acting CFO  
Date:

# Remuneration Report

Remuneration of the Chief Executive and Directors accountable to the Chief Executive is determined by the Remuneration Committee. The terms of reference of this Committee comply with the Secretary of State's "Code of Conduct and Accountability for NHS Boards".

The Remuneration Committee met 3 times during 2021/22.

The Committee considers the terms and conditions of appointment of all Executive Directors, and the appointment of the Chief Executive and other Executive Directors.

All Non-executive Directors and the Chair are members of the Committee. The Chief Executive, Chief People Officer, and Chief Finance Officer may attend the meetings by invitation but are not members of the Committee.

The attendance by members is found within the Directors Report section of this Annual Report (see section 'Attendance at Board and Committees throughout 2021/22').

Although the Remuneration Committee has a general oversight of the Trust's pay policies, it determines the reward package of Senior Managers only. All Senior Managers are Executive Directors. Other staff are covered either by the national NHS Agenda for Change pay terms or the national Medical and Dental pay terms.

In year the Committee:

- Considered and agreed executive members' remuneration
- Considered and agreed interim leadership arrangements and associated remuneration
- Considered the executive team portfolios
- Reviewed the Committee's terms of reference
- Considered succession planning arrangements

## Senior Managers Remuneration Policy

Our policy on the remuneration of senior managers for the current and future financial year is based on principles agreed nationally by the Department of Health taking into account market forces and benchmarking. Senior managers pay includes the following elements as set out by the Department of Health: Basic Pay, Additional Payments in respect of Recruitment and Retention, and Additional Responsibilities. All Recruitment and Retention additions are subject to benchmarking, whilst additional responsibilities additions are awarded in line with the requirements of the Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts and Guidance on pay for Very Senior Managers in NHS trusts and Foundation trusts. All elements of the executive directors' remuneration package are subject to performance conditions and achievement of specific targets.

During 2021/22 NHS Improvement undertook a benchmarking exercise on Executive Director and Non-Executive Director pay, no pay recommendations were made in line with the Chancellor's announcement.



The Senior Salaries Review Board did conclude that pay levels were broadly appropriate. It was recognised that some Remuneration Committees may consider applying an exceptional payment award in the form of a non-consolidated payment to acknowledge exceptional performance. Trusts who considered making this payment were advised of the following:

- Any money spent on non-consolidated award must come from existing budgets.
- The non-consolidated award should not exceed 2% of the Trust VSM pay bill.
- There was to be no cap on the percentage of VSMs that received an award. It would be for individual Trust to determine the payment level and which VSM's received the award.
- It was recommended that no individual non-consolidated award exceeded 5% and remuneration committees took into consideration the constraints on the Agenda for Change framework which capped the award at 3%.

The remuneration committee agreed to pay a £3,210 pro rata to its VSM, the award was granted in respect of the Board's confidence in the way the Executives of the Trust have performed in a very difficult period during the COVID-19 pandemic.

No Directors are currently being paid a performance bonus. One Director received a salary in excess of £150,000. Paying a salary above this threshold has been agreed by the Trust Remuneration Committee, NHS Improvement Remuneration Committee and the Secretary of State for that Director.

Individual annual appraisals assess achievements and performance of Executive Directors. They are assessed by the Chief Executive and the outcome is fed back to the Remuneration Committee. Individual executive performance appraisals and development plans are well established within the Trust and follow agreed Trust procedures. This is in line with both Trust and national strategy.

The Chair undertakes the performance review of the Chief Executive and Non-Executive directors.

Our Non-Executive Directors, including the Chairman, are paid the rates set by the Secretary of State and NHS Improvement. The salary, emoluments, allowances, exit packages, and pension entitlements of the Trust's Senior Managers are detailed in the following sections.

After a recent review of the Trust turnover NHSE and NHSI have approved the application to move the Trust into Group 2 for the purposes of Trust chair remuneration.

## Service Contract Obligations

All senior manager contracts require them to meet the Fit and Proper Persons requirements specified in Section 7 of the Health and Social Care Act 2008. Failure to do so would be considered a breach of their contractual terms. Loss of office payment for Senior Managers are determined in accordance with Sections 14-16 and 20 of the NHS Terms and Conditions of Employment.

## Duration of Contracts

All Executive Directors are employed without term in accordance with the Trust Recruitment and Selection Policy. All Executive Directors are required to give six months' notice in order to terminate their contract. Termination payments are on the grounds of ill health retirement, early retirement, or redundancy on the same basis as for all other NHS employees as laid down in the National Terms and Conditions of Employment and the NHS Pension scheme procedures.

Within the 2021/22 financial year there has been no early terminations of Executive Directors and no non contractual payments have been made.

The Chairperson and Non-Executive Directors are appointed on terms set by the Secretary of State. They are office holders and as such are not employees, so are not entitled to any notice periods or termination payments.

## Awards made to previous Senior Managers

There have been no awards made to past Senior Managers in the last year and therefore no provisions were necessary. The Trust's liability in the event of an early termination will be in accordance with the senior managers' terms and conditions.

## Fair Pay Disclosure (audited)

From 2022, reporting bodies are required to disclose pay ratio and detail concerning percentage change in remuneration concerning the highest paid director. This is a new requirement for 2021/22 and so therefore, it is not a mandatory requirement to provide comparative data for 2020/21.

This will be the first year the Trust has reported on these data sets, so in-line with the guidance the Trust will provide comparator data in its 2023 Annual Report.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director / member in our organisation in the financial year 2021/22 was £135-£140k (2020/21, £170-175k). Since last reporting the Hutton Review of Fair pay recommends using the highest paid director for the calculations and rather than the highest paid employee to be consistent with the remuneration report. The relationship to the remuneration of the organisation's workforce is disclosed in the table below.

**Pay Ratio Information Table**

<b>2021/22</b>	<b>25<sup>th</sup> Percentile</b>	<b>Median</b>	<b>75<sup>th</sup> Percentile</b>
Total Remuneration (£)	£22,549	£31,534	£40,056
Salary Component of Total Remuneration (£)	£21,777	£31,533	£40,056
Pay Ratio Information	6.1	4.4	3.4
<b>2020/2021</b>	<b>25<sup>th</sup> Percentile</b>	<b>Median</b>	<b>75<sup>th</sup> Percentile</b>
Total Remuneration (£)	n/a	£30,615	n/a
Salary Component of Total Remuneration (£)	n/a	n/a	n/a
Pay Ratio Information	n/a	5.6	n/a

Note: A new mandatory requirement from next year will be to provide data from previous years and to compare the year being reported on. As this is the first year the Trust is reporting on the 25<sup>th</sup> and 75<sup>th</sup> percentile, there is no previous data to compare and narrate on.

However, the Trust has previously been required to report on the median data and it has reduced from 5.6 to 4.3. Some of this reduction may be explained by the Trust using the highest paid directors as per Hutton’s Review of Fair pay.

Pay Trends (General - based upon Annual report submissions)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Snapshot date	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/03/2021	31/03/2022
Highest paid director	155-160	155-160	155-160	170-175	170-175	135-140
Median	£ 28,101	£ 28,746	£ 29,286	£ 30,345	£ 30,615	£31,534
Fair Pay Multiples	5	5	5	5.6	5.6	4.4

In 2021-22, 5 employees (1 employee 2020-21) received remuneration in excess of the highest paid director. Remuneration ranged from £11.8 to 253k (2020/21 £17 to £186k); it should be noted that these figures are not salary bands. The calculation of these payments, where appropriate, include on-call hours and on call payments. The rate of pay for on-call is lower than any basic rate as these are not classed as working hours, this artificially reduces the hourly rate and would create a total remuneration to appear lower. If the highest remuneration in the range was to be used to calculate the fair pay multiple, it would increase to 8.1.

All data was calculated using all individuals working on the 31<sup>st</sup> March 2022, including individuals employed on a bank contract. Those that were not included was any individual left on or prior to the 30<sup>th</sup> March 2022, bank workers who did not work on the 31<sup>st</sup> March 22, honorary appointments, Non-executive directors who receive allowances only, individuals who are undertaking training in receipt of a training allowance only and individuals who were not directly employed by the Trust.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Based on annualised, full-time equivalent remuneration of all staff.

The reduction to the fair pay multiple may be explained by several variables since it was last reported.

The first is that this report has used the highest paid director as the benchmark, rather than the highest paid employee. The second explanation for this decrease will be due to the departure of Solent’s Chief Executive at the beginning of February 2022.

Finally, the pay of Very Senior Managers is being impacted by the restrictions placed on pay rises for this group of staff.

The majority of Very Senior Managers did not receive a pay award for 2021/22 but did receive a non-consolidated payment. Whilst other staff groups did receive an annual cost of living pay rise and incremental rise as merited by their contractual terms.

## Exit packages (audited)

Changes have continued to take place within the organisation in the 2021/22 financial year, however, none of these changes have resulted in severance payments. This payment relates to compulsory redundancies.

The payments do not relate to senior managers as detailed in the accounts.

### Exit packages (audited)

A total of eleven payments were made in lieu of notice, **Table 1** shows the costs of these exit packages broken down into bands to show the total value of individual payments made with values below £10,000 and the total value of individual payments made with values between £10,000 and £25,000. **Table 2**. Shows the payments broken down into individual components. All payments have been made in accordance with the NHS Pension Scheme procedures and National Terms and Conditions, as a result Treasury Approval has not been required.

Exit Packages agreed in 2021/22 – Table 1

Exit Package cost band (including and special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£s	Number	£s	Number	£s	Number	£s
Less than £10,000	0	0	0	4,221	4	4,221	0	0
£10,000 - £25,000	0	0	0	109,035	7	109,035	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0

This note provides an analysis of Exit Packages agreed during the year. Redundancy and other departure costs have been paid in accordance with the provisions of the NHS redundancy arrangements. Exit costs in this note are the full costs of departures agreed within the year. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table. This disclosure reports the number and value of exit packages agreed in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period. The following table reports the number and value of exit packages agreed in the year.

Analysis of Other Departures – Table 2

	Agreements Number	Total Value of agreements £000s
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice *	12	£113,225
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval **	0	0
<b>Total</b>	<b>12</b>	<b>£113,255</b>

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total number in table 1 which will be the number of individuals.

\*: any non-contractual payments in lieu of notice are disclosed under “non-contractual payments requiring HMT approval”.

\*\* : includes any non-contractual severance payment made following judicial mediation, and no amount relating to non-contractual payments in lieu of notice.

No non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual salary.

## Off payroll engagements

The Government has reformed the Intermediaries legislation, introducing Chapter 10 Part 2 Income Taxes (Earnings and Pensions) Act 2003 (ITEPA 2003) supporting Chapter 8 Part 2 ITEPA 2003, often known as IR35. The legislation for the off-payroll working rules within the Public Sector applies to payments made on or after 6 April 2017. Under the reformed legislation the Trust must determine whether the rules apply when engaging a worker through a Personal Service Company (PCS). Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, Trusts must publish information on their highly paid and senior off-payroll engagements. In accordance with the DHSC Group Accounting Manual 2021/22, all public bodies are required to publish the following information within their 2021/22 Annual Report.

Table 1: Length of all highly paid off-payroll engagements

All off-payroll engagements as of 31 <sup>st</sup> March 2022, for more than £245 per day	
Number of existing engagements as of 31 <sup>st</sup> March 2022	14
The number that have existed for less than 1 year at the time of reporting	8
The number that have existed for between 1 and 2 years at the time of reporting	4
The number that have existed for between 2 and 3 years at the time of reporting	2
The number that have existed for between 3 and 4 years at the time of reporting	0
The number that have existed for 4 or more years at the time of reporting	0

The information contained within table 1 above has been provided in accordance with the DHSC Group Accounting Manual 2021/22.

A review of all off-payroll engagements has been undertaken, and assurance has been sought on all contracts to ensure the individual is paying the right amount of tax. As a result the Trust believes it is fully compliant with the requirements.

**Table 2: Off-payroll workers engaged at any point during the financial year**

For all off-payroll engagements between 1 <sup>st</sup> April 2021 and 31 <sup>st</sup> March 2022, for more than £245 per day	
Number temporary of payroll workers engaged between 1 <sup>st</sup> April 2021 and 31 <sup>st</sup> March 2022	19
Number not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out of scope of IR35	19
Number of engagements where the status was disrupted under the provision in the off-payroll legislation	0
Number of engagements that saw a change to IR35 status following a review	0

For all new appointments an IR35 assessment has been undertaken prior to commencement of a contract.

**Table 3: Off-payroll Board Members/Senior Officer engagements**

For any off-payroll engagements of Board Members and/or senior officials with significant financial responsibility, between 1 <sup>st</sup> April 2021 and 31 <sup>st</sup> March 2022	
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed “board members”, and/or senior officials with significant financial responsibility during the financial year. This figure includes both on payroll and off-payroll engagements.	10*

\*calculation includes executive team members who left in year as well as those who were acting up due to interim leadership arrangements

## Expenditure on consultancy

During the 2021/22 financial year £69k was spent on consultancy.



## Salaries and allowances 2021/22 (subject to audit)

	(a)	(b)	(c)	(d)	(e)	Total
	Salary and fees including R&R (bands of £5,000)	Expense Payments (taxable) (total to nearest £100)	Performance bonuses (£5,000)	Pay and Long term performance bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	(a to e) (bands of £5000)
Name and Title	£000	£00	£000	£000	£000	£000
S Harriman – Chief Executive (position held until 6th February 2022)	150-155	4-5	0	0	45-47.5	195-200
A Strevens – Interim Chief Executive	135-140	6-7	0	0	15-17.5	150-155
D Baylis – Chief Medical Officer	100-105	0	0	0	0	100-105
S Rosenberg – Acting Chief Operations Officer Portsmouth	115-120	11-12	0	0	42.5-45	160-165
D Noyes – Chief Operating Officer Southampton (position held until 9 <sup>th</sup> January 2022)	90-95	8-9	0	0	15-17.5	105-110
J Munro – Chief Nurse and Interim Deputy Chief Executive	115-120	2-3	0	0	0	120-125
H Ives – Chief People Officer ( Position held until 9 <sup>th</sup> April 2021)	5-10	0-1	0	0	0	5-10
J Sohal – Chief People Officer (appointed in permanent position on 8 <sup>th</sup> July 2021)	110-115	5-6	0	0	12.5-15	120-125
G Fowler – Acting Chief Finance Officer	110-115	0	0	0	27.5-30	135-140
C Mason – Chair	40-45	3-4	0	0	0	40-45
V Avlonitis (appointed in Associate Non-executive Director on 15 <sup>th</sup> February 2022).	0-5	0	0	0	0	0-5
S Elsy – Non-executive Director	10-15	1-2	0	0	0	10-15
G Kumar – Non-executive Director	10-15	1-2	0	0	0	10-15
C Mercer – Non-executive Director	10-15	0	0	0	0	10-15
M Watts – Non-executive Director	10-15	2-3	0	0	0	10-15
T Swage – Non-executive Director (Position held until 31 <sup>st</sup> January 2022)	10-15	6-7	0	0	0	10-15

Notes to previous table:

- S Harriman left Solent on 6th February 2022
- J Munro previously identified on the report as J Ardley
- Following the departure of the Chief Executive in February, the following interim arrangements were made from 29<sup>th</sup> January 2022:
  - A Strevens, was Interim Chief Executive, receiving an additional responsibility allowance whilst acting in this capacity.
  - J Munro alongside her Chief Nurse position is interim Deputy Chief Executive, receiving an additional responsibility allowance whilst acting in this capacity. The Chief Nurse is not part of any NHS Pension or alternative pension scheme
  - G Fowler is Interim Chief Finance Office, receiving an additional responsibility allowance whilst acting in this capacity
- J Sohal was previously acting Chief People Officer, secured the permanent position in July 2021.
- Thoreya Swage held her position as Non-executive Director until 31<sup>st</sup> January 2022, Vanessa Avlonitis joined the Trust as Associate Non-executive Director on 15<sup>th</sup> February 2022.
- The all pension benefits (column e) show a reduction in pension pots this reflects the current valuation. The pension pot for D Baylis has a negative CETV and in line with the guidance this pension benefit is reflect with a zero figure.

Note taxable expenses and benefits in kind are expressed to the nearest £100

Pension benefits are calculated using the method set out in section 299 of the Finance Act 2004 as amended by the Large and Medium-sized Companies and Groups (Accounts and Reports) Amendment Regulations 2013.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase/decrease due to a transfer of pension rights.

The value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

For individuals who joined or left the Trust part way through the year, the salary plus any additional remuneration, excluding severance payments has been pro-rata to reflect actual the rate of payment.

## Previous year Salaries and allowances – 2020/21

	(a)	(b)	(c)	(d)	(f)	Total
	Salary and fees including R&R (bands of £5,000)	Expense Payments (taxable) (total to nearest £100)	Performance Pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	(a to f) (bands of £5000)
Name and Title	£000	£00	£000	£000	£000	£000
S Harriman – Chief Executive	85-90	1-2	0	0	47.5-50.0	130-135
A Strevens – Chief Finance Officer	130-135	3-4	0	0	55.0-57.5	190-195
H Ives – Chief Organisational Effectiveness and People Officer	55-60	3-4	0	0	27.5-30.0	85-90
J Prosser – Interim Medical Director (Position held until 31 <sup>st</sup> July 2020)	60-65	0-1	0	0	92.5-95.0	150-155
D Baylis – Chief Medical Officer (appointed 1 <sup>st</sup> August 2020)	70-75	4-5	0	0	30.0-32.5	100-105
S Rosenberg – Acting Chief Operations Officer Portsmouth	100-105	12-13	0	0	40.0-42.5	145 -150
D Noyes – Chief Operating Officer Southampton	115-120	4-5	0	0	30.0 -32.5	145 -150
J Ardley – Chief Nurse	120-125	5-6	0	0	0	120 -25
J Sohal – Acting Chief People Officer	45-50	1-2	0	0	20.0-22.5	65 -70
G Fowler – Acting Chief Finance Officer	50-55	0-1	0	0	12.5 15.0	65- 70
C Mason – Chair	35-40	0-1	0	0	0	35-40
J Pittam – Non -executive Director	10-15	0-1	0	0	0	10-15
S Elsy – Non-executive Director	10-15	0-1	0	0	0	10-15
M Watts – Non-executive Director	10-15	0-1	0	0	0	10-15
G Kumar – Non-executive Director	10-15	0-1	0	0	0	10-15
T Swage – Non-executive Director	10-15	3-4	0	0	0	10-15
C Mercer – Non-executive Director	0-5	0	0	0	0	0 -5

Notes to previous table:

- S. Harriman – Chief Executive Officer, was seconded to the National COVID-19 Vaccine Team between 28<sup>th</sup> September 2020 and 15<sup>th</sup> March 2021 (between 15<sup>th</sup> March and 31<sup>st</sup> March colleagues who were acting up transitioned into previous roles).
- A Strevens – Chief Finance Officer and Acting Chief Executive Officer received a temporary allowance whilst acting as Chief Executive Officer between 28<sup>th</sup> September 2020 and 31<sup>st</sup> March 2021.

- H Ives – Chief People Officer was seconded to the National COVID-19 Vaccine team between 28<sup>th</sup> September 2020 and 31<sup>st</sup> March 2021
- J Prosser – Interim Medical Director completed a fixed term assignment on 31<sup>st</sup> July 2020.
- D Baylis – Chief Medical Officer took up his appointment on 1<sup>st</sup> August 2020.
- S Rosenberg – Acting as Chief Operating Officer from 23<sup>rd</sup> April 2020.
- J Ardley – The Chief Nurse received a temporary allowance whilst acting as Deputy Chief Executive Officer between 28<sup>th</sup> September 2020 and 31<sup>st</sup> March 2021. The Chief Nurse is not a member of the NHS Pension Scheme or any alternative scheme.
- J Sohal – Associate Director of People and OD received a temporary allowance whilst acting as Chief People Officer between 28<sup>th</sup> September 2020 and 31<sup>st</sup> March 2021.
- G Fowler – Director of Finance received a temporary allowance whilst acting as Chief Finance Officer between 28<sup>th</sup> September 2020 and 31<sup>st</sup> March 2021.
- C Mercer held a Trust appointment from 1<sup>st</sup> February 2021 to 31<sup>st</sup> March 2021 as an associate NED
- S Austin – Chief Operating Officer Portsmouth and South East Hampshire & Director of Commercial Services was paid by the Trust until 26<sup>th</sup> April 2020, when she took up a new position at Guys & St Thomas NHS Foundation Trust for further information relating to her remuneration please refer to the annual report of Guys & St Thomas NHS Foundation Trust.

## Pension benefits 2021/22 (subject to audit)

Name and Title	Real increase in pension at age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at age at 31 March 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash equivalent Transfer Value April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employers Contribution Value to Stakeholder Pension
	£000	£000	£000	£000	£000	£000	£000	£000
S Harriman - Chief Executive Officer	2.5 - 5	0 - 2.5	50 - 55	80 - 85	834	42	912	0
A Strevens – Acting Chief Executive Officer	0 - 2.5	0	25 - 30	0	374	12	406	0
D Bayliss - Chief Medical Officer	0 - 2.5	(7.5) - (5)	20 - 25	35 - 40	318	0	319	0
S Rosenberg - Chief Operating Officer	2.5 - 5	0	35 - 40	0	576	46	640	0
D Noyes - Chief Operating Officer	0 - 2.5	0	15 - 20	0	227	10	258	0
J Sohal - Chief People Officer	0 - 2.5	0	0 - 5	0	21	3	39	0
G Fowler - Acting Chief Financial Officer	0 - 2.5	0	10 - 15	0	109	13	138	0
J Munro – Chief Nurse and Acting Deputy Chief Executive*	0	0	0	0	0	0	0	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

\*The Chief Nurse is not in the NHS Pension scheme or alternative pension scheme, so no values are appropriate

## Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

### Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Signature

**Chief Executive Officer**

### Independent auditors report to the Accountable Officer of Solent NHS Trust



A person wearing a yellow high-visibility jacket with reflective stripes and a blue surgical mask. The jacket has a black patch on the chest that says "SECURITY". They are also wearing Motorola radios on their shoulders and chest. The background is a blurred building with a gabled roof.

Section 3

**Our Summary Accounts**

### Foreword and Statement on Financial Performance

We have ended 2021/22 by achieving all four of our financial statutory duties:

- External Financing Limit (EFL) which is an overall cash management control. The Trust was set an EFL of £2.2m cash outflow for 2021-22, actual EFL was £2.9m cash inflow and therefore the Trust achieved the EFL target with a positive variance of £5.1m.
- Capital Cost absorption rate is based on actual (rather than forecast) average net relevant assets and therefore the actual capital cost absorption rate is automatically 3.5%.
- Capital Resource Limit (CRL) which represents investments in fixed assets throughout the year. The Trusts fixed asset investment for 2021-22 was £8.2m, achieving the target of £8.2m.
- Three Year Rolling Breakeven Duty states that the Trust should achieve a breakeven position over a three-year period. The Trust has achieved this with a £0.5m surplus achieved from 2019/20 to 2021/22.

The Trust has managed to achieve a surplus for five consecutive years, achieving its three-year rolling breakeven duty. The Trust reported a cumulative adjusted retained deficit of £6.3m at 31<sup>st</sup> March 2022.

The 2021-22 financial statements have been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021-22. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS. Where the Group Accounting Manual permits choice of accounting policy, the accounting policy which is judged to be the most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected.

**Andrew Strevens**  
Chief Executive

## **Financial Review & Statutory Duties in relation to the Accounts**

The statement of Directors' responsibilities in respect of the accounts is detailed separately.

### **Break-even position (a measure of financial stability)**

The Trust has a statutory duty to achieve break-even in the year. The Trust has achieved the breakeven duty in year, reporting a £0.1m adjusted surplus in 2021-22. The Trust has also achieved the three-year rolling breakeven duty, reporting a surplus of £0.4m from 2019-20 to 2021-22. Whilst the Trust achieved the in-year and three-year rolling breakeven duty, the Trust reported a cumulative adjusted retained deficit of £6.3m in 2021-22 due to deficits in earlier years. Our regulators were aware of this position and continue to support us in our delivery of key community and mental health local services.

### **Capital Costs Absorption Rate (a measure of Statement of Financial Position Management)**

The Trust is required to absorb the cost of capital at a rate of 3.5% of actual average relevant net assets. The average net relevant assets exclude balances held in the Government Banking Service bank accounts. The dividend payable on public dividend capital is based on actual (rather than forecast) average relevant net assets and therefore the actual cost absorption rate is automatically 3.5%.

### **External Financing Limit (an overall cash management control)**

The Trust was set an External Finance Limit of £3m cash outflow for 2021-22 which it is permitted to undershoot. Actual external financing requirements for 2021-22 were £2.2m cash outflow and therefore the Trust achieved the target with a positive variance of £0.8m.

### **Capital Resource Limit (Investment in fixed assets during the year)**

The Capital Resource Limit is the amount that the Trust can invest in fixed assets during the year; a target that the Trust is not permitted to overspend. The Trust was set a capital resource limit of £8.2m for 2021-22. The Trust achieved the target as actual fixed asset investment was £8.2m.

### **Want to find out more?**

Included on these pages are the 'summary accounts' of the Trust and an overall picture of our fiscal performance.

A copy of our full accounts are available in Appendix 2.

## Summary Financial Statements

### Statement of Comprehensive Income for year ended 31 March 2022

	2021/22 £000	2020/21 £000
Operating income from patient care activities	228,773	202,946
Other Operating revenue	30,631	35,631
Operating expenses	<u>(256,657)</u>	<u>(235,549)</u>
<b>Operating surplus</b>	<b>2,747</b>	<b>3,028</b>
Finance income	20	3
PDC dividends payable	(2,437)	(2,080)
Other gains and (losses)	<u>(12)</u>	<u>6</u>
<b>Retained surplus/(deficit) for the year</b>	<b><u>318</u></b>	<b><u>957</u></b>
Impairments and reversals taken to the revaluation reserve	0	(1,428)
Revaluations	<u>4,667</u>	<u>244</u>
<b>Total comprehensive income for the year</b>	<b><u>4,985</u></b>	<b><u>(227)</u></b>
<b>Financial performance for the year</b>		
Surplus/(deficit) for the period	318	957
Impairments (excluding IFRIC 12 impairments)	(136)	(364)
Adjustments in respect of donated asset respect elimination	(115)	(502)
Prior period adjustment	<u>0</u>	<u>(3)</u>
<b>Adjusted retained surplus/(deficit)</b>	<b><u>67</u></b>	<b><u>88</u></b>

### Statement of Financial Position year ended 31 March 2022

	31 March 2022 £000	31 March 2021 £000
Non-current assets	111,268	102,827
Current assets	50,969	49,856
Current liabilities	<u>(49,355)</u>	<u>(47,475)</u>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>112,882</b>	<b>105,208</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>112,882</b>	<b>105,208</b>
Non-current liabilities	<u>(147)</u>	<u>(128)</u>
<b>TOTAL ASSETS EMPLOYED</b>	<b><u>112,735</u></b>	<b><u>105,080</u></b>
<b>FINANCED BY TAXPAYERS' EQUITY</b>	<b><u>112,735</u></b>	<b><u>105,080</u></b>

## Statement of Changes in Taxpayers' Equity for year ended 31 March 2022

	Public Dividend capital £000	Revaluation reserve £000	Retained earnings £000	Total reserves £000
<b>Balance at 1 April 2021</b>	<b>32,875</b>	<b>5,080</b>	<b>67,125</b>	<b>105,080</b>
<b>Changes in taxpayers' equity for 2021/22</b>				
Surplus / (Deficit) for the year	0	0	318	318
Other Transfers between reserves	0	(146)	146	0
Impairments	0	0	0	0
Revaluations	0	4,667	0	4,667
Public dividend capital received	2,670	0	0	2,670
<b>Balance at 31 March 2022</b>	<b>35,545</b>	<b>9,601</b>	<b>67,589</b>	<b>112,735</b>
<b>Balance at 1 April 2020</b>	<b>17,445</b>	<b>6,441</b>	<b>65,991</b>	<b>89,877</b>
<b>Changes in taxpayers' equity for 2020/21</b>				
Surplus / (Deficit) for the year	0	0	957	957
Other Transfers between reserves	0	(177)	177	0
Impairments	0	(1,428)	0	(1,428)
Revaluations	0	244	0	244
Public dividend capital received	15,430	0	0	15,430
<b>Balance at 31 March 2021</b>	<b>32,875</b>	<b>5,080</b>	<b>67,125</b>	<b>105,080</b>

## Statement of Cash Flows for the year ended 31 March 2022

	2021/22 £000	2020/21 £000
Net cash inflow from operating activities	7,129	25,882
Net cash outflow from investing activities	(7,377)	(8,499)
<b>NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING</b>	<b>(248)</b>	<b>17,383</b>
Net cash inflow from financing activities	724	3,801
<b>INCREASE / (DECREASE) IN CASH</b>	<b>476</b>	<b>21,184</b>
Cash at the beginning of the period	36,356	15,172
<b>Cash at year end</b>	<b>36,832</b>	<b>36,356</b>

### Better Payment Practice Code : Measure of Compliance 31 March 2022

	2021/22	
	Number	£000
Total non-NHS trade invoices paid in the year	29,357	71,563
Total non-NHS trade invoices paid within target	23,801	63,395
% non-NHS trade invoices paid within target	<u>81.1%</u>	<u>88.6%</u>
Total NHS trade invoices paid in the year	1,468	20,249
Total NHS trade invoices paid within target	1,148	15,465
Percentage of NHS trade invoices paid within target	<u>78.2%</u>	<u>76.4%</u>

*The **Better Payment Practice Code** requires the Trust to aim to pay all undisputed invoices within 30 days of receipt of goods or a valid invoice, whichever is later.*



## Challenges ahead

This has been another difficult year for our staff and communities.

Delivering safe and effective care, in an environment of ever rising demand will continue to be one of the biggest challenges, we, and all NHS organisations will face.

Ensuring we continue to promote and encourage an open culture enabling staff to speak out when things are not right, to create an environment where they feel safe and listened to, is core to our principles and our HEART values.

Doing the right thing, and ensuring we achieve the best outcomes for the populations we serve, underpinned by our Clinical Framework and seven clinical priorities, will be our key driver.

Achieving efficiencies during the year has again proven difficult, as we have continued to respond, and recover from the pandemic. Whilst we recognise the need to ensure we operate as efficiently as possible, the delivery of such as a stand-alone organisation is ever more challenging and large-scale system transformation via the Hampshire & Isle of Wight Integrated Care System and its constituent partners will be both necessary, and essential.

We know there is more to do – both internally within Solent and in partnership to significantly transform health and care pathways to better patient outcomes, ensure equity of delivery, ease of access and enhance quality of care.

Working as a system will mean at times that we will have to make collective and difficult decisions for the greater good of our service users within our ICS footprint. Some of these hard decisions will undoubtedly be at the detriment of Solent and what we have traditionally done but will be for the benefit of the wider system, and ultimately our communities, who are at the heart of all we do.

The key challenges we face in 2022/23 include;

- Responding in partnership to the HIOW ICS commissioned strategic review of community and mental health services, which will set out a high-level overview of current and future population needs.
- Continuing to support our staff, some of whom will have been affected by the protracted pandemic – wellbeing remains a key priority for us
- As described in the Annual Governance Statement, we have seen a significant increase in our waiting lists. Whilst continue to monitor demand and clinically prioritise services, demand is forecast to increase.

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

Safe + Effective + Experience = Great care



- This coupled with existing and predicted future workforce challenges will mean an ever-growing gap between demand and capacity, putting more strain on our staff. We must work innovatively to find solutions to this collective challenge – ensuring we focus efforts with partners on the prevention agenda as well as digital enhancements.
- The availability of high-quality business intelligence to support evidence based clinical decision making is critical. To date investment within the community sector has been limited. However, aligned to the NHS Long Term Plan and development HIOW ICS Digital Transformation Plan, we will work to becoming a digitally mature organisation and system.
- Operating as a sovereign organisation, within the ICS and a newly established Integrated Care Board (from 1 July 2022), where the strategic, financial, quality and corporate governance infrastructure is developing
- Delivering health and care services in a financially challenged environment where the number of people who need to use our services continue to grow, and whom have more complex needs requiring specialist care and early interventions
- As we move into a phase of living with COVID-19, the virus continues to impact how we deliver our services as well as the types of services that are needed – consideration of how these will be funded will be required, and
- The ICS has significant financial pressures across the system with every provider needing to reduce the financial envelope from which they deliver services, whilst at the same time being required to increase productivity to reduce the significant waiting lists.



We are always vulnerable to risk during times of change and we must ensure we are vigilant to ensure we implement appropriate mitigations. Ensuring we; provide great care - without compromising quality, create a great place to work – where staff continue to feel valued and listened to and ensure great value of money, remains our mission.

The internal control processes for managing risks are outlined in the Annual Governance Statement.

## Going Concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

This year the Trust exceeded its financial target and achieved a £67k surplus. Income from Commissioners was largely based on the simplified block payments system introduced in 2020-21 in response to the COVID-19 pandemic, which improved liquidity and cash flow during the year. Additional costs due to the pandemic were supported on a block payment basis, and vaccine centres were supported on an actual cost reimbursement basis for the year.

For 2022/23 the current financial funding arrangements will remain in place and the Trust has produced its financial plan based on these assumptions. National guidance for 2022/23 has been published, and the Trust expects funding levels will be maintained throughout 2022/23. The Trust and NHSE&I have a clear understanding of the financial position of the Trust and the position is well recognised and understood, following planning discussions and submission of the 2022/23 planning return.

The Trust has prepared a cash forecast modelled on the expectation of funding covering the period to the end of June 2023. The cash balance as at March 2022 is £37m and is forecast to be £19.1m at the end of June 2023. The cash forecast shows sufficient liquidity for the Trust to continue to operate. Interim support can be accessed by NHS Providers through the DHSC; however the Trust does not foresee this being required.

These factors, and the anticipated future provision of services in the public sector, support the adoption of the going concern basis to the 30th June 2023.

Chief Executive Officer

Date:



Appendix 1:

**Quality report incorporating the  
Quality Account 2021/22**



A photograph of two healthcare workers in a clinical setting, overlaid with a teal color filter. The worker in the foreground is wearing white gloves and is drawing a syringe. The worker in the background is also wearing a mask and glasses. The text 'Appendix 2: Full Accounts' is overlaid on the lower left portion of the image.

Appendix 2:  
**Full Accounts**



Item No.	5.1		Presentation to	Trust Board	
Date of paper	June 2022		Author	Gina Winter-Bates, Associate Director of Quality and Governance	
Title of paper	Quality Account 2021/22				
Purpose of the paper	<b>Final Draft</b> Quality Account 2021/22 – For Approval				
Committees /Groups previous presented and outputs	Draft versions of the Quality Account have been presented to QIR in April and May 2022. Feedback from QIR has informed revisions to the document throughout its draft phase. Following this, a revised Quality Account has been shared as follows: <ul style="list-style-type: none"> <li>- Quality Assurance Committee (May 2022) – Approved</li> <li>- Audit and Risk Committee (13/06/22) – Submitted, outcome pending</li> <li>- Trust Board (June 22) – Submitted, outcome pending</li> </ul>				
Statement on impact on inequalities	Positive impact (inc. details below)	X	Negative Impact (inc. details below)		No impact (neutral)
Positive / negative inequalities	Publication of Quality Account supports access to information community wide.				
Action required	For decision	Y	For assurance		Y
Summary of Recommendations and actions required by the author	<p>The draft Quality Account publication has been shared with you to seek sign off prior to finalisation and publication.</p> <p>The Quality Account has been reviewed alongside the Annual Report to ensure where there are links established, the information within remains consistent. You will note some areas of duplication which have been retained for either a) a mandatory aspect of the Quality Account based on National Guidance available or b) details included following feedback from the community around previous years Quality Account format.</p> <p>The revised version enclosed within these papers is currently pending the following information/actions (to be included/completed prior to publication):</p> <ul style="list-style-type: none"> <li>- Further inclusion of formal responses from external stakeholders – still awaiting feedback from Healthwatch Portsmouth and Healthwatch Hampshire.</li> </ul> <p><b>The Trust Board are asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>Review the Quality Account enclosed and subject to the specified additions outlined below;</b></li> <li>• <b>Approve the Quality Account final sign off and publication.</b></li> </ul> <p>*****</p> <p><b>Background:</b></p> <p>National Guidance for the Quality Account is being reviewed currently, with publication expected in 2022/23. On this basis, we have worked to gather information in line with the previous years format – ensuring all mandatory aspects are provided within.</p> <p>Initial plans in place during 2021/22 were to work with our communities in the redesign of the Quality Account, ensuring the content was meaningful to the reader and presented in an appropriate format. After initial discussions with our communities, we recognised the ongoing impact of the Covid pandemic and subsequent need to reframe our plans around the redesign of the Quality Account 2021/22.</p> <p>This year we have therefore worked with our community to discuss proposed trust wide quality priorities, to ensure we identify quality priorities which reflect what matters most to our community. This was achieved through both community conversations and surveys (facilitated by the Community Engagement team). The findings of these conversations helped to frame the 8 Trust Wide Quality Priorities. Service Line Quality Priorities have been structured around noting links to multiple trust wide priorities.</p>				

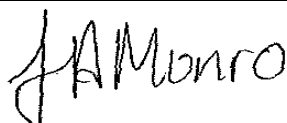
Whilst awaiting feedback from the community, we recognise that plans to fully embed the Quality Account into the Business Planning cycle have not been possible 2022/23 and this should be an absolute must for 2023/24.

Our community have shared some initial feedback on the current format of the report, acknowledging that we should work to:

- Reduce the overall length of the report
- Include background information around Solent Services
- Review information included to ensure this remains relevant to the reader

Based on the 2020/21 format, as a reminder, the Quality Account has been drafted, with reference to the approach taken as follows:

1. **Overview of Solent Services:** This aligns the Quality Account with the Trust Strategy and Clinical Framework. This does overlap with the Annual Report. However, this has been included in response to community feedback received on the previous format – recognising that whilst an appendix of the Annual Report the Quality Account can be read as a stand-alone document. This approach has been agreed and reviewed in line with content of Annual Report.
2. **Quality Priorities:** The 8 Quality Priorities align with the Trust Strategy and Clinical Framework and have been developed in discussion with our community and community partners. Consider supporting details and proposed approach to capture priorities outlined within noting need to further simplify these in 2022/23.

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





**Solent NHS Trust**  
**Quality Account**  
**2021/22**

# Contents page

<b>Part one: Statement on Quality from our Chief Executive.....</b>	<b>5</b>
<b>Statement on Quality from our Chief Nurse and Chief Medical Officer.....</b>	<b>7</b>
<b>Part two: Introduction to Solent and our Services .....</b>	<b>10</b>
What we do.....	10
About our Services .....	12
Overview of our Services .....	13
Our Strategic Framework.....	16
Our Values.....	17
Board Level Assurance on Quality .....	18
Highlights of our Year 2021/22 .....	18
COVID-19: Our Response .....	20
<b>Part three: Our Quality Priorities .....</b>	<b>21</b>
3.1 Looking Back: 2021 - 2022 .....	21
A review of our Quality Priorities for 2021-22 .....	21
3.2 Looking Back: Service Line delivery of Quality Priorities 2021-22 .....	26
3.3 Looking Forward: Setting our Quality Priorities for 2022-23.....	36
Trust-Wide Quality Priorities for Improvement.....	36
Quality Priorities 2022/23: Trust-Wide Delivery Plan.....	39
Service Line Delivery Plan .....	48
3.2 Statements of assurance from the Board .....	73
Review of services.....	73
National Clinical Audits & Confidential Enquiries .....	73
Local Clinical Audit .....	75
Research.....	77
Quality Improvement Programme.....	79
Commissioning for Quality and Innovation (CQUIN) .....	81
Care Quality Commission (CQC).....	81
Duty of Candour .....	83
Information Governance.....	83
Same Sex Accommodation Breaches.....	83
Payment by Results (PbR) Clinical Coding.....	83

Data Quality .....	83
Learning from Deaths (LfD).....	84
Staff Survey 2021 .....	88
Freedom to Speak Up .....	89
Doctors and Dentists in Training.....	91
CAMHS – Out of Hours On-Call Rota.....	92
AMH & OPMH Rota.....	92
<b>2.3 Reporting against Core Indicators.....</b>	<b>94</b>
Indicator 1: The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period ....	94
Indicator 2: The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period .....	94
Indicator 3: The percentage of people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral. ....	94
Indicator 4a: Improving Access to Psychological Therapies; Proportion of people completing treatment who move to recovery.....	95
Indicator 4b: Improving Access to Psychological Therapies; Percentage of people who begin treatment within i) 6 weeks of referral and ii) 18 weeks of referral .....	95
Indicator 5: The percentage of patients aged (i) 0 to 15 and (ii) 16 or over re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period .....	95
Indicator 6: The trust’s ‘Patient experience of community mental health services’ indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period .....	96
Indicator 7: The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.....	96
<b>Part four: Other Information .....</b>	<b>97</b>
<b>4.1 Quality Initiatives .....</b>	<b>97</b>
Avoidable Healthcare Associated Infections (HCAI’s).....	97
Infection Prevention Team – Continued response to COVID-19 .....	99
Incident Reporting and Serious Incidents .....	100
Complaints and Concerns .....	105
Volunteers.....	107
Experience of Care .....	110
Alongside Communities .....	111
Patient Led Assessment of the Care Environment (PLACE) .....	113



Safeguarding .....	114
<b>Annex 1: Statements from Commissioners, Healthwatch &amp; Overview and Scrutiny Panel .....</b>	<b>115</b>
<b>Annex 2: Statement of Directors' Responsibilities for the Quality Account.....</b>	<b>115</b>

## Part one: Statement on Quality from our Chief Executive



Every year, all NHS healthcare service providers work to produce an annual Quality Account for publication. The Quality Account sets out our commitment towards continuous quality improvement and showcases what we have achieved in the past year. Our board and people who work in Solent place a huge emphasis on quality and the report reflects this. As Chief Executive, I'm incredibly proud how we always put quality at the centre of everything we do. We have a brilliant team of committed, dedicated and hardworking staff who deliver consistently great care. The 2021/22 year has been an ever so challenging year for the NHS as we continue to support key national priorities whilst ensuring our services evolve to continue to deliver great care to our service users now and beyond the pandemic. We look forward to another year, keeping quality at the heart of everything we do.

Our teams have continued to transform services at pace and stepped into roles that they would not otherwise do; ensuring we continue to deliver care, respond to the pandemic and support people in our communities and one another. We have also continued to provide significant support to the Hampshire and Isle of Wight COVID-19 vaccination programme. This has included vaccinating large parts of our population through our mass vaccination centres and reaching our communities through our roving pop-up clinics. We have also had to adapt our delivery model to create 'child-friendly' sites to support the delivery of the vaccination to children aged 5-11.

Staff wellbeing continues to be our top priority and we continue to support our people both mentally and physically through an extensive range of wellbeing offers and ensuring everyone is protected through our Infection Prevention protocols and using the most appropriate personal protective equipment.

I remain incredibly grateful for the exceptional support from people in our communities and our partners. The need to address health inequalities within our communities have never been more apparent. The pandemic has also created opportunities and a wealth of positive learning, particularly in terms of how health and care partners can best work together. In light of this and the latest national and local policy direction, we have taken the opportunity to review, refresh and reframe our vision and strategy. They have a strong focus on the things you, and people from our communities, have told us are important today, as well as the things that need to improve for the future.

This is our eleventh Quality Account since the Trust was established in 2011 and it is divided into three sections:

- Part one contains introductory statements from myself, the Chief Nurse and Chief Medical Officer

- Part two contains a review of our progress in delivery of our quality priorities for 2021/22, alongside our priorities for improvement outlined for 2022/23. This information is supported by the additional mandated quality statements and indicators as detailed within the national guidance provided by NHS Improvement.

- Part three contains details of other quality initiatives, not covered elsewhere in the report, and includes examples of quality improvement projects from across our clinical services to further share how we have made a difference to patients.

The purpose of this report is to provide people with a useful insight into our approach to quality, our performance and achievements alongside our plans and priorities for the year ahead.

I confirm that to the best of my knowledge the information in the Quality Account is accurate.



Andrew Strevens  
**Chief Executive Officer**  
**Solent NHS Trust**

# Statement on Quality from our Chief Nurse and Chief Medical Officer



The Quality Account is our annual report about the quality of services that we deliver across Solent NHS Trust. It allows us to demonstrate our commitment to continuous, evidence based improvement and learning alongside our continued focus on embedding a culture of quality and safety. It is our opportunity to share details of how we have progressed our quality priorities over the last 12 months (during 2021/22) and our Quality plans for the coming year (2022/23)

We are an organisation of professional, skilled, committed and caring staff working hard in challenging times. We work to deliver safe, responsive and effective care ensuring that quality remains at the centre of everything we do. We are able to do this by supporting and strengthening our learning, by being open, honest and transparent about what we can do. We are always seeking ways to work differently and more productively but most importantly, at all times we work to continuously engage with our patients, service users, families, carers, staff and local communities to inform this pivotal work.



The outstanding professionalism and commitment of our teams is demonstrated further in response to the extraordinary situation we continue to face in relation to COVID-19. It has been truly inspirational to witness the dedicated, responsive, flexible and caring approach adopted by all our teams. Alongside the support from our system-wide colleagues and local communities, we are able to continue to provide the best possible care for our patients.

Looking back over the last 12 months, despite the challenges surrounding the COVID pandemic, we have continued to deliver improvements in the services we provide. We are proud to be able to share with you news of the progress we have made during 2021/22.

With reference to our **Quality Improvement Priorities** for 2021/22, despite challenging times presented by the COVID pandemic, we are proud of the progress we've made in delivering the priorities we set out for last year, including the following:

- A refreshed Trust Strategy and new Clinical Framework (on which our Quality Priorities are closely aligned)
- Strengthening our strategic partnership with Isle of Wight NHS Trust – working together to continuously improve quality of care.
- The launch of a new and improved learning platform trustwide to further support our workforce when accessing training and education provision
- The launch of our trust wide Digital Strategy, recently approved in April 2022.
- Boosting access to Covid vaccinations for our communities across Hampshire and Isle of

Wight

- The launch of a number of new/enhanced services including:
  - Community IV Services (Adults Portsmouth)
  - CAMHS in-reach liaison service
  - New Closer2Home Service for Children and Young People
  - New Childrens Hospital at Home model
  - Family Assist Service

## Quality Improvement Priorities 2022/23

We set an ambitious approach to work with our communities during 2021/22 in the development of our Quality Priorities and Quality Account for the future. On reflection, our efforts to launch this work were at a time when both our services and communities continued to live with the ongoing impact of the COVID-19 pandemic. It is for this reason that we recognised the need to adjust our plans during 2022/23 – working through alternative means of engagement to identify our quality priorities.

Taking our first steps on this journey, to outline our continued commitment to quality, we have sought feedback from our community and community partners, to outline a series of eight strategic Quality goals for delivery during 2022/23 and beyond. These Strategic Quality goals outline our key priorities for delivery across both our services lines and the trust as a whole and are presented alongside a series of quality priorities set last year, which remain a priority and will continue to be delivered during 2022/23.

We have presented our **Quality Priorities for 2022/23** alongside our **Clinical Framework** and **Strategic Priorities** launched in 2022, recognising that our Clinical Framework and Quality Priorities are intrinsically linked in the delivery of **Great Care**.

### Our Quality Goals for 2022/23 are:

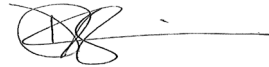
- 1. Community Engagement for Health Creation**
- 2. Caring for our Teams**
- 3. Patient Safety Culture**
- 4. Improving Practice through learning**
- 5. Improving our Communication and Accessible Information**
- 6. Digital Strategy and Delivery of Care – Supporting and enabling accessibility for all**
- 7. To work with our ICS Partners to address and improve Waiting Times**
- 8. To strengthen our Person-centred approach to care**

Whilst as an organisation we continue to work towards an ambitious program of quality improvement, we acknowledge the impact that the COVID-19 pandemic has had (and continues to have) on both our teams and services. Our priorities over the coming months will continue to focus on both recovery and restoration alongside our future vision for the ongoing development of care we provide. To do so, it is important that we do not lose sight of some of the significant improvements that have been put in place to support the teams during the pandemic which we will seek to retain long term. It is for this reason, that we have not sought to outline a dedicated Quality priority concerning recovery and restoration following the COVID-19 pandemic, instead we recognise that the learning from COVID-19 will be threaded through all of our strategic quality goals and service line quality priorities. The overarching aim of our approach is to create a sustainable dynamic framework of co-operative working which will deliver a shared vision and provide foundations for future improvement.

Through this Quality Account we pledge our commitment to continue to support our staff to deliver the highest standards of quality across all the clinical services we provide and in those clinical services where

we work in partnership with others. We continue to be so proud of the commitment our staff have to support each other and the people we service, during such challenging times,

We do hope you find our Quality Account helpful and informative. Thank you once again for taking the time to read our Quality Account and we look forward to working with our communities this coming year to come together in providing exciting improvements to the way in which we share our progress with you again next year.



Jackie Munro

Dr Daniel Baylis

**Chief Nurse**

**Chief Medical Officer**



## Part two: Introduction to Solent and our Services

Solent NHS Trust was established under an Establishment Order by the Secretary of State in April 2011.

We are a specialist community and mental health provider with an annual income of over £259.4m for 2021/22. As of 31 March 2022, we employed 5426 clinical and non-clinical members of staff (including part time and bank staff) which equates to 3527.18 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities. We delivered over 1,013,000 service user contacts.

### What we do

We are the main provider of children and adult community health services in Portsmouth and Southampton and the main provider of adult mental health services in Portsmouth. We also provide a number of pan-Hampshire specialist services including sexual health and specialist dentistry, as well as providing some services on the Isle of Wight, including 0-19, immunisation and vaccination services.

Leading on from 2020/21, we have continued to lead the ongoing development and operationalisation of the COVID-19 Vaccination Centres across Hampshire and the Isle of Wight (IOW). We are proud to be working as the strategic mental health and community services partner alongside the Isle of Wight NHS Trust to positively transform services, ensuring their sustainability, for the benefit of local people, and to enable us to learn from each other. The partnership continues to be a great opportunity for both organisations, in line with the NHS Long Term Plan, to make a difference by focusing on providing care out of hospital, keeping people safe, well and independent at, or close to, home. The Isle of Wight NHS Trust continue to provide and be responsible for mental health and community services on the island throughout our partnership arrangement.

We always endeavour to maintain our focus on providing safe, effective and quality services and pride ourselves on being a learning organisation. We are creating a culture of continuous improvement, providing our staff with the tools, capability and capacity to continuously improve to ensure we provide people with the best, and most effective, service we can.



# Our services in the community

## In general hospitals

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

## In health clinics

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

## At home

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

## In GP surgeries

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

## In care homes

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

## In community hospitals

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

## In schools

- School nursing
- Immunisations
- Mental health services



## About our Services



## Our System

Solent is a core partner in the Hampshire and Isle of Wight Care System. Hampshire and Isle of Wight is one of the largest, most complex health and care systems in the country.

From July 2022, the Hampshire and Isle of Wight Integrated Care System (ICS) will be formalised then taking collective responsibility for managing resources, delivering care and improving the health of the communities we serve. This is happening as part of a national process to improve partnership working between hospital and community services, physical and mental health, and health and social care.

Our Hampshire and Isle of Wight partners understand that by working together we make lives better. We will increasingly work in partnership to integrate and co-ordinate services, provide more consistency of care, reduce inequalities and improve the health and wellbeing of our population.

Within our Trust we deliver some of our services at a countywide scale, such as Dental Services and Sexual Health Services. Alongside this, we operate and collaborate at other levels of scale, including:

- **Local Neighbourhoods:** Alongside GPs and Primary Care colleagues
- **City Level:** Groups of organisations surrounding a hospital trust (“Place-based care”)
- **Regional Level:** working with health and care colleagues in other counties across South East.

The COVID-19 pandemic has reinforced that collaborating with others at the appropriate level of scale to plan, develop and deliver services is essential to successfully meet the needs of people locally.

Community and mental health providers are working more closely with GPs and other primary care colleagues in **primary care networks**, to share learning and resources, ultimately working to develop integrated service provision in line with the needs of our community. Similarly, groups of organisations are **working at place level**, focused on city and council footprints based around hospital trusts, to focus on population health needs and outcomes to deliver sustainable, accessible and joined-up care, regardless of organisational boundaries. Equally, where needed we are also working **across ICS boundaries**, in the

delivery of specialist services such as specialist mental health services, Children and Young People (CYP) eating disorder services and services for veterans of the armed forces.

## Overview of our Services

Our Services are structured around Service Lines, each with a dedicated triumvirate leadership team.

Some of the photographs used throughout this document were taken prior to or during the pandemic as guidance regarding Personal Protective Equipment (PPE) evolved.

### Adults Southampton



We provide community, nursing, therapy and specialist services to adults in Southampton.

We also provide in-Patient Services across Western Community Hospital and Royal South Hampshire:

- **Kite Unit:** A Neuropsychiatric Rehabilitation Service for people aged 18 and over who have experienced a brain injury and whose impairments are largely in the cognitive, behavioural or mental health spectrum.
- **Snowdon ward** – A 14 bed ward which specialises in the treatment of adults with physical and cognitive limitations following a recent neurological event or a long-term neurological condition.
- **Lower Brambles and Fanshawe** – Two inpatient wards for adults who have been receiving rehabilitation from the community or acute sector, and who are in need of both therapy and nursing support.

### Adults Portsmouth



We provide community, nursing, therapy and specialist services to adults in Portsmouth.

We also provide inpatient services across Portsmouth as follows:

- **Jubilee House** – a 12 bed ward providing inpatient rehab for patients with complex physical disability
- **Spinnaker Ward** – a 16 bed ward providing inpatient rehab for patients with complex physical disability at St Mary's Hospital Campus.

## Primary Care



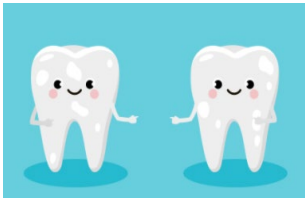
### Southampton GP Services and Homeless Healthcare, based at:

- Nicholstown Surgery (RSH)
- Solent Surgery, Portswood
- Adelaide Surgery (AHC)

### Portsmouth and Southampton Specialist Services:

- Podiatry
- Persistent Pain
- Rheumatology
- Musculoskeletal Physiotherapy (MSK)

## Dental Services



We provide specialist dental services to people who are unable to access dental care in the General Dental Service because of their special needs.

Our services operate across Southampton, Portsmouth, Hampshire and the Isle of Wight.

## Mental Health Services



We provide both inpatient and community mental health services to adults over the age of 18 who live in Portsmouth.

Our inpatient services are based at St James Hospital and they include:

- Brooker Ward - A 22 bed inpatient unit for older people experiencing an acute mental illness and/or severely challenging behaviour
- The Orchards - Two adult mental health wards for adults aged 18 and over experiencing a mental health crisis.
  - Maple ward - A 10 bed secure ward, providing a high standard of intensive psychiatric care in a supportive and safe environment to service users who are placed on a Section of the Mental Health Act (1983).
  - Hawthorns ward - A 20 bedded open ward, providing a supportive and safe environment for service users experiencing an acute episode of mental illness.

Equivalent services for patients who live outside of Portsmouth are provided by Southern Health NHS Foundation Trust.

We also provide Child and Adolescent Mental Health Services (CAMHS) to young people between the ages of 5 - 18 across both Portsmouth & Southampton. This service is for young people experiencing acute, chronic and severe mental health.

## Children & Families



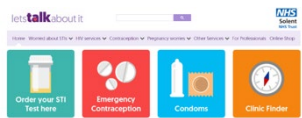
We provide a range of community-based health services which include nursing, medical, therapy and mental health services to children and their families across Hampshire and the Isle of Wight.

Our children's services aim to improve outcomes for children and their families by delivering well-led, safe, effective, caring, and responsive services.

They contribute to positive outcomes in areas such as:

- an individual's physical health
- an individual's psychological wellbeing
- an individual's adaptation to permanent or long-term differences
- the health of the populations we serve

## Sexual Health Services



We provide Sexual and Reproductive Health (SRH) and Genito-Urinary Medicine (GUM) services across Hampshire, Isle of Wight, Portsmouth and Southampton.

Our specialist services include:

- Sexually Transmitted Infection (STI) testing and treatment
- Emergency contraception and contraception including injection, implant and coils
- Sexual Health Promotion (SHP)
- Sexual Health Outreach Service
- Pregnancy testing and unplanned pregnancy services (BPAS)
- HIV testing, treatment and care
- Under 25's Chlamydia testing and treatment
- Psychosexual counselling
- Sexual Assault Referral Centre (SARC)
- Vasectomy services (only in Hampshire, Portsmouth and Southampton).

We also provide a variety of online services for appointments, at home STI test kits and condoms.



# Our Strategic Framework

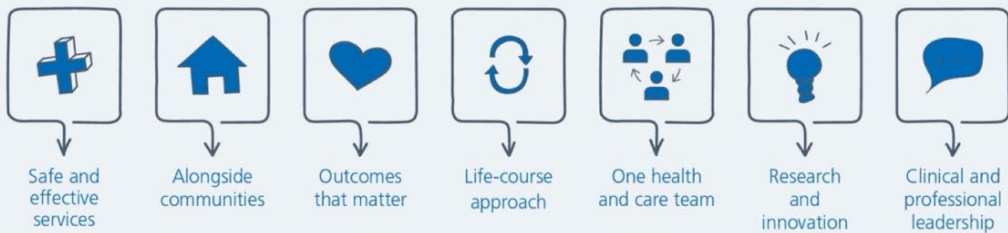
## our Vision and Strategy

The journey we will take together, to move towards our future goals.



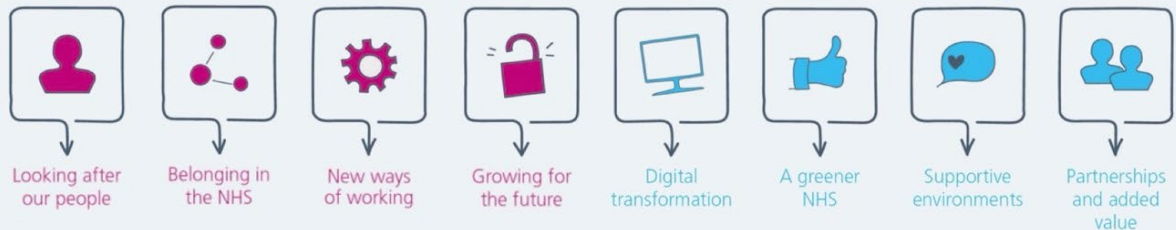
### our 15 strategic priorities

#### Great care: our clinical framework



#### Great place to work

#### Great value for money



## Our Values

Solent NHS Trust is a values-led organisation. Living our values enables us to be better at what we do, create a great place for our staff to work and ensure we provide the highest quality of care for our service users.

In creating our values, we spent time listening to our employees and, based on what people told us, we created our HEART values to reflect and shape our culture. Our values guide and inspire all of our actions and decisions. They enable us to be better at what we do and create a great place for our staff to work, whilst ensuring we provide the highest quality of care for our service users. Living our values enables us to create a workplace where people feel able to bring their authentic selves to work and be at their very best.

We continue to develop ways of working built on our values.



### OUR VISION:

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

Our Vision reflects our core belief that everyone deserves easy access to high-quality health and care services which support their health and independence, no matter who they are or where they live. We are working to achieve a future where more people are able to remain well and independent throughout their lives, through equitable access to safe, effective, compassionate care.

Our **Strategic Priorities** describe the principles and commitments we will work to deliver our vision. Our Strategic Priorities are structured around the three elements of our mission, to be clear about the priorities we will focus on to provide **great care**, create a **great place to work** and deliver **great**

**value for money.** Our Quality Priorities are framed around the trust wide strategic priorities. Further details can be found within the Solent NHS Trust Strategy 2021-2026.

## Board Level Assurance on Quality

### Examples of Trust Board level assurance on Quality.

<b>Quality Report</b>	Annual Quality Report provides an overview of the delivery of quality for the previous 12 months, and the quality priorities for the following year.
<b>Quality Performance Report</b>	Both national and local quality metrics are reviewed on a monthly basis. Update on the quality priorities and top risks to Quality.
<b>Board Assurance Framework</b>	Risks are reviewed monthly by Executives alongside each Board Committee Meeting and every other Confidential Board Meeting.
<b>Board to Floor</b>	Board members receive a range of qualitative and quantitative quality information in order to enable them to triangulate the messages contained within board papers with observations and interactions with patients, staff and stakeholders. Patients and Community Partners are also invited to share their stories directly with the Board.
<b>Quality Impact Assessment</b>	Detailed assessment completed to understand quality impact around all proposed strategic plans.
<b>Internal Quality Reviews</b>	A process of reviewing areas in the trust to make sure they are compliant with Care Quality Commission (CQC) regulation and trust policies and procedures. The Quality review process encompasses a whole system approach to quality and safety in relation to patient safety, patient experience, clinical environment and staff safety.
<b>Quality Assurance Committee</b>	Regular reporting from Services of all Quality related performance reporting and escalating to Trust Board.

## Highlights of our Year 2021/22

See next page.



April  
2021



We boosted our offer for access to COVID-19 vaccinations across Hampshire and the Isle of Wight and our Child and Family Services launched a new eating disorder pathway in CAMHS East.

May 2021



We launched 'My Learning,' our new learning management system to colleagues across the Trust.

June  
2021



We were awarded "Best in Class" for Freedom to Speak Up for the third year in a row.

July  
2021



In celebration of the NHS Birthday, Basingstoke Fire Station, one of our mass vaccination centres, was lit up blue.

August 2021



We were granted planning permission to create a 50-bed rehabilitation unit in Southampton, enhancing patient experience and providing an improved working environment for colleagues.

September  
2021



We collaborated with Solent Mind, Havant and East Hants Mind, and Health and Care Portsmouth to launch The Harbour - a new remote, out of hours mental health crisis service, and our partnership work with the Isle of Wight NHS Trust to transform mental health, learning disability and community services was positively recognised by the CQC in their inspection of the Isle of Wight NHS Trust.

October  
2021



Our Deputy Chief Nurse, Angela Anderson, Nurse, was a finalist for the Nursing Times Nurse Leader of the Year.

November 2021



We were awarded the prestigious H&J Award for Staff Engagement and three of our incredible nurses - Sarah Grainger, Bethany Carter and Anthea Thorpe - were awarded Queen's Nurse title.

December  
2021



Closer2Home - a new intensive home treatment service for children and young people with acute mental health problems - was launched in partnership with five other Trusts.

January  
2022



We continued to offer COVID-19 vaccinations to our communities across Hampshire and the Isle of Wight, with football clubs playing host to COVID-19 pop up vaccination clinics.

February 2022



Solent's new Vision and Strategy and Clinical Framework was published and our new service Children's Hospital at Home Service launched.

March  
2022



Our NHS Staff Survey results were extremely positive, scoring within the best performing trusts of our type.

## COVID-19: Our Response



Solent NHS Trust, along with our health and social care colleagues and community providers across Hampshire and Isle of Wight, worked together to respond to the ongoing COVID-19 crisis with a number of actions to support our patients, the public and our workforce working to tackle this emergency, including:

- Ongoing risk assessment of each of our clinical services and standing down and/or revising non-essential care in line with national guidance via Rapid Quality Impact Assessments (QIAs).
- Supporting the ongoing provision of personal protective equipment to our own staff as well as to local services, care and community homes;
- Enabling and maintaining additional bed capacity and community service capacity within our existing provision to create space within acute hospitals to support COVID-19 patients
- Structured and managed redeployment and retraining of staff to support frontline care – including supporting staff to return back to their substantive roles when needed
- Working with colleagues in care and nursing homes, to support them and their patients
- Increasing the use of digital solutions and facilities for staff to engage with patients and for colleagues to meet safely to support our ongoing efforts in response to COVID-19.

The ongoing pandemic and our response to COVID-19 and subsequent variants of COVID-19 has demonstrated our peoples and teams ongoing adaptability, resilience and continued demonstration of the trust values which can be reflected in our results of the 2021 NHS Staff survey.

There is a real feeling of pride within the teams with adapting and sustaining services through multiple Covid waves and still looking to improve the quality of care and experience of the people who use of services.

The Trust continues to support Hampshire and Isle of Wight with the ongoing response to COVID-19 and our ongoing efforts to overcome the pandemic.

*Further details of our response to COVID-19 can be found within the Solent NHS Trust Annual Report.*

# Part three: Our Quality Priorities

## Overview

The purpose of this section is to look forward and provide a summary of the Quality Priorities we have set for the coming year alongside an opportunity to look back at the delivery of our Quality priorities set for delivery during 2021-2022.

## 3.1 Looking Back: 2021 - 2022

### A review of our Quality Priorities for 2021-22

The following outlines the progress we have made in the delivery of our quality priorities set out for 2021/22. We recognise that due to the challenges of the COVID-19 pandemic, delivery of some projects has been slower paced than anticipated. Equally, we recognise that in some instances the delivery of specific projects such as implementation of digital solutions had advanced significantly in order to support the challenges of the pandemic.



**Met**







**Partially  
Met**





**Not  
Met**



Quality Priority	Overarching Detail	Progress	Details
<b>TRUST WIDE</b>			
<p><b>1.Engage with our communities</b> Patients, families and carers are partners in care, and we work to ensure we understand and respond to the diverse needs of people from our communities.</p>	<p>To work alongside our communities to determine our trust wide priorities for 2022/23, ensuring our priorities focus on what matters to our communities. To ensure we understand how our patients, families and communities would prefer to receive communication, working to remodel the Quality Account to meet these expectations.</p>		<p>Contact initiated with our community partners in April 2021. Engagement with our community partners has proved challenging due to the impact of the pandemic. We reached out to our community via survey to inform the Quality Priorities set, identifying leads to work with further in the redesign of the Quality Account 2022/23.</p> <p><b>Next Steps:</b> To work with our community leads identified to seek input in the design of the Quality Account from 2022/23 onwards.</p> <p>Following the development and launch of Alongside Communities, work on delivery of the 5-year plan has commenced. The end of year 1 report was shared with the Engagement Inclusion Committee outlining a series of actions and outputs which evidence how we are fundamentally changing the way we work with our communities.</p>
<p><b>2.Safety and Learning Culture</b> Strengthening the Safety culture across Solent - Our leaders and teams will continue to prioritise safety, remain open and honest and fully embrace learning culture to</p>	<p>The Governance and Quality Improvement teams will take an integrated approach to strengthening the safety culture across Solent, embedding the key objectives of the Patient Safety Strategy. This will include:</p> <ul style="list-style-type: none"> <li>- the implementation of the Patient Safety curriculum</li> <li>- the introduction of Patient Safety Champions</li> <li>- the introduction of Patient Safety Partners</li> <li>- the connection to the Learning from Patients Safety Events System (LFPSE))</li> </ul>		<p>Nationally, timelines have been adjusted. Solent have successfully initiated work to recruit and embed a) Patient Safety Champions and b) Patient Safety Partners.</p> <p>Solent are part of the Patient Safety Partners role national team, informing development of this key work.</p>









Quality Priority	Overarching Detail	Progress	Details
inform improvements in the delivery of care.	<p>- the development of Patient Safety Plan</p> <p>To support the above, the QI team will continue to work with services to develop targeted quality improvement programmes of work which seek to further strengthen our Patient safety culture.</p>		
<p><b>3. Digital Strategy:</b> In accordance with the evolving and emerging Digital Strategy, we will work with services to develop and adopt digital solutions which enable improvements in the delivery of care.</p>	<p>To design and implement a digital strategy which improves the digital maturity of the Trust and the wider environment in which it operates.</p> <p>Specifically, projects which improve:</p> <ul style="list-style-type: none"> <li>• ICT – Networks, Facilities and Infrastructure, End User Devices, Applications, Interoperability with our health and care partners</li> <li>• Information – The collection, organisation and use of information and knowledge across the Trust</li> <li>• People – Digital literacy and competencies for our workforce, digital expectations and enablement of the communities that we serve</li> <li>• Governance – The way we capture, assess, prioritise and manage the delivery of digital initiatives and innovations</li> </ul>		<p>Digital Strategy drafted and signed off by Trust Board in April 2022.</p>
<p><b>4. Learning Disability Strategy:</b></p> <p>Building on the work already underway we will continue to implement the <b>Learning Disability Strategy</b>, we will work with partners to ensure everyone, including people with learning disabilities</p>	<p>Patients with a learning disability are more likely to have poorer health and die at a younger age than the general population. This is mainly due to unmet health needs associated with difficulties in identifying and addressing health concerns.</p> <p>We have developed our 3-year Learning Disability Strategy to enable us to build on existing good practice of providing support to this vulnerable group and to improve engagement and co-</p>		<p><b>Training:</b> Staff awareness training module has been developed and is available within the new training system.</p> <p><b>Reasonable Adjustments &amp; Grab Guides:</b> Grab guides now being developed within Services based on their requirements</p>






Quality Priority	Overarching Detail	Progress	Details
<p>have equal access to healthcare services.</p>	<p>production. The Strategy is also an enabler to support delivery of the new national <i>Learning Disability Improvement Standards</i> and performance indicators introduced in June 2018. This strategy also seeks to understand the lived experience of people with Learning Disabilities during the time of a global pandemic.</p>		<p><b>Accessible Information:</b> New forum has been established “Inclusive Communication forum” to enhance accessible information resources.</p> <p><b>Solnet:</b> Capacity now identified and target date to commence work now confirmed, to include signposting.</p> <p><b>Stomp/Stamp Initiative</b> has now been included formally within Meds Management Strategy: Support to prevent over medication of LD patients.</p>
<p><b>5. System Partners Working:</b> Learning from existing system wide working we will seek out opportunities to work with our system partners to make improvements in the delivery of care we provide.</p>	<p>Integrated care has continued to be a priority within Solent. In response to the COVID pandemic, we have come together with our system partners more frequently than previously and successfully implemented changes to service in response to the needs of our local community. We aim to continue to work with our system partners to harness learning from this period and build on these opportunities to make further improvements in the delivery of care we provide to benefit all areas of our local community.</p>		<p>A range of deliverables have been achieved including:</p> <ul style="list-style-type: none"> <li>- Virtual Wards established – aligned to Primary Care Networks enabling co-ordinated care of patients in their own homes.</li> <li>- Southampton Hospital and Solent Urgent Response Service have appointed a shared Advanced Clinical Practitioner</li> <li>- New Care Plans developed within Childrens and Families Service Line to support integrated approach to service delivery focused on the needs of the child.</li> <li>- Family Assist now in place and operational across community &amp; local authority caseload.</li> <li>- Specialist Training provided to the Solent Dental team by the Acute Oral Surgery team.</li> <li>- Links established with Portsmouth Hive. Supporting development of policies, procedures, co-design of patient information across Mental Health Services.</li> </ul>

Quality Priority	Overarching Detail	Progress	Details
<p><b>6. Caring for our Teams:</b> We recognise the challenges our teams have faced and continue to face during the global COVID pandemic. It is therefore essential as we continue to work through the impact of COVID that we place our teams' health and wellbeing at the centre, ensuring we maintain a positive and supportive workplace with a dynamic, flexible and varied health and wellbeing package of support. This package of support must be developed in response to our teams needs and responsive to changes in need.</p>	<p>Building on the work already underway, we will work with our Service Lines and teams to develop an enhanced health and wellbeing package of support linked to the delivery of Health and Wellbeing Strategy.</p>		<p>A range of deliverables have been achieved including:</p> <ul style="list-style-type: none"> <li>- Health and Wellbeing (H&amp;W) Guardian in post (NED)</li> <li>- New Mental Health First Aid Training Leads established</li> <li>- Supporting leads to hold wellbeing conversations</li> <li>- Staff supported to access COVID-19 Vaccinations and advice</li> <li>- H&amp;W Plan and Strategy published following revisions to meet individuals needs</li> <li>- Access to People Portal: Self-help information available via personal devices.</li> <li>- Created communities of practice to share best practice and learning</li> </ul>







## 3.2 Looking Back: Service Line delivery of Quality Priorities 2021-22







A review of our Quality Priorities for 2021-22 – Achievements within Service







	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
Adults Southampton	Neuro Early Support Discharge Services: Patient Information		We have worked with our patients to improve patient held information in service.	Now sharing this more widely to consider further improvement to our patient information resources.
	Redesign of Specialist Services		Bladder and Bowel Service developed an educational video in collaboration with new mothers regarding post-natal third-degree tears.	Further sharing of this resource planned.
	Managing Demand within Community Nursing Services		New auto-planner now live within service. Works to support timely and appropriate allocation of visits.	Full review of findings pending. Consider expansion to Adults Portsmouth.
	COPD: Remote monitoring of patients at home		“Blue Box Project” for the remote monitoring of COPD patients in their own home on hold due to COVID-19 Pandemic.	To review and consider for Quality Priorities 2022-23.
	Strengthen links with Learning Disability team		Specialist Learning Disability training now provided to workforce as part of wider Clinical Update days.	To consider wider LD expertise within training e.g. Autism.
	Collaborative working between University Hospital Southampton (UHS) and Urgent Response Service (URS)		Advanced Clinical Practitioner shared post now appointed and working to develop shared processes, training provision.	<b>Ongoing workstream for delivery into 2022-23.</b>
	Implement Professional Nurse Advocate roles within Community Nursing		Professional Nurse Advocates appointed and training complete.	Work underway to expand roles within service.
	Implement Red and Green Days to inform ward capacity and support patient flow		Embedded within Royal South Hants Hospital	To consider further roll out to other ward areas







	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
Adults Portsmouth	Develop and enhance education, training and support package for workforce.		Established Matron forum across Portsmouth Care Group to cover a range of topics including Networking, Sharing Best Practice, Governance Structures. Enhanced roles and responsibilities of Matrons.	
	Clinical Leadership Future Model		Senior Leadership Model in place and due to be complete May 2022.	Plans to enhance Clinical Update Days for In-Patient Services
	Digital Improvements		Virtual Monitoring System (Yula) installed within designated patient homes. To help identify when a visit is needed if period of inactivity noted.  Diabetes DESMOND training and education offered virtually – now working with patients to understand which elements should remain face to face long term.	<b>Ongoing workstream for delivery into 2022-23.</b>
	To develop Adults Frailty Model and Rehabilitation Pathway		Virtual Wards established – aligned to Primary Care Networks enabling co-ordinated care of patients in their own homes.  Due to System pressures associated with the Pandemic, any change to ward structures remain pending.	To be considered as a priority for 2022-23.
	Upskilling of our Community Workforce		Community IV training now provided. Community IV Service established at St Marys Hospital.	To consider further expansion out in the community






	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
Childrens and Families	Develop client involvement in their treatment plan		Process of co-production now embedded and initial audits show evidence of this within treatment plans. Plans to build review into Quality Visits have commenced alongside new “Young Inspector” roles (representation from our community) to ensure fully embedded.	Quality Visits to continue
	Integrated Childrens Community Nursing Services (CCN) provision of care plans.		New Care Plans developed and implemented within East locality – to support integrated approach to service delivery focused on the needs of the child.	To share learning and roll out across remaining areas.
	Improve the pathway for children and young people with depression		New pathway implemented. Feedback has identified that access to relevant services are being offered to CYP.	
	Enhance our existing patient facing digital offer		Family Assist digital service launched in Q3/4. Plans in place to publicise service further to increase uptake.	<b>Ongoing workstream for delivery into 2022-23.</b>
	Further integration of 0-19 service provision		Partnership collaboration established. Family Assist now working across community & local authority caseload.	Continue to expand offer through Family Assist including direct booking.
	Integration of Community CAMHS teams		Closer to Home Service launched December 2021. Supporting admission avoidance and early discharge from hospital. Psychiatric Liaison have increased their working hours across 7 days. Fewer children are admitted to acute hospitals. CYP are guided to seek appropriate services and community-based support to ensure only complex cases are admitted where needed.	HIOW ICS wide review of CAMHS service underway.

	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
	<b>Development of Career Pathways</b>		5 Trainee Advanced Clinical Practitioners now in post and completing training programme.	To embed the ACP roles within service Advertised for a Consultant Practitioner.
<b>Dental Services</b>	<b>Enhance our Community Engagement with Patients</b>		Placed on hold due to COVID-19 Pandemic.	<b>Priority for 2022/23.</b>
	<b>Support our future Leaders: Leadership Programme to be developed</b>		Practice Management Apprenticeship now in place for Practice Managers and Governance Managers with targeted modules for dental services.	To evaluate impact of the leadership programme following completion.
	<b>Case Review Framework to enable enhanced MDT Learning</b>		Case Reviews now embedded and process for shared learning established. Following review of 3 GA cases, new safety checklist developed and embedded to ensure all safety measures completed.	Process to continue.
	<b>Embed remote consultations</b>		Remote consultations in place and fully embedded within service. Audit completed to inform future development.	
	<b>Safe Electronic Communications:</b> Improve systems of communication between patients and teams to enable patients to contact us in a way that suits their individually identified accessibility needs.		Placed on hold due to COVID-19 Pandemic..	<b>Priority for 2022/23.</b>





	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
Mental Health	<b>Develop “Little Journey” App:</b> Supporting patients when accessing Dental GA Sites		App in place at Poswillo, Portsmouth Hospitals. Further expansion and roll out placed on hold pending revisions to App.	<b>Priority for 2022/23</b>
	<b>Collaboration with Oral Surgery to provide specialist training</b>		Specialist Training provided to the Solent Dental team.	To audit of impact in 22/23.
	<b>Capture Patient Feedback re Discharge Experience</b>		Patient Survey attached to discharge letter to target experience of discharge process. Following feedback, our processes have been enhanced and feedback has improved following appointment of dedicated consultant to support.	Process now embedded
	<b>Engagement Pathway for Mental Health Services</b>		Links established with Portsmouth Hive. Supporting development of policies, procedures, co-design of patient information.  Patient Safety Partner roles being developed and embedded within Governance structure. Due to commence April 22.	<b>Ongoing workstream for delivery into 2022-23.</b>
	<b>Seek to improve call handling in assessment services to improve patient satisfaction.</b>		Call Handling model revised and embedded. Rotation of day staff to support nights has improved quality of feedback received and enabled shared learning.	Audits to continue.
<b>To implement the use of a patient recovery outcome measure within Mental Health Services (Dialog)</b>		Dialog implemented successfully in Q1/2 of last year.  <i>Dialog is an assessment that regularly reviews the patients progress with CIRT and can identify when goals have been achieved and new goals to be added.</i>		



	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
	<p><b>Suicide Strategy – increase number of staff having received training to expand the service provided to patients presenting with suicidality.</b></p>		<p>Collaborative Assessment and Management of Suicidality Strategy (CAMS) – Number of CAMS Practitioners has increased, training rolled out. New CAPS roles implemented from October 2021.</p>	<p>Providers for training for lower level suicide being explored. Delivery of this training delayed due to COVID-19.  <b>Plans are now in place to deliver training continuing into 2022/23.</b></p>
	<p><b>Research, design and implement a plan to address long-covid within the Integrated Learning Disabilities Team.</b></p>		<p>Delivered and clinic now established. Plan to build in regular review of service as part of SL Governance processes.</p>	
	<p><b>Improve resources and equipment available to staff for heightened digital care delivery.</b></p>		<p>All equipment purchased and in place. Have also rolled this provision out across A2i, CRHT, Recovery teams and IP units. Positive feedback from teams regarding this additional support to facilitate virtual working.</p>	
	<p><b>Improve how patients are able to access services and therapies remotely.</b></p>		<p>Tablets procured and with ICT for work up prior to deployment. Initial deployment now commenced. Pompey centre also offer remote access for patients to work with the MH Practitioner where appropriate</p>	
	<p><b>Working with CCGs, Solent MIND and other voluntary sector to implement the Community Mental Health Framework.</b></p>		<p>Delivered.</p>	<p>To continue into 2022/23</p>
	<p><b>Improve staff access to IT resources, such as widescreen monitors and wireless headsets for staff utilising IT for long periods of time</b></p>		<p>Delivered.</p>	

	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
Primary Care	Increase our engagement with stakeholders and patients to make sure that services are delivering right care at the right time in the right place in line with service specifications.		<p>GP practice: Engagement with local GP practices and the PCN. This has led to greater shared working and improved relations and better care for patients through utilisation of the ARRS roles within the surgery.</p> <p>HHT – Increased engagement with Southampton city council, having set up ISA, outreach services and improved lines of communication and MDT approach to care for patients.</p> <p>Southampton MSK : General community engagement to address current waits for physiotherapy. This has led to better understanding of existing pathways. This has involved discussions with service users and staff to shape clinical delivery</p> <p>Long Covid – mobilisation of the long covid service for Solent catchment in line with Hampshire.</p>	Ongoing workstream for delivery into 2022-23.
	Continue to development of digitalisation and digital interoperability across the service line to increase patient and staff experience		<p>GP practice: New independent GP telephone system due to be implemented by May 2022. Self-check in now installed within Primary Care.</p> <p>Podiatry and Pain team: Services have now adopted the use of ipads to support with translation and digital poverty of local community in direct response to patient need and feedback.</p> <p>Service line: Service line push for Trust to review the need for auto translation services to ensure information published on internet is more accessible to non-English speaking patients and families. This is under review.</p>	Continued review of changes implemented.

	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
	<p><b>We will diversify our workforce and introduce clear development and career frameworks by 2022/2023. Recognising that a quality staff experience is a key driver in implementing our quality priorities.</b></p>		<p>Podiatry: Introduction of two apprenticeship places within Podiatry enabling the service to grow its own staff.</p> <p>Homeless Healthcare: Increased GP workforce within Homeless Healthcare. Nurse provision being supported via main surgery at Solent GP practice which has enabled greater resilience and improved patient care for HHT.</p> <p>Solent GP: Has utilised role substitution of GP's with Nursing staff, physiotherapists, pharmacy and ANP's. Work continuing in order to maximise the effectiveness of the existing workforce whilst maintaining a focus on patient care. Solent continue to develop and maximise the use of the ARRS scheme via the PCN.</p> <p>MSK: We have appointed MSK Consultant within MPP to lead on service development and strategic direction. The service is developing ACP roles and appointing a ACP lead for the service line.</p> <p>Introduction of a primary care strategic lead to develop and grow Solent GP practice.</p>	<p>Anticipate priority for next FY to continue to build, embed and ensure resilience for the future.</p>



	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
Sexual Health	Seek feedback around patient experience of the Sexual Assault Referral Centre (SARC).		SARC have created a patient satisfaction survey which has been made unique to SARC to ensure sensitivity and relevance when capturing client feedback.	To continue to monitor responses from clients during the forthcoming year and act on any feedback to improve the service.
	To develop, enhance and embed Peer Mentor roles within Sexual Health Services. The Peer Mentor roles are to support HIV+ patients in supporting others following diagnosis and/or living with HIV.		Small group of peer mentor roles have now been introduced actively supporting our HIV cohort of patients. The offer is available for patients with peer mentors linked in well with the service (particularly via our HIV nurses). Plans are now in place to expand this offer during 2022/23.	To remain a priority 2022/23.
	To develop and introduce Advanced Clinical Practice (ACP) Roles within Sexual Health		We have successfully recruited into 2 Clinical Lead Nurse roles having passed on the 4 pillars of advanced practice. Moving forward, the service needs to review opportunities for further career progression (linked to clinical roles specifically).	To be taken forward within variety of forums as encompassed by workforce planning / succession / leadership support in 22/23
	To complete a deep dive across all incidents reported and investigated across Sexual Health Services (over a designated period).	n/a	Regarding the Benchmarking exercise, following communication Sexual Health services have confirmed they are not able to participate in this process at this time. Therefore, whilst this remains a want to develop across the SL it is dependent on other services participating in this process. Therefore, this aspect of the priority will remain on hold.	Remain on hold at this time.
	To update the online booking system to improve access for patients.		Successful implementation following go live in July 2021. Initial feedback from SPA has been positive, with patients continuing to access specific services via this route alongside positive experience of access to alternative appointments.	

	Quality Priority 2021-22	Status	Summary of Achievements	Next Steps
	<p><b>Development of a joint role between Learning Disabilities and Sexual Health Services.</b></p>		<p>We have successfully recruited a learning disability nurse in Sexual Health. This centrally funded post has a positive bearing on the support we can offer people with a learning disability and other vulnerable groups.</p>	<p>Role to embed further during 2022/23 - to work on ensuring open access to all and appropriate resources are available in easy-read. We have already made significant progress in developing this work during 2021/22.</p>
	<p><b>To work with the wider system to explore opportunities to work together in supporting patients to access and receive sexual health advice and support.</b></p>		<p>Work continues with CCG to explore opportunities for further integrated working. This priority has been revised for delivery during 2022/23 recognising impact of the PH Consultation on detailed discussions with CCG.</p>	<p><b>Ongoing workstream for delivery into 2022-23.</b></p>

## 3.3 Looking Forward: Setting our Quality Priorities for 2022-23

### Trust-Wide Quality Priorities for Improvement

We set an ambitious approach to work with our communities during 2021/22 in the development of our Quality Priorities and Quality Account for the future. On reflection, our efforts to launch this work were at a time when both our services and communities continued to live with the ongoing impact of the COVID pandemic. It is for this reason that we recognised the need to adjust our plans during 2022/23 – working through alternative means of engagement to identify our quality priorities.

Taking our first steps on this journey, to outline our continued commitment to quality, we have sought feedback from our community and community partners, to outline a series of eight strategic Quality goals for delivery during 2022/23 and beyond. These Strategic Quality goals outline our key priorities for delivery across both our services lines and the trust as a whole and are presented alongside a series of quality priorities set last year, which remain a priority and will continue to be delivered during 2022/23.

Our Trust wide Quality Priorities developed with our community are outlined below. We have presented our **Quality Priorities** alongside our **Clinical Framework** and **Strategic Priorities** launched in 2022, recognising that our Clinical Framework and Quality Priorities are intrinsically linked in the delivery of **Great Care**.

Whilst as an organisation we continue to work towards an ambitious program of quality improvement, we acknowledge the impact that the COVID-19 pandemic has had (and continues to have) on both our teams and services. Our priorities over the coming months will continue to focus on both recovery and restoration alongside our future vision for the ongoing development of care we provide. To do so, it is important that we do not lose sight of some of the significant improvements that have been put in place to support the teams during the pandemic which we will seek to retain long term. It is for this reason, that we have not sought to outline a dedicated Quality priority concerning recovery and restoration following the COVID-19 pandemic, instead we recognise that the learning from COVID will be threaded through all of our strategic quality goals and service line quality priorities. The overarching aim of our approach is to create a sustainable dynamic framework of co-operative working which will deliver a shared vision and provide foundations for future improvement.



## Trust-Wide Quality Priorities (2022/23)

1

### Community engagement for health creation

People who use our services, their families and carers are partners in care. We will further develop our work with them and local communities to ensure we both understand and respond to the diverse needs of local people; our aim to improve health, reduce health inequalities and improve the experience of care.



Safe and effective services



Alongside communities



Outcomes that matter

2

### Caring for our teams

We will continue to place our teams' health and wellbeing at the centre, ensuring we create a positive and supportive workplace.



Safe and effective services



Alongside communities



Outcomes that matter

3

### Patient safety culture

Building on work already underway we will with our Integrated Care System (ICS) colleagues to develop our approach to implementation of the National Patient Safety, embedding and strengthening our culture of safety and to fully embrace a learning culture to inform improvements in delivery of care.



Safe and effective services



Alongside communities



Outcomes that matter

4

### Improving practice through learning

To strengthen the way in which we demonstrate our commitment to improving our practices through learning including from our engagement and feedback from patients, families, carers, our communities and community partners.



Safe and effective services



Alongside communities



Outcomes that matter

## Trust-Wide Quality Priorities (2022/23)

5

Improving our communication and accessible information

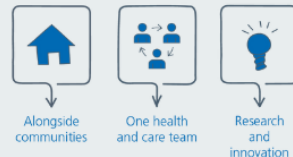
To work with our communities, including those seldom heard communities, alongside our community partners to help understand, inform and shape how we can improve communication and accessible information with our patients, carers and families – ensuring we develop and maintain a flexible approach in line with local needs.



6

Digital strategy and delivery of care – supporting & enabling accessibility for all

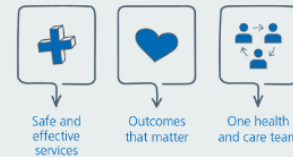
As we transition post pandemic, we recognise that digital solutions are not always easily accessible for all. We will work with our communities and community partners to offer digital solutions alongside packages of support which recognise complexity of needs across our communities and aid accessibility for all.



7

To work with our ICS Partners to address and improve waiting times

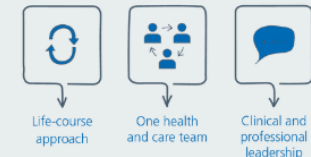
We will utilise opportunities to work with our system partners to outline plans and make improvements in the waiting times for services where waiting times remain challenged.



8

To strengthen our person-centred approach to care

To prioritise taking time to consider the whole person and what matters most to them. To work with our communities in strengthening our approach around how we take time to interact, listen and understand to really appreciate the individual's perspective and that of their own circle of support.



## Quality Priorities 2022/23: Trust-Wide Delivery Plan

<b>TRUST WIDE PRIORITY 1 – Community Engagement for Health Creation</b>	
<b>Title:</b>	<b>People who use our services, their families and carers are partners in care. We will further develop our work with them and local communities to ensure we both understand and respond to the diverse needs of local people; our aim to improve health, reduce health inequalities and improve the experience of care.</b>
<b>Details of Project – What do you plan to do:</b>	We will further develop our work with people who use our services, their families and carers and members of our local community to effectively implement Alongside Communities – the Solent approach to engagement and inclusion.
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	We shall start to improve access to services by those who are affected by health inequalities, by developing a clear understanding of the barriers to using our services. Our knowledge of the practical and cultural barriers will increase and be used to make changes in services. We shall continue to extend our reach to communities seldom heard, in order to hear and act on their experience of care. Our knowledge of who provides feedback, and most importantly those who don't, will improve and we shall work with communities to introduce more accessible options for sharing experience of care and to deliver changes in services. We shall improve representation on our community partners from currently underrepresented groups. Our community partners programme will more fairly represent the community we service.
<b>Key Milestones</b>	
	Alongside Communities is accompanied by a comprehensive delivery plan. The deliverables are overseen by the Engagement and Inclusion Committee and progress is shared with our community and community partners on a regular basis.

<b>TRUST WIDE PRIORITY 2 – Caring for Our Teams</b>	
<b>Title:</b>	<b>We will continue to place our teams' health and wellbeing at the centre, ensuring we create a positive and supportive workplace.</b>
<b>Details of Project – What do you plan to do:</b>	More than ever, the health and wellbeing of our workforce is a priority. Many factors influence the health and wellbeing of our diverse NHS people and teams. Some of these, such as the importance of looking after our physical and mental health, are well understood. However, there are other factors such as workplace relationships, good leadership and management skills and the quality of the working environment that are fundamental to support our diverse NHS people in providing world class health care to our patients. The new NHSE Health and Wellbeing framework (Framework) underpins a set of supportive resources. There are seven health and



	<p>wellbeing domains within the Framework containing sixteen elements incorporating supporting evidence, case studies and critical questions for our organisation. At the centre of the Framework and model are our people and our patients. The seven health and wellbeing domains are:</p> <ul style="list-style-type: none"> <li>• Improving personal health and wellbeing</li> <li>• Relationships</li> <li>• Fulfilment at work</li> <li>• Managers and Leaders</li> <li>• Environment</li> <li>• Data insights</li> <li>• Professional wellbeing support</li> </ul> <p>This revised Framework builds upon the Health and Wellbeing Framework launched by NHSE/I in 2018 which enabled organisations to understand the health and wellbeing of their people and introduced the importance of appropriate interventions. The emphasis in 2018 was on sickness absence reduction however the pandemic has highlighted the need to think beyond sickness absence, to recognise presenteeism, to embrace prevention and avoid “leavism” - there is evidence that some people feel guilty when they are unwell and continue to work from home. People also continue to work even though they are on annual leave – something that more prevalent due to the increase in home working. The revised Framework targets major factors which affect and could improve organisational health and will provide assurances in</p> <ul style="list-style-type: none"> <li>• Management capabilities</li> <li>• Job quality</li> <li>• Social relationships at work</li> <li>• Support for workers</li> <li>• Coping with health conditions or life stresses</li> <li>• Promotion of workplace health</li> </ul> <p>There is an emerging consensus around the importance of caring for our NHS People and we must act now and build a culture of health and wellbeing across the entire NHS.</p> <p>The purpose of this project is to produce a Health and Wellbeing Strategy for Solent NHS Trust based on the principles of the Framework and to benchmark and improve the health and wellbeing of our workforce.</p>
<p><b>Overall Expected Outcome</b> (including impact on</p>	<p>The development of the Solent NHS Trust Health and Wellbeing Strategy is being led by the Solent Occupational Health and Wellbeing Team.</p> <p>The project objectives, in line with the national Framework, have been identified as follows:</p>

<p>patients and how you will know you're successful):</p>	<ul style="list-style-type: none"> <li>• <b>Improving personal health and wellbeing</b> – the proactive interventions and services that empower our people to manage their own health and wellbeing</li> <li>• <b>Improving relationships</b> – the ways our teams work together with civility, respect and care</li> <li>• <b>Improving fulfilment at work</b> – how our work at Solent inspires our diverse people and how we support their growth and passion to ensure their work is always purposeful and meaningful</li> <li>• <b>Encourage our managers and leaders</b> – how our leaders define, implement and embody a positive health and wellbeing culture and how they provide health and wellbeing support as part of their role, ensuring they have the right tools and support to achieve a culture change</li> <li>• <b>Improving the environment</b> - physical workspaces and the facilities available to our people to rest, recover and succeed</li> <li>• <b>Understanding data insights</b> - our approach to understanding our health and wellbeing needs and then measuring our effectiveness in supporting them</li> <li>• <b>Easy to access professional wellbeing support</b> – supporting our teams and services such as Occupational Health, who support the health and wellbeing of our people</li> </ul> <p>We will work collaboratively across departments, with individual delivery plans for each pillar, aligned to the same strategic objectives and vision</p>			
<p><b>Key Milestones</b></p>	<p><b>Timescale</b></p>	<p><b>Action</b></p>	<p><b>Target</b></p>	<p><b>Lead</b></p>
	<p>Quarter 1 2022/23</p>	<p>Complete Project Initiation Document and gain Board Approval</p>	<p>To formally agree approval to commence project.</p>	<p>Associate Director OH &amp;WB</p>
	<p>Quarter 2 2022/23</p>	<p>Produce Strategy and gain Board Approval</p>	<p>Approach formally outlined and agreed. Next steps determined pending Strategy (to be drafted).</p>	<p>Associate Director OH &amp;WB</p>

## TRUST WIDE PRIORITY 3 – Patient Safety Culture

<b>Title:</b>	<b>Building on work already underway we will with our Integrated Care System (ICS) colleagues to develop our approach to implementation of the National Patient Safety, embedding and strengthening our culture of safety and to fully embrace a learning culture to inform improvements in delivery of care.</b>			
<b>Details of Project – What do you plan to do:</b>	To work with system colleagues to develop our approach to implementation of the Patient Safety Strategy, with particular emphasis on how we work with our communities in the development and implementation of our approach and responsiveness to the capture, review and learning following reporting of incidents.			
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	To have a comprehensive plan, aligned to other ICB partners, reflective of national drivers, that ensures improved safety for our patients and staff.			
<b>Key Milestones</b>	<b>Timescale</b>	<b>Action</b>	<b>Target</b>	<b>Lead</b>
	June 2022	To recruit 2 x Patient Safety Partners To map current metrics in Solent Establish Solent Project Group to establish Patient Safety Incident Response Framework (PSIRF).	Preparation of PSIRF establishment	Head of Patient Safety
	September 2022	To complete review of newly published PSIRF and work with partners to develop. Draft plan to present to Trust Board	Establish plan for implementation	Head of Patient Safety.
	December 2022	Present overarching plan to Board re PSIRF for approval. Establish Project Group to design processes within Solent.	Establishment of PSIRF Project Group to oversee implementation of revised processes.	Head of Patient Safety.
	March 2023	PSIRF fully developed (with all relevant approvals) in readiness for mobilisation.	PSIRF ready for mobilisation	Head of Patient Safety.

	2023/24	Implementation of the new PSIRF.	Work with services to implement new processes and procedures with the view to evaluation throughout 2023/24.	Head of Patient Safety.
--	---------	----------------------------------	--	-------------------------

### TRUST WIDE PRIORITY 4 – Improving Practice through Learning

<b>Title:</b>	<b>To strengthen the way in which we demonstrate our commitment to improving our practices through learning including from our engagement and feedback from patients, families, carers, our communities and community partners.</b>			
<b>Details of Project – What do you plan to do:</b>	To implement the recommendations of the Patient Safety Strategy, working with our communities and community partners to strengthen and embed our approach to learning.			
<b>Overall Expected Outcome (including impact on patients and how you will know you're successful):</b>	Establishment of processes within Solent that create a continuum of work related to Quality Management including Quality Improvement and Quality Assurance.			
<b>Key Milestones</b>	<b>Timescale</b>	<b>Action</b>	<b>Target</b>	<b>Lead</b>
	June 2022 (Q1)	To monitor and analyse areas of concern to Safety reference Audit, Safety and Experience data	Data analysis to establish understanding of current position.	Head of Patient Safety
	Sept 2022 (Q2)	To work across teams to devise plans that will strengthen how learning is recorded and actioned.	Strong process of evidence embedded around learning in line with National Patient Safety Strategy recommendations.	Head of Patient Safety
	Dec 2022 (Q3)	To develop and implement a process for evidence of improvement following review of incidents.	To outline set of evidence of improvement metrics to monitor successful change going forward. (To adopt these metrics within the evidence of improvement panel once established).	Head of Patient Safety
	Mar 2022 (Q4)	Improvement Panel fully established	Evidence of Improvement Panel discussions now held - chaired by executive, including Patient representatives and new Patient Safety representative roles.	Head of Patient Safety

## TRUST WIDE PRIORITY 5 – Improving our Communication and Accessible Information

<b>Title:</b>	<b>To work with our communities, including those seldom heard communities, alongside our community partners to help understand, inform and shape how we can improve communication and accessible information with our patients, carers and families – ensuring we develop and maintain a flexible approach in line with local needs.</b>			
<b>Details of Project – What do you plan to do:</b>	Inclusive communication – a new approach. We shall in 22/23 develop and implement a new approach to improving communication and accessible information. Our focus will be on ensuring our communication, whether that be written, verbal or digital is based on the principles of inclusion.			
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	Our aim is to ensure that people who use our services, their families and carers, and people of our local community, can communicate with us and are communicated with, in a way that meets their needs. People will report that their communication needs are better met.			
<b>Key Milestones</b>	<b>Timescale</b>	<b>Action</b>	<b>Target</b>	<b>Lead</b>
	April – June 2022 (Q1)	Complete and report outcomes of analysis to understand: <ul style="list-style-type: none"> <li>• Compliance with current and developing accessible information standards (AIS)</li> <li>• AI resources services have access to.</li> <li>• Identify areas of best practice.</li> <li>• Identify priority areas for improvement.</li> </ul>	To establish an initial understanding of our current position in line with accessible information standards.	Associate Director of Community Engagement and Experience alongside Inclusive Communication Lead
	July – September 2022 (Q2)	Develop and implement improvement plan based on analysis.	To develop an improvement plan based on findings. To clarify next steps	
	October – March 2022/23 (Q3 and 4)	Review national AIS Programme Board recommendations and include in implementation plan.	To further strengthen improvement plan based on findings of National AIS Board.	

## TRUST WIDE PRIORITY 6 – Digital Strategy and Delivery of Care – Supporting & enabling accessibility for all

<b>Title:</b>	<b>As we transition post pandemic, we recognise that digital solutions are not always easily accessible for all. We will work with our communities and community partners to offer digital solutions alongside packages of support which recognise complexity of needs across our communities and aid accessibility for all.</b>			
<b>Details of Project – What do you plan to do:</b>	<p>Engaging Community Digital Panel – to engage with panel to inform programmes of work.</p> <p>Digital Portal to ascertain progress of complaint/concern.</p> <p>Improve trust website accessibility, focussed on accessible information.</p> <p>Role of Community Digital Panel includes engagement in the full procurement process from point of specification to contract award. Once services are implemented and mobilised, panel will again be engaged to support the review and evaluation of services to inform future developments. This can be achieved via direct engagement or identification of representatives on designated groups.</p> <p>Panel will develop programme of work.</p> <p>To work with the ICS, to ensure the strategic direction of all digital programmes are aligned and engagement with the digital panel informs wider ICS delivery.</p>			
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	<ul style="list-style-type: none"> <li>- Establish a Community Digital Panel to bring community voice to support development and implementation of the Solent trust wide digital strategy</li> <li>- Improve the patient experience when accessing Solent NHS Trust, related to access and quality of information accessed digitally</li> <li>- Recognising that digital means of accessing information and services is part of a range of means of communication offered to our community.</li> <li>- Baseline assessment of existing processes and systems in place to determine what steps need to be taken to ensure they remain fit for purpose.</li> <li>- Build in community voice into the commercial procurement process for all digital related service developments moving forward</li> </ul>			
<b>Key Milestones</b>	<b>Timescale</b>	<b>Action</b>	<b>Target</b>	<b>Lead</b>
	Q1 22/23	Establish and launch Community Digital Panel	Panel meets on a regular basis (every other month)	Chief Nurse Information Officer (CNIO)



	Q1 22/23	Complete and submit funding application to support Q exchange project.	To support implementation of patient access portal – linked with complaints and concerns processes.	Chief Nurse Information Officer (CNIO)
	Q3 22/23	Proposed changes to Solent website (alongside consideration of other information sources) to be shared with CDP for further work up and design.		Chief Nurse Information Officer (CNIO)
	Q4 22/23	Identification of digital procurement opportunity to build into the CDP programme of work.	Initiate engagement via CDP to inform procurement processes	Chief Nurse Information Officer (CNIO)

<b>TRUST WIDE PRIORITY 7 – To work with our ICS Partners to address and improve Waiting Times</b>				
<b>Title:</b>	<b>We will utilise opportunities to work with our system partners to outline plans and make improvements in the waiting times for services where waiting times remain challenged.</b>			
<b>Details of Project –</b> What do you plan to do:	<p>Service Lines worked to set initial waiting time trajectories in November 2021. Alongside this, a validation of existing Waiting Lists was also completed. An initial baseline of assessment of waiting times across Service Lines was concluded in February 2022.</p> <p>Following the impact of the COVID-19 Pandemic, plans are now in place to review the baseline assessment and develop a strategy and series of actions to improve Waiting times across the trust. This should include how our approach as a trust links in with the wider ICS approach.</p>			
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	<p>Linked to the recommendations within the Elective Recovery Plan – whilst predominately aimed at Acute Trusts the principles and aspirations can be applied effectively to community services as follows:</p> <ul style="list-style-type: none"> <li>i) Increasing capacity and separating urgent and planned care</li> <li>ii) Prioritising diagnosis and treatment</li> <li>iii) Transforming the way planned care is provided</li> <li>iv) Giving patients better information and support whilst waiting for access to services/treatment</li> </ul>			
	<b>Timescale</b>	<b>Action</b>	<b>Target</b>	<b>Lead</b>

<b>Key Milestones</b>	Q1 – Q2	To review baseline assessment of existing waiting times and processes to seek exec support to develop and outline a strategy and associated actions/priorities to address.	To initiate discussions and draft proposed way forward during Q1-2.	Head of Performance Team and Service Line Leads.
-----------------------	---------	--	---	--

<b>TRUST WIDE PRIORITY 8 – To strengthen our Person-Centred Approach to Care</b>	
<b>Title:</b>	<b>To prioritise taking time to consider the whole person and what matters most to them. To work with our communities in strengthening our approach around how we take time to interact, listen and understand to really appreciate the individuals perspective and that of their own circle of support.</b>
<b>Details of Project – What do you plan to do:</b>	<p>Services will work closely with our Alongside Communities approach to further understand the needs of our patients, families and carers to strengthen the ongoing development and implementation of person-centred care, directly with the patient and wider support network.</p> <p>To initiate this work, Adult Service Lines (Portsmouth and Southampton) will be working to develop a series of projects (detailed further below) as follows:</p> <ul style="list-style-type: none"> <li>- Red Folder Project within Urgent Response Service</li> <li>- Shared Road Map in the delivery of Palliative and End of Life Care (both areas)</li> <li>- Review of Bladder and Bowel Service Pathway (Adults Portsmouth)</li> <li>- Using digital solutions to support Community Specialist teams in delivery of ongoing rehabilitation interventions and self-management for patients (Adults Southampton)</li> <li>- Speech and language therapy WASP Project - To enhance each and every communication with patients to foster a shared decision-making culture. (Adults Southampton)</li> </ul>
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	<p>Strengthened Person Centred Care delivered at point of care building on existing projects, to actively work through teams to enhance personalisation of care ensuring that the principles and process to support care planning, shared decision making and supported self-management and embedded in clinical practise.</p> <p>Please see individual projects for time scales and milestones.</p>

Key Milestones	Timescale	Action	Target	Lead
	Please see individual projects for time scales and milestones.			Adult Service Line Clinical Directors and Head of Quality and Professions

## Service Line Delivery Plan

This year in addition to identifying specific Trust-wide priorities, each of our clinical services have developed their own quality improvement priorities. Many of these service level priorities were developed through extensive consultation with staff and communities. The priorities remain framed around our Quality Framework domains of Safe, Effective and Experience and take into account local and national priorities, alongside our business plan objectives. It is to be noted that the development and ongoing delivery of many of these objectives will be affected, both adversely and positively by the huge challenges related to COVID 19. Services will need to be responsive and flexible to meet the changing landscape of recovery and restoration of services as we enter the 2022/2023 period. This will potentially cause delays or acceleration of some priorities during this time.

Our Quality Priorities are aligned to our business objectives, with clear timescales, milestones and outcomes for delivery. Progress will continue to be monitored through governance meetings in clinical services and the Trust's Quality Improvement & Risk Group and reported to our Quality Assurance Committee and the Trust Board. Where appropriate, alongside this work will continue around specific priorities identified last year to enable a successful conclusion. Recognising that the Service Priorities can in some instances work to deliver several trust wide Quality Priorities, we have worked to map these below.

Service	Quality Priority	Expected Outcome	Milestones		Links to Trust Wide Quality Priorities
Adult	Improving patient held information across Solent	- Improved patient materials	Q4	To collate current information Carers and patients survey	Priorities 1,3,4,5,8

	<p><b>Response Services</b> (red folder project): quality improvement project engaging with people who use our services. To provide a comprehensive home resource including service overviews, key contacts, relevant clinical information for both patients and staff - engaging with people who use our services.</p>	<ul style="list-style-type: none"> <li>- Increased engagement from the patient and family in their healthcare pathway</li> <li>- Improved navigation across services and providers to ensure patients and family know who to contact</li> <li>- Improved experience of using folder by our communities</li> </ul>		<p>Analyses results Develop future home resource and launch</p>	
	<p><b>Scoping of and implementation of the Professional Nurse Advocate roles through a cross organisational quality improvement programme</b></p>	<ul style="list-style-type: none"> <li>- To understand the role of the PNA within Solent</li> <li>- To have a clear governance process to identify PNA roles and its relationship with others forms of supervision and support</li> <li>- To explore restorative supervision needs outside the nursing profession for other HCP</li> <li>- Provide options and or Organisational recommendations for PNA and restorative supervision.</li> </ul>	<p>Q3 – Q4</p>	<p>Define role of PNA in Solent Propose a strategic implementation plan to present to CNO/DCNO/QIR Develop a clear framework for governance including recruitment/selection/supervision support</p>	<p>Priorities 2, 3,4, 8</p>
	<p><b>To create Integrated “Excellence Hubs” within community localities (supporting place based delivery of care) – Aligned to ADS Futures Programme</b></p>	<ul style="list-style-type: none"> <li>- Each locality to have hub for teams to work together</li> <li>- Reducing duplication and handovers of care</li> <li>- Improved communication between teams internally</li> </ul>	<p>Q4 2024</p>	<p>Closer alignment between the CIS and CN teams including open communication channels – Q3 2022 Engagement with SCC and 3<sup>rd</sup> sector organisations – Q1 2023</p>	<p>2 yr timescale  Priorities 2,3,4, 5,6,7,8</p>

		<ul style="list-style-type: none"> <li>- Improved working collaboratively with other place-based providers</li> <li>- Improved use of virtual care meetings (currently called locality virtual wards)</li> </ul>		Agree locations for hub working across the area – Q4 2023	
	<b>To work with Southampton partners to develop and implement IV carehome pathway</b> (supporting people to remain at home)	<ul style="list-style-type: none"> <li>- Increase in number of patient receiving IV in the community</li> <li>- Reduce number of escalation into acute care of these patients</li> <li>- Using a positive learning approach to ensure continuous improvement</li> </ul>	Q2  Q4	Commencement of collaborative service Review of data to support numbers of patients that acute admission has been avoided	Priorities 3, 4,8
	<b>Insulin Delivery Project within Community Nursing; Increasing the capacity of insulin delivery across Southampton</b>	<ul style="list-style-type: none"> <li>- Clear governance process with systems and process to support safe effective implementation of the Programme of work to include comprehensive training package.</li> <li>- Non-Registrant Nursing workforce to increase in competency; application of knowledge and skills in management of diabetes and administration of insulin</li> <li>- To increase capacity of Community workforce demands</li> <li>- Improve patient experience regarding administration or insulin and RN weekly reviews</li> </ul>	Q3 2022/23  Q4 2022/23	Completion of cohort 1 training and competency sign off.  Project evaluation including staff feedback	Priorities 2,3,4,5,8
	<b>To work with our community &amp; PEOLC experts to develop a</b>	<ul style="list-style-type: none"> <li>- Reducing duplication, work to reduce number of access points into services and Anticipatory</li> </ul>	Q4 2022/23	Mapping learning from Covid Future planning template.	Priorities 1, 2, 3, 4,5, 7,8

	<p><b>shared road map in the delivery of End of Life Care.</b></p>	<p>care plans that can be seen by all providers involved in patients care</p> <ul style="list-style-type: none"> <li>- Improved patient and family experience</li> <li>- Easier navigation of services for those people who use our services – Red folder project</li> <li>- Strengthening place-based relationships</li> <li>- Improvement seen within community adapted NACEL audit findings from 2022.</li> <li>- End of life training packages for all staff to access.</li> </ul>	<p>Joint read codes to access information for all services.</p> <p>Streamline process for prescribing anticipatory medications. Improved joint MDT working for better care outcomes. Increased availability of information to patients and their carers.</p> <p>Weekly MDT meetings with Right by you Service (RBY) and Mountbatten Hampshire (MH) for joined up patient care. 6 weekly meetings with RBY and MH for sharing of ideas.</p> <p>Holistic assessments for all patients including spiritual and religious needs.</p> <p>Training to be available on specific EOL LMS tab. Specific EOL training to be added to Matrix for all appropriate services.</p>	
--	--	--	---	--



	<p><b>Speech and language therapy WASP Project</b> - To enhance each and every communication with patients to foster a shared decision making culture</p>	<ul style="list-style-type: none"> <li>- Increase clarity or decision making for both patients, family and staff.</li> <li>- Support identifying those people who need ongoing intervention</li> <li>- Provide bespoke services according to need opposed to traditional process direct model with patients at the heart of decision making.</li> <li>- Identify patients who require different intervention opposed to SLT – sign posting</li> <li>- Evaluation of impact survey to staff, patient and families</li> <li>- Staff satisfaction feedback</li> </ul>	<p>Q3 2022/23</p>	<p>Project outcome evaluation Evaluation of impact survey to staff, patient and families Staff satisfaction feedback</p>	<p>Priorities 1, 6, 8</p>
	<p><b>Using digital solutions to support Community Specialist teams in delivery of ongoing rehabilitation interventions and self management for patients</b></p> <p><b>COPD digital project:</b> Working with Age UK for support with those patients following Pulmonary Rehabilitation via Zoom who are using tablets loaned from us.</p>	<p><b>COPD</b></p> <ul style="list-style-type: none"> <li>- The provision of tablets to loan to patients undergoing remote pulmonary rehabilitation who would otherwise have been excluded due to the lack of digital enablement.</li> <li>- To establish a working partnership with the Age UK network to provide digital support to our patient group</li> <li>- To identify successful techniques for digital enablement and identify or develop meaningful measures for the successful delivery of the digital enablement projects and the wider health and social benefits.</li> </ul>	<p>Q2 2022/23</p> <p>Q4 2022/23</p>	<p>Commencement of provision of tablets to patients.</p> <p>Identify or develop meaningful measures for the successful delivery of the digital enablement projects</p>	<p>Priorities 1,4,5,6,7, 8</p>

	<p><b>Cardiac Rehab:</b> Activate your heart Project with Age UK. The aim of the programme is to help those people who have had a recent cardiac event or have an existing cardiac problem, manage their condition more effectively.</p>	<p>-To use knowledge to build a successful business case to develop the remote PR and patient care with digital enablement into a commissioned service</p> <p><b>Cardiac</b></p> <ul style="list-style-type: none"> <li>- increase number of patients able to access virtual support and thus increased numbers of patients participating</li> <li>- increased education on risk factors</li> <li>-access for patients to expert advice on-line</li> <li>- access to a tailored and monitored exercise programme</li> <li>- positive influence on physical, psychosocial and behaviour change post cardiac event/problem</li> </ul>	<p>Q4 2022/23</p>	<p>Review of data and feedback to demonstrate Increase number of patients able to access virtual support</p>	
	<p><b>SMART board implementation (ICT lead project)</b> Implementation of SMART boards both within patient and Community teams</p> <ul style="list-style-type: none"> <li>• Community - to increase the visibility of services daily activity and using dashboard information so each service knows has an overview of their local activity as well as city wide. To support flexibility and meeting needs of the community.</li> </ul>	<p>Services can support daily demand and understand overall capacity to improve the flow and response times for seeing patients and transferring patients between services.</p> <p>Improve communication to support sharing of information within the teams in a clear and confidential way.</p> <p>Support case management within 'Virtual Wards' and inpatient areas.</p>	<p>June – Sept 22</p> <p>Oct – Mar 22/23</p>	<p>Inpatients – Pilot site</p> <p>Analysis of impact and informing next steps</p>	<p>Priorities 2,6 and 8</p>

	<ul style="list-style-type: none"> <li>Inpatients – RSH ward identified as pilot site to trial patient ward overview and information sharing</li> </ul>				
	<p><b>Advancing practise project Support Clinical and operational advancing practise</b> – this is critical in delivering community services where the drive to support patients closer to home has meant that both patient demand and acuity have greatly increased, particularly post covid. To meet this challenge safely and effectively, we need to invest in the development of our clinical workforce, particularly the development of leaders with the advanced skills needed to lead &amp; develop services to meet both current and future needs.</p> <p><i>“New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours.” HEE 2017.</i></p>	<ul style="list-style-type: none"> <li>- A written framework for Advanced practice (ACP, Consultant and Snr Ops) which incorporates the four pillars of practice in-line with professional and national guidance with sufficient rigour to support staff gaining access to national directories.</li> <li>- Working with trust wide project for clinical practise - Development of a learning needs analysis process for both clinical and operational roles to enable staff to identify objectives for staff on the programme to meet the appropriate level of development (ACP, Consultant, Snr Ops).</li> <li>- Development &amp; Implementation of a training offer/programme which will enable staff to meet their jobs requirements. Addressing the clinical 4 pillars with an addition to operational pillars. This will need to be delivered within the available</li> </ul>	<p>Q3, 2023</p> <p>Q2, 2022</p> <p>Q2-3, 2022</p> <p>Q2-3, 2022</p> <p>Q3, 2022</p>	<p>Propose a strategic implementation plan to develop a written framework for Adults Southampton Advancing Practice which incorporates the recruitment, selection, training and supervision of staff in line with national guidance and underpinned by NHS Solent governance protocols</p> <p>ACP workshops supporting Role Identification and strategic workforce planning</p> <p>Undertake and evaluate service line gap analysis and recruitment plan/LNA/Supervision plan.</p> <p>Collaborate with Planning team to establish workforce structure, recruitment and training process for appointed roles</p>	<p>Priorities 7,8,3,4</p>

		<p>financial envelope, utilising in-house resources and expertise (eg. finance, clinical, QI, research) and appropriate external resources (eg. HEE leadership and QI courses, Uni modules, professional programmes etc).</p> <ul style="list-style-type: none"> <li>- Implementation of a strategic workforce plan for identification (in conjunction with the project board) of an advanced staffing structure and recruitment process for ACP/Consultant &amp; Senior ops posts.</li> <li>- Establishment of a governance process (service-line wide) for practice oversight and continued development of advanced practice.</li> <li>- Establishment of a process for continued development of the training programmes post implementation.</li> </ul>	Q2-4, 2023	<p>Establish Process &amp; Procedures to ensure governance process aligns to NHS/ Solent/ADS requirements</p> <p>Evaluate initial cohort programme (earliest programme start date est. Sept 22 - modules, Jan 2023 - MSc)</p> <p>Develop talent pipeline rolling programme for staff development</p>	
	<p><b>To review the demand and capacity tool currently being used in CIS</b></p> <p>Review and align with other tools within service line</p>	<ul style="list-style-type: none"> <li>- Improve understanding of activity and how to ensure resources are appropriately allocated.</li> <li>- With the change in MOFD provide a more responsive ability in the CIS model</li> </ul>	Q4 2022	Ongoing review of capacity using revised tool. Use data to gain understanding of the total visit time required for the average patient from preparation and travel, including the referral element of support	Priorities 2,7,8,3,4

<b>Adults Portsmouth</b>		<b>To ensure timely patient access to Speech &amp; Language, Pulmonary Rehab and Bladder &amp; Bowel Service.</b>	<ul style="list-style-type: none"> <li>• Patients to be seen within clinically identified timeframes following timely triage.</li> <li>• To review offer of Pulmonary Rehabilitation to meet patient's needs.</li> <li>• To review effectiveness of remote model of care within Bladder &amp; Bowel containment product service.</li> </ul>	<p>Q1</p> <p>Q1-4</p> <p>Q2</p> <p>Q1-4</p>	<p>Trajectory modelling</p> <p>Action plans set up across teams</p> <p>Pulmonary Rehab input into ICS workstream</p> <p>Pulmonary Rehab "reset" service offer agreed with commissioners</p> <p>Delivery against action plans</p>	<p>Priorities 1, 2, 3, 4, 6, 7, 8</p>
		<b>To deliver equitable, sustainable Palliative Care, with improved quality across the ICP</b>	<ul style="list-style-type: none"> <li>• Increase collaborative working across ICP by establishing PSEH Palliative Care Locality Programme Group</li> <li>• Improve access to services for patients across PSEH</li> <li>• Address workforce resilience and succession challenges</li> <li>• End of life training packages for all staff to access</li> </ul>	<p>Q1</p> <p>Q2</p> <p>Q3-4</p> <p>Q4</p> <p>Q2-3</p>	<p>Programme meetings set up</p> <p>Recruit into transformation clinical lead role</p> <p>Workshops held</p> <p>Joint ICP plans re access developed</p> <p>Develop &amp; launch training package</p>	<p>1, 2, 3, 4, 7, 8</p>
		<b>Development of Breathlessness diagnostic hub, and improve cardiorespiratory pathways</b>	<ul style="list-style-type: none"> <li>• Improve quality of diagnostic pathway for patients</li> <li>• Evaluate patient and system benefits of new service</li> <li>• Improve patient education for patient with Heart Failure</li> <li>• Improve the timeliness and efficiency of care through Point of Care testing in Heart Failure Team.</li> </ul>	<p>Q1</p> <p>Q2-4</p> <p>Q3</p> <p>Q4</p>	<p>Hub Service Mobilisation</p> <p>Review hub patient outcomes</p> <p>Update partners with interim hub evaluation</p> <p>Point of care testing service evaluation</p> <p>Pilot new education model</p>	<p>1, 3, 4, 5, 6, 7, 8</p>

		To enhance Urgent Community Response pathways for respiratory patients.			
	<b>To fully integrate PRRT to ensure a seamless transition across services</b>	Single budget Single recruitment Single training Single systems Collaborative working	Q4	Implementation of integrated model within PRRT	2,3,4
	<b>Review of rehab &amp; reablement offer within Portsmouth to ensure appropriate skill mix and capacity for growth including patient engagement.</b>	Understanding of overall capacity & demand scope of incorporation of CIS Implementation of section 75 Ensuring appropriate skill mix	Q4	To complete review and outline recommendations	1,2,4,8
	<b>Using digital solutions to support delivery of rehabilitation Appropriate data collection to improve service delivery</b>	Reducing duplication Accurate data collection Reporting appropriate value outcomes	Q3	New dataset to be captured and presented	3,4,6
	<b>To define staffing requirements for each element of PRRT.</b>	To identify the workforce skill mix required to effectively deliver the service Support admission avoidance. To enable development of a learning needs analysis process.	Q2	Workforce skillmix to be defined to then inform next steps	2,3,4,8
	<b>To work in partnership with Adult Social Care and Health to increase the community bed provision within the city to an environment more conducive to health and wellbeing.</b>	To close Jubilee House and re-provision care in a more suitable environment by September 2022.	n/a	n/a	3,7,2,8



	<p><b>To provide a step-up process to support hospital admission avoidance in order to ensure patients receive the right treatment, at the right time, in the right place.</b></p> <p>Develop a transfer of care hub to assist the Portsmouth System with patient flow, Discharge to Assess and Home First approaches therefore achieving better outcomes for patients. This will ensure effective use of resources and maintain sustainability.</p> <p>To provide a short stay step-up model for patients requiring Intravenous (IV) therapy.</p> <p>Improving the environment on Spinnaker Ward, two additional rooms are being created, one room will be large enough to accommodate family members for end of life care patients.</p> <p>The transfer of care hub will support the criteria to reside model ensuring patients are admitted to the right beds as safely and timely as possible.</p>	<ul style="list-style-type: none"> <li>- Increased collaborative working with virtual wards, GPs and District Nurses.</li> <li>- Develop a competency-based programme with our Educators in Practice to develop nursing skills in intravenous therapy.</li> <li>- Reduce the number of escalations into acute care.</li> <li>- Establish an integrated Multidisciplinary Team (MDT) working approach.</li> <li>- Increase collaborative working with Primary and Secondary Care</li> <li>- Address workforce resilience and succession challenges</li> </ul> <p>Improve access to services including voluntary services for patients across Portsmouth City</p>	Q4	Full implementation of model	1,2,3,4,5,7,8
--	--	---	----	------------------------------	---------------

	<p><b>To implement the auto allocate model and ensure timely and effective clinical allocation of patient visits, to appropriately skilled clinicians, maximising effective use of clinician time.</b></p>	<ul style="list-style-type: none"> <li>- To reduce the amount of clinical time spent allocating</li> <li>- To release clinical time for face to face visits</li> <li>- To improve the quality/ efficiency of allocation, resulting in better quality care for patients and improved working experience for staff</li> </ul>	Q2	To commence the use of auto allocate in May 22	3,7,2,4,8
	<p><b>To maintain current waiting time for routine referrals of days, and ensure patients are assessed and triaged appropriately.</b></p>	<ul style="list-style-type: none"> <li>- The waiting times will be maintained/ decreased which will improve patient outcomes.</li> <li>- Recruitment continues in order to support timely patient outcomes.</li> </ul>	Q4	Maximum waiting time for referrals will be 5 days	2,3,7,8
	<p><b>To continue with the development of the Urgent Care Response Team. To support the wider PSEH system in supporting patients with urgent care provision at home where appropriate.</b></p>	<ul style="list-style-type: none"> <li>- To ensure patients receive the right care, at the right time in the right place.</li> <li>- To support the wider PSEH system, which will result in increased quality of care for the population and prevent unnecessary conveyance to secondary care.</li> </ul>	Q1 Q2	SOP Prepared and submit to ASP Board. Recruitment underway. Scoping of digital solutions to be explored.	3,7,2,4,6,8

<b>Childrens &amp; Families</b>		<b>To develop the virtual ward model in line with the national agenda .</b>	<ul style="list-style-type: none"> <li>- To deliver person centred care to high acuity patients at risk of hospital admission</li> <li>- Support patients to remain in their own homes with MDT review/monitoring/ technological solutions</li> </ul>	Q2 Q3	Scoping of Digital Solutions to be explored. Plan for implementation to be drafted	2,3,4,5,6,7,8
		<b>To improve and enhance educational input to patients at an early stage in their disease process in order to promote self-management and improve outcomes.</b>	<ul style="list-style-type: none"> <li>- To develop new treatment pathways that will ensure achievement of glycaemic targets and improved health.</li> </ul>	Q4	Implement revised pathways of care	1,2,3,4,5,7,8
		<b>To continue with the MDT approach to all care homes in Portsmouth to improve quality health outcomes.</b>	<ul style="list-style-type: none"> <li>- Enhancement of skills within the care home team</li> <li>- To include both physical and mental health needs</li> <li>- To work alongside the PSEH system to promote proactive treatment plans in order to prevent admission.</li> </ul>	Q1-2	Education Provision will be restarted in Care Homes (in line with pre covid provision) CHT support and visibility to be introduced in "UCR" hub.	1,2,3,4,5,6,8
		<b>Continue to expand child, young person and family engagement in service development, and increase involvement in their treatment plan, developing increased choice within care pathways.</b>	Improved satisfaction with services. Increase the number of clinical pathways that are co-produced with Children, young people and their families	Q1 - 4	Participation strategy will continue to be developed and milestones met. Client involvement will be audited or evaluated at key points in the year. This will also form a key part of case note review during quality visits.	1 4 8

				<p>Increase our numbers of young inspectors, to support service quality visits.</p> <p>Continue with Complaints Response pilot, working with PALS to collate feedback and use this learning to inform service development.</p> <p>Introduce Patient Safety Partners.</p>	
	<p><b>To prioritise the wellbeing of our workforce and embed a consistent offer across the Service Line. Year 2.</b></p>	<p>Maintain and embed further the Wellbeing Support across C&amp;F Service Line.</p>	<p>Q1 &amp; Q2</p> <p>Q3 &amp; Q4</p>	<p>Work remains ongoing to support staff through an enhanced wellbeing offer with wellbeing champions embedded within services. Individual services will continue to offer bespoke interventions, dependant upon staff feedback for their area which will continue to evolve and adjust per needs. Examples include “Crafternoon Tea”, “Thanks for that”, local newsletters, reflective practice and celebrating good practice.</p> <p>To launch the staff support “menu” within service which sits alongside Organisation RIPPLE staff support model.</p>	<p>2 4</p>

				<p>Identify staff who are willing to undertake staff incident de-brief training.</p> <p>Commence de-brief training.</p> <p>Increase availability of de-brief facilitators.</p>	
		<p><b>Work with partners to improve transition of care from Child and Family to Adult Services.</b></p>	<p>Young people and their families are prepared for transition and this is undertaken safely.</p> <p>Sharing learning and best practice, improving experience and safety of transition.</p>	<p>Transition to Adulthood ECHO continue with Hospice UK professional network Hub</p> <p>Development of the Transition to Adulthood Pathway</p> <ul style="list-style-type: none"> <li>• Complete mapping and audit</li> <li>• Present areas of risk and improvement.</li> </ul> <p>Aspirations to host key worker in Jigsaw for the National Transforming Care pilot.</p> <p>Working with LD service partners in developing the Solent Learning Disability and Autism Strategy</p> <p>Continue to engage with Mental Health transition partners on developing milestones and improving experience.</p>	<p>3</p> <p>4</p> <p>5</p> <p>7</p> <p>8</p>





<b>Dental Services</b>				<p>Where there are long waiters, there will processes for supporting families to both wait well and remain informed.</p> <p>Trial “waiting list coordinator” role *note this is unlikely to be post title.</p> <p>Exploring the opportunities associated with new roles and international recruitment.</p>	
	<p><b>To continue to support our workforce to develop and enhance existing and new skills through clinical, business and leadership career pathways and expanding expertise.</b></p>	<p>Positive impact on staff satisfaction and retention.</p> <p>“Growing our own” as a longer-term strategy to address vacancies.</p> <p>Increased Advanced Clinical Practitioners having a positive impact on patient safety.</p>	Q1 – Q4	<p>Leadership development programme.</p> <p>To continue to develop a career pathway in the child and family service line for Advanced Clinical Practice (ACP). Year 2 of 4.</p> <p>Increase number of non-medical prescribers through supporting existing staff to train.</p> <p>Explore with all service lines where we can share training opportunities.</p>	2 3 4
	<p><b>To develop and establish a sustainable community engagement series of methods to enable ongoing engagement</b></p>	<p>Service Provision in line with community needs</p>	Q1/2	<p>To explore existing models e.g. Story Telling to develop a proposed approach for the capture of Patient and Community feedback</p>	<p>Links to following priorities:</p> <p>1 4 5</p>

	<b>with our patients, families, carers and our communities</b>	Greater understanding in SL of Community expectations  Improved patient satisfaction	Q3/4  Q4	Work to implement & establish approach and actively capture feedback  Review findings from patient and community feedback to then inform improvements in service and embed new model of feedback.	
	<b>Management Team Development Day</b> To enhance understanding of strengths within the management team to support working relationships within Area Management Teams (Mini Triumvirates) and senior leadership	Strengthened Leadership across SL Enable targeted leadership workstreams based on skillsets	May 22  Q2-3  Q4	1 <sup>st</sup> tranche of training sessions  Work with leaders to implement learning from training sessions and clarify roles and responsibilities. New Leadership structure embedded and leaders working within parameters set.	2
	<b>Enhance Mental Health Support to our teams</b> – to fully Embed Mental Health First Aiders Structure across Service	Increased awareness of MH and key indicators Improved support for staff Improved responsibility for champions Support to staff leads to strengthening service delivery	Q1  Q2  Q3  Q4	MH Fist Aider (East) to outline and promote model in other Dental Service areas Identify MH First Aiders for West, North, South  Identified staff receive MH First Aider training Implement new model across all areas	2
	<b>To trial a Team Development Programme to strengthen our</b>	To further embed Trust Values within team approach	Q1/2	Delivery of training sessions	2 3 4

	<p><b>organisations values in the delivery of care.</b> A greater understanding of everyone's role in patient safety.</p>	<p>Further embedding of trust wide operational processes and strategies Improve patient and staff experience within team Strengthened Leadership within SL</p>	<p>Q2  Q4</p>	<p>Triumvirate to present at final session and outline next steps  Triumvirate to evaluate effectiveness and inform further rollout across remaining team structures.</p>	
	<p><b>Community and patient feedback to review existing and new accessible information</b></p>	<p>Information in a format that meets the needs for Special Care patients. Improvement in Accessible Information Library</p>	<p>Q1/2</p>	<p>Review existing AI information &amp; gain feedback from patients or their representatives and community partners</p>	<p>5</p>
	<p><b>To further develop and adopt an existing App "Little Journey" across all Dental GA sites to support patients to virtually visit hospital sites prior to their appointment.</b></p>	<p>Support patients with complex needs Closer working with system partners to share details of the experience of service.</p>	<p>Q1  Q2  Q3/4</p>	<p>Following review of revised App, to plan requirements to inform &amp; implement App. Submit to Digital Priorities Group  Launch workstreams to capture site information to load into App.  Implement data and launch new App for Paediatric and LD patients</p>	<p>6</p>
	<p><b>To work with Service leads to explore opportunities for reviewing clinic capacity</b></p>	<p>Reduction in waiting times, Fewer unfilled clinic slots Alignment of new demand and capacity profile (post Covid)</p>	<p>Q1  Q2</p>	<p>Slido with Teams for ideas on increasing capacity. Review responses. Implement changes to pathways and diaries</p>	<p>2</p>
	<p><b>Work with system partners to increase GA sessions Explore the use of elective care hubs</b></p>	<p>Reduction in 104+ waits</p>	<p>Q1</p>	<p>Working with system partners at PHU, HHFT and UHS to secure additional GA sessions.</p>	

<b>Mental Health</b>			Q2/3	Develop pathway with PHU to pick up GA sessions not required by Head and Neck	
			Q4	Monitor availability of extra sessions from PHU and service ability to staff and appoint to these sessions Assess patient feedback re changed pathway at PHU	
	<b>Introduce nurse led cognitive behavioural therapy as part of an anxiety management programme for patients.</b>	To increase the number of options available to anxious patients to enable them to successfully receive treatment and facilitate discharge from service.	Q1	Mapping clinic and workforce capacity and capability.	8
			Q2/3	Commence upskilling of workforce based on opportunities identified within mapping	
		23/24	Commence new service model		
	<b>Development of Advanced Clinical Practice Roles</b>	To develop and implement full breadth of ACP roles across all MH core services. To actively recruit and appoint ACP roles within service with supporting competency framework. To include Consultants and non-medical consultants as part of MH workforce structure.	Q2	Review existing recruitment strategy	2, 3, 4 and 8
		Q3	Understand NHSE ACP Framework		
		Q4	Align Solent Strategy and commence development and implementation.		
	<b>Leadership Capacity Programme</b>	To commence within IP Services, to develop internal leadership programme alongside access to external training resources and expertise & existing leadership programmes (ASPIRE)	Q1	Commence leadership diagnostics with IP teams, supported by external specialist	2, 3 and 4
			Q3	Look to commence work with specialist services to mirror approach	

			To strengthen leadership and resilience amongst Band 7+			
		<b>Community Transformation Project</b>	Working with CCGs, Solent MIND and other voluntary sector to Implement the Community Mental Health Framework	22/23	To continue Y2/3 of implementation plan, working with PCNs to improve: <b>Access</b> – health inequalities, <b>Integration</b> – gaps, pathways, links between pathways <b>Community Engagement</b> – co-production	1, 2, 3, 4, 7
		<b>Reviewing and strengthening the service offer within LD Services in response to increasing demand</b>	Considering commissioning expectations, service expertise and capacity to inform this	Q3	Outcome of review shared with recommendations for action.	3, 4 & 7
		<b>Quality Accreditation Visits</b>	Working in partnership with IOW & Solent, work to create a Quality Standards to assess and benchmark services against this set standard to inform actions and opportunities for shared learning.	Q1 Q3	Commence Quality Accreditation Visits in IP Services Develop Standards and then look to implement a visit cycle for Community and Crisis Services	1, 3 & 4
<b>Primary Care</b>		<b>Community Engagement:</b> To increase our engagement with stakeholders and patients to make sure that services are delivering the right care at the right time, in the right place, in line with patient needs.	<ul style="list-style-type: none"> <li>Increased patient satisfaction</li> <li>Increased commissioner and stakeholder satisfaction</li> <li>Safe and effective delivery of services</li> <li>Increased understanding of the needs of patient groups and local communities in service delivery</li> </ul>	Q1/2  Q3/4	Links established with Solent CE Team. Mapping approach to programme outlined. To build relationships with community partners. Training and coaching plan implemented within Podiatry.	Continuing into 2022/23. 1

	<p><b>Workforce Development:</b> Continue to develop and invest in our workforce through our career framework, strengthening personal development opportunities for our staff</p>	Staffing establishment to be maintained at safe levels with sufficient training and expertise	Q1/2 Q3/4	Develop and review ACP Pathway to maximise clinical delivery. Quantifying the additional roles and seek to appoint in 23/24.	Continuing into 2022/23: 2 & 4
	<p><b>Access to Information:</b> To seek out improved solutions to support our Community Podiatrists with connectivity when out in patients homes.</p>	Improved connectivity Access to real-time information in patients homes Increased capacity and efficiencies Improved patient care MDT working	Q1 Q2 Q3/4	Mapping of existing systems and processes to identify challenges and issues. To work with ICT leads to identify alternative solutions Work up plans for implementation	5 & 6
	<p><b>Caring for our Teams:</b> Prioritise the Health and Wellbeing of our staff. To further Develop a peer support structure across the Service Line. To enable our workforce (with the appropriate skillset, tools and techniques) to actively support one another – working together to strengthen our resilience as a service line.</p>	Improved staff wellbeing <ul style="list-style-type: none"> <li>• Reducing staff sickness</li> <li>• Improve staff morale</li> <li>• Improved delivery of care</li> <li>• Reduction in complaints/concerns</li> <li>• Improved patient experience</li> </ul>	Q1/2 Q3 Q4	Initiate discussions within the service to understand needs of teams Identify appropriate training needs and mechanisms of support  Establish peer support network	2
	<p><b>Accessible Information: Patient Information Resources:</b> Work with our community partners and translation services, to enhance our patient resources library to reflect the needs of our diverse community.</p>	<ul style="list-style-type: none"> <li>- Increased access &amp; application of patient resources</li> <li>- Greater patient engagement</li> <li>- Equitable care</li> <li>- Improved patient outcomes and experience</li> </ul>	Q1 Q2 Q3/4	Proposal to be shared with Digital Solutions Group To explore potential opportunities Work up approach to address this further	5 & 6



Sexual Health		<b>Waiting Times:</b> To work closely with PCNs & Commissioners to improve patient pathways within MSK and Podiatry - Recognising this is where our waits are challenged currently	Limiting duplication Improve efficiencies Focus on patient as an individual Reduce barriers to care Reduce backlogs and waiting times	Q1  Q1/Q2  Q4	Discussions with PCN/CCG to review existing pathways. Establish T&F group Internal demand and capacity profiling alongside Staff engagement Implementation of revised pathways commence followed by impact review on waiting times	7 & 8
		<b>To work with our community to quantify and understand expectations for our service moving forward</b> – to actively inform and drive the re-commissioning of Sexual Health in 2024/25.	Greater understanding of community expectations for the SH service. Greater engagement with our patients and wider community & comm partners Re-commissioning actively informed by feedback from our community	Q1-2  Q3-4	To work with community engagement, commissioning colleagues to refine an approach for capturing community feedback.  To launch efforts to seek and capture community feedback.	Links with: 1
		<b>To strengthen our approach to Competency-based Training and Workforce Succession Planning.</b> To work across Service Lines to support personal development of our leadership team (Bands 6 and above)	Accessing on the job shadowing experience and training opportunities across Service Lines. Strengthen workforce training provision and workforce expertise	Q1-3  Q4	To instigate a process of protecting time for teams to work with Service Line colleagues to identify training needs and opportunities to access training/support internally. Training Plan to be developing following outcome of baseline assessment.	2
		<b>HCSW Career Development</b> – Upskilling within service alongside structured education and training. To establish robust	Upskilling of HCSWs within service	Q2-4	Explore National picture of HCSW skillset in conjunction with Solent HCSW Practice Educator specific to Sexual Health roles.	2

	frameworks which support HCSWs to enhance their roles. Service to lead flexibility of roles to be responsive to the evolving skillset of postholders.	Improved staff retention and wellbeing  Increase Service Capacity and place appropriate tasks within appropriate roles  Inform methods of future recruitment into HCSW roles.		HCSW competence review and roll out of appropriate training targeted to areas of need.	
	<b>To develop and enhance the provision of training, led by Clinical Leads across service.</b>	To enable all staff to have access to consistent, standardised, comprehensive training programmes which equip our teams with the skillsets required.	Q3-4 and roll into 23/24	Focus on in service standardisation of training (B5 sexual health nurse trainees) and roll out as an external offer to trainees with a special interest in sexual health to formalise the requirements for collaborative care e.g. well womens hubs.	4
	<b>Website Redesign</b>	A refreshed and engaging website will improve patient ability to access Sexual Health services and streamlined methods of receiving the information or care they require at that time.	Q1-2	Engagement with patients. Young people have been involved in feedback on the website design to date.  Ensuring the website is accessible to people from different backgrounds who have online access and that this is balanced with other options for people who are unable to access online resources.	5
	<b>To develop and embed the Personal Health Records (PHR)</b>	To develop the PHR to enable patients to view their results. To	Q3/4	Phased approach for results release via the PHR. Basingstoke	6

		<p>develop the functionality that will then allow patients with positive STI results to be able to book appointments directly within a set time frame.</p> <p>To build on the PHR triage functionality to enable self-taken histories to be embedded within the INFORM application itself</p>		<p>first as they are going to be the last lab to change over to the new WinPath, therefore you will get most benefit from this. It will be UHS and PHU that follow after as there will be time to workout if the result and test codes require changing. If they do then you will only need to do this piece of work once.</p> <p>Basic test results first of all CT, GC, HIV, STS and RPR.</p>	
	<p><b>Opportunities to collaborate and work together in the delivery of care.</b> Primary Care / Acute and SH to develop pathways in Womens Health. To work together to streamline pathway and clarify roles and responsibilities.</p>	<p>More effective utilisation of skills and expertise. Reduced duplication and handover of patient care</p>	<p>Q1 Q4</p>	<p>Monthly virtual MDTs Gynae, SH, Primary Care. To commence upskilling GPwSI SH/Gynae and other specialists to then share widely within PCN. Introduction of Health Hubs</p>	7
	<p><b>Understand how patients access the Sexual Health Service.</b></p>	<p>To quantify the challenges experienced &amp; opportunities for improvement when accessing appointments via SPA.</p>	<p>June 22 Q2</p>	<p>Prototype Model to be developed for access to SH &amp; Pilot Model To map out potential roll out of revised model (pending outcome of pilot)</p>	8

## 3.2 Statements of assurance from the Board

The statements and wording in this section are mandated by NHS regulations and enable patients, the public and stakeholders to compare performance and data across health care providers. We cannot change these statements but we have added further information to provide context where appropriate.

### Review of services

During 2021/22 Solent NHS Trust provided and/or sub-contracted 158 relevant health services.

Solent NHS Trust has reviewed all the data available to them on the quality of care in 158 (100%) of these relevant health services. Data relating to the quality of care in our services is reviewed at Service Line governance and business meetings, Service Line and Care Group Performance Review Meetings, at Quality Improvement & Risk Group, Quality Assurance Committee and the Trust Board.

The income generated by the relevant health services reviewed in 2021/22 represents 88% of the total income generated from the provision of relevant health services by Solent NHS Trust for 2021/22.

### National Clinical Audits & Confidential Enquiries

During 2021/22, 15 national clinical audits and 5 national confidential enquiries covered relevant health services that Solent NHS Trust provides.

During that period, Solent NHS Trust participated in 87% national clinical audits which it was eligible to participate in alongside 100% of national confidential enquiries.

The table below shows:

- The national clinical audits and national confidential enquiries that Solent NHS Trust was eligible to participate in during 2021/22
- those it did participate in
- the number of cases submitted to each audit or enquiry shown as a percentage of the number of registered cases required by the terms of that audit or enquiry if applicable.

<b>National Clinical Audits &amp; Confidential Enquiries that Solent NHS Trust was eligible to participate in during 2021/22 are as follows:</b>	<b>Did Solent participate?</b>	<b>Number of cases submitted to each audit or enquiry (as a % of no required or * if not applicable)</b>
<b>National Clinical Audits</b>		
Falls and Fragility Fractures Audit Programme: National inpatient falls audit (NAIF)	N/A	No relevant cases
Falls and Fragility Fractures Audit Programme: Fracture Liaison Service Database	Yes	Data collected and submitted by partner organisation University Hospitals Southampton

National Asthma and COPD Audit Programme (NACAP): Pulmonary Rehabilitation	Yes	168*
National Audit of Cardiac Rehabilitation	No	No
National Audit of Care at the End of Life	No	See detail below.
National Audit of Dementia Memory Services Spotlight	Yes	55*
National Audit of Seizures / Epilepsies in Children & Young People (Epilepsy12)	Yes	Continuous data collection
National Diabetes Audit – Adults: National Core	Yes	975*
National Diabetes Audit - Adults: National Footcare	Yes	76*
National Clinical Audit of Psychosis (NCAP) Physical Health and Employment spotlight audit	Yes	100*
National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis	Yes	56*
Prescribing Observatory for Mental Health Quality Improvement Programme - Topic 14c: Alcohol detoxification	Yes	3 (100%)
Prescribing Observatory for Mental Health Quality Improvement Programme - Topic 19b: Prescribing for depression in adult mental health services	Yes	34 (100%)
Sentinel Stroke National Audit Programme (SSNAP)	Yes	251*
Sentinel Stroke National Audit Programme (SSNAP): Post-acute Organisational Audit (April 2021)	Yes	Organisational questionnaire only as required
<b>National Confidential Enquiries</b>		
Learning Disability Mortality Review Programme (LeDeR)	Yes	13 (100%)
MBRRACE: Maternal morbidity and mortality confidential enquiry (including psychiatric morbidity)	N/A	No relevant cases
NCEPOD: Physical Health in Mental Health	Yes	3/3 clinical cases (100%) Organisational questionnaire
Mental Health NCISH: Suicide, Homicide & Sudden Unexplained Death	Yes	2/2 (100%)
Mental Health NCISH: Real-time surveillance of suicide by patients under mental health care	N/A	No relevant cases

National audit reports were distributed on publication to the relevant service line and local audit leads, along with a summary of recommendations and an action tracker to measure compliance. Mental health national audit data has also been reviewed under the Get It Right First Time programme. 100% of national clinical audit reports published were distributed and reviewed by the provider in 2021/22.

An example of actions Solent NHS Trust intends to take, to improve the quality of healthcare following the NACEL (National Audit of End-of-Life Care) is provided below:

### **NACEL – The National Audit of Care at the End of Life**

We participated as a trust in the first and second rounds of the NACEL audit which considers in-patient deaths during a 3 month period. In the first year (2019) we submitted data for the 24 deaths that occurred during the audit period. Following a change of service provision this number reduced to 14 in 2020 with only 8 deaths expected for the 2021 third round audit. We liaised with the NACEL office and agreed that it be more relevant for us to trial their audit tool in the community. NACEL are considering incorporating community end of life care into future audits.

20 community case notes were audited for end of life care. Results were compiled then discussed in detail by a group of clinicians, managers and the head of improvement to identify excellence, concerns and key actions.

The results showed evidence of excellent care at EOL within Community Services and effective working relationships between other service providers. Communication with family members is well documented however, communication with the patient was not always effective in capturing their wishes. There was good documentation regarding symptoms that are problematic, and the care given to resolve however, there was less documentation to show that all symptoms had been discussed. It was also shown that staff do not often address spiritual or cultural needs when caring for a patient at the end of their life.

Actions for improvement include new training, new information resource packs on cultural and spiritual needs, quarterly case note reviews and new planning templates for electronic records. New trust wide audits on Do Not Resuscitate and the NEWS2 national early warning score for deteriorating patients are also planned for 2022.

### **Local Clinical Audit**

The reports of 106 local clinical audits and service evaluations were reviewed by the provider in 2021/22. These projects are planned by each service, based on their priorities, taking into account patient and staff feedback, business plans, quality priorities, complaints, investigations, serious and high-risk incident investigations as well as examples of excellent practice, as a means of measuring compliance with NICE guidance and as a baseline measure for Quality Improvement projects.

Audit plans and actions are reviewed at service line audit groups with key learning and improvements reported to the board. Learning from audits and evaluations is considered at service line learning events as well as a quarterly trust wide Safety, Excellence, and Improvement forum.

Audit and evaluation action planning for improvement is increasingly integrated with the Trust Quality Improvement programme. Specific training on audit and evaluation has had a high uptake alongside a wide range of more than 70 research and improvement workshops provided during the year.

Examples of some of the improvement outcomes achieved as a result of local audits and service evaluations are detailed in the table below:

<b>Audit title</b>	<b>Improvement as a result of audit</b>
<b>Child and Family Services</b>	
Re-audit of record Keeping CAMHS East	40 randomly selected cases were reviewed using their electronic notes: compliance with 4 of the 7 areas



Audit title	Improvement as a result of audit
	audited has improved to 100% with significant percentage improvements in the other 3 areas.
Re-evaluation of Adapted ECHO (Enhanced health visiting offer) Programme	<p>Since the introduction of the adapted ECHO programme there has been an overall reduction in clinically related incidences; data shows that families are now receiving the appropriate level of service and placed in the right caseloads.</p> <p>Staff wellness has also improved since the introduction of the programme. The staff survey showed that the criteria is easy to understand and apply, the adapted ECHO programme has felt safe, and they feel more available to the rest of the caseload with reduced ECHO contacts.</p>
Re-audit of advice given to Parents and carers about Infant Safe Sleep and Co-Sleeping practices by health visitors.	10 cases were reviewed. Parents were contacted for discussion. A survey was sent to parents and staff. This re-audit showed that documentation has improved (to 100% recording of safe sleep advice given) and is more specific, indicating that new templates have made a difference. 100% of staff surveyed felt able to discuss safe sleep.
<b>Adult Services</b>	
Quality of discharge letters and the effect on repeat referrals (West Community Independence Service)	Sample data was collected from 20 patients who were referred within 6 months of being seen/discharged; all 20 (100%) had been sent a letter on discharge. There has been significant improvement on the discharge letters with 85% receiving a detailed summary of interventions. Other standards with 100% compliance were: main case holder completing the discharge letter, letter created using electronic template, template letter amended as required.
A retrospective service evaluation of length of stay (LOS) data to demonstrate the effects of 7 day working in an inpatient rehabilitation unit in Portsmouth.	259 additional therapy treatment sessions were provided at weekends during the evaluation period (January 2021 to April 2021) averaging 9 extra therapy sessions per weekend day. Comparison to the same period in 2020 when a 5-day service was in operation suggested a reduction in LOS. Whilst the reduction in LOS cannot be solely attributed to an increase in therapy over 7 days, it is a good indication that there may have been some benefit from this change.
Portsmouth Rehabilitation and Reablement team (PRRT) documentation audit.	14 records of discharged patients were reviewed. There was improvement in the recording of the outcome measures with all records including a clear action plan. Recorded discussion of patient priorities had improved. Improvements included 100% of patients with completed care plans and goals as well weekly reviews of care plans. 100% of patients had a nurse review the day after initial assessment with NEWS documented. There was also improvement in the recording of MUST and skin integrity care plans.
<b>Mental Health</b>	

Audit title	Improvement as a result of audit
Risk assessment and documentation re-audit.	This was a repeat of an audit previously undertaken in 2015, 2016 and 2017. The audit looked at five patient records per month from 11 services. 9 service requirements and standards were audited. Across all scores submitted by all services: 58% showed 80-100% compliance, 31% showed less than 80% compliance, 11% showed zero compliance. 8/9 items showed an upward trend or improvement.
<b>Primary Care, MSK Pain and Podiatry</b>	
Re-audit of the use of Enhanced Liver Fibrosis Marker testing in patients with Non-Alcoholic Fatty Liver Disease (NAFLD). Solent GP	Coding of patients with NAFLD has increased from 61 in April 2018 to 140 in this audit, associated with increased awareness amongst clinicians, the increase in practice size and ongoing coding. The percentage of patients with NAFLD screened for liver fibrosis increased from 19% to 72% also associated with opportunistic checking of ELF markers due to a recall on the front page of patients' notes.
Evaluation of treatment following management of foot ulceration in a total contact cast (TCC).	This evaluation found (n=18 cases) that TCC EZ cast does assist wound healing in wounds that have previously not responded to other management.
<b>Specialist Dental</b>	
Suspected Cancer – recognition and referral	33 out of 44 dentists returned a questionnaire. There was improved knowledge of appropriate actions to take with specific presentations and good knowledge of appropriate action to take if suspicious lesions are identified on examination - in line with current NICE guidelines. Staff knowledge on 2-week urgent referrals was improved. Staff were also well informed on information to share with patients about this referral.
<b>Sexual Health</b>	
Vasectomy records on the Electronic Patient Record	Overall, the documentation of patients attending vasectomy operations improved between January 2020 and June 2021.

## Research



The number of patients receiving relevant health services provided or subcontracted by Solent NHS Trust in 2021/22, that were recruited during that period to participate in research approved by a research ethics committee is 823 recruited to 21 NIHR portfolio studies.

In line with guidance from the National Institute of Health Research, (NIHR), we are supporting the process of re-opening non-COVID-19 research studies, while maintaining our contribution to local and nationally prioritised urgent public health studies for COVID-19.

The research team have continued to work collaboratively within Wessex Research hubs to help deliver nationally prioritised COVID Vaccine trials which has led to the development of safe and effective vaccines to help end the global pandemic.

## **Case studies**

**Care Home Research** - We have a well-established Care Home Research Partnership, via which we work in alongside care homes in Portsmouth and Southampton to support access to research. Examples of studies that are ongoing are:

*Vivaldi* - This is a COVID-19 study, which is investigating infection rates of COVID-19 in Care Homes, transmission routes and antibody levels. This is to inform vaccine efficacy, and to support decisions around COVID testing and support for care home staff and residents. The research team at Solent are working with local homes to run this nationwide study.

*PNEUMO 65* - This nurse led research is exploring the carriage of pneumonia in care homes in the Solent region. It aims to not only look at transmission and infection but also to explore nurse-led interventions to support residents to stay within the home, and to reduce hospital admissions.

*CH-OHT* - This project aims to provide care home staff the opportunity to engage with oral health training based on the PHE Oral Health Toolkit for Adults in Care Homes which supports the daily mouth care needs of older people living in residential care settings. The study hopes to understand if the method of training delivery (online or face-to-face) influences carers perceptions of the acceptability of the training, and also if the training leads to an improvement in knowledge, attitude and practice in relation to the provision of daily oral care.

## **Research with Children:**

*The Prevenar Study* - The Prevenar vaccine was introduced into the routine childhood vaccination programme in September 2006. Prevenar protects us against bacteria called *Streptococcus pneumoniae* (*S. pneumoniae*). These bacteria are normally harmless but can cause illnesses such as ear infections, pneumonia or meningitis. This research study monitors the changes in the bacteria that are currently carried in children's noses to help us to develop and improve the vaccine for the future. Solent have been involved in recruitment since 2017 and have recruited 1696 participants in total. Despite the challenges of the pandemic and the reduced footfall in clinics, we have managed to recruit 411 children this year. In the last year, Solent has been the highest recruiting Trust to this study.

*The Your Tube Study* - This study is looking at the risks, benefits and resource implications for using home-blended food for children with gastrostomy tubes compared to the currently recommended formula feeds. We were the highest recruiting site to this study.

## Research with Adults

*The Active Brains Study* - This study is testing an interactive programme (called 'Active Brains') to help people aged 60-85 with lifestyle changes and brain training activities which may help with memory and thinking skills.

*VenUS 6 Study* - This study is comparing different compression therapies to see if these make any difference to how quickly a venous leg ulcer heals, and whether the treatments reduce ulcer pain, increase the time before an ulcer returns and improve quality of life.

## Quality Improvement Programme



Solent's Quality Improvement (QI) Programme, is designed to support individuals and teams to develop the skills and capability to successfully identify and implement QI projects within their workplace. The QI team provides support and facilitation during and between QI training sessions.

This year 352 staff and patients have participated in 35 virtual and in person QI training sessions. This has been supplemented by staff, patients and partners attending 71 research and improvement workshops.

Workshop topics include introductory sessions on audit, evaluation, quality improvement, surveys, interviewing and the library. Other topics include outcome measures, coaching, social media, filmmaking, co-production, project management and leadership. Our intranet and Academy website also provide a wide range of resources for QI.

We have a dedicated co-designed with patients for patients QI training package. Patients and public representatives attending QI training are supported by our dedicated patient participation team.

Our current QI leaders Programme includes 16 staff and patients who have already participated in the QI Practitioner Programme. The Programme develops their coaching and leadership skills in order that they can support QI projects in the wider services and their areas of interest.

The following example projects are taken from our foundation and Practitioner Programme:

### **Community clinical waste drop off points.**

Prior to this project, small amounts of waste were being collected from patient's homes. This wasn't an efficient way of working as this involves the planning for large vehicles to travel in residential areas for small collections. New clinical waste bins were installed with car park access in Portsmouth community hospital settings so that clinical staff could easily bring waste back to their base. This also removed the need for patients to manage the waste themselves.

### **Occupational therapy clinic before discharge from mental health inpatients.**

The multidisciplinary team were unclear of Occupational Therapies role in the adult mental health inpatient setting. This resulted in delayed referrals and patients being discharged without being seen by an OT. An OT Clinic was introduced to ensure that new patients are seen within 24hrs of arrival.

### **Combined physical and psychological programme for lower back pain.**

The main aim of this QI team's project was to implement a standardised combined physical and psychological programme for the management of people with persistent low back pain. The intent was to adhere to the NICE guidelines and provide more support to staff, for this complex patient cohort. Four groups have since been piloted. Outcomes have been positive as well as increased collaboration between services and external organisations.

### **Medical risk monitoring within CAMHS eating disorders team.**

This project introduced a standardised process in which the East CAMHS eating disorder team could monitor physical health risks of its caseload. The parameters monitored include blood tests and weight, based on the Junior Marsipan Guidelines which involved creation of a caseload spreadsheet. The team reported that the spreadsheet was helpful. A subsequent presentation on medical risk by the medical team obtained feedback that ED clinicians felt increasingly aware of physical health risks associated with eating disorders.

### **Digital text for antenatal and new birth contacts.**

Prior to this project the Southampton Health Visiting team did not send Short Message Service (SMS) data to support verbal safety messages and attachment information discussed during face-to-face mandated contacts under the Healthy Child Programme. The process was established alongside the electronic patient record providing timely information on parent's mobile phones. This has led to a reduction in duty telephone calls and improved data capture of information shared in the patient record.

Our current QI practitioner for teams programme is exploring the following areas:

- Improved shared patient information folders for Southampton community services
- Integrated working between community mental health and supported accommodation run by Two Saints (third sector housing provider)
- Involving patients in podiatry care planning
- Developing a universal and targeted offer for children's occupational therapy







Quality Improvement Teams and Leaders in action

## Commissioning for Quality and Innovation (CQUIN)

A proportion of our income as an NHS Trust is conditional on achieving quality improvement and innovation goals agreed between ourselves and any person or body that enters into a contract, agreement or arrangement with us for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

In 2021/22 CQUIN schemes for all contracts were suspended nationally to enable Trusts to focus on the COVID-19 pandemic response.

## Care Quality Commission (CQC)

Solent NHS Trust is required to register with the CQC and the Trust is registered with no conditions. We link with the CQC on a regular basis to provide an update on performance and discuss progress within the trust. This has continued via virtual meetings during COVID.

The last CQC inspection was October 2018 (Published on 27/02/2019). An action plan was implemented following this and all actions are now closed.

The CQC has not taken enforcement action against Solent NHS Trust during 2021/22.

We have participated in three Remote Mental Health Act (MHA) monitoring reviews by the CQC during this reporting period. The MHA Reviews took place on Maples Ward during August 2021, Hawthorn during November 2021 and a further review completed within the Sexual Assault Referral Centre



(SARC) during October 2021. The approach used for each review involved discussions with members of staff, patients, relatives and the Independent Mental Health Advocate (IMHA). The findings are detailed below:

### Findings from CQC Monitoring Reviews:

Area	Findings	Actions
<b>Maples Ward</b>	<p>There were three issues raised:</p> <ol style="list-style-type: none"> <li>1. Section 17 leave forms did not indicate if they had been shared with relatives/carers.</li> <li>2. Access to the garden was limited and when patients did ask to use the garden this was denied by staff.</li> <li>3. Some staff did not treat patients in a caring manner. Patients told us that staff make fun of them and often take a long time to respond to requests.</li> </ol>	<ol style="list-style-type: none"> <li>1. Action completed. Ongoing assurance included in weekly MH Act Audit. Actions from audit allocated to a named individual with set timeframe for completion.</li> <li>2. Shift allocation sheet allocates staff to garden at all times. Access OOH permitted after risk assessment. Importance of access discussed with staff. Process now embedded, evidenced via regular matron walk around</li> <li>3. After the visit increased reflective practice sessions facilitated by psychologist and CBT nurse with pop up sessions for debrief and ad hoc needs. Increased visibility of Senior Leadership Team. Across ward quality reviews embedded – learning from each other. Support from Practice educator and influential role models within team. Patient feedback reviewed regarding ward experience and improvements.</li> </ol>
<b>SARC (Sexual Health Services)</b>	No issues were identified requiring action.	No issues were identified requiring action.
<b>Hawthorn</b>	No issues were identified requiring action.	No issues were identified requiring action.

For those actions which remain ongoing, action plans are in place and the Compliance team are working with the services to monitor delivery during 2022/23.

In August 2021, the Compliance team completed a point prevalence study of DNACPR process at Solent. This followed a national publication by the CQC expressing concern about blanket DNACPR decisions in acute hospital trusts during the COVID-19 pandemic. While this publication did not make specific reference to community services, Solent NHS Trust made the decision to proactively review

our own processes. An audit tool is now being piloted across two inpatient wards and two community teams. This will be rolled out to monitor quality of DNACPR discussions and recording going forward.

## **Duty of Candour**

### **What is Duty of Candour?**

As Healthcare Professionals we have a professional responsibility to be open and honest with those who use our services in relation to the care and treatment received, including when things go wrong such as a patient safety event. Details of the discussions held should always be documented within the patient records. When it is determined that an incident meets the Duty of Candour legalisation (as determined by the Chief Nurse or their deputy), the patient (or in some cases the family) will be contacted to advise of the incident review process and how they can be involved in the review.

### **Actions Taken**

Following on from the Duty of Candour review in December 2020, based on the feedback received, the trust has taken further steps to strengthen the duty of candour process and implemented an audit as part of the annual programme to ensure ongoing monitoring and compliance.

## **Information Governance**

The Solent NHS Trust *Data Security and Protection Toolkit for 2021/22* is not now due for submission, until the 30<sup>th</sup> June 2022. Solent NHS Trust is currently Partially Compliant with the 2021/22 toolkit and has plans in place to achieve full compliance, by the revised deadline of 30<sup>th</sup> June 2022.

## **Same Sex Accommodation Breaches**

The Trust has not had any Same Sex Accommodation breaches during 2021/22.

## **Payment by Results (PbR) Clinical Coding**

Solent NHS Trust was not subject to the Payment by Results clinical coding audit by the Audit Commission during 2021/22.

## **Data Quality**

In 2021/22 Solent NHS Trust has maintained good performance in the Data Quality Maturity Index (DQMI) for the Mental Health Minimum Dataset (MHSDS) at 90.3%, and IAPT at 98%. However, it is still recognised that there is a long way to go in improving the quality of data at the Trust.

High quality data is important as a foundation to any digitally led Trust as it supports improvements in patient care and patient safety. Quality data plays a role in improving services and decision making, as well as being able to identify trends and patterns, draw comparisons, predict future events and outcomes, and evaluate services.

Following the dissolution of the centralised data quality team in 2020/21 a revised strategy was developed and approved in June 2021 to facilitate improved accountability and ownership of data quality and data assurance. This strategy incorporated the implementation and advancement of Microsoft PowerBI, the Trust's self-service Business Intelligence (BI) tool.

The main recommendations were:

- To appoint four new Data Assurance roles and embed these within Service Lines to facilitate ownership over data quality problems and their improvement.
- To develop a set of standardised Data Quality Reports and make these available via Power BI, with reports accessible within 24 hours of the data quality issue occurring.
- Create a data quality dashboard and a governance framework to support the escalation of issues where difficulties arise.

As at March 2022 the Trust have appointed to and embedded three out of the four Data Assurance roles, with active recruitment ongoing to fill the fourth post. A suite of 28 core data quality metrics has been developed, with 85% of these now live on Power BI and pulling through to a Data Assurance dashboard. A standardised way of working and a governance framework has also been co-developed with the newly appointed data assurance officers. Work is ongoing by the data assurance officers to embed these reports and dashboard within the Trust.

With the current national focus on recovery from the COVID-19 pandemic, and specific attention being drawn to waiting times, the focus for the data assurance team has primarily been on facilitating the cleansing of waiting lists and promoting good patient tracking practices. We have made good progress with this and in 2021/22 Solent NHS Trust has reduced the number of reported 52-week breaches by a significant 65%.

In 2022/23 It is anticipated that contracted Key Performance Indicators (KPIs) will be negotiated with service commissioners, and further metrics for assurance developed. The Data Assurance Team, alongside Performance and Business Intelligence teams will be instrumental members of these developments.

## **Learning from Deaths (LfD)**

During 2021/22 1670 people who have been in receipt of services provided by Solent NHS Trust died. This comprised of the following number of deaths having occurred within each quarter of that reporting period:

- 365 in the first quarter.
- 433 in the second quarter.
- 388 in the third quarter.
- 484 in the fourth quarter.

During this period, a total of 4 Serious Incident investigations have been carried out in relation to 4 of the deaths included above.

In 390 cases, a death was subjected to a structured judgement review and or an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out by Solent was:

- 90 in the first quarter; (118 including other providers)
- 111 in the second quarter; (124 including other providers)
- 72 in the third quarter; (87 including other providers)
- 117 in the fourth quarter (138 including other providers).

The LfD process across the Trust continues to develop and we are continually looking at new ways to share the learning across all areas of the Trust. When reporting on deaths at the Learning from Incidents and Deaths Panel, Service Lines now focus on specific cases, or key points, which can be used to improve outcomes for patients across all Service Lines.

In July, a thematic review of four Serious Incident Investigations, carried out following the COVID-19 outbreak on Brooker Ward, was completed. The learning was shared with colleagues across the Trust and local CCG's. This format has been successful in generating discussion around the wider theme's and actions resulting from Serious Incident reviews.

Below is a summary of the learning we have identified by undertaking reviews of deaths, and the subsequent actions taken. Delivery of actions has been monitored through the Trust Learning Database and the learning from deaths panel:

Service	Summary of Identified Learning	Actions/Improvements Made
<b>Adult Mental Health</b>	Serious Incident investigations were completed into the death from COVID-19 of 4 in-patients. The learning was presented as a thematic review and shared with the wider system via the Portsmouth Clinical Commissioning Group.	Potential infection with COVID-19 is identified as a risk for all patients on our wards but risk assessments now include consideration of how individual characteristics can increase those risks.
		The level/frequency of observations has been increased to better manage social distancing requirements in patients with a propensity to wander.
		There must be greater access to COVID-19 vaccinations on in-patient settings.
		Staff are supported to challenge colleagues if they identify any lapses in compliance with COVID-19 guidance e.g. use of Personal Protective Equipment.
	The death of a patient investigated as a High-Risk Incident identified that risks were clearly articulated throughout the patients notes but their risk assessment wasn't updated according to our NERD process (New Assessment, Escalation of	A clinical documentation sub-group has been established to audit and govern standards of documentation within the service.

	Risk, Review at CPA or Discharge).	
	A Serious Incident Investigation highlighted the importance of thorough discharge planning for patients.	Solent NHS Trust policies will be updated to include the significance of considering poorly controlled symptoms in treatment decisions, risk management and discharge planning.
	The case also raised the complexity of navigating a patient's wishes regarding consent to share which extends beyond death.	The Service have developed a process for recording and sharing information related to history and complexity of chronic illness, in line with the principles of AMH006 Care Programme Approach (CPA) policy.
		A PowerBI dashboard is being created to allow Lead Nurses to monitor daily whether admission and discharge processes are being followed.
		Challenging internal discussions have been held to ensure the patients wishes regarding consent to share medical records are honoured whilst also providing support to grieving families.
<b>Child and Family Services</b>	Therapies Teams and palliative care patients.	Multiple mortality reports have identified excellent practice by the Therapy Teams as they continue to be involved with patients who are placed on a palliative care pathway, organising equipment and providing support.  Although there is no requirement for them to remain involved, they do so because it is the right thing to do for patients and their families.
	External providers and agencies must fulfil their statutory responsibilities for child death reporting and notify Solent NHS Trust promptly of a death.	The service is working with partners to improve links so that Solent NHS Trust are notified earlier, enabling us to:  1) Determine the Cause of Death  2) Rapidly identify any actions that needs to be undertaken to potentially safeguard other children.  3) Provide support to the family and friends of the patient.

<b>Adult Services Southampton</b>	A Structured Judgement Tool review into a patient's care outlined exceptional practice by the Community Nursing Team.	A notable positive factor in this case was the willingness of staff to challenge other Healthcare professionals. The case has been shared as an example of the benefits for a patient's care when this is done effectively.
		The team were also able to facilitate a truly Multi-disciplinary approach for this patient which ensured the patient, and their family, received holistic care from several providers.
	A Serious Incident Investigation was completed into the death of an in-patient following a fall.	In conjunction with the Solent NHS Trust Resuscitation Lead, a significant event free scribe document has been.
	The investigation utilised a Case Review Methodology which allowed staff to reflect on the incident as a group, agree improvements together and provide each other with valuable peer support.	Scenario based training is adapted to practice emergency responses within clinical areas. Oxygen cylinders have been relocated onto wall mounts next to the emergency trolley with documented daily checks.
<b>Trust wide</b>	A theme concerning End of Life Care has been seen in mortality reviews across several service lines.	Adult Services Southampton have recorded a short video and distributed a poster to inform staff about the importance of determining the location of DNACPR documentation when kept in a patient's home.
	The focus is on the importance of Anticipatory Care Plans and awareness of DNACPR documentation.	Bitesize training sessions have been developed to provide staff with guidance on providing excellent End of Life Care.
		Solent NHS Trust's End of Life Steering Group have commenced work with the wider system on Anticipatory Care Plans.
		Adult Services Portsmouth are providing staff with additional education and support in managing terminal agitation.
		As it forms an extension to the care they provide, staff in Child & Family Services CCN Team are reviewing training on the certification of child deaths.



## Staff Survey 2021



People across our organisation shared their open and honest account about working in Solent and what they want to see improved by completing the NHS staff survey. We had a response rate of 68% - our best response ever. The results help us understand our people's experiences at work, including how motivated they feel and what we can do to make an even bigger difference.

For the first time, in 2021 the questions were aligned with the NHS People Promise to track progress against the national ambition to make the NHS the workplace we all want it to be.

Our scores rank amongst the best when compared with other organisations of our type. We were the top performing trust in three of the 10 key themes, and above average in all 10 themes. We also scored best in some questions including the number of people who said they would recommend Solent as a place to work and the number of people who said they believe that the care of services users is the organisation's top priority.

Our results also demonstrate how we embody our HEART values which guide and inspire all our actions. Our people told us that Solent really has a compassionate and inclusive culture with people sharing that the organisation respects individual differences, that people feel a strong attachment to their team and that colleagues are understanding, kind to one another, polite and treat each other with respect. They also demonstrate that we take pride in putting our patients first and that we have an excellent speaking up culture where people feel psychologically safe to express their concerns knowing that we will take the time to listen and act.

Our priority of developing an inclusive culture where we all feel we belong is making a difference. We can see good progress in responses to questions around equality and diversity. Whilst this is positive, there is still further work to be done. With more insight into how people feel at work, we will have more opportunity to make significant and effective changes.

Whilst the results demonstrate that we continue to build a values-based, people-centred organisation in which you can thrive and do your best work, there is still more to do. The survey continues to highlight

some areas which need attention. Our people have told us that they struggle to meet the conflicting demands on time and that there are unrealistic time pressures, with people often feeling emotionally exhausted and tired at the end of the working day or shift.

Whilst the results show our people feel Solent takes positive action on health and wellbeing, we need to go further and look deeper at what more we can do, including ensuring they have the right materials, supplies and equipment to do their job.

The survey results also suggest that we need to make sure we are supporting people to reach their full potential through learning and development opportunities and ensuring that people receive an appraisal that adds value; helping people to improve how they do their job.

## Freedom to Speak Up

**NHS Solent NHS Trust**

**Freedom to speak up**

**“We speak up. We don't talk down”**

Would you like to report a concern, but you don't know how to? Do you have a concern about inappropriate behaviours, patient care, safety or fraud at work? Do you feel your concerns are being ignored?

**Your guardians**

Dan Winter-Bates Sue Wareham Jo Pinhorn Charmian Allen

Sarah Osborne Sapna Vohra Philippa Cusack Beth Carter

Contact Freedom to speak up confidentially

[Freedomtospeakup@solent.nhs.uk](mailto:Freedomtospeakup@solent.nhs.uk)  
023 8103 0100

Since the introduction of Freedom to Speak Up (FTSU) in 2015 and in light of the recommendations made by Sir Robert Francis, we have implemented processes within the Trust to ensure our staff are able to easily raise concerns and seek confidential advice and support.

We have appointed an Independent Lead Guardian who is supported currently by seven guardians.

Our Quarterly Freedom to Speak Up (FTSU) oversight meeting, which is chaired by a Non-executive Director (Chair of the Quality Assurance Committee ) is attended by the Chief Executive, Chief People Officer, Chief of Staff, Chief Nurse and our Independent Lead FTSU Guardian. Executives provide assurance to the Lead Non-executive Director for FTSU on behalf of the Board that issues raised are dealt with promptly and appropriately by the Trust. The oversight group also oversees supporting work programmes associated with FTSU.

At the meetings, the FTSU Independent Lead Guardian briefs colleagues on:

- themes, current cases and actions taken taking into account confidentiality and anonymity, and
- regulatory/national requirements from the National Guardian Office

The Chief of Staff, Chief Nurse and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and /or wellbeing.

In year our Guardians dealt with the following cases:

- Quarter 1 – 9 cases

- Quarter 2 – 2 cases
- Quarter 3 – 7 cases
- Quarter 4 – 9 cases

Thematically the cases vary but more commonly involve behaviours, bullying/harassment and cultural issues rather than patient safety concerns. All cases have been actioned and staff supported in finding resolution either formally or informally.

Whilst there has been a reduction this year with regards to case numbers, the guardians continue to support (non-FTSU) enquiries and have provided a number of unofficial supportive conversations. Examples include supportive wellbeing focused discussions, signposting to IPC regarding infection prevention concerns, working alongside D & I to raise inclusion related concerns and support team/individual development.

**Speaking up routes**

We want colleagues to feel empowered and safe to raise concerns and speak up, whichever route they choose to do so. We encourage our people, and those that work with us, to be open and voice any concerns with us at the earliest opportunity. Click on the boxes to find out more about our speaking up routes.

**Internal**

- Line management/ senior management
- Health and Safety team
- Wellbeing Champions
- Equality, Diversity and Inclusion team
- Patient Safety team
- Mental Health First Aiders
- Trust Chaplain
- People Partners
- Clinical tutors
- Freedom to Speak Up Lead Non-Executive Director
- Trusted colleagues
- Lead clinician
- Executive team
- Resource groups
- Local Security Management Specialist

**Independent**

- Local Freedom to Speak Up Guardians
- National Guardians Office

**External**

- NHS England
- Local Counter Fraud Specialist
- Union Representation
- Care Quality Commission (CQC)
- Professional bodies

Our key work focuses over the year are summarised:

- **Vision** - Over the past year the vision for the department has been to support proactive work to improve the speaking up culture within the Trust.
- **Speaking up infographic** – We produced an interactive poster enabling staff to easily link to the numerous speaking up routes within and outside the organisation.
- **Speak up month – (October)** We celebrated Speak up month by videoing a number of executive colleagues sharing what Speaking Up means to them. We also produced a podcast episode with our Lead Guardian, Chief Executive and Chief of Staff discussing a speaking up culture.
- **Speaking up strategy** – we have summarised how we can provide support to colleagues via a strategic poster.
- **The Big Conversation** - based on recommendations from our BAME resource group, we embarked on a series of facilitated sessions discussing and addressing discrimination. We partnered with the equality, diversity and inclusion department to plan, develop and implement these sessions. The prework included;
  - Resource group engagement sessions
  - Rapid insights – surveying over 400 individuals experiences
  - Developing framework

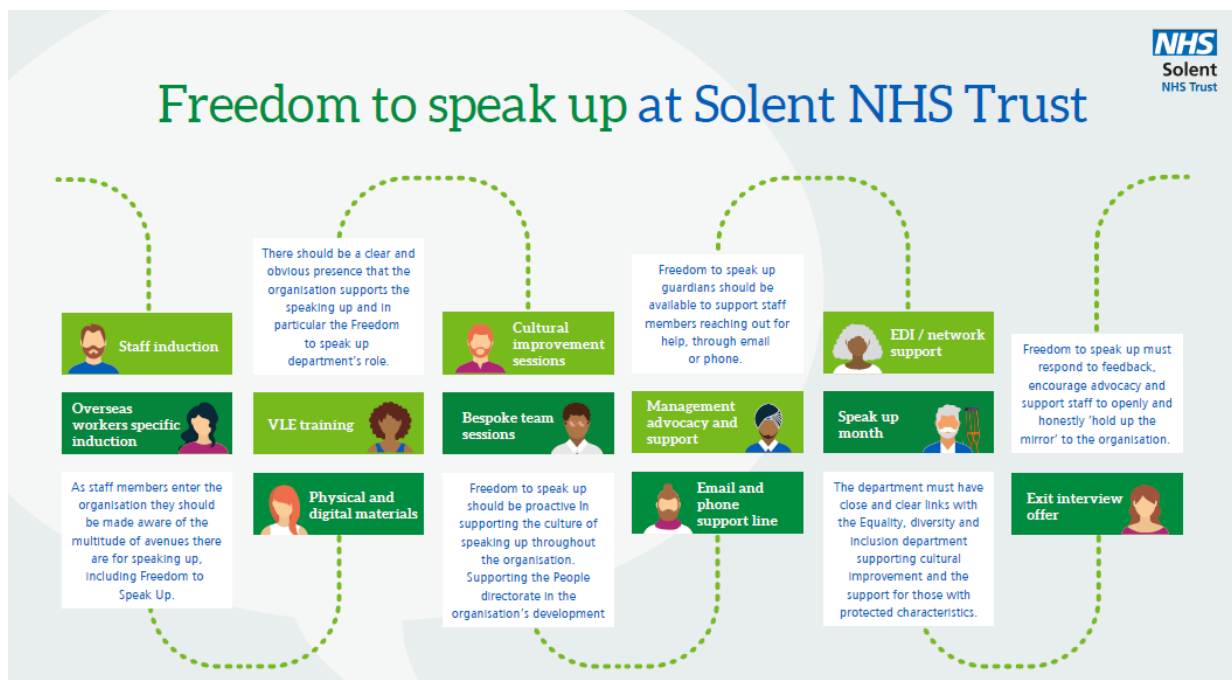
- Procuring independent facilitators, tech support team and a psychologist to support.
- Board and senior leadership sessions – to ascertain support, advocacy and understanding of the sessions.

In October/November the 4 sessions were delivered with approx. 250 individuals taking part. As a result, we will be focusing on opportunities to (for example):

- Consider the value of psychological safety
- Provide further education around inclusive language and
- Ensure we provide inclusive recruitment and people practices.

Our work will be aligned to the findings of the Well Led Developmental Review undertaken, the Strategic Review of Diversity & Inclusion and our associated action plan.

- **Policy refresh** – we took the opportunity to refresh our policy in year.
- **Communications refresh** - we have updated our FTSU poster and information on the trust intranet.



## Doctors and Dentists in Training

The Trust produces quarterly and annual Guardian of Safe Working Reports and these indicate we are doing well in ensuring all the provisions and Terms & Conditions from the 2019 revised Junior Doctors' Contract are being followed.

Gaps are mainly evident within two rotas, as follows:

- Child and Adolescent Mental Health (CAMHS) Rota (On-Call)
- Adult Mental Health & Older Peoples Mental Health Rota (AMH-OPMH)

These rotas are held jointly with other Trusts and the longer-term management of the rotas will involve wider systems including other Trusts, CCGs and ICS systems. An overview and details of actions being taken to address are detailed below.

## **CAMHS – Out of Hours On-Call Rota**

This relates to the CAMHS out-of-hours rota shared with other Trusts, though Solent employs the majority of trainees and consultants on the rota (other trusts involved include Southern Health NHS Foundation Trust (SHFT) for Consultants, University Hospital Southampton (UHS) for Consultants and Sussex NHS Foundation Trust for trainees; Solent employs the rota co-ordinator on behalf of all organisations.

The improvements in the recruitment to Core Psychiatry and CAP (Child & Adolescent Psychiatry) ST4-6 placements have been maintained this year. However, due to the revised Junior Doctors' Contract Terms and Conditions, and a proportion of trainees being LTFT (Less Than Full Time), some gaps still exist (though substantially reduced than the last few years). The gaps are managed by offering locums to trainees – who can cover on-call for Trust locum rates (rota coordinator manages a list of NHS 'bank' medical trainees). Where appropriate, the use of locums follows the Trust's 'acting down' Policy to support gaps identified which are then filled with trainees (as recruited nationally). The CAMHS Service has also taken a longer-term view regarding recruitment and retention, with steps now taken to engage with commissioners, and counterparts in partner Trusts to consider how we approach this need long term.

The CAMHS rota is a 2 -tier rota, with trainees at the 1<sup>st</sup> tier and CAMHS consultant psychiatrists as the '2<sup>nd</sup>' on call to provide advice and consultation. The consultants on the rota are employed by Solent (the majority), UHS and SHFT. Recruitment challenges to fill gaps in the rota are due to improve as recruitment policies for new consultant posts in CAMHS are implemented. Trainees now have an established process to access patient records across the two main trusts (Solent and Sussex Partnership). To support this further, Solent has been allocated an additional new senior trainee doctor post within CAMHS service, to commence August 2022 (subject to successful recruitment).

## **AMH & OPMH Rota**

The Solent AMH and OPMH rota covers the East Hants patch, is a 'shift rota' system and staffed jointly by medical trainees and consultant psychiatrists from Solent & SHFT. Rota coordinator and management is predominantly held by SHFT and supported by a coordinator administrator from Solent NHS Trust. The junior (core) trainees undertake a shift-rota pattern, whilst senior trainees and consultants undertake an 'on-call' pattern.

The current status of the AMH-OPMH Rota is detailed below:

- The previous significant gaps have been largely reduced to almost 100% recruitment to Core Psychiatry. However, current gaps are linked with Ts & Cs (especially linked with trainees who are LTFT) and due to some IMGs (international medical graduates) being unable to take up their posts because of COVID-19 pandemic related reasons. The rota for senior trainees has not shown as much improvement in recruitment, and the hope (also nationally) is that the high recruitment to core training will feed into higher training in a few years. Consultant retirements have also been a factor
- Gaps are managed through locums – with trainees in the area taking up locum slots.

**Placements in AMH & concerns regarding Quality of training** – During 2020/21, the DME has moved some training posts from the inpatient Orchard Unit in the context of there not being a sufficient number of substantive accredited consultant trainers. The Deanery (HE Wessex) undertook an online quality assurance visit in Aug 2020 due to the above concerns. The DME submitted all the reports and follow-up reviews and the risk was closed by the Deanery in Feb 2021.

Confidence in the ability of Solent AMH to provide training has increased. The Wessex Deanery have requested that Solent host a new (additional) core trainee in Psychiatry. Further to this, a GP trainee post is now being explored with the view to reinstating this role within the Orchards. Further recruitment has also been successful resulting in the appointment of a further 4 consultants.



## 2.3 Reporting against Core Indicators

NHS Trusts are required to report performance against a core set of mandated indicators using data made available to the Trust by NHS Digital. The target threshold for indicators 1 – 4 & 6 are being met.

There are no target thresholds for indicators 5 & 7.

**Indicator 1: The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period**

Number of users followed up within 7 days of discharge from inpatient care													
Annual Threshold	YTD Actual	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
95%	96%	80%	100%	87%	100%	100%	100%	100%	92%	100%	100%	94%	100%

**Indicator 2: The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period**

Number of home treatment episodes gatekept by crisis home treatment services													
Annual Threshold	YTD Actual	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Indicator 3: The percentage of people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral.**

Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral													
Annual Threshold	YTD Actual	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
50%	81%	60%	100%	75%	100%	100%	100%	100%	60%	60%	100%	100%	60%

## Indicator 4a: Improving Access to Psychological Therapies; Proportion of people completing treatment who move to recovery

Improving access to psychological therapies (IAPT); Proportion of people completing treatment who move to recovery													
Annual Threshold	YTD Actual	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
50%	58%	53%	60%	56%	57%	55%	60%	61%	58%	60%	67%	54%	57%

## Indicator 4b: Improving Access to Psychological Therapies; Percentage of people who begin treatment within i) 6 weeks of referral and ii) 18 weeks of referral

Improving access to psychological therapies (IAPT); Waiting time to begin treatment within 6 weeks of referral													
Annual Threshold	YTD Actual	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
75%	97%	100%	99%	97%	96%	97%	96%	97%	99%	98%	92%	96%	94%

Improving access to psychological therapies (IAPT); Waiting time to begin treatment within 18 weeks of referral													
Annual Threshold	YTD Actual	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

## Indicator 5: The percentage of patients aged (i) 0 to 15 and (ii) 16 or over re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period

(i) Percentage of patients aged 0 to 15 re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust													
Annual Threshold	YTD Actual	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
-	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

(ii) Percentage of patients aged 16 or over re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust													
Annual Threshold	YTD Actual	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
-	8%	7%	11%	9%	6%	10%	6%	12%	9%	10%	10%	3%	4%

**Indicator 6: The trust’s ‘Patient experience of community mental health services’ indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period**

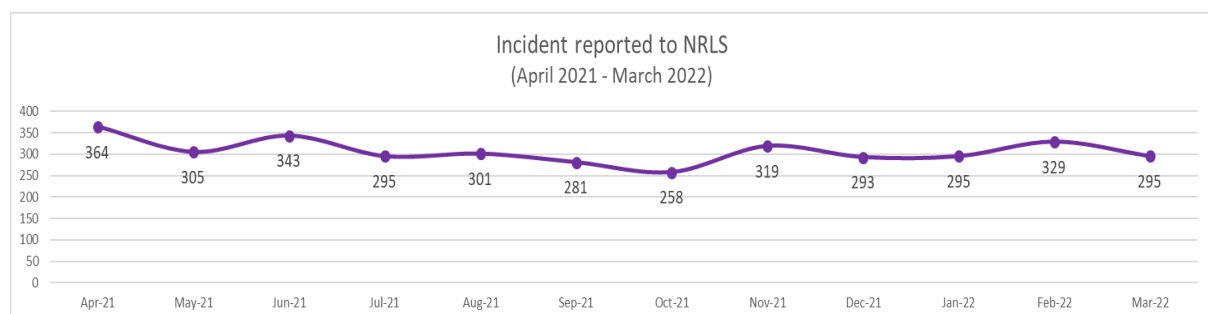
Percentage of patients 'Extremely Likely' or 'Likely' to Recommend Solent Services													
Annual Threshold	YTD Actual	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
95%	97%	97.5%	97.0%	96.1%	96.0%	96.8%	96.3%	96.1%	96.4%	96.7%	97.6%	97.8%	97.2%

**Indicator 7: The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.**

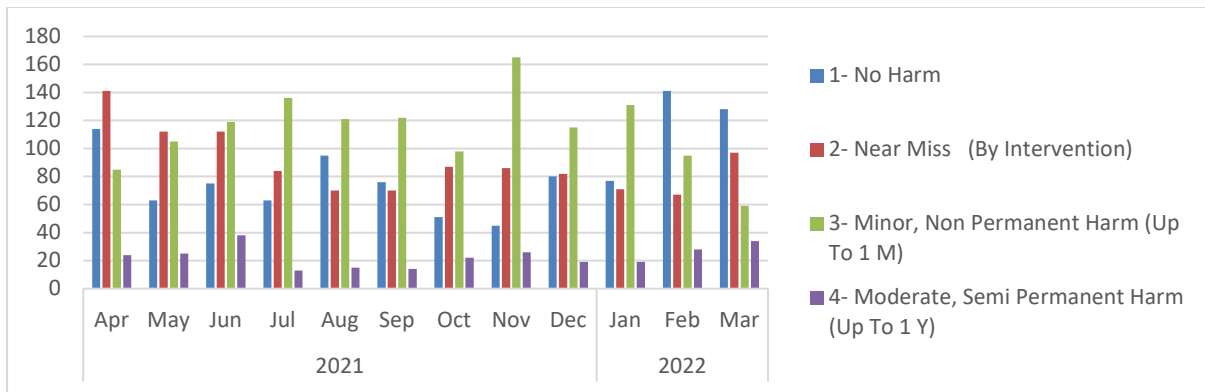
Indicator	2017-18		2018-19		2019-20		2020-21		2021-22	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Patient safety incidents reported	4857	N/A	5056	N/A	6422	N/A	3842	N/A	3395	N/A
Patient safety incidents resulting in severe harm or death	0	0%	0	0%	1*	0.01%	0	0%	0	0%

*\*The number of severe harm or death incidents does not directly equate to the number of serious incidents (Lfd section). Many of the Trust’s serious incidents are moderate harm incidents and are sometimes downgraded following investigation.*

**Incidents Chart 1: Incidents reported to the NRLS 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022**



**Incidents Chart 2: Degree of harm for NRLS reported incidents from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 (via the National Learning System)**



## Part four: Other Information

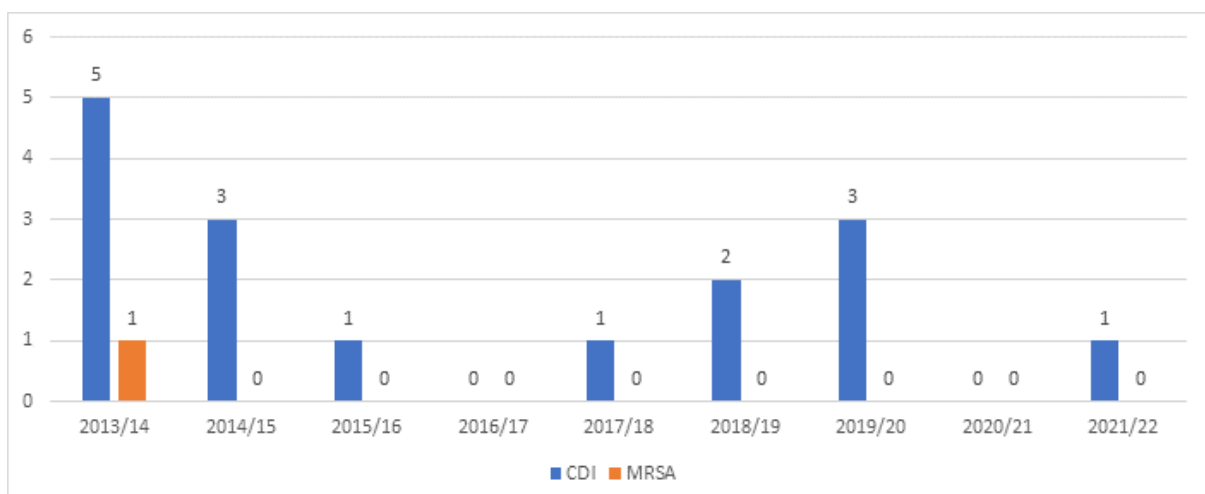
### 4.1 Quality Initiatives

#### Avoidable Healthcare Associated Infections (HCAI's)

Healthcare Associated Infections (HCAIs) can develop as a direct result of healthcare interventions or from being in contact with a healthcare facility. The term HCAI covers a wide range of infections including the most well-known such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile Infection (CDI). We remain committed to a zero-tolerance approach to any HCAI. If any such infections occur a full investigation takes place so that any learning can be shared and implemented. The following graph illustrates numbers of MRSA bloodstream infections (MRSA BSI) and cases of CDI that have occurred within the Trust since 2013 to the end of 2021/22. One case of CDI was reported in quarter three. After conducting a route cause analysis, findings indicated that this was an unavoidable infection and no lapses in care were identified.

**Chart 1: MRSA and CDI infections 2013 – 2021**

Figures for 2021 -2022 CDI 1 MRSA 0



During the continued COVID-19 pandemic, the specialist resource and expertise held within the Infection Prevention team (IPT) has continued to be heavily focused on supporting the Trust response and ongoing management of the situation. An aspect of this includes ensuring we have systems in place to identify incidents that may be considered health care transmission. During the course of 2021/22, 5 inpatient SARS-CoV-2 outbreaks were declared, a decrease of 4 compared to the previous year. These identified 4 indeterminate healthcare onset cases, diagnosed at day 3 – 7 after admission, 8 probable healthcare onset cases, diagnosed between days 8-14 after admission, and 14 definite healthcare onset cases identified, diagnosed >15 days post admission. All these are a reduction in cases compared to the previous year. SI's are completed and lessons and learning identified is shared to prevent outbreaks from occurring again. The IPT continue to work collaboratively across the CCGs as well as the wider system and are members of the HIOW ICB Professional Leadership meeting. This model of collaborative working is recognised as a positive factor in the constant drive to reduce HCAI across the local and wider health economy.

The ability to access microbiological results in real time and disseminate these to the appropriate healthcare professionals and ensure timely actions are put in place demonstrates compliance with at least four areas within the NHS Outcomes Framework Domains and Indicators (Dec 2010). Due to the ongoing pandemic the IPT have had to adapt their ways of working. They have kept an oversight of community infections and prioritized timely follow up and review of MRSA Bacteraemia's and community acquired CDI. Mitigations in place are - any sample or test requested by a GP or Practice Nurse will have the result returned to them and for any inpatient being discharged the result should be noted on discharge paperwork. Overall, there appears to have been a reduction in community infections. What is not yet clear is if this is a direct impact of the pandemic and the precautions that are in place, or if it is due to the public not wishing to access healthcare during these times.

For the purpose of ensuring compliance with the current MRSA policy the IPT undertake Point Prevalence Surveillance (PPS) each quarter. This is a named patient to screen match and demonstrates actual compliance with MRSA admission screening. Results for this reporting year have been positive with only a very small number of areas lower than normal compliance. Extra support and training has been provided in order to remind teams of the need and importance to complete this screening process alongside the COVID-19 screening process.

The IPC team remains focused on quality improvement and use a variety of tools and measures to monitor compliance with the Health and Social Care Act (2008). To help us achieve this we have developed a valuable resource known as infection prevention link advisors (IPLA). The IPT strongly support the role of the IPLAs within all clinical areas with visits, additional training and workshops. 155 IPLAs currently work across our organisation completing spot checks within their service areas as well as keeping staff compliant with hand hygiene competencies. To further support the IPLAs the IPT have also developed a network of hand hygiene champions that are trained to assess both clinical and non-clinical staff for their 6 monthly hand hygiene competencies. During the SARS-CoV-2 pandemic the IPT have continued to provide virtual workshops for the link advisors and have reinstated face to face delivery for train the trainer sessions with additional support identified and provided for new link advisors.

There are challenges with regards to the continued emergence of resistant bacteria and growing resistance to antibiotics, so it continues to be more important than ever to reduce the spread of

avoidable infection with good and safe practice within healthcare. We will continue to push the infection prevention agenda and enhance this by working collaboratively with neighbouring organisations.

## **Infection Prevention Team – Continued response to COVID-19**

Over the course of the year the infection prevention team (IPT) have continued their significant response to the ongoing COVID-19 (SARS-CoV-2) pandemic. The team have had to quickly adapt to become responsive and reactive to all situations. COVID-19 guidance has continued to change frequently and rapidly and has required analysis and review before being implemented in a safe and effective manner. These were communicated out in a variety of ways and we saw an exponential rise in the amount of email and phone queries we received with a particular focus on the contradiction between guidance changes outside of work and those that remain within the NHS. We approached this with empathy, understanding and compassion, recognising an element of fatigue after two years of exponential pressures on all staff.

Some of the work that has been undertaken in the response to the pandemic include:

- minimum weekly visits to inpatient wards,
- reintroducing visits to clinic settings as services have re-established,
- education sessions including upskilling, PPE, bespoke sessions for service lines,
- link advisor workshops and train the trainer programme, hand hygiene champion training
- training sessions for international nurses and new HCSWs,
- FIT testing across the Trust – taken over by health and safety in January 2022,
- The head of IPT has continued to support the interim CEO on weekly zoom calls,
- Band 7 IPN on secondment to learning and development as IP Practice Educator
- Zoom calls in response to guidance changes and updates.

Alongside the above, a positive shift to the use of virtual technology has meant the team have remained widely accessible to all staff within the Trust. During periods of COVID-19 outbreaks daily outbreak meetings were held and incidents were reported where probable or definite healthcare acquired cases were identified. Provisional learning from these outbreaks include:

- Relying on infection control and not infection prevention measures will fail.
- Reliance on negative lateral flow tests and staff attending work unwell.
- Reliance on glove use and forgetting the importance of hand hygiene between patient interactions by non-clinical staff.
- Lack of adherence to guidance at times of guidance change outside of work.
- Learning linked to training and education.
- Managers not aware of and not enforcing guidance.
- Fear to challenge poor practice.
- Estate and side rooms available.

### **Surge capacity beds:**

The IPT have worked closely with the estates and facilities department in the planning and implementation of surge capacity beds throughout the different waves of the pandemic. This has often meant a focus to create the safest environment and facilitating the appropriate application of mitigating factors to ensure high quality, safe and effective care can be delivered whilst also maintaining staff safety.

### **Collaborative working:**

As part of International Infection Prevention Week we held a face to face IPC event for Solent NHS Trust link advisors. This was also available to the wider Trust to attend virtually. The purpose of the



session was to provide some useful updates and insights into topics such as antimicrobial resistance, sepsis and mouth care, with a steer away from COVID-19. We had external speakers from PHU, the CEO of the Sepsis Trust and a motivational speaker inspiring staff to take control and manage their own minds and develop self-awareness and self-love. Feedback was exceptional and this will now be an annual event.

**Portsmouth City CCG Service Level agreement:**

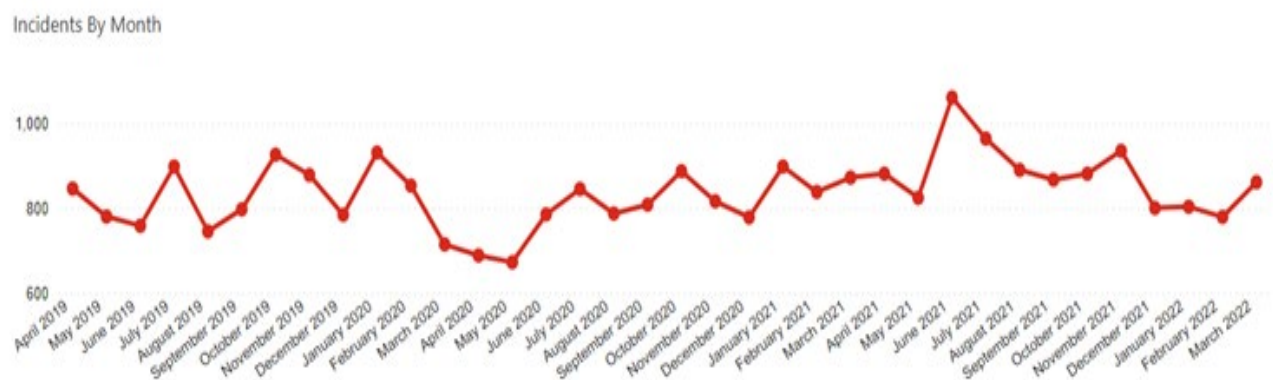
As part of this service, we have provided training and education to a number of care homes, nursing homes, domiciliary and care agencies in response to the pandemic. We have also offered outbreak support in response to both COVID-19 and other infectious pathogens. Working closely with the quality officer we have a quarterly IPC champions virtual training schedule in place for all the homes to attend. This has included sessions on back to basics, decontamination, and IPC inductions for new employees.

We have also reinstated environmental audits of practice nurse treatment rooms within general practice and held some virtual workshops for these staff.

**Incident Reporting and Serious Incidents**

The Quality and Safety Team continuously monitor incident data for themes and trends. Figure 1. shows the numbers of incidents reported by month from April 2019.

**Figure 1 – Incident Reporting Trend – Trust wide**

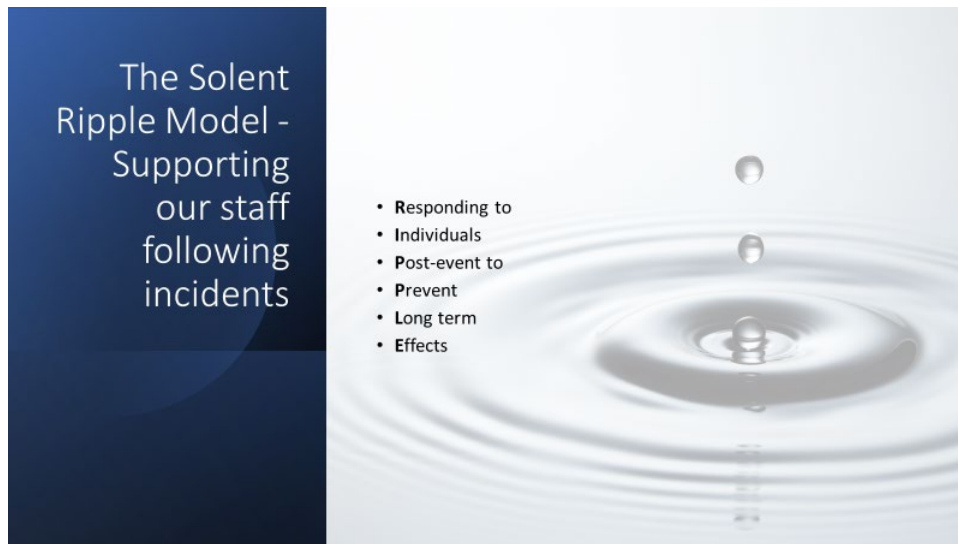


After a drop in the number of incidents reported during the COVID-19 pandemic, numbers have increased in 2021/22 and the end of year total exceeds the number reported in both 2019/20 and 2020/21.

Analysis of incidents shows that medication and pressure ulcer related incidents remain the largest cause group for all incidents. However, the Quality & Safety Team have also been monitoring incidents relating to Assaults against staff including the review of several incidents related to the Vaccination Centres. Senior representatives from Quality and Safety, Health and Safety and the Security Management Specialist are completing joint site visits across the trust, enabling the review of safety and security of our staff as a collaborative approach, combining clinical, security and environmental expertise.

Working collaboratively with colleagues across the Chief Nurse Directorate, we recognise the challenge for services when managing hugely complex complaints and/or overseeing complicated

incidents with multiple threads. In response to this and to further reinforce our offer of support to Services and their staff, the Head of Quality & Safety has developed a model of support for services to access when needed – pulling together a broad range of specialist advice/experience from across the trust to offer targeted tailored support, advice and expertise. The proposed framework, the RIPPLE Model, will be launched to staff on 11<sup>th</sup> April 2022.



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

The number of Serious Incidents declared is showing an overall downward trend over the last three years with 15 declared in 2021/22, 24 in 2020/21 and 49 in 2019/20. However, in 2021/22 five Serious Incidents have been downgraded following investigation and review, with the agreement of the relevant CCG, as they no longer met the threshold under the Serious Incident Framework.

The implementation of the Patient Safety Strategy in 2022/23 will change the response to incidents and the way they are investigated. In preparation, we adopted a Case Review Methodology for three Serious Incident Investigations in 2021/22 which has met with a positive response from staff, generated timely and informed improvements and improved Patient Safety. We will continue to apply this methodology for Serious Incidents wherever appropriate.

We have also trialled the presentation of thematic learning from Serious Incident investigations, twice in the form of COVID-19 specific Learning from Incidents & Deaths panels and once by the Special Care Dental Service. This format allows us to consider improvements which span several investigations and identify the most effective way to translate or share the learning with other areas or providers.

Examples of how we have shared the learning from Serious and High-Risk incidents can be found below:

### Example 1 - Adult Services Southampton

Presentation 1 below shows the excellent way in which the learning from a Serious Incident Investigation was shared with the team at Fanshawe Ward, Royal South Hants Hospital.

The guidance identified was also relevant to other Teams across the Trust and so was shared more widely.

## How the learning has already been shared within the team

- Needed to be shared through multiple resources/learning styles
  - Staff communication screen
    - Launch of the new BGL chart.
    - Need to check and record patient next of kin details.
  - Team Interaction
    - Updates at each ward meeting, including actions
    - Monthly newsletters
    - Healthcare Governance
    - 1:1 meetings
    - Email
  - Individualised learning
    - Development action plans
    - Reflective reviews
    - Clinical supervision
    - Learning portfolio

Great care at the heart of our community | 1

## Blood glucose monitoring chart

- Initially modelled on UHSFT version.
- Colour scheme RAG rating based on NEWS chart risk rating – visually obvious on course of action in event of hypo/hyperglycaemia.
- Liaised with Diabetes Specialist Nurse, Ward Geriatrician and doctors.
- Discussed with ward meetings/handovers to allow staff participation/embrace learning.
- Well received by both wards at RSH.
- Shared with WCH and Portsmouth matrons.

**Target BGL - 5.1mmol/L - To be set by ward doctor**

Target Range: \_\_\_\_\_

Signature: \_\_\_\_\_

Patient Addressograph		BLOOD GLUCOSE LEVELS	
Name:	Date:	Time:	Capillary Blood Glucose mmol/L
DOB:	26		26
NHS No:	24		24
	22		22
	20		20
	18		18
	16		16
	14		14
	12		12
	10		10
	8		8
	6		6
	4		4
	2		2
Outbay Status			Outbay Status
Excluded (Y/N)			Excluded (Y/N)
Hyperglycaemia			Hyperglycaemia
Diabetes			Diabetes
Notes			Notes
Reflex Blood			Reflex Blood

**Hypoglycaemia - glycaemia** - Please take action to resolve/seek medical advice

**Hyperglycaemia** - monitor FOUR times daily (ask Dr's to R/V)

**Normal** - No action required.

**Return testing advised in:**

- All patients with known diabetes who are clinically unwell and have nausea/vomiting if blood glucose > 11
- All patients who have type 1 diabetes who are unwell with a blood glucose > 14

Great care at the heart of our community | 2

## IM Glucagon

- Glucagon injection does not need a PGD to be given.
  - “saving life in emergency”
- Advice sought
  - Lead Medicines Management Technician
  - Resuscitation / Skills Trainer
- Emergency algorithms
  - Displayed on notice board behind resus trolley and resus folder.
  - Emailed to RSH Teams.
  - Ward Meeting/HCG/Newsletters.
  - Shared with WCH and Portsmouth Matrons
- Review new deterioration eLearning package to support learning

< Glucagon (BNF)

### Exceptions to legal category


Prescription-only medicine restriction does not apply where administration is for saving life in emergency.


## Example 2 - Adult Mental Health

As Learning Poster 1 below outlines, providing clinicians with access to all the record systems where a patient’s notes may be stored, aids effective and timely decision making. Whilst this incident

### Unlawful extension—169847

Solent **NHS**  
NHS Trust



**WHY**  **Summary of Incident**

A Southern Health patient detained on a section 136 and brought to the Solent 136 place of safety. A medical extension was unlawfully applied by the on-call consultant, following advice from the AMHP that an extension could be applied due to lack of provision from services overnight to support the patient if discharged. This resulted in the patient breaching by 1 hour and 42 minutes.

**What are we now doing differently?**

All nurses, including agency nurses, to have mental health and the law training, which can be provided through Solent NHS Trust

All consultants to have access to both Systmone and Rio, to manage all patients who enter the Solent 136 suite

Clinical entries are made by the decision maker at the point a decision is made with a clear rationale


Learning from this is being shared across medical, nursing and social care teams

**What did we learn?**

Individual consultant and AMHP did not have sufficient knowledge around when extensions could be applied

Not all consultants have access to Rio, the clinical records system used in Southern Health

Documentation by out of hours professionals is not always done at the point decisions are made, with a clear rationale



occurred in AMH, colleagues in other service lines have identified this as a challenge when different Trusts use alternative systems.

This has been discussed at the Hampshire and Isle of Wight Provider Sharing and Learning Group with the intention of improving integration and sharing between local Trusts.

### Example 3 - Adult Services Southampton

Learning Poster 2 concerns the case of a patient who was given CPR when a physical DNACPR document could not be located. The responders acted appropriately in providing the care, but it highlighted the importance of clear instructions when a DNACPR is in place.

As a result, Solent has developed an audit for DNACPR forms and piloted this within two inpatient areas prior to rolling it out to community teams. We have also escalated this to the Hampshire & Isle of Wight End of Life wide End of Life Steering Group. Differences between Trusts has already been discussed and clarified.

**Recording of changes to Advanced Care planning and Clinical discussions (169894) NHS Solent NHS Trust**

**WHY**

**Summary of Incident**  
 A patient with a Ca diagnosis who was gradually deteriorating and being closely monitored by their GP.  
 Patient was under the care of Community Nursing (Feb 2021) for catheter and wound care with twice weekly visits.  
 Urgent Care Therapy commenced input (April 2021) to support with mobility and safe transfers  
 A urgent CN visit was request by Urgent Care Social on 15.04.2021 as the catheter was not draining.  
 On the visit the patient became unresponsive with no pulse. Attending registrant was unable to locate DNACPR so commenced CPR and called 999.  
 Purple slip was found in the fridge but paramedics also unable to locate the DNACPR form. Patient passed away at home later that evening.

On initial investigation a number of learning points were identified relating to AACP, contemporaneous note keeping and location of DNACPR.

**What are we now doing differently?**

Review of AACP's need to be completed if there is a relevant change in presentation, this can be updated by any relevant team.

Ensure location of both the full DNACPR form and slip in the pot is recorded on System 1 as a high priority reminder

Trust workstream looking at DNACPR and plans for training for registrants to include DNACPR conversations and completing relevant documenting.

**What did we learn?**

Clinicians who responded to the situation responded appropriately and given support following.

When clinical conversations occur notes should be completed contemporaneously to support different professionals involved in the care to make clinical decisions.

That it is not always obvious where to find DNACPR forms in properties.

Anticipatory care plans are not always updated when there is a significant change in presentation that indicates a review.

Early conversations around DNACPR including location of form.

**REAL CHANGE**  
ISSUES • INSIGHT • IMPACT

**Powerful Learning**

### Never Events

In 2021/22 two Serious Incident investigations were carried out which met the criteria of a Never Event under the Never Events Policy and Framework. Details of these are shown below:

<b>Special Care Dental Service</b>	A dental prop was left in the mouth of a 10-year-old patient after surgery.
<b>Sexual Health Service</b>	An error in the transcribing of a patient's details resulted in the wrong patient being referred for a Colposcopy. This incident meets the criteria of a Never Event under the definition of 'wrong site surgery'.



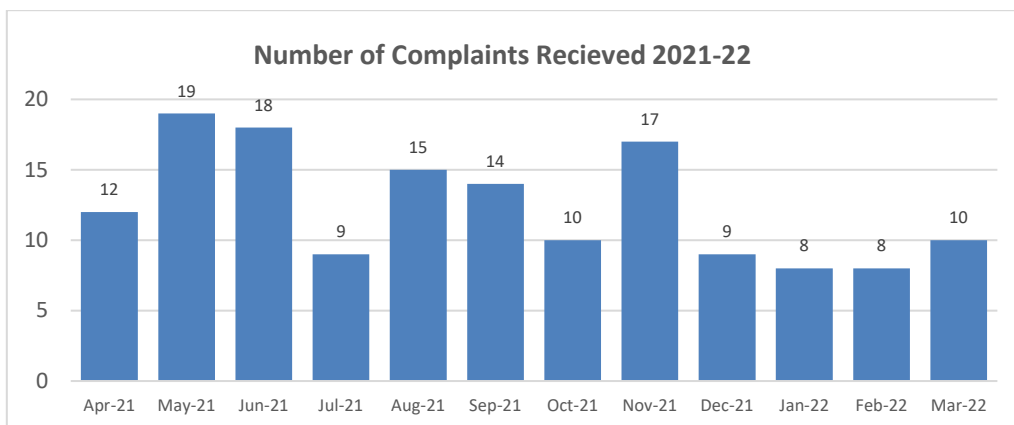
These incidents have been fully reviewed with Clinical Commissioning Group, NHS England Commissioning and Public Health colleagues and the learning shared.

## Complaints and Concerns

Whilst we strive to ensure that everyone that uses our services has the best experience possible, we are aware that sometimes things do not always go as expected, resulting in concerns and complaints being raised with us.

Our Patient Advice & Liaison Service (PALS) and Complaints Team provides support to people who use our services, as well as their families and carers, acting as a contact point for anyone who wishes to discuss an issue or concern.

During the first wave of the pandemic in 2020 to 2021 we had seen a reduction in the number of complaints received - 138 complaints. During this period, in line with PHSO and NHSE guidance, investigations into those complaints which did not involve a patient or staff safety incident were suspended and were reinstated in 2021/22. Over the past year we have seen the number of complaints received increase to 149 - an increase of eight percent from 2020/21 (see chart below).



## Complaint Categories

Throughout the year and in line with the national trend - communication has been recurring as one of the top themes for concerns and complaints raised with us. We have done a deep dive into the complaints around communication to give us a better understanding of the most challenging areas. The deep dive revealed that written communication was one of the most common areas for complaint. Following this, we are looking at how we can improve our written communications. To enable us to do this effectively, we have working closely with our Community Partners having now established a letter writing panel. The role of this panel will be to review samples of our complaint letters and provide feedback to actively inform how we improve our written communication methods. We shall also be developing a list of staff champions to look at samples of our letters before we send them out.

Category	2019-20	2020-21	2021-22
Appointments	17	7	16
Attitude of Staff	41	27	24
Clinical	60	58	66



<b>Communication/Infor to Patients</b>	23	36	28
<b>Confidentiality</b>	5	2	7
<b>Equipment &amp; Aids</b>	4	1	3
<b>Facilities</b>	1	1	4
<b>General Procedures</b>	4	6	1
<b>Other</b>	0	0	0
<b>Total</b>	<b>155</b>	<b>138</b>	<b>149</b>

**Table 1:** Number of Complaints by Category type from 2019-20 breakdown

## Improving our Complaints process for both staff and service users

Over the past year we have been piloting the Parliamentary Health Service Ombudsman National Complaints Standard Framework which provides a quicker, simpler and more streamlined complaint handling service, with a strong focus on early resolution by empowered and well-trained staff.

The focus of our work has been to streamline the process for raising concerns and making a complaint, whilst ensuring that we are offering support throughout the process. As part of this pilot we have:

- Held sessions with staff and community partners to review our existing processes and identify areas that needed changing.
- Increased the number of early conversations that we are having when a concern has been raised
- Taken on board feedback from both staff and community partners and reviewed our process for our response letters to complaints that have been made
- Provided training based on what staff told us they needed, this included training on telephone techniques.
- Contributed to the development of the framework by sharing our approach at national meetings

## Key Learning from Complaints

When a complaint is investigated it is critical that we ensure we learn from it to prevent similar complaints from being made. The complaints we receive are a key source opportunity for us to fully investigate and understand, to inform and drive improvements within the care we provide.

Examples of key Learning from complaints are summarised below. The learning from complaints and concerns alongside ongoing monitoring and reporting to ensure learning is embedded, is reviewed within the Experience of Care Forums.

<b>Service</b>	<b>Learning from Complaint</b>
<b>Health Visiting Adults Services</b>	<p><b>Overview of Complaint:</b>            Enquirer raised a complaint about the behaviour of a health visitor her concerns were that she did not introduce, enquirer not being asked who she was and being referred to as “Mum” throughout the appointment.            She stated she was ‘spoken over’ during the appointment and not listened to.</p>

	<p>Enquirer said she came away from the appt feeling attacked and that she wasn't a good parent to her child and all her negative thoughts of being a mum had been confirmed by a healthcare professional.</p> <p><b>Outcome and Learning:</b>  <i>As a result of the complaint the enquirer wanted some 'serious' retraining needs to be offered to the health visitor as well as a number of other health visitors</i></p> <p><i>The service responded by implementing training, so health visitors managed conversations in a sensitive way. These training sessions would be offered more widely to the rest of the team to ensure staff have the appropriate skills to hopefully prevent another parent feeling as the enquirer felt. The training will also ensure that all staff approach the topic of mental health in a carefully considered way and take their lead from the person sharing their experience</i></p>
<p><b>Children &amp; Family Services</b></p>	<p><b>Overview of Complaint:</b>  Fully upheld complaint about an assessment letter being received by young person which contained upsetting and sensitive information. The young person was not supposed to receive the letter due to the contents. However, the letter was automatically sent to the young person which caused extreme distress.</p> <p><b>Outcome and Learning:</b>  <i>The service discussed the learning from the enquirers experience. They have reviewed the procedures and processes in connection with assessments and letters to reflect the importance of the vulnerability of the young person/family who will be receiving them. When writing assessments, clinicians will write them with the understanding that a young person is likely to read it as it is about them. If information is deemed to be sensitive, or the vulnerability of the young person is considered to be too great, then it should not, and will not, be part of the written assessment.</i></p>

## Volunteers

A volunteer army supports the COVID 19 Vaccination Centres

## COVID-19 Vaccination Volunteers



Between January 2021 – 2022, approximately 2000 volunteers have supported the running of the Solent NHS Trust mass vaccination centres. They have worked in a range of roles, covering 12 hours a day, 7 days a week.

It is a phenomenal contribution, only made possible by the partnership and support of partner organisations (Basingstoke Voluntary Action, HIVE Portsmouth, Community Action Isle of Wight, Hampshire Search & Rescue, Southampton Voluntary Services, Communicare, St Johns Ambulance, Royal Voluntary Services and the Saints Foundation, Southampton).

In response to the pandemic, Solent NHS Trust has run four mass vaccination centres across Hampshire and the Isle of Wight – centres collectively capable of vaccinating almost 4000 people a day in Basingstoke, Southampton, Portsmouth and the Isle of Wight. These centres have run both a static clinic model, as well as an outreach service. They have also supported the school vaccination programme. Volunteers have contributed to all of the activities and been central to the successful operation of the COVID vaccination programme.



### Numbers –

Volunteers – 2000

Shifts worked – 42000

Hours worked – 170762

Our volunteers are the welcoming face of the vaccination centres, reassuring and guiding people through their vaccination process. They have kept the car parks running smoothly in every sort of weather and held the hands of many an anxious attendee. They've worked side by side with clinical teams inside the centres, vaccinating, managing queues and providing observation post vaccination. Megan Sankey, Clinical Matron on the Programme, sums up the importance of their contribution,

*“They’re everywhere we need them to be and without them the patient’s experience wouldn’t be as good as it is. We are so grateful to them”*

Jonathan used to work in IT, and has been working as a volunteer vaccinator with St Johns Ambulance – he says *‘The most important thing is I feel I’m contributing to the campaign to keep the country safer and able to enjoy the freedoms we’ve been enjoying as a result of the vaccination programme.’*

Nick Hemmings, Medical Lead for HANTSAR, has been vaccinating at Oakley Road in Southampton – he notes “The vaccination role has been hugely rewarding and the team have really enjoyed working alongside healthcare professionals and in the later stages, other volunteers and paid staff from different backgrounds. Additionally, we have been able to raise the profile of HANTSAR and increase awareness of the work we do. We’ve built upon our professional image and demonstrated our capability, as well as undoubtedly forging friendships into the future.”



Shirley Winn started volunteering on the Isle of Wight, following the closure of her travel business - “Before Covid, I had a really successful travel agency and tour operating business on the island. I had to really reinvent myself because I lost my company. I could have gone one of two ways, but I decided to reinvent myself. “Shirley’s passion and the chance to try something new at the Riverside vaccination centre has led to her deciding to retrain as a nurse so she can continue to support people.



The volunteer programme at the Vaccination centres has been the largest seen by Solent and has demonstrated how patient care is improved by partnering with the voluntary sector. It leaves a legacy of joint working and new roles for volunteers going forward. A massive thank you to all that volunteered and to all of those organisations who supported us.

### **Poem by Melanie – volunteered for 3 shifts a week at Basingstoke Fire Station Vaccine Centre**

**Boxing Day arrived and lockdown three  
Oh no!, winter and I want to flee  
Instead, confined at home, no not again!!  
But then not everything was in vain**

**I heard a whisper that volunteers were needed  
A new retiree and the thought was seeded  
Quick..get an application in through BVA  
And before I knew it I was on my way**

**Basingstoke Fire station, I started in Feb  
Outside, snow, -8, I should have stayed in bed  
But then no DBS so inside I went  
Indoor Guide, I was on the ascent**

**On with the yellow high vis and man the spots  
Move our patients onto the dots  
Lots of arm waving behind the masks  
And learning the ropes with all the tasks**

**So four months later and I’m still there  
Three shifts a week and I really care...  
For patients and friends that I’ve now met  
A new experience and I’m forever in debt**

**For working with an amazing team  
A volunteer role that has fulfilled a dream  
To work together to deliver the double dose  
One goal that ensured we’ve all become close**

**Thank you Basingstoke Fire Station crew**

**We rock, let’s keep going, I love you! ❤️**

## Experience of Care

Understanding what really matters most to people who use our services, their families and carers, is key to the delivery of high-quality services. Over the last year we have continued to focus on the three key things that patients have told us we need to do to better understand what matters most to them.

1. Come to us – your patients;
2. Hear our story – and that of our family and carers;
3. Do something with what we tell you - and tell us about what you have changed

## Output of Experience of Care Actions

We are passionate in our desire to ensure that everything we do has a positive impact not only for patients, families and the wider community but also for our staff. If things go wrong or are not quite right, we want to own it, put it right, learn from it and ask those affected how they later feel when positive changes are made. Here are some examples featuring the output and impact that positive actions and improvements have had

### Quality Checkers Visit to Community Mental Health Team (CMHT)

No stone is left unturned from our eagle eyed Quality Checkers. They visited the Community Mental Health Team in Portsmouth which supports adults with a wide range of mental health illnesses in the community



These are some of the improvements the Quality Checkers suggested with the actions taken by CMHT Portsmouth

QC's commented that they found the lift too small for the wheelchair user on the visit



Ainsley Brooks, Community MH Teams Administration Manager, said "The lift to which you are referring is in business as usual times a goods lift and would not be available to visitors on site. The estates manager is currently awaiting the commissioning date for the new larger passenger lift which will address the concern raised. To support the new lift, clear signage will be placed outside and inside the lift to signpost visitors. The new lift is also capable of transporting patients on hospital trolleys and therefore will easily accommodate wheelchairs. As of 16/12/21 the new lift is now operational. New signage has been ordered."

Watch this space...we wanted to tell you about the impact the visits have had on the Quality Checkers and the impact these actions have made on people using the service but Covid has prevented us meeting. We'll keep you posted...



### QC's asked about having relaxing pictures to look at in the interview room



CMHT said, " We have pictures displayed in all our interview rooms and have also added a few more pictures which features "Portsmouth Sights". We have installed more pictures within the group meeting room (where we hold our Therapy groups). The group meeting room has also been de-cluttered, which has made the room more welcoming."

### QC noted that the room for injections was a bit cluttered



CMHT responded, " This has been forwarded to the Depot team who manages this room. We are still awaiting to receive a response, more cupboards could potentially be ordered so less equipment is on 'show'"

## Impact of QC visit for the service

"The Quality Checker Team have really made an impact and fed back ideas that we wouldn't of thought about"



To support our ambition to provide a positive experience of care, we have actively increased the number and diversity of patients, families, carers and members of the local community involved in the development and oversight of our work. The *Making a Difference Group*, is a partnership between members of our community, and Solent teams and oversees the delivery of a range of experience of care improvement projects. The *Experience of Care Panel*, part of the quality governance structure in



the Trust, has extensive community membership and receives and advises on feedback from patients and families.

We have developed new ways of listening, hearing and understanding what matters most to local people. Community conversations provide an opportunity for people to share with us what we do well, what we could do better and how to approach some of the challenges we face. Over 100 community conversations have been held in the last year, with more 500 people involved directly in discussing topics including death and dying, community mental health services, carers support and how people wish to participate in Solent services. These have resulted in the identification of priorities for a programme of work related to palliative and end of life care, the cocreation of framework for community mental health services, the implementation of an innovative carers support for people caring for those with severe mental ill health, and carers from minority ethnic communities, and a framework of opportunities for involvement.

Working with patients and people from our local communities, we have designed and developed new and innovative ways of gathering feedback about experience of care. Our range of opportunities to share experiences of care now include:

- Digitally based surveys, accessible through text messaging and web-based surveys.
- A programme of story-telling; where people are invited to share their experiences face to face.
- Quality checker programme, led by people with a learning disability; visits afford an opportunity to review the service from a service user perspective. (see image below)
- Community feedback champions; individuals who enable access to groups we seldom hear.

Responding to and using the gift of feedback is important to people who use our services and helps us focus on what matters most to them. We have implemented a supported a number of projects to improve people's experience of care. These include:

- Support for family carers of patients in our in-patient wards, who are preparing for discharge.
- Training for service team members in effective telephone techniques, helping people develop skills in managing difficult conversations over the phone.
- Support for people who are waiting, for an appointment, a procedure or a visit, helping make the wait easier.
- Introduction of increased aftercare offers from the Experience of Care Teams to people who have raised a concern, resulting in many wishing w work with us to improve our services moving forward.

## **Alongside Communities**

In April 2021 we launched alongside Communities – the Solent approach to engagement and inclusion, the result of working with our community to understand what they needed of their local community and mental health Trust. With three key ambitions, to improve health, reduce health inequalities and to improve the experience of care of using our services, Alongside Communities is starting to underpin everything we do.



So together we, the teams at Solent, and the communities we serve, are fundamentally changing the way we work. Local people are becoming increasingly involved in what we do, offering their skills, knowledge and expertise guiding us to deliver what really matters most to them.

Over the last year we have developed a strong network of community partners; individuals and groups from local communities. We have increased the number and range of partners from 20 at the start in 2020 to over 250 in 2022, and now have support from people from minority ethnic groups, individuals living with severe mental and physical ill health, people with a learning disability, and the LGBTQ community.

We have developed our skills in working with communities by undertaking training in Asset Based Community Development, an approach which focusses on the strengths of communities rather than weaknesses or needs. Our newly acquired knowledge has allowed us to work with community groups to develop new services closer to home. These include support for carers of people living with mental ill health; reducing social isolation for people who do not use digital platforms; wellbeing community champions supporting COVID prevention; wellbeing volunteers for people with dementia and their carers.

The delivery of our ambitions is monitored and reported to the Engagement and Inclusion Committee, a sub-committee of the Trust Board.

### Community Celebration Event

We held our first Community Celebration Event in March 2022. This was a welcome opportunity to celebrate in person, with our community and community partners, the fantastic work we have achieved together to date. There was significant interest in the event, with over 50 representatives attending from a wide range of our community (limited capacity due to COVID measures):



The event was an incredible opportunity to come together, to meet our colleagues face to face, often many of us not having met in person, to celebrate the fantastic work we have achieved to date. Having reflected on the work achieved so far, as we start to move beyond the COVID-19 pandemic, we also sought to explore how we could strengthen our work together further by considering:

- How we can share our learning wider across our community
- How can we build on our work to date, to support all parts of our diverse community to access our services
- What creative methods we could co-produce to help capture and assess whether we are really making a difference to people when accessing our services.
- How can we really understand the impact our work can have on our communities
- Exploring alternative methods of communication

A range of fantastic ideas were shared with us, which helped to both provide assurance that our work underway remains on the right track and to open up a range of other new ideas for us to explore.

We look forward to working together next year to continue to build on our achievements to date!

## Patient Led Assessment of the Care Environment (PLACE)

### What is PLACE?

Good environments matter. Every NHS patient should be cared for with compassion and dignity in *a clean, safe environment*. PLACE assessments provide opportunities for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced. Introduced in April 2013, PLACE is the system for assessing the quality of the patient environment. The assessments primarily apply to hospitals providing NHS-funded care in both the NHS and private/independent sectors. The assessments, which focus on the environment and *not* clinical care, take place every year, and results are published to help drive improvements in the care environment.



The national PLACE programme did not take place in 2021 but is scheduled to be reintroduced in September 2022. We shall undertake the assessment in partnership with our local Healthwatch partners, patients and members of our communities.

# Safeguarding

## Safeguarding is everyone's responsibility

*"Solent believes that everyone has the human right to live their lives free from abuse and harm. We are committed to proactively reducing the risk of harm occurring and building a safer future for all. The safeguarding team provides expert support, advice and challenge which is solution focused and restorative. We will empower staff to keep the people we care for, our colleagues and our families safe."*



The pandemic continues to have a significant impact on safeguarding activity. The team has continued to deliver on its contractual requirements including embedding the second year of the Solent Trust Safeguarding Strategy.

### Objective 1: Safeguarding is Everyone's Responsibility



Safeguarding champions across all service lines

Safeguarding messages threaded through all training and events

Standalone Trust Prevent Policy

### Objective 2: Training



Trust training needs analysis completed

Multiple new training options launched across the Trust

Safeguarding compliancy aligned to Intercollegiate

Level 2/3 integrated adult and child training offer increased

### Objective 3: Whole Family Approach



Safeguarding recording template for all staff

Dual child and adult safeguarding responsibilities integral to new team roles

### Objective 4: The Voice of the Child and/or Adult



Voice of the child and adult at risk recorded on all safeguarding concerns and inform safeguarding actions

Voice of the child toolkit developed and launched

## Objective 5: Feedback



Staff and partner agency feedback has informed change

## Our plans for 2022/23

It is predicted that the increase in safeguarding activity is unlikely to change for the foreseeable future. In response to this Solent safeguarding team is currently compiling business cases and team remodelling options to ensure future sustainability in meeting our responsibilities.

### Objective 1: Safeguarding is Everyone's Responsibility



Affiliated member of the safeguarding team aligned with each service line, including increasing representation at governance / team meetings

### Objective 2: Training



Strengthen our involvement in multi-agency training

Blended training opportunities and guidance to be developed and added to learning platform

### Objective 3: Whole Family Approach



Audit to explore how well the 'Whole Family Approach' to safeguarding is embedded in practice

Findings to guide the safeguarding strategy 2023/26

### Objective 4: The Voice of the Child and/or Adult



Audit to explore if the voice of children and adult at risk are central to safeguarding concerns and activities



### Objective 5: Feedback



Collaborate with Patient Experience Team to explore how service users stories can guide and enhance our practice



## Annex 1: Statements from Commissioners, Healthwatch & Overview and Scrutiny Panel

The guidance from NHS Improvement states that Quality Accounts should be shared with commissioners and local scrutineers including the local authority Overview & Scrutiny Committee and Healthwatch organisations.

A draft version of the Quality Account was shared, with all parties detailed above during April-May 2022 requesting further comments.

The draft Quality Account was sent to the following stakeholders for comment:

Portsmouth City Clinical Commissioning Group (CCG)

Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG)

Portsmouth Healthwatch

Southampton Healthwatch

Hampshire Healthwatch

Following feedback received, changes were made to the Quality Account as required prior to finalising.

Responses received from stakeholders are set out in the following pages

**By Email**  
Solent NHS Trust

NHS Portsmouth CCG Headquarters  
4<sup>th</sup> Floor, 1 Guildhall Square  
Civic Offices  
Portsmouth PO1 2GJ

Dear Solent

**Re: NHS Portsmouth Clinical Commissioning Group (Response in 21/22 Quality Account)**

Thank you for sharing the Trust's draft 2021 - 22 Quality Account with Portsmouth Clinical Commissioning Group. We are assured that the Quality Account has been developed in line with the national requirements and gives an overall accurate account and analysis of the quality of services the Trust provides.

This account clearly demonstrates the progress made in the past year in the quality priorities. It is naturally really pleasing that despite it being another year of tremendous challenges, many of the priorities have been met. That is in no small measure due to commitment, determination and sacrifice of your staff and colleagues. We take this opportunity to thank all the staff at the trust for their hard work during these unprecedented times.

This will be the last year of commenting on the Quality Account as a CCG as we move into the new era of the Hampshire and Isle of Wight Integrated Care System. It is therefore only right that we acknowledge the positive working relationship between the Trust and the CCG and the drive of both organisations to provide both safe and quality services for the residents of Portsmouth. Whatever the new system brings it is imperative that that the local needs of the population will continue to be met. We feel sure that your quality priorities around working with the community and engaging with community partners will be part of ensuring that this happens.

You have talked about the audits that you have undertaken, both nationally and locally and discussed how this helps identify areas in need of improvement. You have also given examples of how actions arising from the audits have improved the quality of healthcare.

The Trust remains committed to research as another driver for improving the quality of care and patient experience. Despite research work being affected by the pandemic it also brought



new opportunities for clinical research into the pandemic. You fully supported this and the collaborative work with local research hubs helped develop the vaccine to minimise the impact of COVID-19.

You have set eight clear priorities for the coming year aligned to both your values and the three elements of your mission: great care, great place to work and great value for money. We note there is no specific priority concerning the recovery and restoration of services following the pandemic. It is however positive to see that the learning you have encountered will be threaded through all your goals and priorities. The CCG is supportive of the focus of the quality priorities for 2022/23. We will continue to work with the Trust to ensure we continue to champion the quality, safety, and safeguarding agendas together, for the benefit of the commissioned services for residents.

The CCG acknowledges the Trust's commitment to quality and safety and the dedication to the co-production of the quality priorities with staff, patients, families, carers and stakeholders. There will no doubt continue to be new challenges along the way although we are assured you will be in the right place to overcome these. We look forward to continuing to work in partnership with the Trust within the new Hampshire and Isle of Wight Integrated Commissioning Board.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tina Scarborough', with a stylized flourish at the end.

Tina Scarborough  
**Director of Quality and Safeguarding**  
**NHS Portsmouth CCG**

## **Healthwatch Southampton Comments on Solent NHS trust Quality Account 2021/22**

Healthwatch Southampton (HWS) welcomes the opportunity to make formal comment on the draft of Solent NHS Trust Quality Account 2021/22. Solent NHS trust delivers Community and mental health services for Southampton, Portsmouth and parts of Hampshire and the Isle of Wight. Our comments are limited to those parts of the quality accounts that deal with services provided by Solent NHS trust in Southampton.

Part one of the accounts is very useful as a scene setter and the introductions by the Chief executive and Chief Nurse and Chief Medical officer give a good overview of the attitude towards quality by the Trust. This year the trust has had to continue to deal with the changing situation brought about by Covid-19 and we understand and support the decision not to outline a dedicated quality priority to recovery and restoration but to thread the learning the all the strategic quality goals and service line quality priorities.

Last year Solent NHS trust said it was their intention to work with community partners to develop a preferred format for this publication. We understand why this was unable to happen this year but are pleased to see that plans are in place so that future quality accounts will be co-produced with community partners to reflect what is important to the people they serve and Healthwatch Southampton will cooperate as required.

We have previously commented that as the trust is large and complex, we would like to see a clear explanation of services. The Introduction to services and 'what we do' at the beginning of Section 2 is therefore very much welcomed and makes the document more meaningful to patients and the public.

Section 3.1 dealing with the progress against priorities for improvement 2021-22 sets the priorities for improvement for 2022-23 into context. It is helpful that trust wide objectives for each priority are dealt with before the service line objectives. The way that this is set out is straightforward and easy to follow. It is not surprising that the first priority was only partially met and pleased that it will be carried forward. We are aware that considerable effort is being made to better engage with communities and we hope that further progress will be made in the coming year. It is pleasing that priorities 2, 3 and 4 have been met. We are not surprised that priority 5 has only been partially met but with the establishment of the ICS we expect more progress shortly. We are particularly pleased that priority 6, caring for the teams, has been met. It is quite clear that all staff in the NHS have been put under considerable pressure and with the rising backlog, staff deserve to be properly supported.

The review of progress for the individual service lines is long and detailed. We will not comment in detail on each of the priorities but make the general comment that the way it is presented is easy to read and understand. We repeat our comment of last year that we wonder if future reports could be simplified so that just major objectives for quality improvement were documented; possibly placing these more detailed service line objectives into an internal working document. However, we are pleased that, despite Covid-19, much progress has been made, a focus on improving quality has been maintained, and where appropriate, activity is planned to continue into 2022-23.

The eight trust-wide quality priorities for improvement are all important and supported. Community engagement is obviously key to decision making and an essential element in dealing with health inequalities. Health and wellbeing of staff is critical, and it is right that this should remain a priority for improvement. We are also pleased that the trust has recognised that digital solutions are not the only answer and that other solutions are sometimes required. This links particularly with the need to improve accessible information to hard-to-reach groups, and we are pleased that flexibility will be required. Waiting times is likely to remain an issue and working with partners in the ICS is important. An important element of this, not specifically

mentioned, is keeping patients informed of their position in the 'queue'. Patients understand there are difficulties but keeping them informed reduces stress and worry.

The trust-wide delivery plans are well set out and the headings 'What you plan to do', 'Overall expected outcome', and 'Key milestones' are very clear and sufficiently detailed. In the version we have for comment there are still some sections to be completed but we assume this will be rectified in the final version. These headings continue through the service line delivery plans which is helpful.

The trust refers to the absence of PLACE inspections in 2021 and states the national intention of re-introducing them in September 2022. We are pleased that Solent will engage with Healthwatch in organising and undertaking these inspections and Healthwatch Southampton will co-operate fully.

Patients have been incredibly positive about the efficient management of the vaccination centres and Solent are to be congratulated for their part in organising these centres.

The quality account is detailed and thorough and as far as we can judge there are no serious omissions. We look forward to another year working with the trust to ensure that patients and the public are well served.

**Harry F Dymond MBE**  
**Chair Healthwatch Southampton**



**Hampshire, Southampton and  
Isle of Wight**

Clinical Commissioning Group

Ground Floor, The Castle  
Castle Avenue  
Winchester  
Hampshire  
SO23 8UJ

20 May 2022

Andrew Strevens  
Chief Executive Officer  
Solent NHS Trust  
Highpoint  
Bursledon Road  
Southampton  
SO19 8BR

Dear Andrew

**Solent NHS Trust Quality Account 2021/22**

NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG) welcomes the opportunity to comment on Solent NHS Trust's Quality Account for 2021/22.

The CCG would once again like to offer its thanks to Solent and all the staff for their ongoing participation and contributions to supporting the system wide response to the key national priorities and the Covid-19 pandemic. This includes continuation of the transformation of services in response to the pandemic and the needs of the population and the ongoing participation in the local Covid-19 vaccination programme. It is recognised that with the ongoing challenges, staff have continued to drive quality improvements and progress the priorities set for 2021/22.

The Quality Account is clearly presented and outlines the Trust's position against priorities set for 2021/22 and those from 2020/21 which have now been delivered. Despite the challenges of the last year, which affected the delivery of some planned objectives, it is of note that the Trust has reported delivery and progress for most of these. It is acknowledged those initiatives still to be completed are identified as areas for ongoing implementation during 2022/23.

Among the achievements reported for 2021/22, the CCG would like to draw particular attention to the work regarding implementation of nurse advocate roles within community nursing, implementation of Red and Green Days to inform ward capacity and support patient flow, integration of community children and adolescent mental health service team, and primary care's continued development of digital interoperability to increase patient and staff experience. The ongoing work with the wider system to explore opportunities to work together in supporting patients to access and receive sexual health advice and support is also noted.

The information in the account reflects that shared and discussed with CCG colleagues throughout the past year and the Quality Account for 2021/22 meets the national requirements.

Whilst another very challenging year, throughout it the CCG has continued working with the Trust as part of the local health system, in monitoring the quality of care provided to the local populations, and in identifying areas for improvement and system wide learning. The Trust remains an active and valued member of the Hampshire and Isle of Wight Learning and Sharing Network.

The Trusts continued efforts to actively engage the local community and partners to obtain feedback to shape the strategic quality goals for 2022/23 and beyond is to be commended. The CCG is supportive of the eight strategic quality goals for 2022/23, including patient safety culture, staff wellbeing, and strengthening the person-centred approach to care. The CCG (and in future Integrated Care Board) will continue to support the Trust with the delivery of the individual service lines priorities to drive improvements in quality for all the populations served.

The CCG/ICB looks forward to working with Solent in the next year to support the continued focus on the monitoring of sub-contracted services, access to performance and quality data and children's services, including community nursing and looked after children.

It is anticipated that 2022/23 will continue to bring new challenges and opportunities both locally and nationally. With the move to the Hampshire and Isle of Wight Integrated Care Board, the CCG looks forward to continuing working together to build on the quality initiatives developed as part of local system learning including the ongoing priorities of reducing health inequalities, improving accessibility for all and further progress to continue to improve the end of life care pathways for patients and their families.

Yours sincerely



Julie Dawes  
Chief Nurse  
Hampshire Southampton & Isle of Wight CCG

cc: James House – Managing Director – Southampton  
Matthew Richardson – Deputy Director of Quality and Nursing – Southampton

## Annex 2: Statement of Directors' Responsibilities for the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare a Quality Account for each financial year.

NHS Improvement has issued guidance to NHS Trust boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS Trust boards should put in place to support the data quality for the preparation of the quality account.

In preparing the quality submission, directors are required to take steps to satisfy themselves that:

1. the content of the quality account meets the requirements set out in the NHS Improvement guidance issued.
2. the content of the quality account is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the relevant period
  - papers relating to quality accounted to the board over the same period
  - feedback received from Portsmouth and Hampshire, Southampton and Isle of Wight Clinical Commissioning Groups
  - feedback received from Southampton, Hampshire and Portsmouth Healthwatch organisations
  - the NHS Staff Survey Results published
  - the Head of Internal Audit's annual opinion of the Trust's internal control environment
  - the quality account presents a balanced picture of the NHS Trust's performance over the period covered
3. the performance information reported in the quality account is reliable and accurate
4. there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice
5. the data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
6. the quality account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality account.



The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality account.

By order of Solent NHS Trust Board

Signature to be added

**Andrew Strevens**  
**Chief Executive Officer**  
**Solent NHS Trust**  
**June 2022**

A handwritten signature in black ink that reads "C Mason". The signature is written in a cursive style with a large initial "C" and a smaller "Mason" following.

**Catherine Mason**  
**Trust Chair**  
**Solent NHS Trust**  
**June 2022**

# Solent NHS Trust

Call 0300 123 3390

---

Visit [www.solent.nhs.uk](http://www.solent.nhs.uk)

---



[@SolentNHSTrust](https://twitter.com/SolentNHSTrust)



[www.facebook.com/solentnhstrustnews](https://www.facebook.com/solentnhstrustnews)

---

Highpoint Venue, Bursledon Road, Southampton, Hampshire SO19 8BR