Agenda
Solent NHS Trust In Public Board Meeting

<u>Date</u>: Monday 3 October 2022
<u>Timings</u>: 10:00 – 13:55
<u>Meeting details</u>: Condor Suite, 2nd Floor- Highpoint Venue, Burseldon Rd, Southampton, SO19 8BR

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	10:00	5mins	**Chairman's Welcome & Update** • **Apologies to receive**	Chair	To receive
			Confirmation that meeting is Quorate *No business shall be transacted at meetings of the Board unless the following are present;* • *a minimum of two Executive Directors* • *at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair*	Chair	-
			Register of Interests & Declaration of Interests	Chair	To receive
2	10:05	30mins	**Staff Story**	Chief People Officer	To receive
3	10:35	5mins	***Previous minutes, matters arising and action tracker**	Chair	To approve
Quality and safety first					
4	10:40	10mins	**Safety and Quality – contemporary matters including:** • **Board to Floor feedback** • **Freedom to Speak Up update**	Deputy CEO & Chief of Nursing and AHPs Chief of Staff	Verbal update
Items to receive					
5	10:50	10mins	**Same Sex Accommodation Declaration**	Deputy CEO & Chief of Nursing and AHPs	To receive
6	11:00	10mins	**Emergency Planning Resilience Response Annual Report**	COO	To receive
7	11:10	10mins	**A Framework of Quality Assurance for Responsible Officers and Revalidation- Annual Board Report and Statement of Compliance**	CMO	To receive

			10-minute break		
8	11:30	20mins	**Chief Executive's Report**	CEO	To receive
9	11:50	35mins	**Integrated Performance Report** *Including:* • *Safe* • *Caring* • *Effective* • *Responsive* • *People* • *Finance* • *Research and Improvement* • *System Oversight Framework* • *Self-Declaration NHS Provider Licence*	Executive Leads	To receive
			12.25 ****Lunch break 30 minutes****		
10	12:55	30mins	**Strategic Priorities Update – 2022/23 H1 Report**	CEO	To receive
11	13:25	10mins	**Six-month implementation plan update on Digital Strategy**	CEO	To receive
			Reporting Committees and Governance matters		
12	13:35	15mins	**People Committee -** *Exception report from meeting held 22 September 2022*	Committee chair	To receive
13			**Mental Health Act Scrutiny Committee-** *no meeting held to report*	Committee chair	To receive
14			**Audit & Risk Committee –** *Exception report from meeting held 4 August 2022* • *Well Led Action Plan (included as supplementary paper- item 14.2)*	Committee chair	To receive
15			**Quality Assurance Committee-** *Exception report from meeting held 22 September 2022* • *Patient Safety Qtr 1 Report (included as supplementary paper- item 15.2)*	Committee chair	To receive
16			**Non-Confidential update from Finance & Infrastructure Committee–** *non confidential escalation report from meeting held 26 September 2022*	Committee chair	Verbal update

17			**Charitable Funds Committee –** *Exception report from meeting held 4 August 2022*	Committee chair	To receive
Any other business					
18	13:50	5mins	**Any other business and reflections including:**	Chair	-
19			• *lessons learnt and living our values* • *matters for cascade and/or escalation to other board committees*	Chair	
20	13:55	---	**Close and move to Confidential meeting** The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows: "that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'" (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)	Chair	-

15-minute break prior to Part 2 Confidential meeting

Date of next meeting:
• *5 December 2022*

Minutes

Solent NHS Trust In Public Board Meeting

Date: Monday 1 August 2022
Timings: 9:30
Meeting details: Virtual meeting via MS Teams

Chair:	
Catherine Mason, Trust Chair (CMa)	
Members:	**Attendees:**
Andrew Strevens, CEO (AS)	**Rachel Cheal**, Chief of Staff & Corporate Affairs (RC)
Jackie Munro, Deputy CEO & Chief of Nursing and Allied Health Professionals (JM)	**Alasdair Snell**, Deputy COO (Shadowing Suzannah Rosenberg) (ASn)
Dan Baylis, Chief Medical Officer (DB)	**Gina Winter-Bates**, Associate Director Quality & Safety
Suzannah Rosenberg, Chief Operating Officer (SR)	Sadie Bell, Head of Information Governance (SB) *(for item 10)*
Shahana Ramsden, Chief People Officer (SRa)	
Gordon Fowler, Chief Finance Officer (GF)	
Mike Watts, Non-Executive Director (MW)	**Apologies:**
Gaurav Kumar, Non-Executive Director (GK)	No apologies to note.
Stephanie Elsy, Non-Executive Director (SE)	
Calum Mercer, Non-Executive Director (CMe)	
Vanessa Avlonitis, Non-Executive Director (VA)	
Patient Story (item 2)	**Staff Story (item 3)**
Joe Jenness, Story Telling Champion (JJ)	**Charmain Wright**, Talking Change- Psychological Services (CW)

<table>
<tr><td colspan="2" align="center">Judgements and decisions made in the context of a Level 3 National Incident</td></tr>
<tr><td align="center">1</td><td>Chair's Welcome & Update, Confirmation that meeting is Quorate, Register of Interests & Declarations of Interests</td></tr>
<tr><td align="center">1.1</td><td>CMa welcomed Board members and attendees to the meeting. There were no apologies to note.</td></tr>
<tr><td align="center">1.2</td><td>The meeting was confirmed as quorate. There were no declarations of interest updates to note.</td></tr>
<tr><td align="center">2</td><td>Patient Story – Joe Jenness, Story Telling Champion</td></tr>
<tr><td align="center">2.1</td><td>JM introduced JJ to the meeting and informed that this was the first part of the Story Telling Programme, with the impact of storytelling on a Learning Disabilities service user being shared at the next Board.</td></tr>
<tr><td align="center">2.2</td><td>JJ explained interest in storytelling as a community partner and the importance of providing support to allow people to share their stories.

JJ shared a poem with the Board regarding the impact/importance of storytelling.</td></tr>
<tr><td align="center">2.3</td><td>JJ briefed on learning from training, including the tools and techniques provided to enable storytelling. Ability to positively influence change was emphasised.

JJ noted how techniques were used within his role at Carers UK, to provide improved information/support and an open space for natural and honest discussions.</td></tr>
<tr><td align="center">2.4</td><td>CMa thanked JJ for providing his experiences and asked if he could continue learning in his upcoming new role. JJ commented on challenging sectors however noted strong learning techniques for building relationships.</td></tr>
</table>

2.5	SRa suggested inclusion of the poem within the People Strategy. **Action- JM to share with SRa.**
	Usefulness of recording JJ reciting the poem was also suggested, as part of ongoing Community Engagement work.
	The Board noted the Patient Story. *JJ left the meeting.*
3	**Staff Story – Talking Change, Psychological Services – Charmain Wright**
3.1	SR introduced CW to share her inspiring story of working within the Trust.
	CW provided an overview of her background, including experience of excellent care received as a service user and challenges within other NHS Trust roles. CW confirmed that she was appointed to her role via the Trust IAPT employment team and confirmed open and honest discussions of her background, during the appointment process.
	CW shared positive working environment and accessibility to exceptional wellbeing support.
3.2	SRa reflected on the positive effects of using lived experience in recruitment and encouraging discussions of experiences.
3.3	JM queried any potential further improvements and CW shared the need for continued offers of wellbeing support.
3.4	AS asked about work within previous Trusts and how to continue a high level of culture and values. CW provide an overview of previous roles and emphasised the importance of communication and access to support.
3.5	SR thanked CW for attending and sharing enthusiasm with the Board.
	SRa confirmed request for the Communications Team to liaise with CW to write up her story for use in the People Strategy.
3.6	DB reflected on the potential of this type of service across Hampshire and the Isle of Wight and organisational priority of aligning resource to provide a large transformational service.
3.7	CMa agreed value of lived experience and thanked CW for telling her story.
	The Staff Story was noted. *CW left the meeting.*
4	**Minutes of the meetings held Monday 6 June 2022 and 13 June 2022, matters arising and action tracker**
4.1	The minutes of the meeting held on 6 June 2022 and EO meeting on 13 June 2022 were confirmed as accurate records.
4.2	The following actions were confirmed as complete: AC004630, AC004631
5	**Safety and Quality – contemporary matters including:** • **Board to Floor feedback including 6 monthly Board to Floor update** • **Freedom to Speak Up matters**
5.1	<u>Safety</u> JM reported themes in relation to safer staffing and pressure on clinicians, particularly in Adults Community Services. The Board were assured of continuous monitoring via the Quality Assurance Committee. The Board were informed of management of a Covid-19 outbreak on Brooker Ward.
5.2	<u>Board to floor visits</u> It was confirmed that visits would recommence in August and this was welcomed by the Board.

5.3	<u>Freedom to Speak Up matters</u> There were no matters to escalate. RC noted that Beth Carter (current Head of IPC) would be joining as the Lead Freedom to Speak Up Guardian on 12th September 2022.
6	**Six Monthly Safe Staffing Report (December 2021 – May 2022)**
6.1	JM shared the report, as presented to the Quality Assurance Committee. • An overview of key risks and mitigations were provided. • Close working between senior nursing staff and operational leaders was confirmed and JM commented on review of funding of additional community staff. • Increase in the number of Safer Staffing Meetings and high staff engagement was noted. • Focus on recruitment and retention was confirmed and challenges explained. • JM explained triangulation of information between reports and highlighted strong reporting culture across the Trust. • Further review in terms of related incidents, where there has been less than optimal staffing, was noted. It was confirmed that a deep dive would be completed and shared via the quality governance route.
6.2	CMa noted encouraging assurance in relation to robust processes and planning for safer staffing.
6.3	In reference to cancellation of staff annual leave over the Christmas period, SE asked about management and considerations of potential staff fatigue. JM confirmed management at a local level and support within teams. JM briefed on introduction of additional incentive overtime payments and assured of ongoing monitoring, with details noted via performance review/safe staffing meetings.
6.5	SE queried investment required in terms of the development of the Safer Staffing Dashboard. JM commented on considerations of use of existing systems to develop further. It was confirmed that work was at the information gathering stage and would be reviewed by execs, with appropriate business case drafted if relevant.
6.6	SE queried the unit of measurement used within the chart detailing bank/agency usage. JM confirmed measurement of hours over the quarter and agreed to include unit definition within future reports.
6.7	RC asked about the impact of E-Prescribing on medication errors and suggested potential usefulness of review by Sandra Glaister (Head of Corporate Assurance). JM explained reporting and deep dives completed and agreed usefulness of a new perspective. **Action- RC to liaise.** GF informed of tracking and reporting of benefits via the Clinical Executive Group and Quality Improvement and Risk Group and CMa explained regular assurance reported via the Mental Health Act Scrutiny Committee.
6.8	VA asked about potential considerations of bed closures due to unfilled shifts. It was noted that decisions were made as required, however highlighted greater challenges across community areas.
6.9	AS shared the need for review of staffing more broadly across the system, together with partners. It was agreed to discuss further in Confidential Board.
6.10	MW queried escalation of issues/clear 'trigger' points. JM briefed on processes for Strategy meetings, harm reviews and reporting via quality governance routes.

6.11	**The Board noted the Six-Monthly Safe Staffing Report.**
7	**Patient Safety including Learning from Deaths, Learning from Incidents and SIs Annual Report**
7.1	JM provided an overview of key items within the report. • Significant number of incidents in relation to staff assault across the year was highlighted. It was confirmed that these were now reducing and JM commented on work taking place. • It was reported that 5 Patient Safety Partners were now in post. • JM shared considerations of new methods and close work with Southern Health NHS Foundation Trust.
7.2	CMa highlighted irregular reporting of a never event and JM assured of full investigation and closure of the case. It was confirmed that a full update could be provided during Confidential Board.
7.3	SE asked about potential national comparative data in relation to levels of harm within similar organisations. Strong reporting culture was emphasised and discussions were held regarding added value of aligned ICS quality and governance, with critical benchmarking considerations.
7.4	SE acknowledged increase in pressure ulcers reported and requested clarity in terms of training in place. JM commented on elements of patient complexity and comprehensive training programmes. It was confirmed that a deep dive was being completed and would be shared via the Quality Assurance Committee. DB reflected on collective responsibilities in terms of a rising frail population and further priority considerations needed at a system level.
7.5	SE queried communication of learning and best practice, together with staff and system partners to ensure improvement. JM highlighted posters and learning events used across services and recognised need to further strengthen this area, particularly from a system wide learning perspective.
7.6	GK asked about data systems used and current work on Business Intelligence was highlighted.
7.7	GK queried retrospective reporting of incidents and JM confirmed that these were registered and used to ensure improvement.
7.8	**The Board noted the Patient Safety including Learning from Deaths, Learning from Incidents and SIs Annual Report.**
8	**Chief Executive's Report**
8.1	AS acknowledged that this was GFs final Board meeting, before leaving Solent in the Autumn for a new role in the Hampshire and Isle of Wight ICS. The Board formally thanked GF for his hard work and commitment since joining the Trust 6 years ago. Appointment to the following positions was confirmed: • Debbie James – Director of Strategic Transformation • Alasdair Snell – Deputy Chief Operating Officer • Nikki Burnett – Chief Finance Officer • It was also noted that Rachel Cheal (Chief of Staff and Corporate Affairs) had been appointed as a non-voting member of the Trust Board.

8.2	The Board were informed of discontinuation of Covid-19 Mass Vaccination Centres. Change in strategy/commissioning from NHSE was confirmed and assurance provided of full staff consultation as required. It was noted that a full update would be provided at the Confidential Board.
8.3	Activity/schemes being considered in relation to the Cost of Living were shared. AS highlighted discussions held at the Quality Assurance Committee regarding considerations required of potential impacts on safeguarding.
	Ongoing discussions to ensure proactive work across the ICS was emphasised.
8.4	**The Chief Executive's Report was noted.**
9	**Integrated Performance Report**
9.1	Safe JM provided an overview of key themes, including continued monitoring of (VTE). It was confirmed that full details would be provided at the next Quality Assurance Committee.
	DB commended increased incident reporting, particularly within the Adults Portsmouth service line.
9.2	Caring The Board noted key areas highlighted within the report. *SB joined the meeting.*
9.3	Effective SR informed the Board that patients were being moved back into the Maples Ward following refurbishment and commented on positive changes made.
	VA asked about potential trends in relation to follow up of discharge data for CPA. JM agreed to review data further outside of the meeting to ensure that there were no issues. **Action- JM.**
9.4	Responsive SR briefed on active work within the Mental Health Service of a contract with a private provider of secondary care level psychology, to support the management of the waiting list for Trauma and CBT.
	Positive response to GA waiting lists following request for additional capacity with system partners was confirmed.
	SE reflected on a recent HSJ article in relation to community service waiting lists and the Board discussed ongoing work required as collective NHS providers, particularly in terms of mental health. Financial challenges were shared and SR commented on plans in place to consider, with specific monitoring via Performance Review meetings.
9.5	People RC queried if the Trust should reconsider the internal sickness target. SRa informed of combined sickness and turnover priority and need to review potential correlation between health, wellbeing and sickness.
	Regarding specific resetting of sickness target, MW emphasised importance of understanding complex predeterminants in this area. It was noted that full review would be held at the People Committee to consider interventions required.
	VA asked about potential issues in terms of mandatory training aligned to workforce pressures. Assurance and monitoring at the People Committee was confirmed.

9.6	<u>Finance</u> SE referred to national communication sent to all NHS Trusts regarding setting of agency spend targets and asked about internal compliance. Extensive discussions were held in relation to financial challenges and potential quality impacts. Ongoing considerations were confirmed and further updates to be provided as appropriate.
9.7	<u>Research & Improvement</u> DB highlighted strong collaborative working and encouraged the Board to attend the Academy Conference taking place on 20 October 2022.
9.8	<u>Self-Declaration</u> The Self-Declaration was noted.
9.9	**The Board noted the Integrated Performance Report.**
10	**Information governance Compliance Report April – June 2022**
10.1	RC explained requirements and gave an overview of the report, including Trust compliance of the Data Protection Security Toolkit (DPST). Significant increase in access requests and Freedom of Information (FOI) requests were reported. Continued uncertainty in relation to the Covid National Inquiry was highlighted, however RC highlighted ongoing preparatory work.
10.2	CMa asked about potential trends in relation to the increase in access requests and FOIs. SB noted monthly assessment of trends and appropriate subsequent communications.
10.3	SB provided a contemporary update: • The Board were informed of new version of DSPT released. It was confirmed that many previously non-mandatory elements were now mandatory and actions plans put into place. • An update on Cyber Security was provided and ongoing manual process being completed due to provider changes was noted. • Continued work in relation to wider Hampshire and Isle of Wight sharing agreement was highlighted. SB briefed on best practice model in place to ensure unified approach to information sharing.
10.4	SE asked about potential impacts of changes to data protection practice. SB explained benefits of a joint approach to ensure greater security and commented on governance and human elements/factors to consider, to ensure full embedded practice. The Board discussed ongoing work across the system and the importance of shared patient data, appropriate IT platforms and considerations of health and social care legislation. AS suggested further executive level review of the current position to ensure informed discussions. **Action- AS to discuss with executives.**
10.5	Regarding the timeframe for establishment of the Security Dashboard, SB informed of presentation and monitoring through governance groups and initial report expected from 1st September.
10.6	AS raised issues discussed at Quality Assurance Committee in relation to the Badger Net system. It was confirmed that issues had been escalated within the system and regionally with the supplier.
10.7	**The Board noted the Information Governance Compliance Report.** *SB left the meeting.*
11	**People Committee Exception Report**
11.1	MW provided key escalations from the Committee, particularly emphasis on sickness and turnover rates. Encouraging update regarding HR Self-Audit was also presented.

	SRa provided reflections on her first meeting as Chief People Officer and highlighted high quality discussions held and the importance of the NED role. AS commented on the benefit of a new perspective to reviewing Committee papers and emphasis on the 'so what' to allow rich narrative. **The People Committee Exception Report was noted.**
12	**Engagement and Inclusion Committee Exception Report**
12.1	The Board were informed that the existing NED chaired structure of this meeting had now been disbanded to an executive led group and renamed the 'Community Engagement Group'. It was confirmed that future reporting would be held via the Quality Assurance Committee, following completion of the Alongside Communities Programme. The Board commended the move to business as usual and SE emphasised the importance of the group in improving service quality and tackling health inequalities/accessibility.
12.2	RC queried potential use of the Waiting Well Programme across other service areas. JM explained considerations to expand this initiative and further review required in terms of associated consequences. **The Board noted the Engagement and Inclusion Committee Exception Report.**
13	**Mental Health Act Scrutiny Committee Exception Report**
13.1	DB briefed on positive meeting held and informed of reduction in the use of restraints and seclusions reported, demonstrating strong practice in place. **The Board noted the Mental Health Act Scrutiny Committee Exception Report.**
14	**Audit & Risk Committee Exception Report**
14.1	CMe shared key business undertaken, including recommendation of publication document approval. The Board noted the Internal Audit Risk Assessment/Plan 2022/2023 for information and it was confirmed that formal approval would be taking place at the Committee on 04/08/2022. **The Audit & Risk Committee Exception Report was noted.**
15	**Quality Assurance Committee Exception Report**
15.1	MW commented on rich reports presented and highlighted key exceptions including safer staffing challenges and issues regarding Badger Net. Correlation between workforce and quality issues were emphasised.
15.2	**The following supplementary papers were noted by the Board:** • **Infection Prevent and Control Annual Report** • **Safeguarding Adults and Children Annual Report** Challenges across the safeguarding agenda were highlighted and JM confirmed investment in resource and ongoing monitoring. **The Board noted the Quality Assurance Committee Exception Report.**
16	**Governance and Nominations Committee Exception Report**
16.1	**The Board approved the amalgamation of the Remuneration and Governance and Nominations Committees to form the Remuneration Nominations Committee.**

		The Board also approved the new Remuneration Nominations Committee Terms of Reference.
16.2	MW confirmed that objectives would be considered outside of the meeting and meeting frequency agreed. **The Governance & Nominations Committee Exception Report was noted.**	
17	**Non-Confidential update from Finance & Infrastructure Committee**	
17.1	A full update of discussions from the Committee would be provided to the Confidential Board.	
18	**Charitable Funds Committee**	
18.1	There was no meeting held since the last Board meeting.	
19	**Any other business**	
19.1	The Board thanked GF for his contribution to the Board and his hard work over the last 6 years with the Trust.	
19.2	ASn provided reflections from observing the Board meeting and commented on positive, relaxed atmosphere enabling strong level of discussion.	
20	**Lessons learnt and living our values** **Matters for cascade and/or escalation to other board committees**	
20.1	No other business was discussed and the meeting was closed.	
21	**Meeting closed**	

__Date of next meeting:__

- Monday 3 October 2022

Action Tracker

Overall Status	Source Of Action	Date Action Generated	Minute Reference/	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
On Target	Board meeting - In Public	01/08/2022	2.5	AC004728	In Public Board- Patient Story (Story Telling Champion)	SRa suggested inclusion of the poem within the People Strategy. **Action- JM to share with SRa.**	Jackie Munro	August 2022 update- Action complete.
On Target	Board meeting - In Public	01/08/2022	6.7	AC004729	In Public Board- 6 Monthly Safe Staffing Report	RC asked about the impact of E-Prescribing on medication errors and suggested potential usefulness of review by Sandra Glaister (Head of Corporate Assurance). JM explained reporting and deep dives completed and agreed usefulness of a new perspective. **Action- RC to liaise.**	Rachel Cheal	Sandra Glaister has liaised with Luke Groves, Chief Pharmacist and offered support for a future audit, date to be agreed by the service. Support also being given in relation to additional assurances via Board/committee reporting. Action complete.
On Target	Board meeting - In Public	01/08/2022	9.3	AC004730	In Public Board- Integrated Performance Report (Effective)	VA asked about potential trends in relation to follow up of discharge data for CPA. JM agreed to review data further outside of the meeting to ensure that there were no issues. **Action- JM.**	Jackie Munro	August 2022 update- Mental Health Services Contacted. VTE assessments completed when identified. Action complete.
On Target	Board meeting - In Public	01/08/2022	10.4	AC004731	In Public Board- Information Governance Compliance Report	The Board discussed ongoing work across the system and the importance of shared patient data, appropriate IT platforms and considerations of health and social care legislation. AS suggested further executive level review of the current position to ensure informed discussions. **Action- AS to discuss with executives.**	Andrew Strevens	Action complete

Board and Committees- In Public Board

NHS Solent NHS Trust

Item No.	**5**		Presentation to	Trust In Public Board	
Title of paper	**Solent NHS Trust Self Declaration on Same Sex Accommodation – September 2022**				
Purpose of the paper	To present to the Board the annual statement of compliance against the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest or reflects their personal choice.				
Committees /Groups previous presented and outputs	n/a				
Statement on impact on inequalities	Positive impact (inc. details below)	X	Negative Impact (inc. details below)		No impact (neutral)
Positive / negative inequalities	Solent is committed to providing accommodation that complies with the delivering same sex accommodation standards and considers these to be a key factor in maximising patient privacy, dignity and respect.				
Action required	For decision	X	For assurance		X
Summary of Recommendations and actions required by the author	The Board are asked to: • Review the declaration within and approve the outlined declaration for assurance.				

To be completed by Exec Sponsor - Level of assurance this report provides:							
Significant		Sufficient	X	Limited		None	
Exec Sponsor name:	**Jackie Munro, Deputy CEO & Chief of Nursing and AHPs**		Exec Sponsor signature:	*HAMunro*			

Solent NHS Trust Self Declaration on Same Sex Accommodation – September 2022

All our patients and the public wish their privacy and dignity to be respected at all times whilst using our services. The physical environment and the provision of single sex accommodation is considered to be a key factor in maximising patient dignity at each stage of patients care and treatment.

The guidance refers to all patients who have been admitted to hospital and sets out the following:

- Sleeping Accommodation- Patients should not normally have to share sleeping accommodation with members of the opposite sex.
- Bathroom and Toilet Facilities- Patients should not share toilet/washing facilities but may have to access ones used by male and female patients if not enough are available. Patients should not have to walk through an area occupied by another sex to reach toilets or bathrooms, this excludes corridors.
- On the rare occasion that mixing does occur, every effort should be made to rectify the situation as soon as possible. Until that time, employees must take extra care to safeguard privacy, particularly in areas where patients are admitted and cared for on beds or trolleys even where they do not stay overnight. It does not include areas where patients have not been admitted. In every instance the patient, their relatives and carers should be informed of the reasons why mixing has occurred, what is being done to address it and some indication as to when it may be resolved.

Solent NHS Trust is pleased to confirm that we are compliant with the Government's guidance to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest or reflects their personal choice.

Solent is committed to providing accommodation that complies with delivering same sex accommodation standards and considers these to be a key factor in maximising patient privacy, dignity and respect.

- ✓ There are no exemptions from the need to provide high standards of privacy and dignity

- ✓ Men and women should not have to sleep in the same room, unless sharing can be justified by the need for treatment or by patient choice. Decisions should be based on the needs of each individual not the constraints of the environment, nor the convenience of staff.

- ✓ Men and women should not have to share toilet and washing facilities with the opposite sex, unless they need specialised equipment such as hoists or specialist baths.

- ✓ Men and women should not have to walk through the bedrooms/ bed bays or bathroom/ toilets of the opposite sex to reach their own sleeping, washing, toilet facilities.

What does this mean for our patients?

Patients who are admitted to any of Solent NHS Trusts' wards can expect the following:
- The room where they sleep will only have patients of the same sex as them.

- Transgender patients/service users should be accommodated in the same ward areas as their chosen gender.

- All toilet and bathroom facilities will just be for people of the same sex as and if it is not en-suite will be close to their bed area

In all our wards there will be both male and female patients, but patients of the opposite gender will not share their sleeping area. However, they may on occasion have to cross a ward corridor to reach the bathroom but will not have to walk through the opposite-sex area.

Any breach of same sex sleeping accommodation will be reported as an incident and highlighted to the Trust Board. Breaches will also be reported to the CQC in line with regulation.

What do I do if I think I am in mixed sex accommodation?
If you have any concerns about your accommodation being "mixed sex" during your admission, please ask to speak to the nurse in charge on your ward or alternatively contact our Patient Advise and Liaison Service (PALS) on **0800 013 2319**.

NHS Solent NHS Trust

Item No.	**6.1**	Presentation to	Trust Board
Title of paper	**Emergency Planning Resilience Response (EPRR) Annual Report 2022**		
Purpose of the paper	The aim of this paper is to update the Trust Board on emergency planning arrangements		
Committees /Groups previous presented and outputs	Emergency Planning Group approval		
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	**X**
Action required	For decision		For assurance		**X**	
Summary of Recommendations and actions required by the author	To provide an oversight of the EPRR operational response. The impact of Covid-19 locally and nationally has been genuinely unprecedented. However, as an organisation we have always taken a planning approach of planning for the worst. As the board are aware, last year the Trust achieved substantial compliance against the NHS England EPRR assurance framework. The trust was not fully compliant in our ICT provision, a work plan was produced and we worked closely with NHS digital achieving compliance in July 2022. The other area of non-compliance was part of the medical gasses provision at the RSH who the EPRR and estates teams are currently working with. Many of our plans have been updated with the formation of the ICB and updates to the EPRR framework and Health Care act. We continue to be in a strong position with our existing plans with the trust dealing with several issues over the course of the last 12 months. No plan will cover every situation, but our processes and ability to implement and adapt plans continues to serve us well.		

To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant		Sufficient	x	Limited		None	
Exec Sponsor name:	**Suzannah Rosenberg, Chief Operating Officer**		Exec Sponsor signature:				

ANNUAL REPORT FOR EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE 2022

Contents   Page

1. **Introduction**

As all NHS-funded organisations are expected to meet the requirements of the Civil Contingencies Act (2004), the Health and Care Act (2022), the NHS Standard Contract 2022/23, and the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR), this report identifies work undertaken to ensure that that Solent NHS Community Trust (henceforth known as Solent) is compliant with these statutory requirements. The report therefore outlines the current position of emergency preparedness, resilience and response through the key activities that have taken place during the last year 2021-2022.

2. **Requirements and Principles of EPRR**

2.1. The Civil Contingencies Act (2004) outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at the local level. Solent NHS trust sit under the auspices of the ICB who are category 1 responders and are obliged to comply with the full set of civil protection duties

Acting as a category one responder, the Trust is subject to the following civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance coordination
- cooperate with other local responders to enhance coordination and efficiency.

3. **Assessment of Risk**

Solent NHS Trust has clear and effective risk processes in place and contributes to the review and updating of not only our own but also the Hampshire and Isle of Wight Local Resistance Forum (HIOW LRF) community risk register, as part of the work undertaken by the Local Health Resilience Partnership (LHRP).

In accordance with the national and local risk assessments, the highest risks and any subsequent plans are reviewed regularly. Local potential business continuity risks are also included in the trust risk register.

Solent NHS Trust Risks	
Risk	Risk Number
Pandemic / capacity & demand	1197 & 1212
Adverse weather	1207 & 1194
Widespread electricity failure	1206
Fuel shortages	1210
IT outage	1211

Category	ID	Description	Risk Owner	Risk Sponsor
Terrorism	**ROO2**	Conventional Attack on Chemical Infrastructure	Hampshire Constabulary	Hampshire Constabulary
	RO10	Aviation Incident	Hampshire Constabulary	Hampshire Constabulary
	RO14	Biological Attack on an Unenclosed Urban Area	Hampshire Constabulary	Hampshire Constabulary
	RO17	Chemical Attack on an Enclosed Urban Area	Hampshire Constabulary	Hampshire Constabulary
	RO19	Marauding Terrorist Attack	Hampshire Constabulary	Hampshire Constabulary
	RO20	Nuclear Attack on an Unenclosed Urban Area	Hampshire Constabulary	Hampshire Constabulary
	RO23	Chemical Attack on an Unenclosed Urban Area	Hampshire Constabulary	Hampshire Constabulary
Natural Hazards	**RO91**	Low temperatures and Heavy Snow	Hampshire County Council	Hampshire County Council
	RO92	Severe Space Weather	Portsmouth/Southampton City Councils	Portsmouth/Southampton City Councils
Human and Animal Disease	**RO95**	Influenza Type Disease	Health	Health
	RO97	Emerging Infectious Disease	UKHSA	UKHSA
	Covid 19	"COVID19 (adapted from NSRA Influenza Type Disease and COVID19 planning assumptions)"	Health	Health

4. Emergency Preparedness Plans

The NHS has been dealing with the effects of Covid-19 for more than two years with 2022 seeing the first reductions in the UK Covid-19 alert level for some time. In May it reduced from 4-3 and in August from 3-2. The trust continues to provide high quality care despite the constant pressures. The EPRR function has been operating with only 1 member of staff since mid-December 2021 nonetheless has continued to write, review and update plans.

The key areas reviewed this year were:

- Incident Response Framework – which will go to policy group for corporate ratification and be renamed Incident Response Arrangements.
- Mass Casualty plan
- Fuel plan - ongoing
- Evacuation and Shelter plan

With the introduction of the ICB many plans have been, and continue to be, updated. The Incident Response Framework will become Incident Response Arrangements to align them with the ICB and our partners in Southern Health will do the same in due course.

The Incident Response Arrangements contains action cards for the ICC, incident guidance cards with templates and forms commonly used in response to incidents which have all been updated.

In December 2021 the Psychosocial Plan was reviewed by members of Solent NHS Trust (as plan authors) and was enacted for the Afghan national's resettlement programme. The plan was subject to an after use review in April 2022 as prescribed. The plan was consulted on by the Local Resilience Forum (LRF) and the Local Health Resilience Partnership (LHRP) with several changes made. The plan has now been placed with other plans on Resilience Direct and will be reviewed again in three years.

5. Business Continuity Management

Solent is working more closely with SHFT's EPRR team working on common plans, such as a fuel plan and creating an MOU for resilience of ICC use across both trusts. We continue to work closely with the acute Trusts and the ICB to provide not only a response to the expected challenges and surge management but also a response to the unexpected actions such as the flood at PHU in January 2020.

BCP's are continuously improving with greater input from the EPRR team on review and it continues in assisting teams in updating and writing new BCP's, the exercising of BCP's will resume in earnest when the EPRR team is back to full strength in October and we are working with the ICT team on cyber exercises for service lines for 2022 and 2023.

6. Incidents and planning

6.1 Weather

Storm Eunice hit the UK on February the 18th with several Tactical co-ordination group meetings held due to the potential loss of life and structural damage forecast by the met office. The storm moved a floating crane near the M275 in Portsmouth necessitating the closure of the motorway.
Directors and duty managers were kept informed by the EPRR team enabling services to ensure priority patients where still seen with plans made to ensure visits took place when wind speeds were forecast to be lower and with the knowledge of when the motorway would be open.

Summer plans were placed on Solnet in May and the 3 month forecast showed that impacts from heatwaves would be more likely than usual. In July and August temperatures saw Heat Health alerts issued with an unprecedented level 4 red alert issued for the 18th and 19th of July. During the periods heat health alerts were in place Solent ensured the welfare of staff was catered for with bottled water supplies being available to our community teams and guidance on the wearing of PPE updated for these periods.

The EPRR team will attend a cold weather webinar in November which, it is hoped, will give an insight into the forecast for the following three months and an indication as to the possible pressures the trust may face over the winter. The Health and Social Care Cell (HSCC) shared data from Australia regarding influenza which was initially reported as being particularly severe this year although recent reporting shows influenza cases in Australia are currently below the 5 year average.

6.2 Water Supplies

Once again Southern Water had various issues with infrastructure affecting reservoirs and potential supply loss to large areas of Southampton. In February EPRR attended several Partner Activated Teleconference (PAT) calls to ascertain the potential level of disruption and its effect on Solent. As part of our resilience we supply Southern Water with a list of our vulnerable patients and Southern Water have plans in place to distribute bottled water to vulnerable people.

As part of our resilience towards providing a continuous water supply to our inpatient wards in the event of a mains water supply failure the estates team have been sent pro-forma's via the EPRR team form Southern and Portsmouth water. These ask detailed questions around water use, pipe sizes etc. This is a sizeable piece of work and is currently being worked on by the estates team.

6.3 PHU Flood

In January 2022 Portsmouth Hospitals University Trust suffered from a major flood affecting approximately 50% of their bedded capacity declaring it a major incident. The incident was also classed as a major incident by the ICS due to the knock on effect across the region. The EPRR team once again attended several PAT calls with Solent Gold calls also convened. Both adults Portsmouth and Southampton invoked their BCP's and made ready their super surge capacity readying beds and staff covering an initial period of 72 hours. Fortunately the provision was not required although showed the speed at which Solent can react to incidents when they occur.

6.4 Hampshire Hospitals Foundation Trust (HHFT) IT Outage

In June 2022 approximately 400 metres of fibre cable was destroyed when contractors accidently caught the cable in a drilling auger.

HHFT was severely affected and at Winchester hospital all IT systems were down across all services including bleeps and some phones also not working. Diverts were put in place to Basingstoke and Frimley Park hospitals. Repair works took two days with systems coming back on line over several days. Again the EPRR team attended various PAT calls contacting service lines to ascertain if any Solent services were affected and reporting back to the LRF to enable future common operating pictures to be produced.

The outage highlighted the need for BCP's, which were enacted across Winchester hospital and the wider HHFT estate. The outage at HHFT will be used as an example of unforeseen events in scenarios for future training of on call managers and directors. The extensive use of BCP's proves their worth and the EPRR team continues to work with service lines with the goal of continuous improvement.

6.5 Critical I.T Requirements for BAU

Service lines were sent an Excel spreadsheet to complete which asked which IT software was used for their BAU services and how long they could work without them. The returns were passed to the ICT team to assist with their planning. The returns highlight how heavily the trust relies on its I.T provision and is one o the drivers for EPRR and the ICT team to work together on training packages. Primary Care for example listed over 45 separate IT systems used in the day to day running of their services.

What IT systems do your teams use on a day to day basis?	Rationale	What are the absolute minimum IT systems needed to fulfil critical services?	What workarounds are in place for a loss of IT for an extended period?	Is there a maximum time period that these workarounds will enable a safe service?

7.0 Learning (EPRR)

The flood in January at PHU showed how well the trusts staff respond to an unexpected incident. Despite the fact the Omicron variant of Covid-19 was severely affecting the trust within hours Solent had secured bed space and staff for at least 72 hours if needed using BCP's that had been updated during the first waves of Covid-19.

The PHU flood also highlighted the need for Solent to be able to contact its service line and departmental leads who attend Gold calls. This was a recommendation from the EPRR

report sent to the ICB regarding the flood. As well as the 'usual' comms cascade via email, teams and calls to the duty directors a directors WhatsApp group has also been established. This has proved to be a successful and simple method of contacting directors with a simple message.

8.0 Put in Place Arrangements to Warn and Inform the Public.

Solent NHS Trust has continued to work in partnership with other health providers and commissioners to provide information to both staff and the public. The Incident Response Communications strategy is a comprehensive document which enables the trust spokesperson to deliver a consistent message that conveys the organisation's reaction to a crisis. The spokesperson will be guided by a member of the comms team, there is also an incident response arrangements action card for use by the communications lead in setting up an ICC and a communications strategy for incidents guidance card as an aide memoire.

Throughout the year information is placed on the staff web site when required, this ranges from information about weather events such as flooding or excess temperatures through to clinical updates such as Covid-19.

Seasonal plans for summer and winter are also placed on Solnet for staff, this year's winter plan will be promulgated in late September with associated information from NHS England and weather warnings from the Met Office if given.

This information allows staff to stay informed and to plan for adverse incidents in a timely manner.

9.0 Co-operate with Other Providers

Co-operation between organisations is fundamental to robust emergency preparedness. Solent NHS Trust continues to participate as a member of the Hampshire and Isle of Wight (HIOW) Local Health Resilience Partnership (LHRP), exec group which meets three times a year attended by the Chief Operating Officer.

The Emergency Planning Lead (EPL) attends local health resilience meetings and feeds back relevant information to the emergency planning group. The EPL also works in partnership with Southern Health Foundation Trust and is working towards creating single documents across both trusts. The EPL also works with HIOW acute trusts to ensure all work undertaken is consistent across the area and that there is a greater understanding of EPRR within the organisations. Working together in this way supports the requirements of the Civil Contingencies Act and allows for joint learning and the sharing of EPRR documents and work plans.

As part of the system response to covid-19 Solent NHS trust have worked by providing mutual aid to other providers if required and have participated in the management of the community testing which provides clinicians to deliver testing used to visit those identified as requiring a test and unable to leave their home. This service ended in August 2022

10.0 Training and Exercising

A number of external training events planned this year have been postponed or cancelled due to incidents occurring or system pressures. On call director and on call manager training sessions have taken place. A new training package for on call staff is being developed with more scenario based elements to be included.

Legal awareness training for the pending Covid-19 enquiry is being delivered by a barrister with both virtual and face to face sessions the latter being attended by the head of corporate assurance.

The amount of training completed this year has been below what had been envisaged due to a number of factors. System pressures and the EPRR function has for a considerable time been down to one person.

Incidents and the continuing response to Covid-19 and the Monkeypox outbreak have shown our staff have developed skills responding to these incidents which they use regularly.

11.0 Core Standards

The trust achieved substantial compliance in 2020-2021 under the NHSE Assurance regime we are now working on 2022 – 2023's assurance. A peer review of our current assurance state is taking place on September the 21st by our EPRR colleagues from Southern Health. The deep dive this year is aimed at our evacuation and shelter plans which have recently been updated.

The trust was not fully compliant in 2021/22 for our medical gasses provision at the Royal South Hants Hospital (RSH) and our ICT compliance. Work on the oxygen supply at the RSH is ongoing and we are working with our estates team and NHS Property Services who manage the site. The extra oxygen outlets placed on Bramble and Fanshaw wards were successfully strength tested as part of our Covid contingency planning, In July 2022 the ICT team after working in conjunction with NHS Digital and carrying out ICT exercises achieved full compliance.

12.0 Work plan

- Assist with training for service lines carrying out annual review and testing of their BCP's.
- Continue to work as part of the response and recovery phases to the still ongoing Covid-19 pandemic
- To develop new training packages for on call directors and managers.
- Work with the ICT to establish training packages around the risks associated with the loss of IT systems for planning and business continuity.
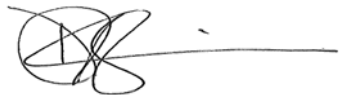- Continuous review of the incident response arrangements and action cards

13.0 Summary

The impact of Covid-19 locally and nationally has been genuinely unprecedented. However, as an organisation we have always taken a planning approach of planning for the worst. As the board are aware, last year the Trust achieved substantial compliance against the NHS

England EPRR assurance framework, this places us in a strong position to adapt or use existing plans throughout the response and on to the recovery phase. Clearly, no plan ever really covers all the bases, but our processes, conceptual approach and ability to implement and adapt plans has served us well.

The daily challenges and the often very dynamic nature of incidents, Solent NHS trust's EPRR arrangements and service lines BCP's will continue to be improved upon and reviewed as a continuous cycle to ensure the trusts emergency planning and business continuity arrangements are as robust as possible.

Board and Committees

Item No.	7.1		Presentation to	In-Public Board
Title of paper	A Framework of Quality Assurance for Responsible Officers and Revalidation- Annual Board Report and Statement of Compliance.			
Purpose of the paper	To provide the NHS England annual update.			
Committees /Groups previous presented and outputs	N/A			
Action required	For decision	x	For assurance	x
Summary of Recommendations and actions required by the author	The Board is asked to: • Note the contents, • Chief Executive or Chair to sign to confirm, for return to NHS England.			

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

Key messages /findings

The purpose of this paper is to confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

NHS

A framework of quality assurance for responsible officers and revalidation

Annual board report and statement of compliance

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G. In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their Annual Board report and Statement of Compliance.

Designated Body Annual Board Report
Section 1 – General:

The board of Solent NHS Trust can confirm that:

An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

> The Chief Medical Officer is Solent's Responsible Officer. Solent also has a second Responsible officer which is the Deputy Medical Officer.

The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

> Yes.

An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

> Yes, by the CMO Business Manager.

All policies in place to support medical revalidation are actively monitored and regularly reviewed.

> Yes, they are reviewed regularly, and discussed at ROAG.

A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

> Solent NHS trust uses a computerised system to support the medical appraisals and revalidations. This is monitored closely by the CMO Business Manager and appraisal lead. Prior to Covid 19, the appraisal lead met with her counterparts in adjacent trusts providing some externality. No peer review has been undertaken.

A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

> Yes. Doctors on longer fixed term contracts with Solent are appraised whilst employed. Work is being undertaken to understand the workload involved in facilitating appraisals and job planning for all doctors employed on short term contracts, via bank or locum agencies.

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

> The Appraisal 2020 method is in use in Solent and has been well received by doctors.

Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

> N/A

There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

> The Medical appraisal and revalidation policy was approved by board in June 2022.

The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

> Yes. 20 appraisers, 92 doctors.

Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[1] or equivalent).

> Yes, as managed by our Lead Appraiser and Deputy Medical Officer. Use of electronic appraisal has allowed much easier feedback from appraisee to

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[1] http://www.england.nhs.uk/revalidation/ro/app-syst/

appraiser. Quality assurance of appraisal is one of this year's projects. Two meetings a year for appraisers, attendance is monitored.

The appraisal system in place for the doctors in your organisation is subject to quality assurance process and the findings are reported to the Board or equivalent governance group.

The final appraisal before revalidation is quality assured by members of the Responsible Officer Advisory Group (ROAG). Improving quality assurance of appraisal is one of this year's projects.

Section 2b – Appraisal Data

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation: Solent NHS Trust	
Total number of doctors with a prescribed connection as at 31 March 2022	92
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	88
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	1
Total number of agreed exceptions *(all missed appraisals recorded as approved missed).*	3

NB Solent appraisals are carried out April-September each year.

Section 3 – Recommendations to the GMC

Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

All revalidation submissions are reviewed at ROAG where a recommendation is made. The CMO Business Manager then actions the recommendation via the GMC Connect system.

Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Yes.

Section 4 – Medical governance

This organisation creates an environment which delivers effective clinical governance for doctors.

Yes.

Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

> Yes.

There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

> Yes.

The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.   Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[2]

> Yes.

There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[3]

> Yes, Medical Practice Information Transfer (MPIT) forms are used for this purpose.

Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

> Yes.

Section 5 – Employment Checks

A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

> Yes.

Section 6 – Summary of comments, and overall conclusion

> **Overall conclusion:**
>
> Appraiser and appraisees have responded well to electronic job planning software. Both groups reports that their appraisal is easier to administer and that appraisal conversations have been smoother. We have run

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[2] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[3] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

external training encouraging our appraisers to have challenging and support conversations and we look forward to seeing this in next years appraisals. We have not had an external review for some time and look forward to advice on this post Covid.

Section 7 – Statement of Compliance:

The Board of Solent NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief executive or chairman

Name: _ _ _ _ _ _ _ _ _ _ _   Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _   Date: _ _ _ _ _ _ _ _ _ _ _

Official name of designated body: Solent NHS Trust

NHS Solent NHS Trust

Item No.	8.1	Presentation to	In Public Board
Date of paper	21/09/2022	Author	Rachel Cheal, Chief of Staff
Title of paper	Chief Executive's Report		
Purpose of the paper	This paper provides the Board with an overview of matters to bring to the Board's attention which are not covered elsewhere on the agenda for this meeting. The Board is asked to note the content of this report. Operational matters and updates are provided within the Performance Report, presented separately.		
Committees /Groups previous presented and outputs	N/A		

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

Summary of Recommendations and actions required by the author	The Board is asked to: • Receive the CEO Report to the In Public Board Meeting in standard format and interactive form via Microsoft Sway and provide feedback of accessibility and experience

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

We are trialling a new interactive report format for some of our Board reports, and would welcome feedback from Board members regarding their experience.

The CEO Report for the In Public Board (interactive) can be found via the following link:
https://sway.office.com/7QlYVsEovp151vw1?ref=Link – however the usual copy is included on the following pages.

NB: You must be logged into your Solent account to access the MS Sway

CEO Report – In Public Board

NHS Solent NHS Trust

Date: 20 September 2022

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

Section 1 – Things to celebrate

Our Annual General Meeting, 5 September 2022

We looked back on another demanding year at our AGM in September, as we continue to deliver our vision of providing great care, being a great place to work and delivering great value for money.

Our Chief Executive Andrew Strevens shared his reflections on the past year as well as our achievements and challenges through an emotive film.

We also held a great Q&A session with our Board answering questions and listening to feedback from our colleagues, our partners and our communities. Our event analytics are summarised below:

Solent Striders

Our inaugural Solent Striders event took place at the beginning of September. We wanted to give our people the opportunity to make connections and spend time with each other outside of work, something which we realise we may have taken for granted pre-pandemic. We also wanted to show our gratitude to our staff and their families with a free barbecue to say thank you for your unwavering hard work, commitment and compassion. The events took place simultaneously at Royal Victoria Country Park in Southampton and Queen Elizabeth Country Park near Petersfield.

Section 2 – Internal matters (not reported elsewhere)

Estates and infrastructure

Jubilee House

On the Estates front, we've been excited to announce a number of new major projects across the patch. In Portsmouth, we've joined forces with the City Council to shape the future of high-quality community inpatient care. This has included plans to close Jubilee House in Cosham by October 2022 and relocate to Harry Sotnick House. This new integrated community bed provision will be led by Solent NHS Trust and consist of 30 Discharge to Assess (D2A) beds and 10 rehabilitation beds.

Maples Ward

We also completed an ambitious scheme to transform psychiatric intensive care facilities in the city.

Costing over £2.5m, the extension, alteration and refurbishment has brought our accommodation at Maples Ward on the St James' Hospital site fully up to date.

With ten en-suite single bedrooms, the unit provides a specialist therapeutic environment for the care and treatment of adults experiencing a crisis through severe mental illness.

Western Community Hospital redevelopment

We were delighted to receive confirmation this month of national approval to progress with the redevelopment of the Western Community Hospital campus. The redevelopment, due to start in October 2022, will provide a centre of excellence for physical rehabilitation services incorporating services currently provided from the Royal Southampton Hospitals site. Building works are due for completion Summer 2024.

Telephony systems for the Single Point of Access (SPA)

Installation commenced at the beginning of September with configuration of the system taking place throughout weeks 2 & 3 September. Our GP Surgery service is receiving training from 13 – 20 September and is scheduled to go-live on 21 September. SPA and Musculoskeletal Pain and Podiatry (MPP) training will take place 20 – 26 September and scheduled to go-live on 29 September.

As training is being rolled out (including access to on-line training) knowledge on best practice is being shared.

Business Planning

The approach for the 2023/24 business planning round is being developed. Planning leads for workforce, finance and performance are liaising with internal colleagues and ICB counterparts to discuss planning principles, process and timelines. A detailed plan will be presented to the Trust's next Strategy and Partnerships Committee.

COVID-19

Vaccination programme

The Trust has been commissioned to deliver a 12-week vaccination programme from 12 September 2022. We will deliver 740 vaccinations daily for 4 days a week from the static site in Southampton and 15 pop up site / week in community venues across Hampshire & the Ise of Wight. The offer includes first, second and booster vaccinations as part of the national evergreen vaccination programme and the Autumn booster for the over 50s and health & care staff. The service is offered by appointment booked through the national covid vaccination booking service.

Workforce matters

Staff survey

We will shortly be launching the NHS Annual Staff Survey 2022 with an expected opening date at the end of September. We will be striving to improve on our excellent response rate from 2021 of 68% to achieve 70% this year; this will involve a commitment from our management teams to allow our staff dedicated time to complete the survey whilst it is open for two-months. Pickers will again be supporting us as our independent survey provider. Eligibility to participation in the survey has been extended for the first time to bank workers, this is an exciting opportunity for us to hear the views from this vital part of our workforce.

Infection, Prevention and Control - further easing of restrictions.

As we move into the Autumn/Winter period we are seeing case rates of Covid 19 infection reducing but we continue to respond to the guidance provided in relation to Infection Prevention and Control (IPC). Over the summer we have seen an easing of restrictions and with effect from 1 September the requirement for asymptomatic testing for NHS staff has been removed. However, staff who are symptomatic continue to be required to isolate and can return to work once they have had 2 negative tests. NHS staff can access free testing kits through the normal government website.

The IPC Board Assurance Framework has now been integrated into the National infection prevention and control manual for England which was updated in September 2022. The IPC team are in the process of mapping the requirements within the manual to our current policies and procedures and will ensure we are meeting the requirements. This will be reviewed and monitored through the IPC group.

We are in the process of recruiting to the Infection Control Specialist Matron role to replace our Head of IPC who has taken up a new role within the organisation. Interim arrangements are in place to support the team and to continue to deliver high quality IPC practice.

Staff Vaccinations

Our Flu Programme planning for this year is well underway. Having completed a Quality Improvement review after last year's programme, we are now offering more place-based clinics for teams as well as bespoke clinics for those people with needle phobia or those who are extremely anxious. We expect the delivery of some of our flu vaccines in early October with the majority of the stock at the end of the month. We have mapped our supply to the availability of appointments so that we can meet the needs of service lines. We will provide progress updates to Executives, the Board, the ICS, Region and NHSE as required throughout the Programme that runs from October 2022 to March 2023.

Cost of Living

Within Solent we are committed to addressing the challenges people face during the Cost of Living Crisis. We began by addressing items within our gift, such as an immediate temporary increase in mileage rates for staff and offering subsidised rates in our on-site restaurants for our staff and partner organisations.

This work has continued by working collaboratively with other provider organisations who have partnered with us and commercial organisations who offer wider support through discount portals and access to additional health and wellbeing benefits at a low, or no cost. As part of the Hampshire and Isle of Wight ICS programme we have provided access to all staff to a health and wellbeing portal which provides signposting and support for financial and housing matters, as well as access to food banks and charities who can help them.

We are addressing the costs of travel to work which links to our Green Plan for sustainable travel through our Cycle to Work scheme. We are exploring the logistics which will enable us to provide complimentary sanitary products, to address period poverty that many of our staff find hard to talk about. Finally, we are accelerating our existing plans to stand up a hardship fund, and an emergency food resource offer which will provide support for staff facing financial hardship.

The death of the Queen

Following the news of the death of the Queen, we held a virtual Act of Reflection on 9 September, led by our Chaplain Emma D'aeth, to enable staff to express how they felt and to reflect on the Queen's long reign. For the funeral on 19 September, we decided to close down most of our non-urgent services in line with a normal Bank Holiday.

Safety matters

Patient Safety Incident Response Framework (PSIRF)

In August 2022 the Patient Safety Incident Response Framework was published which will replace the Serious Incident Framework (2015) under which Solent investigates serious incidents. The new framework makes no distinction between serious incidents and other incidents and places the burden for investigation only on those incidents where new learning can be gleaned. This will be a radical and far reaching shift in how Solent will measure its safety as it will focus on all metrics related to safety (complaints, risks, audit and QI) to determine where to place its focus going forward. If incidents do not identify new learning, they are not considered for in depth review unless they are Never Events or fall under the Learning From Deaths processes. The PSIRF has been published with supporting documents and a target to complete implementation by September 2023. This new framework will bring new training, oversight and responsibility to roles from frontline staff up to and including Board. A comprehensive action plan is in place for the operationalisation of this plan, which will see a new Patient Safety Policy and Plan in place, which will require significant changes in practice and will require us to work in collaboration with partners in HIOW.

Demand and Capacity

Contemporary update urgent care pressures

The demand for urgent care service in both the Southampton & South West Hampshire and Portsmouth & South East Hampshire systems continues without the usual reduction seen in the summer months. This has meant that our adult community services in Southampton and Portsmouth remain under considerable pressure to support admission avoidance and discharge programmes. There have been several occasions over the last 3 months when our teams have enacted business continuity plans to flex services to create additional capacity. This is against a backdrop of a high level of registered nurse and allied health professional vacancies and unusually high sickness. Planning for the winter has begun and we are fully engaged with our partners.

Our key risks

Operational Risk Register

The risk pyramid summarises our key strategic and trust wide operational risks. Our top risk groups are:
- Capacity & Demand
- Human Resources – Staffing
- Information and Cyber Security
- Estates and Facilities

The top two Risk Domains are:
- Below Planned Staffing - the most prevalent risk
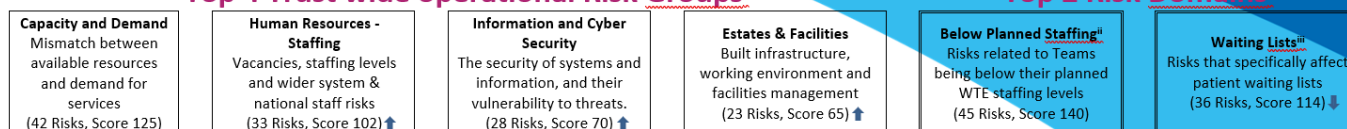- Waiting Lists

Waiting lists will be the topic of focus for the October Quality Improvement and Risk Group. The Risk Domains are subgroups created to enable the capture of greater detail for risks that are often complex and multi-faceted. All operational risks are being actively managed through our care and governance groups and assurance is sought at the relevant Board Committees.

Trust Risk Pyramid Sept 2022 v2

Top Board Assurance Framework Risks

NHS
Solent
NHS Trust

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

Top 4 Trust wide operational Risk Groups[i]   **Top 2 Risk Domains[i]**

Capacity and Demand Mismatch between available resources and demand for services (42 Risks, Score 125)	**Human Resources - Staffing** Vacancies, staffing levels and wider system & national staff risks (33 Risks, Score 102)⬆	**Information and Cyber Security** The security of systems and information, and their vulnerability to threats. (28 Risks, Score 70)⬆	**Estates & Facilities** Built infrastructure, working environment and facilities management (23 Risks, Score 65)⬆	**Below Planned Staffing[ii]** Risks related to Teams being below their planned WTE staffing levels (45 Risks, Score 140)	**Waiting Lists[iii]** Risks that specifically affect patient waiting lists (36 Risks, Score 114)⬇

[i] risk score weighting applied

Board Assurance Framework (BAF)

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

BAF Risk	Raw Score	Residual Score	Target Score
Demand, capacity and accessibility	S5 X L5 = 25	S5 x 4L = 20	S4 x L4 = 16 – by End March 2023 S4 x L3 = 12 – by end July 23
Workforce sustainability	S5 X L4 = 20	S4 x L4 = 16	S4 x L3 = 12 by summer 2024/25
Digital Maturity	S5 X L4 = 20	S5 x L3 = 15	S4 x L3 = 12 – by March 2023
High quality safe care	S5 XL5 = 25	S5 x L3 = 15	S5 x L2 = 10- by end Q3 202/23
Financial sustainability	S4XL5 = 20	S4 x L4= 16	S3 x L3 = 9 – by end 2023/24
Strategic provision of services	S5 X L5 = 25	S5 X L4 = 20	No target score due to lack of current assurances regarding mitigations
Risks removed from active BAF monitoring			
Strategic Partnerships	S5 x L4 = 20	S4 x L4 = 16	S4 x L3 = 12 **Risk suspended – new risk added #8 Strategic Provision of services**
3rd party contractor assurance	S4 x L4 = 16	S3 x L2 = 6	S3 x L2 = 6 – by end June 22 **Target score achieved**

Section 3 –System and partnership working

Clinical Delivery Groups Update

The Mental Health and Learning Disability Clinical Delivery Group and Community Services Delivery Group met for the second time on 25 August 2022. A summary of business transacted is attached, see Appendix 1.
Expressions of Interest for workstream Clinical Senior Responsible Officers and Operational Leads will be discussed at the meetings on 29 September – a contemporary update will be provided at the Board meeting.
The groups have developed a charter and terms of reference- these are also attached as Appendix 2
The Board is asked to receive the Charter and Terms of Reference.

HIOW Strategic review of Community and Mental health services

I attended the Southampton Health Overview and Scrutiny Panel on 1 September to discuss the strategic review and the steps that organisations are taking in relation to the recommendations. This was subsequently reported in two local newspapers as well as the Health Service Journal. The panel raised a number of issues, including their perception of a lack of engagement to date, the resources needed to deliver a single organisation and the need for investment in community and mental health services.
At the time of writing, I am due to attend the Portsmouth Health and Care Partnership Board on 21 September and the Portsmouth Health Overview and Scrutiny Panel on 22 September to discuss the same issues.

Update to Sovereign Boards: Clinical Delivery Group

The Mental Health and Learning Disability Clinical Delivery Group (MHLD CDG) and Community Services Clinical Delivery Group (CS CDG) met on 25 August 2022; the key business transacted is summarised as below.

- Both groups agreed:
  - their respective **Terms of Reference** (see Appendix 1.1 and 1.2)
  - the **Charter** (see Appendix 2). It was acknowledged that it would be beneficial to share both the Terms of Reference and Charter with colleagues in the ICB to enable them to have an understanding of the purpose of the group(s)
  - the **Senior Responsible Officer (SRO) role profile** (to lead clinical workstreams)
  - the development of an equivalent **Operational Lead role profile**
  - the **process of seeking expressions of interest (EOI)** to identify workstream clinical leads and operational leads (and SROs). In support of this, 'problem statements' associated with the identified workstreams) will be developed with ICB colleagues and executive sponsors.
    EOIs to be considered at the next meeting(s) on 29 September where it is anticipated that leads, together with Senior Responsible Officers will be identified. Consideration of with respect to remuneration of the roles to be undertaken.
    It was acknowledged that there is already established leadership and governance within the No Wrong Door programme.
  - **executive sponsorship for the workstreams** as follows;

Mental Health workstreams

CAMHS	No Wrong Door	Neurodiversity	OPMH	Acute Beds/PICU/Crisis
•Exec Sponsor: Rachel Walker	•Exec Sponsor: Lesley Stevens	•Exec Sponsor: Jackie Munro and Steve Tomkins	•Exec Sponsor: Dan Baylis	•Exec Sponsor: Eugene Jones

Community Services workstreams

Community Frailty	Community Hospitals and Rehabilitation	Community Rapid Response Services	Community Health Specialist Services and Long Term Conditions
•Exec Sponsor: Dan Baylis	•Exec Sponsors: Steve Tomkins and Jackie Munro	•Exec Sponsor: Suzannah Rosenberg	•Exec Sponsor: Paula Hull

- The group(s) acknowledged, that whilst the above are current key transformational programmes of focus, there is a significant amount of work already being undertaken across the breadth of services provided across all organisations in support of wider transformational change, including the 0-19 agenda.

In addition;
- at the MHLD CDG meeting an update on the No Wrong Door (NWD) workstream was provided - it was;
  - agreed that connection be made with Solent's Research Academy to support a formal evaluation
  - acknowledged it would be necessary to recalibrate the existing NWD governance infrastructure within the ICB
- at the CS CDG meeting, suggested outline scopes for each workstream were agreed.

NHS Provider Clinical Delivery Group Charter

Community Health - Mental Health & Learning Disabilities

Background

The Provider Clinical Delivery Groups (CDG) brings organisations together to enable the delivery or higher quality care, closer to people's homes, across Hampshire and the Isle of Wight (HIOW). It is formed from senior clinical and operational executives across the IOW Trust, Solent NHS Trust, Southern Health NHS FT, Sussex Partnership NHS FT plus other organisations where and when appropriate.

The CDG has the authority from independent Trust Boards, and works closely with the HIOW Integrated Care Board, to ensure alignment within clinical workstreams and to facilitate transformative progress.

Priority workstreams are identified by the CDG and resourced with a clinical and operational lead plus an executive sponsor from the CDG (the workstream triumvirate). The workstream triumvirate will describe their workstream with timelines and outcomes; they will develop a delivery group to include all stakeholders and community engagement and report progress back into the CDG for assurance, facilitation and to support learning and direction setting.

Charter

1. Our primary goal is to deliver safe and effective mental health, learning disabilities and community services to all people across HIOW
2. Our communities are at the heart of what we do, and we will work in our communities to improve the way we deliver care
3. We will seek to endeavour equitable voice of service users and professionals delivering our services
4. Our success must be measured by outcomes that matter, co-created with the people who know our services the best
5. We will adopt a lifecourse approach which removes barriers and providers greater emphasis on prevention and a pro-active approach
6. We work collaboratively at the appropriate scale as one health and care team, within the HIOW integrated care system and recognise each other's leadership capabilities.
7. We will respect and value the interconnectivity of delivery with our partners – including primary care, local authority and local voluntary services
8. We will embrace innovation, research and new models of care
9. Clinical and professional leadership is at the core of our success and must be appropriately resourced and supported

Signed

Steve Tomkins, Southern- Chief Medical Officer
Paula Hull, Southern- Director of Nursing and AHPs
Eugene Jones, Southern- Chief Operating Officer
Charlotte O'Brien, Sussex Partnership - Director of Integration and Partnerships
Rachel Walker, Sussex Partnership- Operations Director- CAMHS, Specialist, LD/Neurodevelopmental Services

Dan Baylis, Solent – Chief Medical Officer
Jackie Munro, Solent- Deputy CEO & Chief of Nursing and AHP
Suzannah Rosenberg, Solent- Chief Operating Officer
Lesley Stevens, IOW - Dir of Comm, MH and LD
Lois Howell, IOW - Director of Governance & Risk

Community Services Clinical Delivery Group
Terms of Reference

1   Constitution

1.1   NHS Community Healthcare Providers in the Hampshire and Isle of Wight Integrated Care System (ICS) have established a Community services Clinical Delivery Group (the Group). Providers include:

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

1.2   The Group will operate as Committees in Common and discuss Community service redesign, set and monitor trajectories, as per described under section 3. Governance arrangements will be reviewed on a 6-monthly basis in recognition of the following:

- the HIOW Strategic Review and associate recommendations
- the maturing ICS and associated infrastructure

1.3   The Group reports into the Board of each sovereign provider organisation

2.   Standing

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

3   Purpose

3.1   The role of the Group is to provide strategic leadership and a collaborative approach to strategic planning, assurance and delivery of Community NHS services across the HIOW geography.

3.2   The Group will:

- act as the engine room for driving clinical change to improve the outcomes of service users
- develop an overarching charter to describe purpose, ambition and principles (including ensuring proposals and solutions are coproduced)
- act as the single voice for NHS community services across all providers and, provide a forum for commissioners to equality speak collectively to providers
- support the development of peer networks
- act an advisory body to the wider strategic design of community services
- address issues once, collectively, at scale where it is the right thing to do
- identify 'quick wins' as well as agree priority clinical workstreams – and in doing so
  - ensure each workstream is supported by a triumvirate comprising of an Executive Sponsor, Senior Responsible Officer and Operational Lead, with project support to be sought from the ICS
  - ensure workstream infrastructure is aligned to the developing Place Based Health & Care Partnerships

- o receive assurance that identified workstreams are:
    - delivering to the agreed coproduced plan
    - identifying and managing risks, and, escalating as appropriate
    - engaging with stakeholders, and service users as appropriate
- collectively oversee risks, seeking to mitigate these and escalating as appropriate
- seek assurance that clinical and professional standards are consistently met across NHS providers
- encourage innovation, new roles and ways of working across partners
- share intelligence and lessons learnt in respect of enhancing patient safety and quality (including for example, CQC inspections)
- seek to resolve any matter referred to it via constituent members, Senior Responsible Officers or workstreams – where matters cannot be resolved they will be escalated to the respective CEOs for discussion.
- recommend, review and approve the adoption of joint policies and procedures across organisations that will benefit the work of the collaborative

3.5   A business cycle will be agreed by the Group

3.6   The Group will review continuously review its' effectiveness and function, set against a backdrop of maturing ICS and organisational changes.

4   Membership
4.1   Membership comprises
- Representatives -Solent NHST – including:
    - o Chief Medical Officer
    - o Chief Nurse Officer
    - o Chief Operating Officer
- Representatives – Southern NHSFT - including:
    - o Chief Medical Officer
    - o Chief Nurse Officer
    - o Director of Nursing and AHPs
- Representatives – IOW NHST - including:
    - o Director of Community, Mental Health and Learning Disabilities
    - o Director of Governance and Risk

4.2   The following will be invited to attend:
- HIOW ICS Community Programme Director
- Workstream SROs
- Chief of Staff -Solent NHS Trust

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

6   Chair
6.1   The Group will be clinically chaired by a clinical executive from a provider organisation.

7   Secretary

7.1   The administration of the meeting shall be supported by the PA to the CMO, Southern, who will arrange to take minutes of the meeting and provide appropriate support to the Chair and members.

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

8   Quorum

8.1   No business shall be transacted at the meeting unless the following are present;
- a representative from Southern, Solent and the IOW and
- the Chair
- (The Chair is identified as a Southern representative – however, in their absence a designated deputy will be appointed, and in which case, if not a Southern representative and alternate Southern member representative must be present to ensure quorarcy)

9   Frequency

9.1   The Board will meet monthly. Additional meetings can be called by the Chair.

10   Minutes of meetings

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

11   Authority

11.1   The Group will not have any statutory legal responsibilities for partner organisations and will not affect or replace the statutory responsibilities and accountabilities of each partner sovereign organisation.

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

11.3   It is acknowledged that the remit of the Group will expand in consideration of the maturing ICS and relationships between partners. As such the TORs will be reviewed every six months and sovereign Boards will be consulted, and agreement sought.

12   Reporting

12.1   An exception/summary report will be provided from the Group via the chair to each partner organisation's Board and shared for information with the HIOW Partnership Board – highlighting business transacted, associated risks and making any recommendations as deemed appropriate within the remit of the Group.

Version	1
Agreed	25 Aug 2022
Date of Next Review	December 2022

Mental Health & Learning Disabilities Clinical Delivery Group
Terms of Reference

1 Constitution

1.1 Mental Health and Learning Disability Providers in the Hampshire and Isle of Wight Integrated Care System (ICS) have established a Mental Health & Learning Disabilities Clinical Delivery Group (the Group). Providers include:

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

1.2 The Group will operate as Committees in Common and discuss MH and LD service redesign, set and monitor trajectories, as per described under section 3. Governance arrangements will be reviewed on a 6-monthly basis in recognition of the following:

- the HIOW Strategic Review and associate recommendations
- the maturing ICS and associated infrastructure

1.3 The Group reports into the Board of each sovereign provider organisation[1]

2. Standing

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

3 Purpose

3.1 The role of the Group is to provide strategic leadership and a collaborative approach to strategic planning, assurance and delivery of Mental Health & Learning Disabilities (MHLD) NHS services across the HIOW geography.

3.2 The Group will:
- act as the engine room for driving clinical change to improve the outcomes of service users
- develop an overarching charter to describe purpose, ambition and principles (including ensuring proposals and solutions are coproduced)
- act as a voice for NHS MHLD services across all providers and, provide a forum for commissioners to equality speak collectively to providers
- support the development of peer networks
- act an advisory body to the wider strategic design of MHLD services
- address issues once, collectively, at scale where it is the right thing to do

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[1] The original draft TOR for the Provider Collaborative Board were shared with each sovereign organisation

- identify 'quick wins' as well as agree priority clinical workstreams – and in doing so
  - ensure each workstream is supported by a triumvirate comprising of an Executive Sponsor, Senior Responsible Officer and Operational Lead, with project support to be sought from the ICS
  - ensure workstream infrastructure is aligned to the developing Place Based Health & Care Partnerships
  - receive assurance that identified workstreams are:
    - delivering to the agreed coproduced plan
    - identifying and managing risks, and, escalating as appropriate
    - engaging with stakeholders, and service users as appropriate
- collectively oversee risks, seeking to mitigate these and escalating as appropriate
- seek assurance that clinical and professional standards are consistently met across NHS providers
- encourage innovation, new roles and ways of working across partners
- share intelligence and lessons learnt in respect of enhancing patient safety and quality (including for example, CQC inspections)
- seek to resolve any matter referred to it via constituent members, Senior Responsible Officers or workstreams – where matters cannot be resolved they will be escalated to the respective CEOs for discussion.
- recommend, review and approve the adoption of joint policies and procedures across organisations that will benefit the work of the collaborative

3.5   A business cycle will be agreed by the Group

3.6   The Group will review continuously review its' effectiveness and function, set against a backdrop of maturing ICS and organisational changes.

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  - Chief Medical Officer
  - Chief Nurse Officer
  - Chief Operating Officer
- Representatives – Southern NHSFT - including:
  - Chief Medical Officer
  - Director of Nursing and AHPs
  - Chief Operating Officer
- Representatives – IOW NHST - including:
  - Director of Community, Mental Health and Learning Disabilities
  - Director of Governance and Risk
- Representatives – Sussex NHSFT – including:
  - Director of Integration and Partnerships
  - Operational Director — Sussex Partnership & Deputy Chief Operating Officer Sussex partnership

4.2   The following will be invited to attend:
- HIOW ICS Director of Mental Health Transformation and Delivery
- Workstream SROs
- Chief of Staff -Solent NHS Trust

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

6   Chair
6.1   The Group will be clinically chaired by a clinical executive from a provider organisation.

7   Secretary
7.1   The administration of the meeting shall be supported by the Corporate Affairs Administrator, Solent NHS Trust, who will arrange to take minutes of the meeting and provide appropriate support to the Chair and members.

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

8   Quorum
8.1   No business shall be transacted at the meeting unless the following are present;
- a representative from Southern, Solent and the IOW and
- the Chair
- (The Chair is identified as a Solent representative – however, in their absence a designated deputy will be appointed, and in which case, if not a Solent representative and alternate Solent member representative must be present to ensure quorarcy)

9   Frequency
9.1   The Board will meet monthly. Additional meetings can be called by the Chair.

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

11   Authority
11.1   The Group will not have any statutory legal responsibilities for partner organisations and will not affect or replace the statutory responsibilities and accountabilities of each partner sovereign organisation.

11.2   The Group has delegated powers from each sovereign organisation for setting the strategic direction for MH&LD services across HIOW and oversight of the design and delivery of associated work programmes.

11.3   It is acknowledged that the remit of the Group will expand in consideration of the maturing ICS and relationships between partners. As such the TORs will be reviewed every six months and sovereign Boards will be consulted, and agreement sought.

12   Reporting

12.1   An exception/summary report will be provided from the Group via the chair to each partner organisation's Board and shared for information with the HIOW Partnership Board – highlighting business transacted, associated risks and making any recommendations as deemed appropriate within the remit of the Group.

Version	1
Agreed	25 Aug 2022
Date of Next Review	December 2022

Board and Committees

Item No.	Item 9	Presentation to	Trust Board – In Public
Date of paper	23 September 2022	Author	Sarah Howarth - Head of Performance
Title of paper	Trust Board Performance Report		
Purpose of the paper	The report describes the key operational issues facing the organisation, including the services connected with Urgent and Emergency Care and the increasing demand on our services. It triangulates workforce and other issues and describes the actions that the organisation is taking to mitigate the issues.		
Committees /Groups previous presented and outputs	N/A		

Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X
Action required	For decision			For assurance		X
Summary of Recommendations and actions required by the author	The In-Public Trust Board is asked to: • Note the report					

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

Integrated Performance Report (IPR) – July-August 2022

Solent NHS Trust continues to move through a period of development with our Trust Board Performance Report, in line with the CQC Well-Led recommendations. We continue to use the utilise the NHS Improvement 'Making Data Count' methodology (where relevant and applicable) to add context to variation and trends seen within our data.

Our performance is summarised within this report using the following indicators. A more detailed explanation of the methodologies can be found in Annex A.

Key

In-month Performance Indicator

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

Trending Performance Indicator

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

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

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

Variance Indicator

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

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

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

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

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

1. Safe

a. Performance Summary

Indicator Description		Internal /External Target	Target	Aug-22				Jul-22			
				Current Performance		Trending Performance	Variance	Current Performance		Trending Performance	Variance
Safe	Occurrence of any Never Event	E	0	0	🟢	P	L	0	🟢	P	L
	NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	0	🟢	?		0	🟢	?	
	VTE Risk Assessment	E	95.0%	90.0%	🔴	?		98.0%	🟢	?	
	Clostridium Difficile - variance from plan	E	0	0	🟢	P	L	0	🟢	P	L
	Clostridium Difficile - infection rate	E	0	0	🟢	P	L	0	🟢	P	L
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	E	0	0	🟢	P		0	🟢	P	
	Escherichia coli (E.coli) bacteraemia bloodstream infection	E	0	0	🟢	P		0	🟢	P	
	MRSA bacteraemias	E	0	0	🟢	P		0	🟢	P	
	Admissions to adult facilities of patients who are under 16 yrs old	E	0	0	🟢	P	L	0	🟢	P	L

Incident Reporting
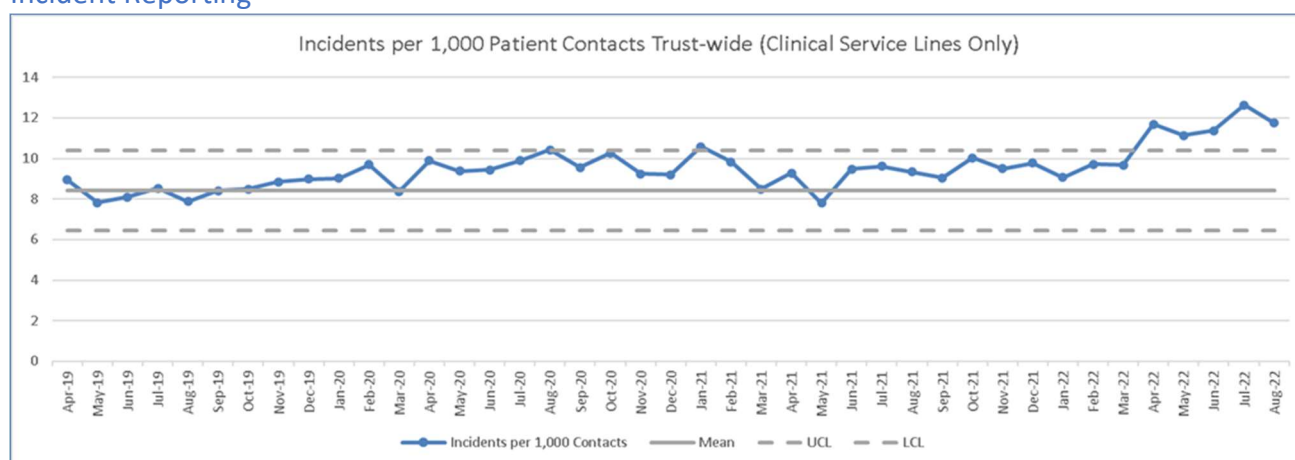
Figure 1: Incidents per 1000 contacts

The overall number of incidents reported continues to increase as does the proportion measured against contacts. This continues to demonstrate a positive safety culture within Solent. This increase results from more Near Miss or No Harm incidents being reported. The overall number of incidents where actual harm is identified has fallen in 2022 (667) compared with the same period in 2021 (810) – as shown below.

Level of Harm	July / Aug 2021	July / Aug 2022	
No Harm or Near Miss	1050	1317	⬆
Minor	781	616	⬇
Moderate	29	51	⬆
Total Incidents Reported	1860	1984	⬆

2

The increase in the number of Moderate Incidents reported is driven by a 70% increase in Category 3 or above Pressure Ulcers occurring within Solent care (although the total number of Pressure Ulcers reported, of all categories in and out of Solent care, remains constant with 157 reported in 2022 compared with 156 in 2021). The increase in reporting of Category 3 and above Pressure Ulcers in Solent care is mainly attributable to Adults Services Portsmouth, however a Trust-wide deep dive is currently being undertaken to investigate further, with initial findings due to be shared at the Quality Improvement and Risk (QIR) group in October.

b. Actual Impact – Learning and action from Incidents

The Patient Safety Incident Response Framework (PSIRF) was launched by NHS England in August. The framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. Within Solent, a project group has been established to formulate Solent's response and implementation strategy and a workshop is being conducted at the September Quality Improvement and Risk Group meeting.

June saw the release by the Care Quality Commission (CQC) of updated guidance on handling the statutory Duty of Candour. The guidance clarifies the circumstances under which the statutory duty must be completed when a Notifiable Safety Incident occurs. A briefing paper will be discussed at the September Quality Improvement and Risk Group with a workshop planned for December. The Quality & Safety Team have reviewed all Incident Review Meetings held in July and August 2022 and will contact service lines where further action is required. A working group is being established in October to consider the implications on policy, audit and training.

c. Insights

Responding to Individuals Post-event to Prevent Long term Effects (RIPPLE) Model

The RIPPLE model, launched in April 2022, has been designed to offer staff appropriate and timely support following an incident.

An initial evaluation has now been completed for quarter 1 which identified that during this period 35 incidents reported requested additional support via the RIPPLE model. The incidents requesting additional support were across several cause groups, with 8 incidents following assaults on staff.

Building further on the support being offered, a series of facilitated peer support sessions (often referred to as "de-briefs") have been held within Adult Mental Health. Links have also been established with Occupational Health to ensure co-ordinated and supportive signposting for staff in need of additional support.

The model remains in the early stages of implementation as the Quality team continue to work with colleagues, to further strengthen the support offered.

2. Caring

a. Performance Summary

Indicator Description		Internal /External Target	Target	Aug-22			Jul-22		
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Caring	Community FFT % positive*	E	95.0%	97.0% ●	P	⋰⋱	96.1% ●	P	⋰⋱
	Mental Health FFT % positive*	E	95.0%	98.2% ●	?	⋰⋱	97.9% ●	?	⋰⋱
	People Pulse Survey - Advocacy Theme (Recommended for Care & Employment)	E	0	-			-		
	Mixed Sex breaches* (Submission recommenced October 20221)	E	0	0 ●	P	⋰⋱	0 ●	P	⋰⋱
	Plaudits	-	-	67		⋰⋱	84		⋰⋱

b. Key Performance Exceptions

Mental Health FFT is no longer flagging a significant negative trend in performance, following two months of target achievement. The FFT scores within our Mental Health services have always been a challenge to maintain consistent performance, despite concerted efforts from the services.

c. Spotlight On: Working together to strengthen our communication when responding to complaints

The Patient Experience team have recently established a new Communications Checkers Panel with representatives from both our community partners and Solent employees. We have a diverse panel on board including people with learning disabilities.

The purpose of the group includes plans to complete a small audit by benchmarking sample complaint response letters against the PHSO Complaints Standards Framework to ensure synergy. We have co-produced an easy ready PHSO standards framework which is inclusive. The panel will also be responsible for checking and monitoring the actions resulting from the complaints. We have planned the approach with the first audit scheduled in October 2022.

The group will focus on how to take learning from the example letters and consider alternative ways of responding to complaints and concerns, ensuring that our responses remain:
- Compassionate, kind, caring and respectful
- Easy to understand for the reader/recipient
- Use accessible meaningful language
- Clearly address the issue raised
- Learning is shared successfully via 'You Said, We Did" approach

We now have 4 trained Writing and Communication Champions ready to offer their skills to support investigators with compiling complaint response letters. Postholders have received an information pack with tools and techniques to support them in their new roles. The pack contains examples of good letters, templates, guidance, and preference styles of the leadership team. We plan to have some feedback on how this work is progressing in the next couple of months.

a. Performance Summary

	Indicator Description	Internal /External Target	Target	Aug-22			Jul-22		
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Effective	Bed occupancy by ward	-	-	*Metrics under review by the BI and Performance Teams.*					
	Length of stay	-	-						
	Delayed Transfers of Care [patient count]	-	-	19		(icon)	23		(icon)
	Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	E	95.0%	83.0% ●	?	L	94.0% ●	?	(icon)
	% clients in settled accommodation	E	59.0%	69.0% ●	P	L	68.5% ●	P	L

Bed Occupancy by Ward and Length of Stay Metric Development

From next month the Bed Occupancy and Length of Stay data will be available for review using the making data counts methodology to highlight significant trends and areas of variance. This will be split by Community, Mental Health and Neurological Rehabilitation Wards. In the interim, the past 12 months data is shown below:

Length of Stay – Community Wards

Solent's Community Wards (Spinnaker, Fanshawe, Brambles and Jubilee) continue to see a slightly elevated average length of stay, compared to the 12 months to March 2022, at 18 days.

The length of stay on the Brambles Ward has consistently been above the 2019 national benchmark for community wards (24 days) for six months, which is a statistically significant trend when considered using the Making Data Counts methodology. This reflects the increased rehabilitation offering on Brambles, whereby patients are being admitted to the ward with higher acuity and at an earlier stage in their rehab journey. Brambles are also offering mutual aid to Hampshire partners on a regular basis, and on occasion these patients have taken longer to discharge whilst packages of care/rehab equipment is arranged.
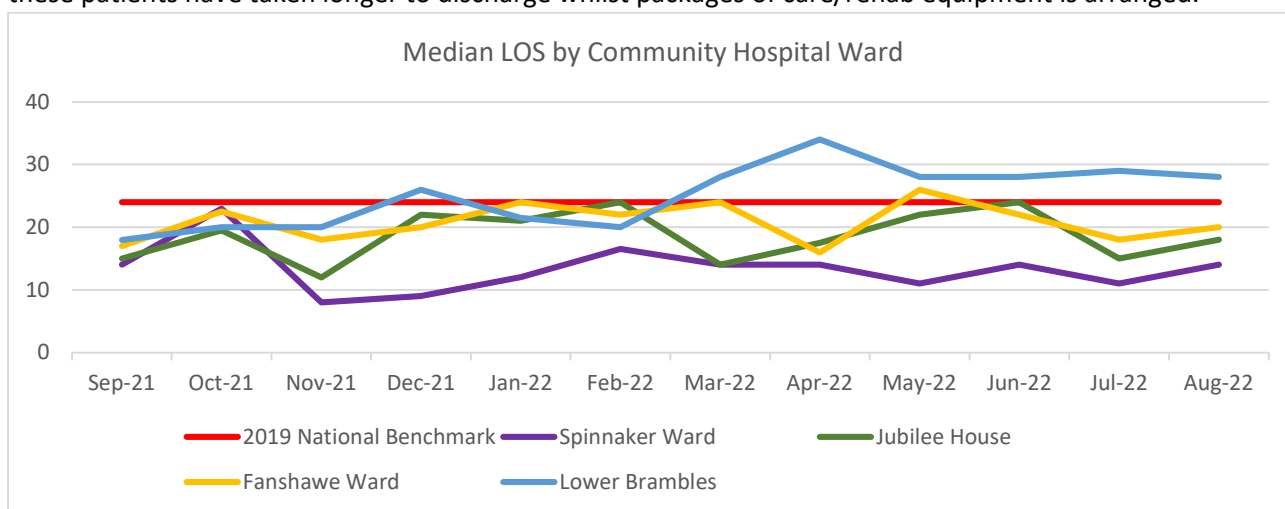

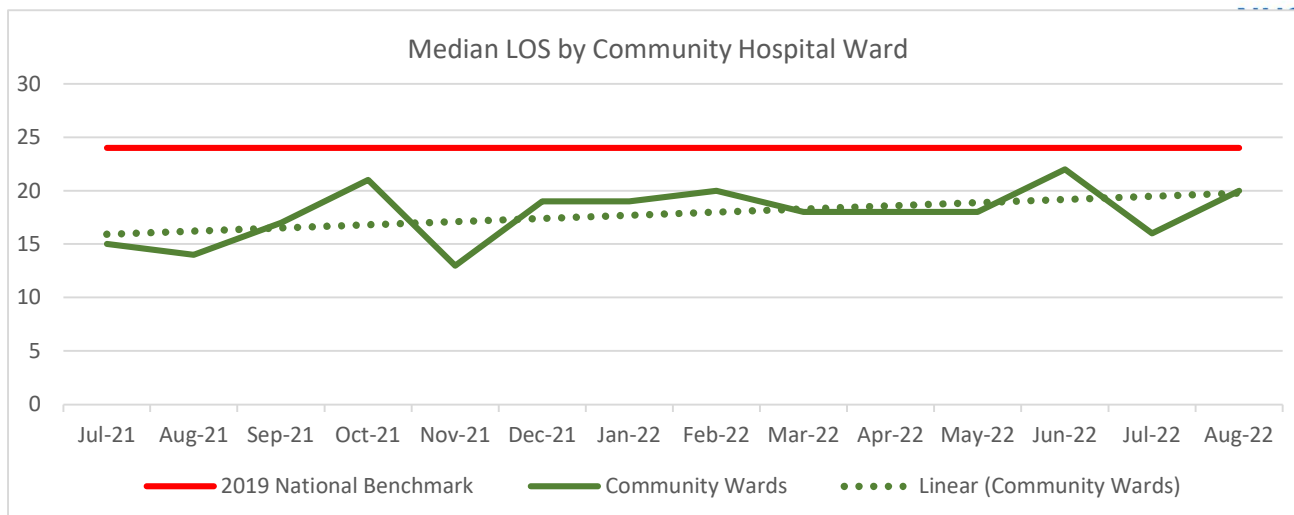Figure 2: Median Average Length of Stay for Community Wards

Figure 3: Median Average Length of Stay for Community Wards (combined)

Length of Stay – Neurological Rehabilitation Wards

The average length of stay on Snowdon remains relatively consistent during July and August. There were no discharges on Kite during August, reflected by no data point showing on the chart below. The Kite Ward has significantly variable length of stays due to the specialist nature of the ward. As there are no comparable national benchmarks for length of stay on these types of Neurological Wards, reviewing this data with the Making Data Counts methodology will provide Solent with assurance around consistency of performance within the wards.
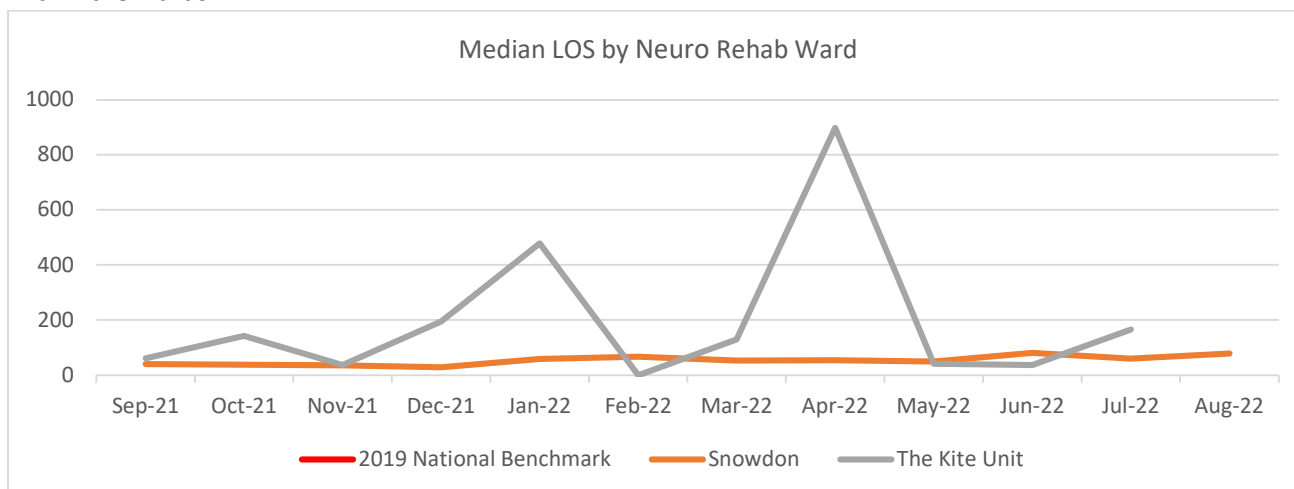

Figure 4: Median Average Length of Stay for Neuro Rehabilitation Wards

Length of Stay – Mental Health Wards

There has been a minimal increase in length of stay on Solent's Mental Health Wards during July and August, with a patient with a significantly long stay being discharged in July from the Brooker Ward (Organic).
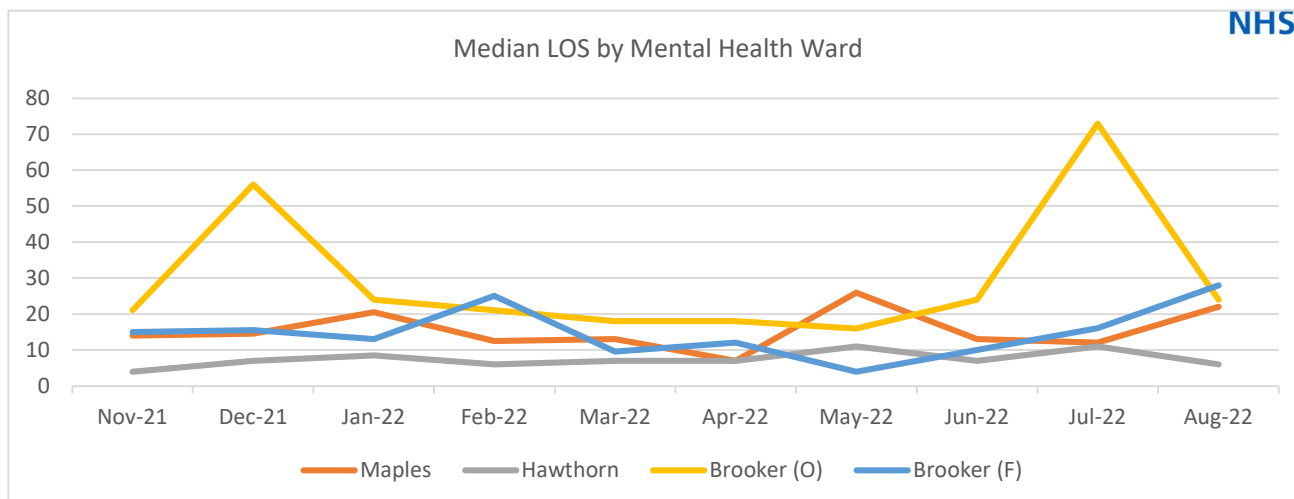
Figure 5: Median Average Length of Stay for Mental Health Wards

b. Key Performance Exceptions

Community Services Dataset (CSDS) discovery

The discovery exercise to determine whether it is feasible to recreate the CSDS from our data warehouse, rather than the current extract provided directly from TPP SystmOne, has now been completed. Following the outcome of the report, further work on this has been paused whilst we understand the resource implications required to deliver this and work collaboratively with neighbouring organisations to understand their methodologies for extracting the CSDS data.

Urgent Community Response (UCR) – 2 Hour Target

Data for the Urgent Community Response 2 hour target is now being reported from the CSDS data both internally and externally to ensure a single source of the truth.

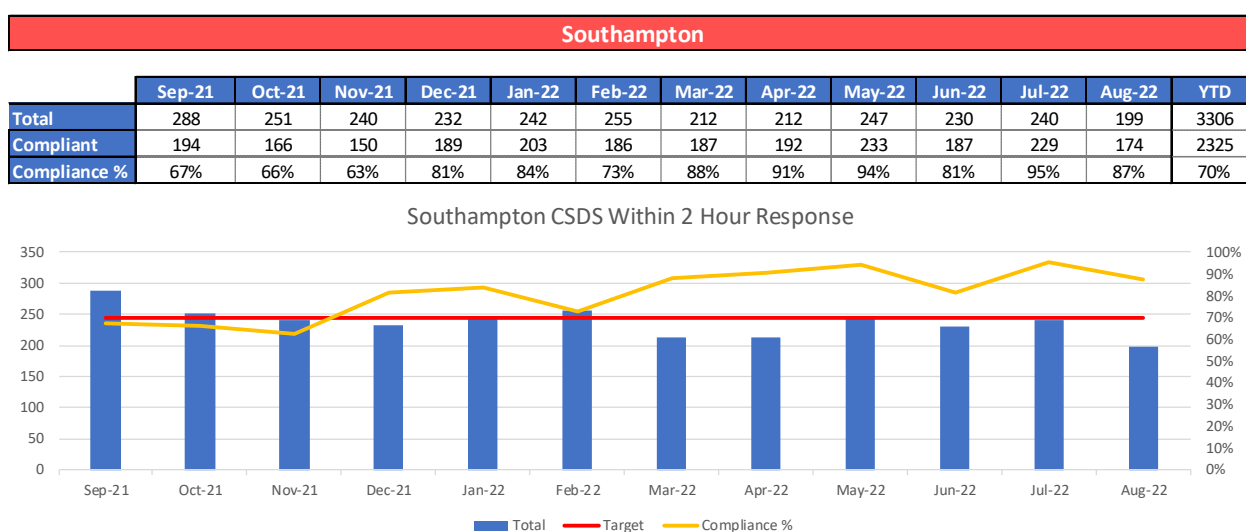The service in Southampton has continued to achieve the target since April 2022.

Southampton													
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	YTD
Total	288	251	240	232	242	255	212	212	247	230	240	199	3306
Compliant	194	166	150	189	203	186	187	192	233	187	229	174	2325
Compliance %	67%	66%	63%	81%	84%	73%	88%	91%	94%	81%	95%	87%	70%

Figure 6: 2-hour wait figures for Southampton UCR as reported in the CSDS

7

A process to ensure data is validated internally prior to submission is now in place in Southampton, and currently being implemented in Portsmouth following the recruitment of a new Data Assurance Officer. This validation process will improve the quality of the data reported for Portsmouth, and subsequently reflect the true level of 2-hour target achievement. During August 2022, a manual review of compliance shows an 84% achievement of the target. This level of performance reflects the reduced capacity within the Urgent Community Response service (operating at around 72% capacity) due to vacancies. The service are currently working with the QI team to undertake some demand and capacity analysis to ensure the team is appropriately staffed.

The chart below details the total number of cases through the Portsmouth service each month. The variance across the months reflects a change in process implemented in April 2022. Prior to this only new referrals were counted towards the target as opposed to all appropriate requests for a 2 hour response for both new and existing UCR patients.

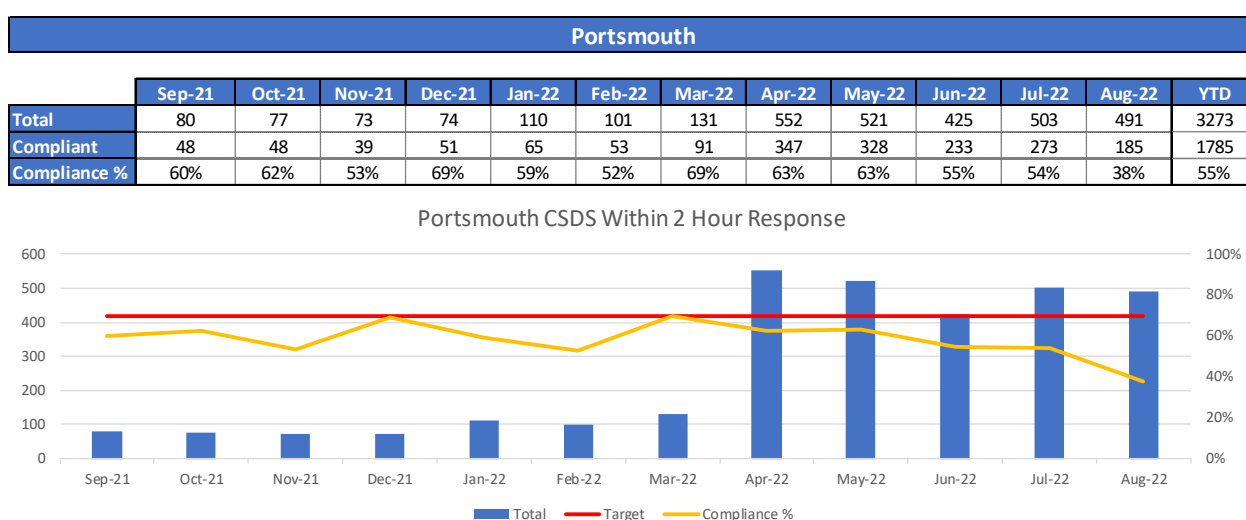| Portsmouth												
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	YTD
Total	80	77	73	74	110	101	131	552	521	425	503	491	3273
Compliant	48	48	39	51	65	53	91	347	328	233	273	185	1785
Compliance %	60%	62%	53%	69%	59%	52%	69%	63%	63%	55%	54%	38%	55%

Figure 7: 2-hour wait figures for Portsmouth UCR as reported in the CSDS

The varying level of activity between Portsmouth and Southampton predominantly relates to differences in the commissioning pathways. The Southampton data reflects activity carried out by the URS service only, whereas the Portsmouth data includes both the URS service, and urgent requests for support within the End of Life/Palliative Care pathway as well as some urgent activity in the Community Nursing Teams. An exercise is being undertaken to ensure we have a clearly agreed definition with Southern NHS Foundation Trust, as well as between our own two services, to ensure parity of service delivery across the county.

Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days

Performance against the CPA follow metric has flagged a significant Low Special Cause variation as the achievement in August is near the lower control limit. Service have noted that the data reported for August is currently unvalidated and as such performance may increase, removing the significance of this variation. Performance against CPA is no longer monitored nationally due to the introduction of a new patient outcome tool, Dialog. Dialog is already being used within our Adult Mental Health Service and the service are in the process of updating their community plan of care which will ultimately replace CPA. We will therefore no longer monitor this metric in future months.

c. Corporate Business Review Meetings (CBRMs) – Key Areas of Exception

Performance & Business Intelligence – Platform as a Service (PaaS)

The project is now moving into the final phase for technical delivery, and is on track to conclude by the end of October. Due to several unforeseen out of scope activities, alongside supplier delays, the project has seen not only a deviation from the original agreement but delays to the final implementation of the platform. Planning continues on the development of a 'post-PaaS' workplan. A stakeholder engagement workshop is planned for the end of September, where the BI team will share future strategies, and give service's an opportunity to inform the development of a roadmap to deliver new capabilities - for example, by discussing future needs such as predictive analytics/capacity planning.

All Corporate Teams – Due Diligence

Discussions took place with all corporate teams regarding the resource required to successfully undertake the due diligence required for the new Community Provider organisation. The impact on BAU delivery was discussed, and the need for Corporate teams to identify what resource would be required to maintain BAU whilst robustly delivering the due diligence tasks required. It was acknowledged that the approach for each team would vary and needs to be considered locally.

Commercial / Finance / Performance / Workforce / Quality – Business Planning 2023/24

We are working towards having a first draft of the business plans for 2023/24 produced before Christmas. Whilst the national assumptions will not have been published at this stage, the ICB have committed to providing a local set of assumptions by the end of September.

Commercial – Areas of Focus

The focus of the commercial team has shifted as the number of competitive procurements from commissioners have reduced. The team has moved to a blended procurement/contracting model, with category managers working across both areas. This year we need to strengthen the resources available to support and improve our business planning response, as well as considering what resources will be needed to support strategic transformation (CMHLD strategic review) and how we can benefit from collaborative working with partners.

Estates – Trust-wide decisions impacting on Estates Budget

There have been several Exec decisions made within the Trust which have negatively impacted the budget for Estates. A recent decision to reduce the cost of food purchased through our on-site restaurants for Solent staff has resulted in a reduction in income attributed to the Estates budget. A discussion was had around the need to fully assess these decisions prior to implementation to understand the full scope, cost implications and where the money will be sourced from to make up any shortfall. The potential to use a QIA (Quality Impact Assessment) was discussed and requires further consideration.

Estates – Green Plan Delivery

Delivery of the Trust's Green Plan has not progressed as anticipated due to long term sickness within the team. Resource has recently been allocated to work on the Green Plan and realign the tasks in order to get delivery back on track.

People – Occupational Health Estates

The Occupational Health team have been working from a variety of locations following several floods at their usual residence at the RSH. The current model is requiring significant good will of the workforce to be flexible and travel to different clinics. A new estate has been identified (Broadcast House), however no date has been confirmed for when the team can move in. The move is dependent on 60 staff being transferred from Broadcast House to Oakley Road. If the move to Broadcast House does not take place soon, there is a risk to the delivery of this year's Flu Campaign as there is no current alternative estate fit for purpose.

People – Performance Management/ Cases involving Patient Harm

There has been an increased complexity and number of performance management cases where patient harm is a factor. The People team have been working with the Quality and Occupational Health teams to triangulate cases and ensure information is shared, and early warning indicators are not missed. Several of the cases require non-standard processes as the staff involved are Medical, and these require different standards to be used. The team have identified this is an area where further training is required.

4. Responsive

a. Performance Summary

Indicator Description	Internal /External Target	Target	Aug-22 Current Performance	Aug-22 Trending Performance	Aug-22 Variance	Jul-22 Current Performance	Jul-22 Trending Performance	Jul-22 Variance
Patients waiting > 18 weeks	-	-	3984		H	3848		H
Accepted Referrals	-	-	28300			27829		
Formal complaints per 1000 WTE	-	-	5.6			3.2		L
Number of complaints	I	15	16 ● (red)	?		9 ● (green)	?	
Number of complaint breaches	-	-	0		L	0		
RTT incomplete pathways*	E	92.0%	90.5% ● (red)	?	L	94.1% ● (green)	?	
Maximum 6-week wait for diagnostic procedures	E	99.0%	100.0% ● (green)	?	H	100.0% ● (green)	?	
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	E	0	0 ● (green)	?		31 ● (red)	?	
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50.0%	100.0% ● (green)	?		80.0% ● (green)	?	
IAPT - Proportion of people completing treatment moving to recovery	E	50.0%	54.8% ● (green)	P		56.2% ● (green)	?	
IAPT - Waiting time to begin treatment - within 6 weeks	E	75.0%	97.0% ● (green)	P		95.0% ● (green)	?	
IAPT - Waiting time to begin treatment - within 18 weeks	E	95.0%	100.0% ● (green)	P		100.0% ● (green)	?	
Data Quality Maturity Index (DQMI) - MHSDS dataset score*	E	90.0%	90.3% ● (green)	?		90.6% ● (green)	?	

*DQMI Measured 3 months in arrears in line with national reporting

b. Key Performance Exceptions

Patients waiting > 18 weeks

Waiting lists continue to have special cause variation showing an increasing trend, reflecting the increasing pressure on our services. Detail on specific services of concern are highlighted within the Service Line Performance Review Meeting (PRM) - Key Areas of Exception below.

Number of Complaints

During July and August 2022, there was a 38.9% increase in complaints made, however this does not demonstrate a significant variation against this metric. There were 25 complaints received in the past two months compared to 18 in the previous reporting period. The top three reasons for making complaints are communication, Values and Behaviours of staff, Appointments were (equally) cited as the main cause for concern. These remain as consistent themes from previous reporting periods.

RTT Incomplete Pathways

Performance for patients currently waiting for RTT applicable services has dropped below the 92% target and below the Lower Control Limit for the first time, highlighting this as a significant area of concern. Performance has been below the mean for the past 8 months, reflective of the national and local issues surrounding waiting times. The main service contributing to the reduction in performance is the Community Paediatric Medical Service in Southampton. Details of the challenges faced by the service are outlined in detail in the Service Line Performance Review Meeting (PRM) - Key Areas of Exception section later in this report.
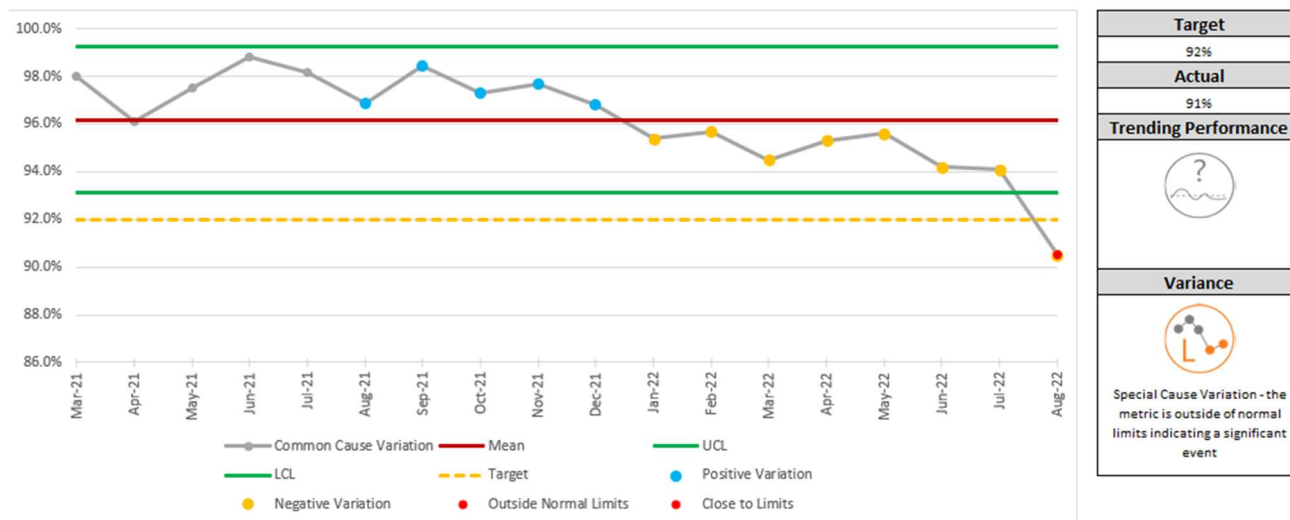

Figure 8: RTT Incomplete Pathways with significant variation highlighted

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

NHS Improvement have recently confirmed the reprofiling of a number of trajectories linked to metrics within the Long-Term Plan, including the target for the Mental Health DQMI. The target for 2022/23 has been confirmed at 90% (not 95% as previously reported), with a plan to increase this to 95% in 2023/24. Performance against the DQMI has exceeded the new 90% target for the past two months and is line with our neighbouring Mental Health services (Southern NHS Foundation Trust – August 2022 = 90.1%).

c. Service Line Performance Review Meetings (PRMs) – Key Areas of Exception

Adult Community Services (Southampton & Portsmouth)

Both our adult community services in Southampton and Portsmouth have been experiencing higher rates of turnover and sickness over the last 6-12 months than the trust average and target. The top 3 reasons for sickness absence in these service lines are consistent with those across the Trust: Anxiety, stress and depression (1), Infectious diseases-COVID (2), and Gastrointestinal problems (3).
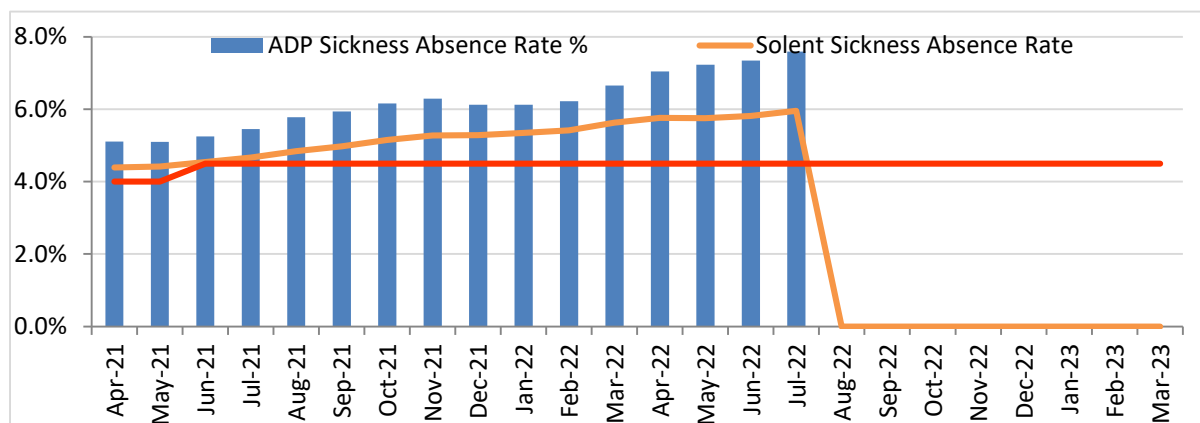
Figure 9: Adults Portsmouth Sickness Rate
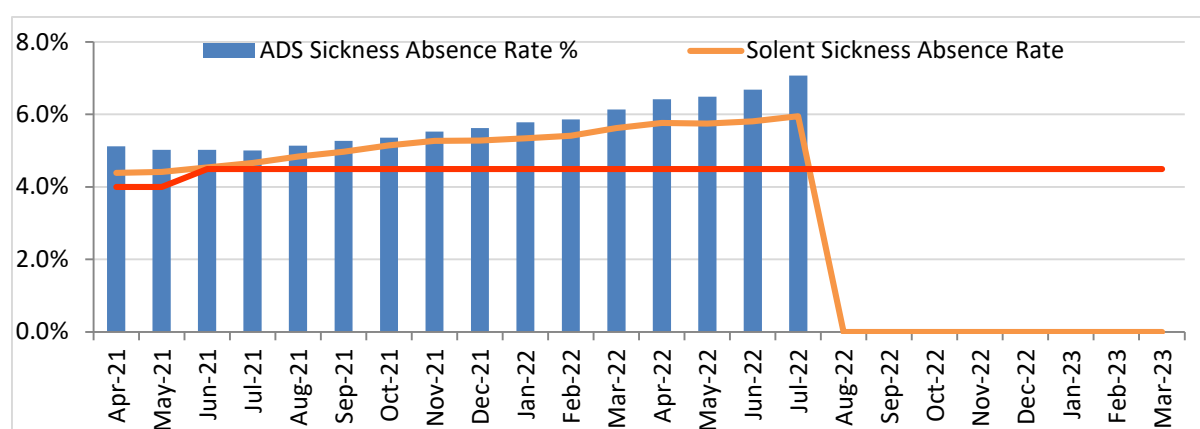
Figure 10: Adults Southampton Sickness Rate

Services are establishing monthly workforce groups in collaboration with the People directorate to better understand any thematic causes, trends from exit interviews and potential interventions that may help prevent turnover and sickness moving forward. In addition, annual leave take-up is being encouraged with regular offers to support well-being.

Unfortunately, due to a transition to a new recruitment system, Oleeo, delays with recruitment and onboarding have occurred which is impacting the responsiveness of replacing any leavers that the services are experiencing. The People Directorate are actively working to resolve these issues and prioritising key roles for the trust.
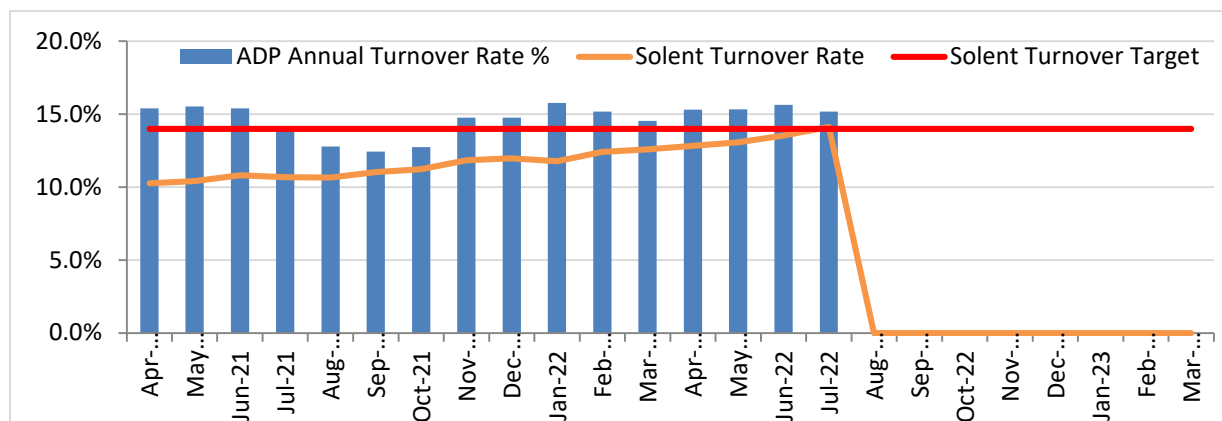
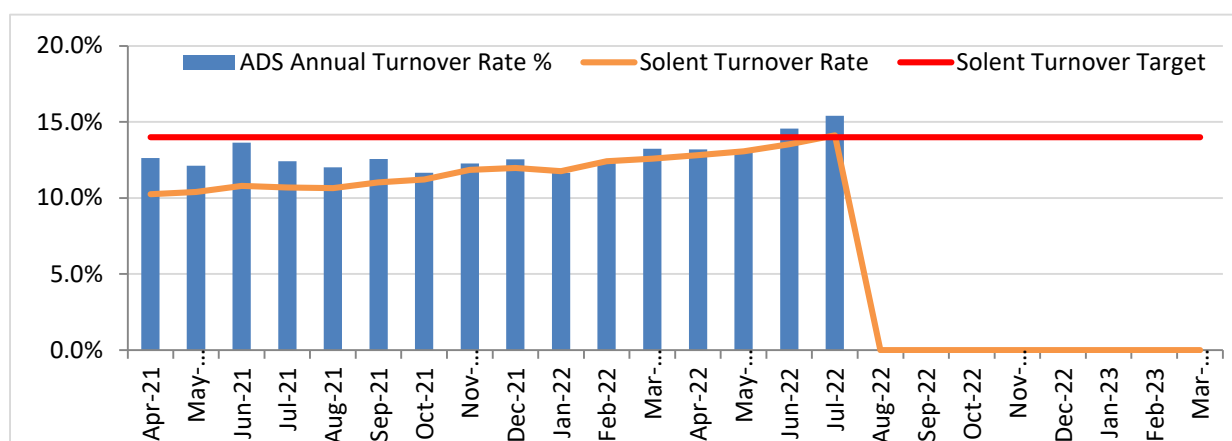Figure 11: Adults Portsmouth Turnover Rate (rolling 12 months)

Figure 12: Adults Southampton Turnover Rate (rolling 12 months)

There has been some really positive progress with regards to recruitment to two pressured community services. Firstly, our Bladder and Bowel service in Portsmouth have successfully recruited to all vacancies now. The service have been experiencing longer waits than expected as legacy from the pandemic and vacancies. The service are already starting to be able to book in those longest waiters and the position for the service is now expected to improve moving forward positively.

Similarly, the Speech & Language Therapy service in Portsmouth has recently offered roles to two further hard to fill vacancies. These will help further support the Long Waiter project within the service to help prioritise and reduce those waiting longest in the future.

Child and Family Services (Southampton & Portsmouth)

Community Paediatric Medical Services (Southampton & Portsmouth)

The Community Paediatric Medical Services (CPMS) in both Southampton and Portsmouth have been experiencing consistent pressures from multiple sources as the pandemic's impact on provision across health and care subsides. CPMS is one of the few services in Solent NHS Trust that is applicable under the national Referral to Treatment (RTT) standards and the service has not been able to meet the national standards in recent months.
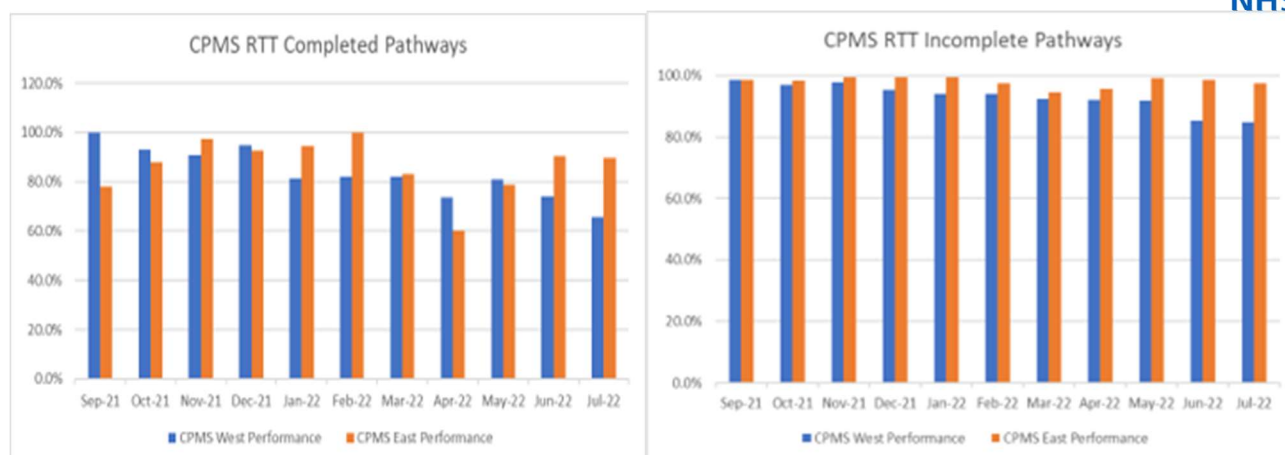
Figure 13 & 14: RTT complete and incomplete pathways for CPMS in Southampton (West) and Portsmouth (East)

CPMS in Southampton has experienced significant challenges with sustained increases in the number of Children Looked After (CLA) in the city with statutory timescales for Initial Health Assessments and Reviews. Collaborative work with Southampton City Council is ongoing to reduce any delays possible between the two organisations to help reduce the breaches in performance on this service. The service has also had to manage the statutory requirement for Child Protection Medicals and the backlog of Adoption Medical Assessments, that were paused during the pandemic.

The service are actively prioritising the statutory requirements with those most in need for the Neurodiversity and general paediatric pathways. The service are recruiting to the existing 2 consultant vacancies and, with additional funding from local commissioners, an additional consultant to help ease the capacity and demand pressures.
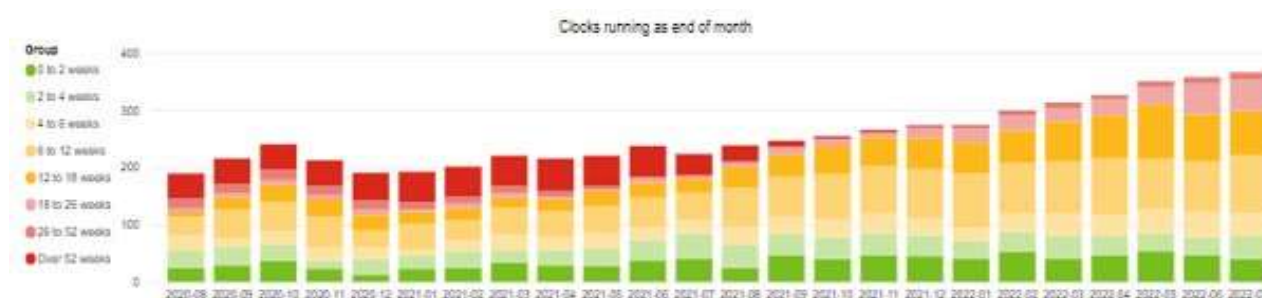

Figure 15: Waiting list profile for CPMS Southampton

CPMS in Portsmouth has shown an improvement in waiting times in recent months, after a statistically significant rise in referrals during late 2021 and are now meeting the national RTT target.
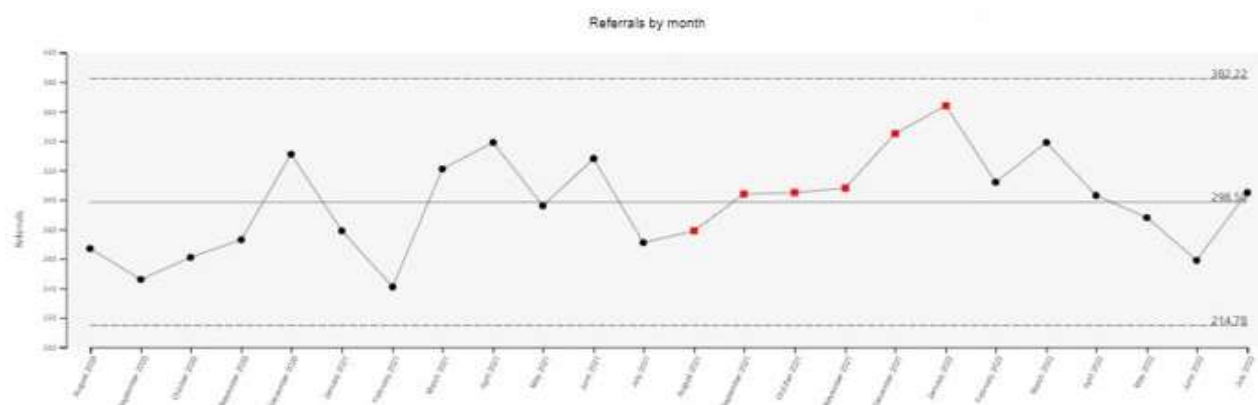
Figure 16: Referral profile for CPMS Portsmouth

Children & Adolescent Mental Health Services (Southampton & Portsmouth)

Both Children & Adolescent Mental Health Services (CAMHS) reflect the national position of the service nationally and it's importance in the NHS Long Term Plan. The complexities of presentations have significantly increased throughout the pandemic and there is a national shortage of mental health professionals to recruit to, in order to meet these demands.
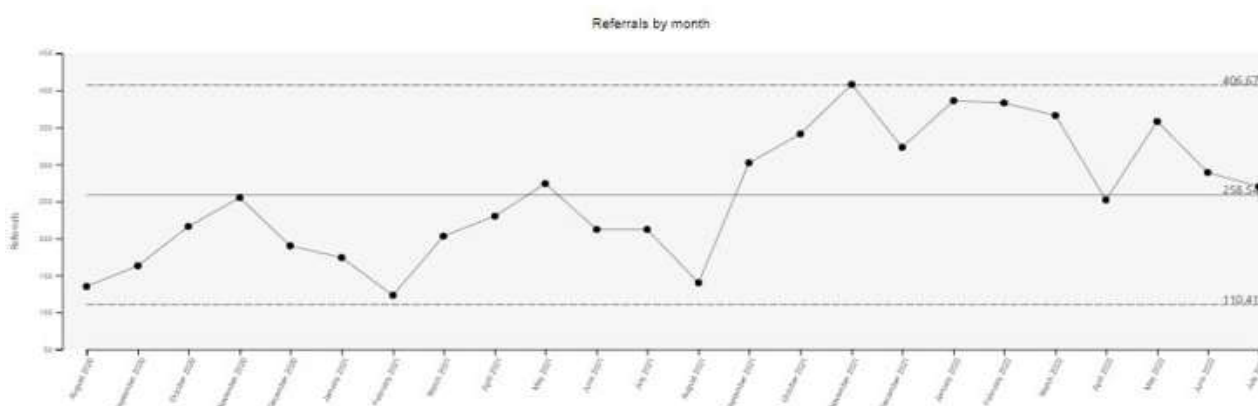

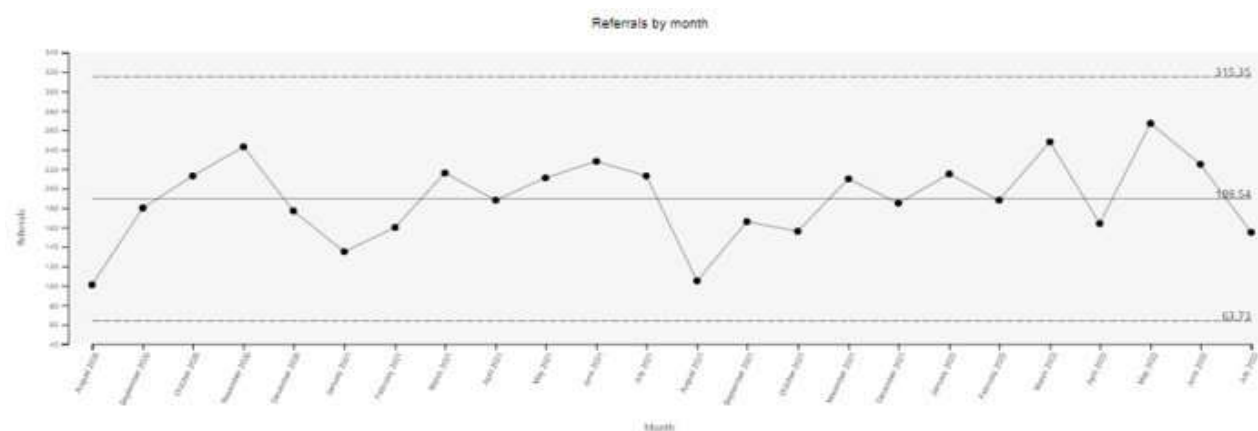Figure 17: Referral profile for CAMHS Southampton

Figure 18: Referral profile for CAMHS Portsmouth

Short and long-term mitigations are being reviewed and implemented, as part of a priority workstream of the ICS Clinical Delivery Group. After a successful sub-contracting of assessments for Neurodiversity in Southampton over the last year, significantly reducing the waiting list of the service, both CAMHS are exploring further potential sub-contractual possibilities with commissioners to help meet the consistent and significant demands on the service. In addition, a programme to launch a CAMHS Academy in the ICS is underway to grow and train our own mental health professionals to help ease the shared workforce pressures of the system.
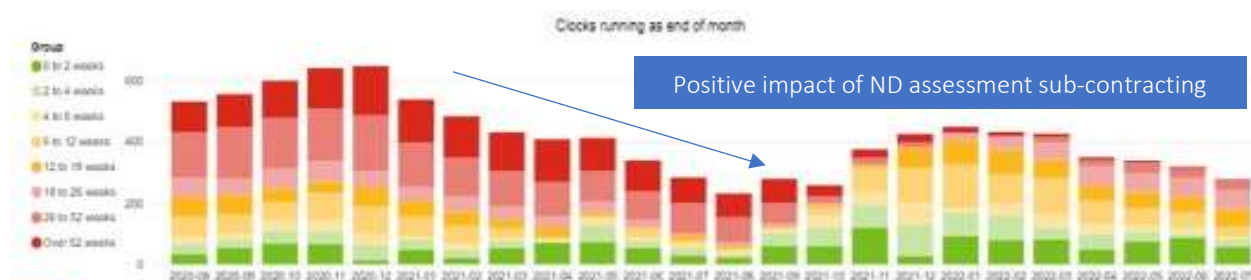

Figure 19: Waiting list profile for CAMHS Southampton showing impact of ND assessment sub-contracting

Figure 20: Waiting list profile for CAMHS Portsmouth without any sub-contractor support

Podiatry (Portsmouth, Southampton, Fareham & Gosport, South-East & West Hampshire)

The Podiatry service have been increasing the number of patients across cross the different areas of provision that have been treated.
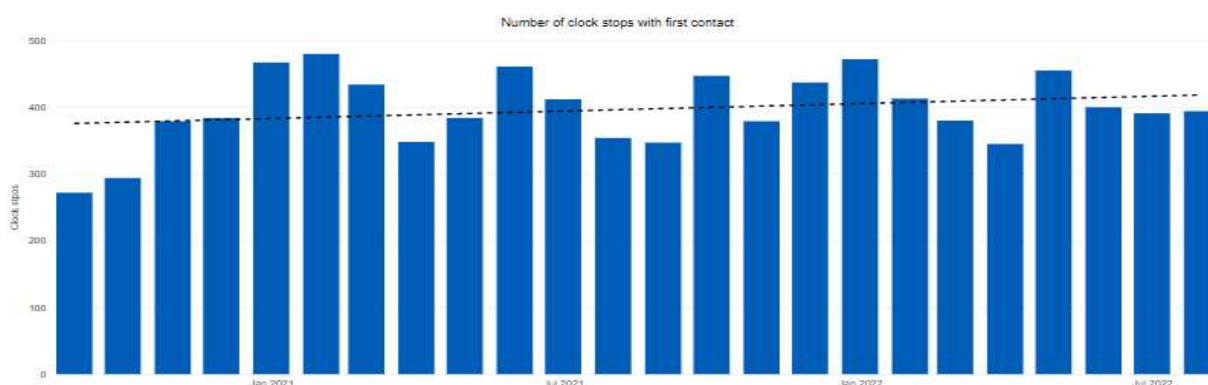

Figure 21: Patients starting treatment in the Podiatry service

However, despite this increase, the waiting list has continued to rise, up to 2006 in September, showing a 16% increase since May 2022. This is predominantly due to demand outstripping capacity month on month, with a variance of 70 in July 2022.

Figure 22: Waiting list profile for Podiatry services

The service are prioritising those patients with highest risk and need and also the longest waiters. Through active patient management processes, addressing the short-course treatment cohort of patients waiting and innovations such as biomechanics, the service have successfully reduced the number of patients waiting longer than 18 weeks for a first appointment from 24% to 21% over the last month.

However, due to expected maternity leave of 3 staff, difficulties in recruitment and current vacancies, capacity of the service is likely to continue to be strained, with the caseloads of individuals increasing consequently as a statistically significant rate.
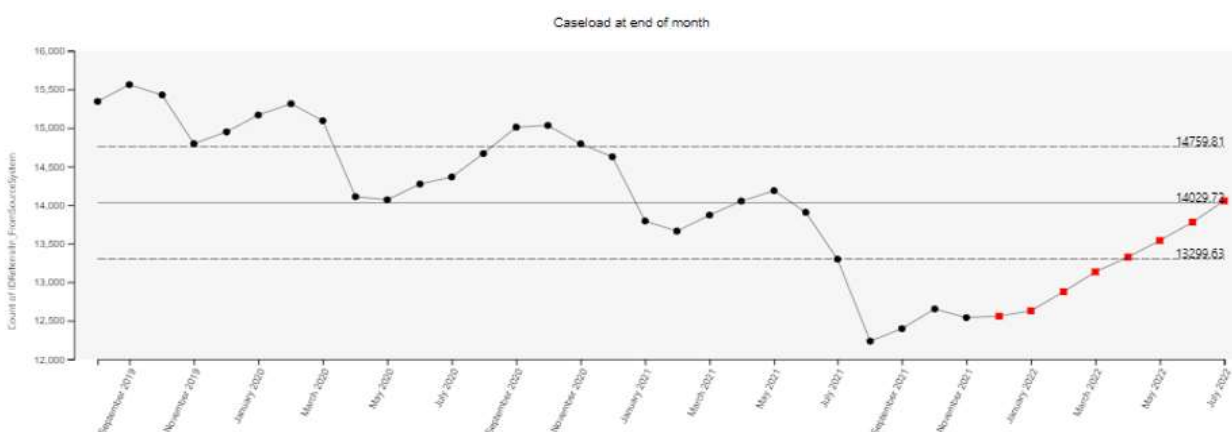
Figure 23: Caseload profile for Podiatry services

Adult Mental Health (Portsmouth)

Our Adult Mental Health Services, despite working with increasingly complex presentations to support system pressures, have been putting a real focus and concerted effort in improving the experience of care for patients and their families.

Through improving communications earlier and more regularly with patients and their families, and in particular, implementing action plans successfully from any complaints received, the number of complaints the service line has received has consistently been below the service's three year average due to preventing recurrences, a statistically significant event under Statistical Process Control (SPC) rules.

Figure 24: Complaints profile for Adult Mental Health

Specialist Dental Service (HIOW)

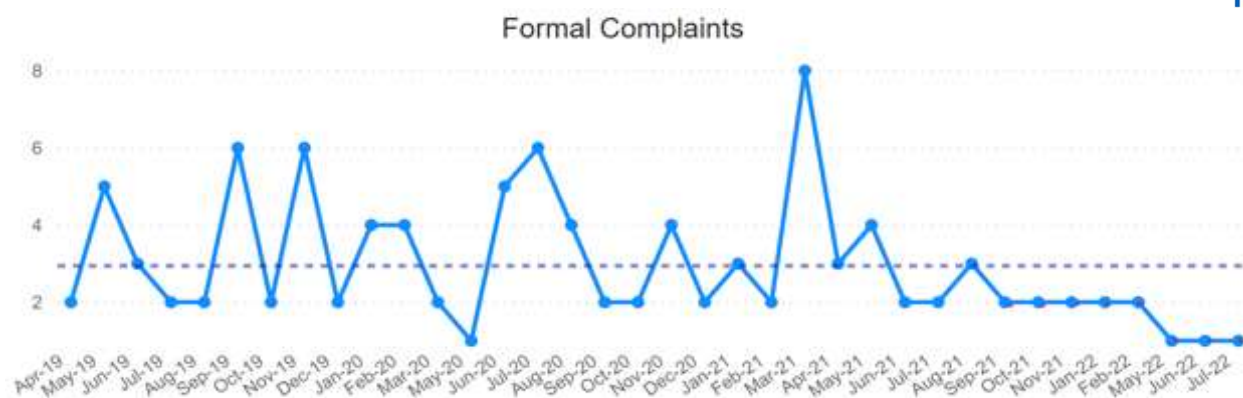During the pandemic, dental activity was significantly reduced due to Infection, Prevention and Control (IPC) guidelines to protect our patients and staff, as well as limited theatre space availability at our acute partners sites due to their own pressures. As a consequence, there has been a legacy that the service have been trying to recover from, with longer times than the service would aspire to.

Despite the challenges, the service has been working hard to recover and have started to make great progress with the maximum wait for the service reducing from 140 weeks in June 2022 to 93 weeks in August 2022. In addition, the overall maximum waiting time is reducing month on month and is relatively quickly falling back in line with pre-pandemic norms.

This has been enabled by sourcing extra theatre sessions following discussions with PHU, HHFT, UHS and IOW partners, utilising Reset and Recovery funding enabling 35 additional patients to be treated across 17 sessions (14 HHFT, 1 IOW, 2 UHS). Referrals are also being reviewed on receipt for safeguarding, pain, trauma and urgency of need ensuring that they are appointed in an appropriate and timely manner.
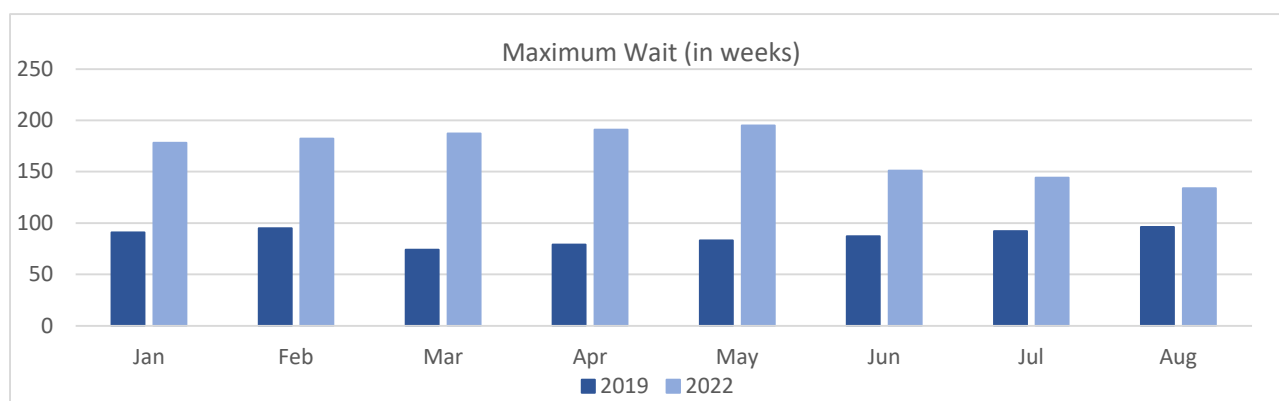

Figure 25: Maximum Waiting Times for Specialist Dental Services

a. Performance Summary

Indicator Description		Internal /External Target	Target	Aug-22			Jul-22		
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
People	Sickness (annual)*	I	4.5%	5.9% ●	?	H	6.0% ●	?	
	Sickness (in month)	I	4.5%	5.5% ●	?	H	6.9% ●	?	
	Turnover (annual)*	I	14.0%	14.1% ●	?	H	14.1% ●	?	
	Turnover (in month)	I	1.2%	1.4% ●	?		1.3% ●	?	
	New starters (FTE)	-	-	80.3			61		
	Proportion of Temporary Staff (in month)	E	6.0%	4.5% ●	?		5.1% ●	?	

b. Key Performance Exceptions

Sickness

Sickness rates are on a significantly increasing trend and are a key focus, with both in-month and annual sickness rates being the highest they've been in the last 2 years. This correlates with the staffing risks being raised by service lines, evidencing staff sickness absences are compounding the high vacancy rates and adding further staffing pressures. The most reported sickness reasons (August 2022) are Anxiety, stress and depression (1), Infectious diseases-COVID (2), and Gastrointestinal problems (3). People Partners collaborate with the Occupational Health and Wellbeing team who are continuously monitoring this data and aware of the issues, and are operationally responding to the predominant referrals for mental health, long Covid and short-term Covid infection. Anxiety is high from those who struggled to recover initially and now have Covid for a 2nd or 3rd time, which interlinks with the mental health issues reported and being supported also.

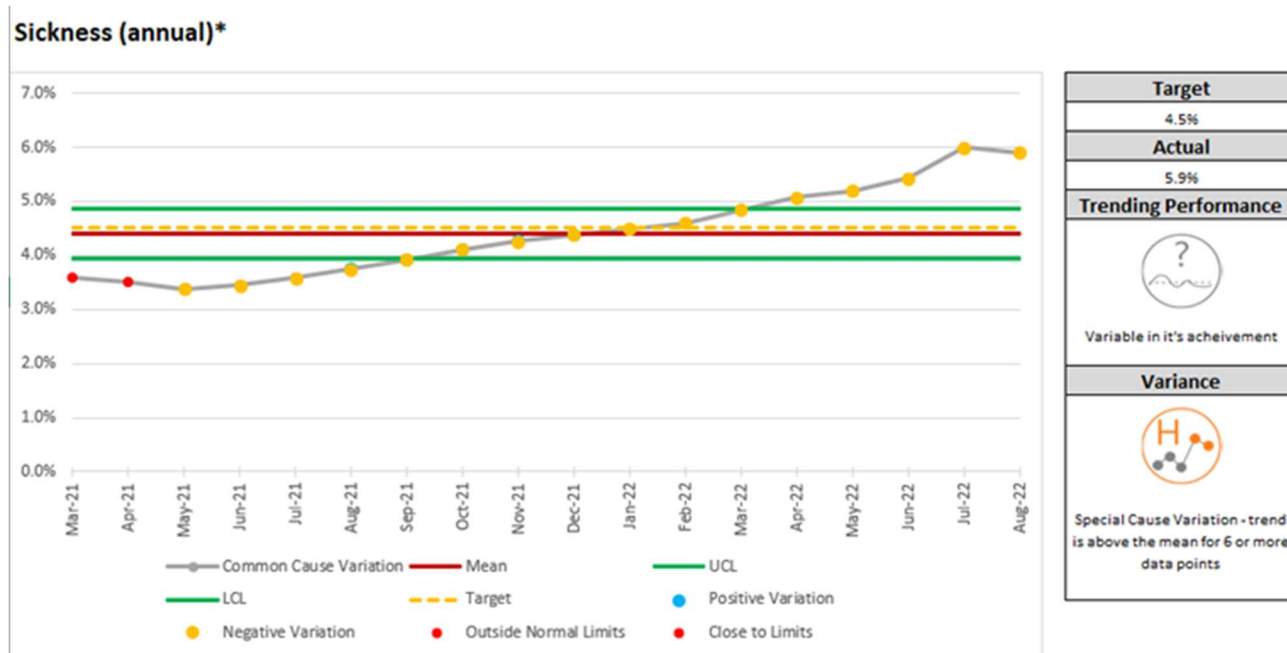| Target |
|---|
| 4.5% |
| **Actual** |
| 5.9% |
| **Trending Performance** |
| ? Variable in it's acheivement |
| **Variance** |
| H Special Cause Variation - trend is above the mean for 6 or more data points |

Figure 26: Sickness (12 months rolling) performance

Turnover

The Trust's annual turnover rates have exceeded the 14% target, which was the target agreed by Solent's People Committee, for the last 2 months in a row, with August reporting at 14.1%. In comparison, our neighbouring Community Trust's turnover rate was 19.5% during August. This level of turnover has also decreased our stability index to 83.3%.

This is increasing demand on the People Recruitment and Attraction teams, who are working hard to support fill the Trust's vacancy rates and increase the time to hire of onboarding staff, along with providing bank and agency staffing where needed, to meet the safe staffing levels required across Services. Additionally, to address this issue a workforce planning programme has been created with 5 workstreams, with the goal to put plans in place to support the Trust's strategic objective to have a sustainable workforce. We are also working collaboratively in the HIOW ICS Retention Programme, led by Angela Murphy as Programme Lead, from a system wide approach to mitigate the staffing gaps in provider networks.

Turnover (annual)*
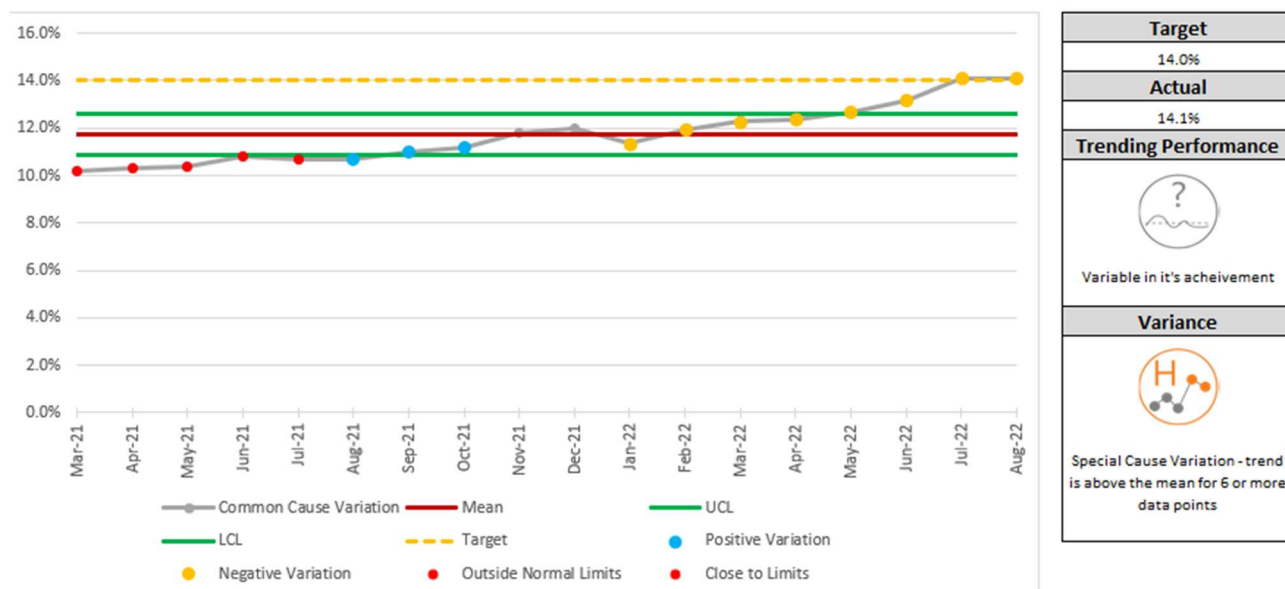
Figure 27: Turnover (12 months rolling) performance

c. Spotlight On: Key Workstreams

People Systems

The People team have successfully implemented a new system called Oleeo, which is a recruitment ATS (applicant tracking system), in July 2022, with Manager training and demonstrations held throughout August 2022. The system aims to improve the time to hire, reduce the People Operations team administration, improve the candidate attraction, recruitment and onboarding experience, provide self-service to hiring managers, provide reporting mechanisms, create automation and reduce potential human error whilst meeting NHS Standards for compliance, and has processes in place which we hope will realise effective workforce establishment control. This system also supports Solent's journey to digital maturity in our Digital Strategy.

There have been a few challenges with regards to delays in roles being advertised through Oleeo, and we have subsequently identified managers require more training and support as they transition to the new system, in addition to the change journey for the 1000 managers transitioning to new ways of working as user acceptance. The mitigations taken to date have been additional drop-in sessions for managers, online training via the LMS available for self-service to support, personalised sessions delivered by the Recruitment and Attraction team (Childrens and Sexual Health). Senior Leaders were invited to feedback on hiring issues, and only 2 responses were received. We are fortunate to have the ability to work with Oleeo programmers to continuously improve the system functionality and are taking on feedback to improve user experience. The 'authorisers' process in the system provides control measures to ensure budget is available prior to a role being advertised, which is beneficial, however where services have had roles not approved, they have not been happy with the outcome.

Cost of Living

Within Solent we are committed to addressing the challenges people face during the Cost of Living Crisis. We began by addressing items within our gift, such as an immediate temporary increase in mileage rates for staff and offering subsidised rates in our on-site restaurants for our staff and partner organisations.

This work has continued by working collaboratively with other provider organisations who have partnered with us and commercial organisations who offer wider support through discount portals and access to additional health and wellbeing benefits at a low, or no cost. As part of the Hampshire and Isle of Wight ICS programme we have provided access to all staff to a health and wellbeing portal which provides signposting and support for financial and housing matters; as well as access to food banks and charities who can help them.

We are addressing the costs of travel to work which links to our Green Plan for sustainable travel through our Cycle to Work scheme. We are exploring the logistics which will enable us to provide complimentary sanitary products, to address period poverty that many of our staff find hard to talk about. Finally, we are accelerating our existing plans to stand up a hardship fund, and an emergency food resource offer which will provide support for staff facing financial hardship.

6. Finance

a. Performance Summary

Indicator Description		Internal /External Target	Target	Aug-22			Jul-22		
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Finance	Year to date surplus/(deficit) Actual v budget	-	-	£0			£0		
	Agency spend % pay	I	3.5%	4.7% ●	?		5.2% ●	?	
	Cash balance	-	-	£32.8			£28.6		
	Aged debt (over 90 days)	-	-	186		L	174		
	Use of Resources Score	-	-	2			2		

b. Spotlight On: Month 5 Results

The Trust is reporting an in month adjusted surplus of £258k, £393k favourable to plan, with a year to date adjusted deficit of £861k, £361k favourable to plan. High vacancies are currently driving the favourable position. A deep dive forecast with services will take place in month 6.

Workforce

Pay savings targets of £5.2m have been allocated to operational and corporate service lines to allow for greater ownership. As at M5 savings of £2.6m have been delivered against a plan of £2.2m. It is expected the achievement of these savings will reduce in future months, with recruitment to key positions planned. This risk is identified as approximately £1.4m.

Covid-19 Expenditure

The Trust continues to incur additional expenditure because of Covid, however this has dropped significantly since last year, mainly due to incentive payments ending. The reported in-month costs were £109k compared to a plan of £242k. This represents an saving of £0.5m against a year to date plan of £0.35m. Current levels of expenditure would lead to a £1.9m achievement against a £0.8m plan. This achievement will help meet the future challenge created when Covid income starts to reduce.

Capital

The Trust's CDEL for 2022-23 of £15.1m consists of £5.5m of internally generated funding and £9.6m PDC funding. The PDC funding consists of two projects, WCH bed optimisation and Highclere; both of which have now been approved by NHSE for that element. Additional funding needs to flow from the ICS for costs over the business case. The ICS support is due 23/24 – 24/25.

In month expenditure was £480k, £18k lower than forecast. Year to date expenditure is £957k, £229k lower than plan. Significant spend in M5 relates to the EPMA and Network equipment projects.

Approved projects forecast spend is £3.7m, £131k less than approved spend. The main underspend is forecast within the pharmacy EPMA project, driven by pay costs being lower than expected.

Cash

The cash balance was £32.8m as at 31 August 2022, £4.2m higher than July. The increase in cash was due to a large payment from NHS England.

Aged Debt

The Trust's total debt was £2.5m at the end of August, £0.3m debt 91+ days overdue, with no material movement from July.

7. Research & Improvement

a. Performance Summary

Research

Since April 2022, we have recruited 318 participants into 23 studies. We have recruitment across all our service lines, with Paediatrics and Adult services being our most research active. 29 studies are currently open to recruitment, with a further 6 due to open in the next 2 months.

Clinical Effectiveness

Local Audit Reports received since April 2022 (please note, the majority of audit and evaluation reports are usually received during quarters 3 and 4):

Service Line	Received
Adults Portsmouth	1
Adults Southampton	6
Child & Family	4
Mental Health	2
Primary Care - GP	5
Primary Care - MPP	4
Sexual Health	2
Specialist Dental	4
Total	**28**

We have had a significant increase in audit reports received from Solent GPs aided by Dr Laura Regan taking on the link GP role for audit and evaluation.

National Audit Reports disseminated since July 2022:

National Project Title	Recent reports (Link & date published)
NHS Benchmarking Network: National Audit of Care at the End of Life – 3rd round (21-22)	NACEL 2021-22 (14/07/22)
National Clinical Audit of Psychosis: Early Intervention in Psychosis services	EIP 2021-2022 Annual report (14/07/22)
National Asthma and COPD Audit Programme: Pulmonary Rehabilitation - Organisational & clinical	NACAP: Pulmonary Rehabilitation (14/07/22)
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Clinical & Organisational (14/07/22)
Core Diabetes Audit - Care processes & treatment targets	Care processes & targets (14/07/22)
Diabetes Prevention Programme non-diabetic Hyperglycaemia	Non-diabetic Hyperglycaemia (14/07/22)
National Audit of Dementia: Spotlight audit in community-based memory assessment centres	Memory Assessment (11/08/22)

In the last year we received 40 service evaluations which represents a steady 60% increase over the last five years. This has been supported by workshops including introductory sessions on interviewing, survey design and outcome measures.

In October we will start the improvement planning process to identify topics for audit and evaluation in 2023-23 supported by staff surveys, themes identified by corporate teams (e.g., quality and safety, patient experience) and service line planning meetings.

Quality Improvement

QI Practitioner Training Cohort 9 has 3 teams who have received 4 QI days. These teams are:

- Patient Experience - working to improve how to engage younger ethnic minority males in healthcare.
- Childrens Therapies aim is to improve the information about services and intervention which is provided to families prior to appointments.
- Professional Nurse Advocate (PNA) - Developing a process for the PNA role in Solent to provide Restorative Supervision for staff.

Happier working lives start September 2022 with 9 teams who will receive training and support in using QI methods to improve happiness among colleagues in their services.

Launch of QI café – bitesize webinars sharing how and when to use QI tools and on leading improvement.

b. Spotlight On: Core Areas of Work

One Big Front Door

The project won Q exchange funding, to build one route to gain help, across Solent NHS Trust Child and Family services. The service line identified, when families are concerned about their child's development, they currently need multiple referrals to get help. The project is in phase one of working with parents, Portsmouth parent voice and attending community family events to understand the challenges of seeking help and ways they wish to access services.

Library

Since April 2022 the knowledge specialist has received and completed 30 evidence searches. They have attended 5 promotional events and provided 46 teaching workshops and individual support sessions. We currently have 466 open Athens accounts for individual library access.

Evaluation Hub

We continue to build on the success of our organisational level evaluations. The hub generates evidence that is accessible, responsive, and applied by working with our health, social and community partners. We have formalised a partnership with UCL's Rapid Research, Evaluation and Appraisal who are one of the leading experts in the methods we use, who will provide expertise, quality, and assurance, as we grow.

We continue to build on this success by expanding our offer to focus on the following work packages:
- *Delivery* – We offer full project management of evaluations and appraisals supporting projects from design through to data collection, communications, and outputs.
- *Consultancy* – We want people to use these methods to maximise the use of applied evidence in practice. Our consultancy arm focusses on training and supporting capacity within our partners to create sustainable evidence production.

We will be recruiting 2 Programme Managers to assist with project management and delivery as well as expanding our communications and branding to extend our reach.

Upcoming evaluations
- Integrated Long Covid Service, ICS, Sept 2022- April 2023
- Hampshire & Isle of Wight Occupational Health and Wellbeing Programme, Sept 22- Sept-23
- Hampshire & Isle of Wight 350 Programme, Sept 22- Sept 23

Process control	Variation Indicator	Trending Performance Indicator	Recommended action
In control		P	**Do nothing** *your process is working perfectly!*
In control		? Capability within acceptable levels	**Do nothing** *Your process is working well enough*
In control		? Capability outside of acceptable levels	**Consider process redesign** *If no other areas to prioritise*
In control		F	**Process redesign** *Your current process is designed to fail*
Out of control	H L Cause unknown	F OR ?	**Investigate special cause origins BEFORE tackling process capability** *Try to understand what is happening before responding redesigning out of control processes is not advisable*
Out of control	H L Cause known	F OR ?	**Root cause corrective action BEFORE tackling process capability** *Seek to restore process control redesigning out of control processes is not advisable*
Out of control	H L Cause unknown	P	**Investigate special cause origins** *Try to understand what is happening before responding*
Out of control	H L Cause known	P	**Consider root cause corrective action** *Seek to restore process control*
Out of control	H L Cause unknown	P	**Investigate special cause origins** *Try to understand what is happening before responding*
Out of control	H L Cause known	P	**Celebrate achievement (if intentional) and share learning** *Seek to restore process control*
Out of control	H L Cause unknown	F OR ?	**Investigate special cause origins BEFORE tackling process capability** *Try to understand what is happening before responding redesigning out of control processes is not advisable*
Out of control	H L Cause known	F OR ?	**Celebrate achievement in improvement (if intentional) and share learning** *Seek to restore process control - redesigning out of control processes is not advisable*

Solent NHS Trust - System Oversight Framework

Indicator Description		Frequency	Internal /External Target	Target	Aug-22			Jul-22		
					Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Quality, Access & Outcomes	S038a: Potential under-reporting of patient safety incidents	Monthly	E	100.0%	100.0% ●	?	H	100.0% ●	?	H
	S039a: National Patient Safety Alerts not completed by deadline	Monthly	E	0	0 ●	?	L	0 ●	?	L
	S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	Monthly	E	0	0 ●	?		0 ●	?	
	S041a: Clostridium difficile infections	Monthly	E	0	0 ●	?		0 ●	?	
	S042a: E. coli blood stream infections	Monthly	E	0	0 ●	?		0 ●	?	
	S081a: IAPT access (total numbers accessing services)	Monthly	E	366	461 ●	P	H	415 ●	P	H
	S084a: Children and young people (ages 0-17) mental health services access (number with 1+ contact)	Monthly	-	-	6647		H	6866		H
	S086a: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (3 months rolling)	Monthly	E	0	41 ●	F	H	40 ●	F	H
	S086b: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (external only)	Monthly	-	-	100.0%			100.0%		
	S101a. Outpatient follow-up activity levels compared with 2019/20 baseline	Monthly	E	75.0%	99.3% ●	F		87.3% ●	F	
	S105a. Proportion of patients discharged to usual place of residence	Monthly	-	-	69.4%			68.9%		
	S107a. Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	Monthly	E	70.0%	55.6% ●	?		73.9% ●	?	
	S007a: Total Elective Spells	-	-	-	Currently awaiting provision of guidance for measurements from NHS I&E					
	S009a: Total patients waiting more than 52, 78 and 104 weeks to start consultant-led treatment	Monthly	E	0	0 ●	?		0 ●	?	
	S013a: Diagnostic activity levels - Imaging	Monthly	E	868	557 ●	?		571 ●	?	
	S013b: Diagnostic activity levels - Physiological measurement	Monthly	E	90	62 ●	?		48 ●	?	
Preventing Ill Health	S117a: Proportion of patients who have had a first consultation in a post-covid service more than 15 weeks after referral	Monthly	-	-	20.4%		L	48.5%		
Looking after our people	S071a: Proportion of staff in senior leadership roles who are from a BME background	Annual	-	12.0%	6.8% ●			-		
	S071b: Proportion of staff in senior leadership roles who are women	Annual	-	62.0%	70.5% ●			-		
	S071c: Proportion of staff in senior leadership roles who are disabled	Annual	-	3.2%	2.3% ●			-		
	S067a: Leaver rate	Monthly	I	14.0%	14.1% ●	?	H	14.1% ●	?	H
	S068a: Sickness absence (working days lost to sickness)	Monthly	I	5.0%	5.5% ●	F	H	6.9% ●	F	H
Finance and Use of Resources	S118a: Financial Stability	Monthly	E	-	-			-		
	S119a: Financial Efficiency	Monthly	E	-	-			-		
	120a: Finance – Agency Spend vs agency ceiling	Monthly	E	100.0%	-	?		-		
	120b: Agency spend price cap compliance	Monthly	E	100.0%	-	?		-		

Solent NHS Trust - System Oversight Framework

				Aug-22			Jul-22		
Indicator Description	Frequency	Internal /External Target	Target	Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance

Key

In-month Performance Indicator

🟢 Metric is achieving the target

🔴 Metric is failing the target

Trending Performance Indicator

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

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

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

Variance Indicator

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

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

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

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

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

3. NHS Provider Licence – Self Certification 2022/23 – September 2022

Condition G6 – Systems for compliance with licence conditions:

Requirement

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

Response

The effectiveness of internal control systems and processes are reviewed on an annual basis and documented within the Annual Governance Statement as presented to the Audit & Risk Committee and incorporated within the Annual Report. In addition, assurance to the Board is supported by opinions from Internal Auditors and External Auditors.

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

Condition FT4 – Governance Arrangements:

Requirement

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

Response

The Board considers and adopts corporate governance standards, guidance and best practice as appropriate.

We regularly review our governance processes including our Board Code of Conduct and associated protocols.

Requirement

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

Response

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

3

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

(a) Effective board and committee structures;

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

(c) Clear reporting lines and accountabilities throughout its organisation

Response

On an annual basis the Trust has implemented a process of governance reviews (via the Governance and Nominations Committee) including;

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

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

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

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

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

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

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

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

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

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

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

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

Response

We regularly review our governance processes including our Board Code of Conduct and associated protocols. The Trust ended the financial year 2021/22 with a small surplus.

The Trust has submitted a break-even plan for 2022/23.

Internal control processes have been established and are embedded across the organisation as outlined within the Annual Governance Statement. In early 2022/23 the Board agreed actions to enhance the internal controls regarding pre-employment checks and recruitment processes. The agreed annual Internal Audit programme deliberately focuses on key areas where testing may identify the need for strengthened controls.

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

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

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

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

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

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

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

Response

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

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

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

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

The Executive Team Portfolios are continuously reviewed.

Qualifications, skills and experience are taken into consideration, along with behavioural competencies as part of any recruitment exercise for Board vacancies. Established escalation processes allow staff to raise concerns as appropriate.
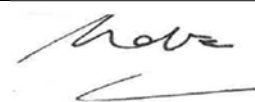
6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

Details of the composition of the Board can be found within the public website.

Qualifications, skills and experience are taken into consideration, along with behavioural competencies as part of any recruitment exercise for Board vacancies.

Report template- Board and Committees

NHS Solent NHS Trust

Item No.	10.1	Presentation to	In-Public Board
Date of paper	23 September 2022	Author	Debbie James, Director of Strategic Transformation
Title of paper	Strategic Priorities Update – 2022/23 H1 Report		
Purpose of the paper	To provide the Board with a summary update of progress made against the Trust's 15 strategic priorities in the first half of 2022/23		
Committees /Groups previous presented and outputs	Reviewed by EOGM, 21 September 2022		

Statement on impact on inequalities	Positive impact (inc. details below)	X	Negative Impact (inc. details below)		No impact (neutral)	

Positive / negative inequalities	The report contains examples of projects directly aimed at addressing health inequalities and increasing participation from our communities.

Action required	For decision		For assurance	X

Summary of Recommendations and actions required by the author	The Board is asked to note the current progress update and agree that ongoing regular scrutiny and assurance should be via the Strategy and Partnerships Committee (SPC), with an end of year report provided to Board in March/April 2023.

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

Key messages /findings

In 2021, the Solent Strategy was refreshed and we established a new strategic framework, which includes 15 strategic priorities describing the principles and commitments we have adopted to help achieve our organisational vision. We set out delivery commitments for this year against each of the 15 strategic priorities, which describe the work we are doing to support their achievement.

This report describes progress made during the first 6 months of 2022/23 and confirms that the majority of actions agreed for 2022/23 are on target, or there is mitigation in place where obstacles to delivery have arisen.

We will further develop this report over the coming months and ensure regular reporting, scrutiny and assurance via the Strategy and Partnerships Committee (SPC). The Trust's PMO will also work with Executive leads to consider what additional metrics will enable more detailed insight into how we know the actions we are taking are delivering benefits which make a difference.

Strategic Priorities Update – 2022/23 H1 Report

NHS Solent NHS Trust

Purpose of this report

In 2021, the Solent Strategy was refreshed and we established a new strategic framework, which includes 15 strategic priorities describing the principles and commitments we have adopted to help achieve our organisational vision. We set out delivery commitments for this year against each of the 15 strategic priorities, which describe t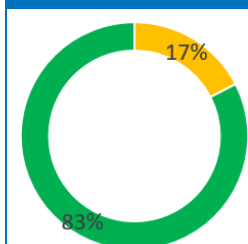he work we are doing to support their achievement. This report describes progress made during the first 6 months of 2022/23.

Overall RAG status | YTD - overview of progress against 2022/23 delivery commitments

17%
83%

- The majority of actions are on target, or there is mitigation in place where obstacles to delivery have arisen.

  Key themes within this report include:

- **Collaborative working** with partners and regulators is enhancing our approach and enabling shared learning – for example peer review and support with IOW community and mental health services, 'Fresh Eyes' visits with services, learning from Pascoe and Ockenden, Patient Safety Partners pilot in collaboration with NHSE, emerging work of Clinical Delivery Groups with SHFT and other partners, a nationally recognised Solent Care Home Research Partnership (30+ homes currently), a research collaboration with Practice Plus, and joint research studies with a number of schools.
- **Improving access, experience and engagement with our communities** is a critical element of our work and this report contains a range of examples of projects directly aimed at addressing health inequalities and increasing participation from our communities.
- **International recruitment** continues to go from strength to strength and we are now fully established as the lead in HIOW for mental health, community and AHP.
- We have supported **new ways of working** across the organisation. The agile working programme is now BAU and we are support the culture shift to agile ways of working, creating future proof environments including the flex desk booking system.
- From October our new enterprise-class business intelligence (BI) platform will enable Solent to develop significantly **improved intelligence capabilities**, bringing data together to derive insight and provide staff, commissioners and regulators with the right information.

We will further develop this report over the coming months and ensure regular reporting, scrutiny and assurance via the Strategy and Partnerships Committee (SPC). The PMO will work with Executive leads to consider what additional metrics will enable more detailed insight into how we know the actions we are taking are delivering benefits which make a difference.

Our strategic priorities

Great care

01 Safe and effective services	02 Alongside communities
03 Outcomes that matter	04 Life-course approach
05 One health and care team	06 Research and innovation
07 Clinical and professional leadership	

Great place to work

| 08 Looking after our people | 09 Belonging in the NHS |
| 10 New ways of working | 11 Growing for the future |

Great value for money

| 12 Digital transformation | 13 A greener NHS |
| 14 Supportive environments | 15 Partnerships and added value |

Key to RAG

| On target |
| At risk or experiencing obstacles – mitigation in place |
| Expected to miss target dates or experiencing major issue(s) – no mitigation in place |

Strategic Priorities Update – 2022/23 H1 Report

					2022/23 Delivery Commitments			
YTD progress summary								
RAG			Strategic Priority		Total	Red	Amber	Green
	Great Care	1	We provide safe, effective services which help people keep mentally and physically well, get better when they are ill and stay as well as they can to the end of their lives		4	0	1	3
		2	Our communities are at the heart of what we do and we will work alongside our communities to improve the way we deliver care		3	0	0	3
		3	We will focus on outcomes that matter, co-created with the people who know our services best		4	0	0	4
		4	We will adopt a life-course approach which removes barriers and personalises care		5	0	3	2
		5	We will work collaboratively, at the appropriate scale, as one health and care team		2	0	2	0
		6	We will drive and embrace research and innovation to deliver excellent, evidence-based care		5	0	0	5
		7	We will ensure strong clinical and professional leadership is at the heart of delivery and decision making across our area		4	0	0	4
					27	0	6	21
	Great Place to Work	8	Looking after our people – we will look after the health and wellbeing of our people and prioritise work-life balance		3	0	0	3
		9	Belonging in the NHS – we will create an inclusive, compassionate culture which addresses inequalities		5	0	0	5
		10	New ways of working - we are committed to embedding new ways of working and delivering care		5	0	0	5
		11	Growing for the future – we will develop a workforce which is sustainable for the future		8	0	0	8
					21	0	0	21
	Great Value for Money	12	Digital and data transformation - We will improve the experience of staff and service users by implementing digital solutions which optimise existing practice, innovate new practice and enable effective decision making through excellent data and business intelligence		4	0	2	2
		13	Green NHS - we will be smarter in how we use resources when delivering high quality healthcare, so that we are environmentally, economically and socially sustainable		4	0	1	3
		14	Supportive environments - we will ensure our built environments provide best value whilst enabling and supporting changes in healthcare delivery and responding to the needs of the population		3	0	1	2
		15	Partnerships and added value - we will work in partnership to identify opportunities to work effectively at the appropriate scale to address unwarranted variation, deliver social value, improve NHS and community sustainability and ensure effective use of resources		4	0	1	3
					15	0	5	10
					63	0	11	52

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
Great care			
STRATEGIC PRIORITY 01 - We provide safe, effective services which help people keep mentally and physically well, get better when they are ill and stay as well as they can to the end of their lives			
We will implement the Patient Safety Strategy within the mandated 3-year time frame. Patients and Staff will work collaboratively to create a 'Just' safety culture. Investigations will be more thematically focussed and learning from safety incidents will be shared in a way all staff can understand.	CNO	The full roll out of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) have been delayed nationally. This has impacted on full roll out within Solent. Progress to date includes 1) The Just Culture framework has been adopted in Solent and will be utilised in all areas related to Patient Safety. Collaboration between the People Directorate and Quality and Safety has ensured a consistent approach for staff. 2) Solent were chosen as a pilot site for the Patient Safety Partners (PSPs) program. 4 PSPs are now in place for most service lines and will undergo an extensive induction and education programme. 3) PSIRF was published in Aug 2022 and this is currently being reviewed and interpreted to ensure that the 3-year Safety Strategy includes all essential elements of the national PSIRF	PSIRF implementation over next 12 months (Sept 22-23) LFPSE go live in Q3-4 22/23 Recruitment and involvement of all PSPs Q4 22/23 Recruitment of Patient Safety Champions to begin
We will support the delivery and strategic development of the Regulatory Compliance agenda to provide assurance to the CQC, trust board and stakeholders, ensuring strong, effective processes are in place to support compliance across all clinical services.	CNO	Solent has spent time during the pandemic, developing and supporting a long-term dialogue and relationship with the CQC to ensure that the organisation remains transparent with the regulator and open and curious to new approaches toward compliance and regulation. This approach was supported by ongoing support to all services within Solent to understand their regulatory compliance requirements and support them in readiness for any future inspection. Solent's compliance team also worked with community and mental health services within the IOW NHS Trust in preparation for their 2022 inspection. Peer review and joint support with IOW Mental Health service has been continued and will assist in any sharing of lessons learnt in relation to compliance. Since the end of last Covid wave this approach has further been developed in to more focused 'Fresh Eyes' visits with all services and departments. Solent's approach to high level reports and reviews related (not just not the CQC inspection) has also been reviewed to scrutinise and respond to reviews such as Pascoe report and Ockenden review in order to ensure that the organisation has an approach to improvement based on the findings elsewhere.	Continued 'Fresh Eyes' visits with reporting of any gaps or good practice being shared Development of a panel, reporting to QIR, who scope and monitor compliance with external reviews/inspections Ensure preparatory support in place for all areas for any anticipated inspection

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
We will ensure people participation is embedded across all services, enabling community members and groups to play an integral part in decision making regarding all aspects of their community and mental health trust. We talk more about this in Principle 2.	CNO	We have been working with our services and supporting them to increase the opportunities for gathering feedback and increasing participation from our communities. Our evidence of doing this includes- Supporting our urgent response service team to gather feedback from service users. Supporting our podiatry team to hold community conversations to enable our communities to contribute to how services are shaped. We used grant funding and piloted a project to help our MSK team to manage their waiting list by working with our volunteers to carry out wellbeing calls with people on our waiting lists. This also enabled us to gather feedback about their experiences. We have worked with our wards speaking to people who use our services and their families and carers to help improve the support that we provide to carers when the cared for person is discharged.	We will continue to support our services to ensure that people participation becomes a normal way of working across our services. Over the next six months we are hoping to pilot our wellbeing project with more services across the Trust. We are exploring the introduction of a carer's passport for both our staff and carers of our services users. We are also looking at offering more support to our carers such as provision of access to tea making facilities.
We will improve access to and experience of using the health services we provide to all members of our local community, promoting health and wellbeing and reducing health inequalities. Our approach to delivery is outlined within Alongside Communities which sets out how we will work closely with our community and partners.	CNO	Improving access and experience of all our communities is a critical element of our work. We have been carrying out several projects that are directly aimed at addressing health inequalities. Our evidence of this includes: We have increased the number of community conversations that we hold to raise awareness of specific health issues that impact our communities for example we held a mental awareness session specifically targeted at minority ethnic communities. We held community conversations with nearly 2000 people to help build confidence in the covid vaccine amongst some of our most deprived communities and amongst certain groups in our minority ethnic communities who were found to have low take up for the vaccine. We have been awarded a grant by the Q Exchange to explore the introduction of a digital solution to help encourage some of our seldom heard from communities to have the confidence to make a complaint should they wish to. We have been holding more conversations with young people to ensure that we are hearing and including the voice of young people.	We are holding community conversations to feed into the five-year ICB health and care workforce strategy ensuring that we hear from diverse groups within our communities including our seldom heard from groups. This project will be concluded in December 2022. We have held community conversations to help us shape the Q exchange project and we shall be exploring digital options over the coming months with the hope of sourcing funding to add a digital solution to our complaints process. The initial project is planned to end in April 2023. We will continue to build our relationships with community groups ensuring that we hear from our seldom heard from groups – ongoing.

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
STRATEGIC PRIORITY 02 - Our communities are at the heart of what we do, and we will work alongside our communities to improve the way we deliver care			
To deliver the objectives and year 1 targets within the Alongside Communities Delivery Plan 2021-2025, including: To improve access to and experience of using the health services we provide to all members of our local community, promoting health and wellbeing and reducing health inequalities.	CNO	Delivery of Alongside Communities has been critical to the work of the Community Engagement. To help us deliver the objectives that we set in year one we: Working with our community partners we have created a community hub which has representation from different parts of our communities. The community hub is composed of working groups and we use these groups to help us in how we deliver against the identified projects. Each objective in our Alongside Communities delivery plan has a working group of community partners who have oversight over the objective -ensuring that the objectives remain on track. We have worked with our community partners to develop our Year 2 Delivery plan	Over the next six months we plan to embed our community hub broadening membership of the working groups and try and get each group to be chaired by a community partner. Continue the delivery of our year 2 Alongside Communities delivery plan – March 2023.
To ensure that patients, families, carers, local people and community groups are integral to decision making in all aspects of their community and mental health trust.	CNO	To help ensure that patients and families, carers, local people are integral to decision making we have set up an Experience of Care group made up of community partners which work closely with us and provide guidance in the delivery of Alongside Communities objectives. We have community partners who sit on our Learning from Experience Panel and our Community Engagement Group helping to shape and influence key decisions regarding how we deliver our services. We supported and led on the recruitment of 4/6 Patient Safety partners in collaboration with NHSE as a pilot site.	Work with services to try and get more community partner representation on some of the key service line groups and Board. Recruit remaining 2 PSPs. Creation of similar network and oversight for PSPs as is in place for Experience of care partners to inform and oversee patient safety in Solent
To build trusting relationships with local people and groups by underpinning the way we work with three key questions: a. What are the community best placed to do? b. What help could we offer if the community asks? c. What do we do best and are best placed to do?	CNO	To help build trusting relationships with our communities we have focused on developing closer links with our community partners and have become connectors for many of them. We now have a better understanding of the three key questions. To do this we have increased our participation in events that happen in the community. We produce a weekly update newsletter which is not just for us but for our communities as well who regularly send us updates for inclusion in the group. We also produce quarterly newsletters which also put a spotlight on some of our community partners work that may not be as well known. We know that we cannot do everything and that our community partners are experts in certain areas we have been investing in our communities to deliver what they do best. For example, our story telling programme has been led by our community partners. We have increased our community partner database so that our reach through the database is estimated to be as high as 400,000 households.	We are going to organise more Super Connect events for the community moving to twice year instead of annually Over the next six months we shall introduce Meet the Service We shall be introducing our communities to specific Services so that our communities are more aware of what we do. In the spring we shall be organising roadshows on the isle of Wight

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
STRATEGIC PRIORITY 03 - We will focus on outcomes that matter, co-created with the people who know our services best			
We will develop a community-led approach to the creation of patient, family and carer outcomes, with the measures of success and the way in which that data is captured and reported cocreated with community partners.	CNO	We have been looking to improve the data and the way that we capture data. Working with Child and family services we have updated the list of core demographic characteristics and this was tested with some parents and children to get their feedback regarding the information being requested. For example, we included questions regarding sexuality. This is being piloted with CAMHS. The Academy of Research & Improvement provides training and support, alongside the patient systems team to identify, develop and integrate outcome measures in services. These are widely used and include those co-designed and owned by service users (for example, the Vocational Rehab Service has an app for goal-oriented outcomes that both service users and staff can view and agree regular goals). A programme of service evaluation is generally in place to test usability and usefulness of outcome measures (recent example is the MSK team successfully incorporating patient reported outcomes into their System1 templates).	ASC: We would like to start capturing information about the number of conversations that our services are having so that we can have a fuller picture of how much feedback we are getting from our communities. We shall be exploring further ways of measuring success of our community lead approach across the Trust. Academy: Continued programme of Quality Improvement around developing outcome measures that are useful for service users and service providers to plan care. A growing number of services use outcome measures within System1, strongly supported by the Patient Systems team.
We will invest in resources to develop an innovative, meaningful approach to definition, measurement and reporting of outcomes, supported by comprehensive, timely, accessible, business intelligence.	CEO	We have invested in securing a Head of Business Intelligence & Reporting to work in partnership with the Head of Performance. With both in place, we can concentrate on evolving the Integrated Performance Report and performance management processes, whilst delivering the data platforms, dashboards and new capabilities needed (capacity modelling, trend analysis). Additionally, we have been using agency resources to bring the necessary skillsets to the business intelligence team to supplement the team. A programme manager was brought in to manage the development and delivery of the new BI platform.	Continued iteration of Performance reporting, automated where possible. Implementation of new capabilities as part of the new BI platform. Develop data extraction and data integration services. Co-design reporting and dashboards with stakeholders across the organisation.

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
We will review clinical governance processes to streamline them, reducing duplication and removing unnecessary bureaucracy, ensuring our processes: - Make it easy for our staff to do the right thing. - Reflect our culture and values. - Involve our people and communities. - Help our staff to work safely.	CNO	A wide consultation took place in Q4 2021/22 with both regional providers and internal stakeholder considering the Well led review. These changes have largely been implemented and the process between QIR and QAC clarified. A complete review of performance vs quality meetings was undertaken with extensive stakeholder engagement which has led to changes in the corporate and service line reporting arms. New reporting styles have been trialled and in place which has increased the speed of escalation of issues and risks through the governance mechanisms within Solent. A review of external attendees at governance meetings was also undertaken in light of the Well led review but in Solent's approach to being collaborative and open it was consider by the responsible NED and Exec that actually broadening the external attendance at governance meetings would be the approach	Review of reporting to QIR will be ongoing to ensure that it meets the needs of the services and the organisation. Changes to the Policy for Policies stating that the Solent approach to governance was to 'Make it easy for our staff to do the right thing every time for our patients' will lead to further ongoing changes to policy and procedure management. Further development of Just Culture to be embodied in all future policies and procedures within Solent
Full implementation (by the end of 2023) of the patient safety strategy, ensuring all our reporting focuses on insight, involvement and improvement.	CNO	To date the organisation has been on target or ahead of target in all established metrics related to this work. Much of this was delayed nationally with delays to the PSS syllabus and PSIRF roll out and further work nationally required on the LFPSE roll out. Solent now has most of its identified PSPs. There is a robust project management approach to the full roll out and implementation of the PSIRF and PSIRP, PSP development and PS Champions roll out.	Development of PSIRF policy and plans Education of Board, Execs and service leads in PSIRF Role changes for FLM and Investigation officers in order to adopt the Engagement and Inclusion approaches to patient safety Role definition of the PSPs and other oversight bodies Changes to governance structures to move away from 2015 SIF towards a wider approach to safety via incident scoping and review and QI approaches to improvement. Ensuring that learning is the focus in Patient Safety and improvement is driven from Patient safety data leading to a more joined approach between Risk, Safety and Quality

STRATEGIC PRIORITY 04 - We will adopt a life-course approach which removes barriers and personalises care

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
We will identify, and work to remove, barriers within and between Solent services to develop an 'ageless approach', focusing on: - Consistency of care for young people who are transitioning from Child and Family services to be supported by Adult services. - Consistency and comprehensiveness of approach across Adult Mental Health and Older Persons Mental Health services	COO	For CYP · Bi monthly transition Group meeting · Developed Appropriate Healthcare for Young People Aged 11 – 25 Policy · New multi entry S1 documentation developed · Transition pathways development · Part of Project ECHO developing a community of practice to share good practice, experiences & challenges · CAMHS workstream to explore 11 – 25 transition pathway For Older People · Service mapping & engagement on access & pathways is part of the community transformation programme	Continue with workstreams
We will actively seek opportunities to join up physical and mental health service provision.	COO	In Portsmouth, we have extended our primary care mental health offer to 2/5 PCNs following a successful pilot in the first PCN.	Roll out to cover all 5 PCNs
We will work in partnership with colleagues in other community and mental health Trusts, acute Trusts, local authorities, primary care and the voluntary and community sector to develop seamless pathways of care which enable patients to access the care they need without unnecessary referrals, handovers and repetition.	COO	A range of work is underway in this area, for example, integration of Solent community rehabilitation beds and Portsmouth City Council D2A beds into a single site with Solent as lead provider to provide needs led, enhanced offer. Also, Systems thinking intervention in Sexual Health services to design out waste and improve access and patient experience.	Implementation of respective agreed project workstreams to improve pathways. Identification of opportunities via Clinical Delivery Group
We will work with other organisations to support our people to identify, learn, and make changes to services, to enable our clinicians to deliver personalised care.	COO	As part of our work to improve collaboration between community and mental health services across Hampshire and the Isle of Wight, we have established two clinical delivery groups (mental health and learning disability, and community services). These groups bring together operational and clinical executives from across Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust and Sussex Partnership NHS Foundation Trust. They will support clinical strategic transformation to improve consistency of care and equity of access. There has already been several meetings between front line teams (Southern / Solent & IOW) to share good practice and explore opportunities to work collaboratively	Development of the Clinical Delivery Group workstreams

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
We will design and measure self-efficacy and patient reported outcomes as part of our new approach	COO	We are working with the patient experience and community teams to determine what outcomes matter to them and then designing services driven by these indices and linking to quality and safety.	These will be developed over the next 18 months alongside our partners in other providers.
STRATEGIC PRIORITY 05 - We will work collaboratively, at the appropriate scale, as one health and care team			
We will work alongside our communities, other health and care providers and providers from the voluntary, community and social enterprise sector to create delivery teams which provide appropriate services at the right scale, according to need. We will not work in isolation and we will be one health and care team.	COO	Great examples of integrated working in the two cities for community health and 0 – 19 services, integrated learning disability service in Portsmouth integrated AMH service in Portsmouth	This will be taken foreword by the Clinical Delivery Group workstreams
Our services will be delivered at the appropriate level of scale to ensure they meet the needs of our local communities. For us, there are three key levels of scale: in neighbourhoods alongside Primary Care and Primary Care Networks (PCNs), place-based at a city/sub-county level and at an Integrated Care System (ICS) level across Hampshire and the Isle of Wight (HIOW).	COO	We are actively working across these 3 levels of scale. Predominantly our delivery is place based to meet the needs of local communities, but we come together around the acute hospital LDS footprints to support discharge & flow.	The Clinical Delivery Group will offer opportunities for us to align services across Southern & Solent to eliminate unwarranted variation across the LDS and explore opportunities for HIOW scale services e.g. neurodiversity services
STRATEGIC PRIORITY 06 - We will drive and embrace research and innovation to deliver excellent, evidence-based care			

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
We will increase access to research and improvement for both our staff and our patients.	CMO	All research that was paused as a result of COVID is now re-open and we are building up our portfolio of research, with over 1200 participants recruited in 2021/2. We are building our research capacity across communities via a programme of partnership working – this includes a nationally recognised Solent Care Home Research Partnership (30+ homes currently), a collaboration with Practice Plus, and joint opening of studies with a number of schools. We run a programme of training to support people to bring research into their careers – this includes the new Research Development Programme, and tailored support for those on Consultant Practitioner and ACP pathways, and on the Preceptorship programme. We also support those undertaking MSc or Doctoral programmes We run a series of workshops linked to improvement and research – the QI training programme has been extended, and we now include training on disseminating learning and using evidence in care (including our library service)	We will continue with our planned delivery of research and continue to engage with clinicians and the community as detailed in the Academy Annual report. This will evolve and develop, as we come together with other local providers such as Southern Health and IOW NHS Trusts
We will build research and improvement into workforce development and planning, including the use of joint posts and partnerships.	CMO	Increased number of posts with Universities and community organisations. We work closely with the University of Southampton and have 3 new sessions for medical consultants for research time; we also work in partnership for joint clinical academic posts for all nurses and AHPs with local Universities. We have established formal partnerships with UCL (rapid research and evaluation unit) and with the Young Foundation (community participatory research). Finally, we have a new joint post with the HIVE, Portsmouth to grow community-based research We have a QI leadership programme, and all training and development opportunities are easily viewable and accessible on the LMS.	Extend joint posts across to the IOW and in Southampton.
We will make training and facilitated support more bespoke to the needs of services and teams, to encourage them to be critical thinkers, and confident around innovation and measurement.	CMO and CPO	New programmes of work tailored to service need – for example on demand and capacity, on Happier Working Lives and on Co-production The People and Performance Teams are working in partnership to support project management and transformation skills.	Ongoing
We will continue with the integrated approach to evidencing improvement and outcomes so that services know how well they are meeting the needs of those we look after.	CMO	We are increasing the showcasing of integrated programmes of work. We have increased the delivery of service evaluations over the last five years by 60% (over 40 in 2021-22). We are also launching our formal evaluation centre.	Build evaluation centre as income generator. Carry out training for use within services. Partner with the Young Foundation on community peer research training.

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
We will actively encourage more learning from what goes well, rather than what doesn't.	CNO	Learning from Excellence awards are run twice a year, which encourage individuals and teams to share what has worked particularly well. Nominations have risen from approx. 60 in the first round to nearly 150 in the second. There is also an online system for reporting Learning from Excellence This work related to PSII will be undertaken as part of the Patient Safety Strategy/PSIRF roll out and will be developed in collaboration with other local community/mental health providers to ensure a consistent approach for the community in the region. PSIRF was delayed and will be rolled out by August 2023	PSIRF will require that we work on ways to promote positive practice and we will aim to promote the learning from excellence platform on Ulysses and find a way to more easily report from it. QI and Safety will need to work with complaints and litigation to drive the changes required to ensure that Solent provides excellent levels of patient safety through a curious and learning approach
STRATEGIC PRIORITY 07 - We will ensure strong clinical and professional leadership is at the heart of delivery and decision making across our area			
We will develop and implement a robust structure for the professional leadership and clinical standards of Solent Services, ensuring a consistent approach to development of standards and guidance to direct safe clinical practice and implementation of new and emerging clinical roles.	CNO	An extensive consultation took place into the development of our robust clinical framework which is underpinned by clinical standards. The Framework will form the basis of clinical leadership development and clinical practice. This clearly aligns the clinical standards expected with Solent Values, is aligned with the Quality Account and quality objectives in the CNO and CMO offices. Clinical leadership development and objectives are placed within the heart of this.	Ongoing – this work is reported to Board regularly, post CEG review
We will Invest in clinical leadership: - Training programme - Refocus the organisation around clinical executive	CMO, CNO and CPO	The Senior leadership programme has commenced alongside a talent management programme. Bespoke development plans for all clinical and non-clinical leaders across the organisation	Senior leaders will commence the programme designed uniquely for them through this process.
We will cleanse meeting structures to release more clinical leadership time. - Quality improvement, research and innovation - Clinical leadership visibility internally to Solent and within the wider system	CMO, CNO and COO	We continue to review meetings in keeping with the trust governance processes.	Regular meetings of CN and CMO leadership to drive change throughout the Quality governance programme and enable senior clinical leader to spend more times with patients and their teams.
We will embrace expert wider system clinical leadership.	CMO and CNO	The Clinical delivery group is an ICS wide collective of clinicians that is held monthly. At this meeting Clinicians lead on vital work across the region and collaborate across the system.	Clinical Delivery Group meeting monthly across all providers. Major workstreams agreed. Triumvirates soon to be appointed to each major workstream. Commission to be written.

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
Great place to work			
STRATEGIC PRIORITY 08 - We will look after the health and wellbeing of our people and prioritise work-life balance			
To continue to implement our health and wellbeing delivery plan and framework. This includes providing further access to physiological and psychological tools.	CPO	The Health and Wellbeing team completed a diagnostic assessment in line with the revised NHS England Health & Wellbeing framework (HWBF). This has allowed us to develop a clear vision and set of intentions for the Health and Wellbeing Plan.	Renew the recruitment, training and profile of Health and Wellbeing Champions across the Organisation Upgrade the OH clinical record system enabling data insights and feedback to support continuous OH and HWB service improvement.
To deliver our agile working strategy which aims to enable greater flexibility in the working environment. This will include introduction of the 'flex desk' booking system.	CPO	The agile working programme is now BAU and our Estate Transformation and People teams are collaborating to support the culture shift for staff to agile ways of working, creating future proof environments including the flex desk booking system which has been successfully piloted and extended out to other trusts and service lines at Solent	A further two areas will be operational by the end of Quarter 2. This will be extended to seven more areas by the end of Quarter 3 and four more areas by the end of Quarter 4. Develop communications campaign to launch and socialise content of agile working Handbook.
Delivery of the flu vaccination programme and COVID-19 booster programme to our people.	CPO	The Flu programme planning is underway and will commence as from beginning of October and will run through to March. As from 12 September all front-line staff can access boosters via PCN or Community Pharmacies	There will be regular reporting to Exec Team
STRATEGIC PRIORITY 09 - We will create an inclusive, compassionate culture which addresses inequalities			
To deliver Solent's WRES (Workforce Race Equality Standards) and WDES (Workforce Disability Equality Standards) Action Plans following the latest national WRES and WDES findings and our recent staff survey results.	CPO	This will be reported on in line with annual national reporting requirements with a supporting annual report that will be drafted and published once a year.	An action plan details all deliverables and specific actions and outcomes
To focus on improving diversity through our recruitment and promotion practices.	CPO	Review and re-design the attraction, recruitment and onboarding process to support more inclusive language and processes.	Develop and train a pool of Inclusion Ambassadors who can support interview and assessment for roles where under representation exists.

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
To implement action plans in response to areas highlighted within our staff survey results which will increase inclusivity and diversity.	CPO	The D&I action plan outlines what we are going to do to address D&I and how we are measuring success. Support colleagues across the organisation to have a deeper understanding of inclusion and belonging.	Design a Reciprocal Mentoring Pilot programme. Recruit mentors, provide training and oversee matching of mentors and mentees.
Undertake the Big Conversation - a series of Trust wide sessions to promote the discussion and learning around discrimination, how it effects our staff, patients and beyond and what we need to do to tackle it.	CPO	This took place last year and the outcomes have informed our planning and activity for this year. The report highlighted the importance of addressing accessibility in the organisation for people with Disabilities and Long-Term Conditions.	Review current levels of accessibility across locations within the Trust Collaborate with Disability Staff network to identify 10 areas for priority action.
Implementation of a development programme for our senior service leaders, which includes focus on actively creating an inclusive, compassionate culture which addresses inequalities and creates a sense of belonging.	CPO	Our Learning and Development team have delivered a Tripartite development programme. EDI issues addressed through collaboration with the Diversity and Inclusion team.	Enhance Line Management essentials skills and new line manager induction programme
STRATEGIC PRIORITY 10 - We are committed to embedding new ways of working and delivering care			
New, more agile ways of working - to shift the culture for our people working flexibly and/or in virtual working environments, enabling our people to feel engaged and safe. This will include the introduction of the 'flex desk' booking system	CPO	There is a dedicated SolNet page to agile working with SOP, matrix desk booking app, and estates strategy seeking to redesign workspaces to meet staff needs for more agile work environment.	Develop communications campaign to launch and socialise content of agile working Handbook.
Continue implementation of the E-Job Planning tool for Allied Health Professionals and Medics	CPO	This has been continuing as planned and is on track	Continue roll out of e job planning tool
To improve the capability of E-Rostering across the organisation.	CPO	E-Rostering audit actions and recommendations have all been actioned and closed. Champions for E-Rostering have been identified across services to support achieve and socialise the message.	Further work is needed with requests of senior leaders to hold managers to account to ensure rosters are approved on time and correctly.

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
Roll out an agile working management development programme that builds confidence in our leaders to manage teams virtually and develop skills in connectivity with remote workers and recognising wellbeing and building capability of team.	CPO	The agile handbook for staff launched Sept22' was uploaded to the SolNet agile working page and sent out via comms. People Partners to socialise and further champion to service lines.	It is iterative and needing to collaborate with SHFT and other trusts to see what they're doing. Measure and evaluate the success via a local survey at Solent.
To automate our processes to onboarding new starters, to improve efficiency and the joining experience of new members of staff.	CPO	The new oleeo automated applicant tracking system was implemented July 2022, with training for managers on self-service in August 2022. Self-audit carried out with action plan in place, and culture shift in staff adhering to NHS employment standards.	Jan 2023 audit review of oleeo and measures of success against KPIs
STRATEGIC PRIORITY 11 - We will develop a workforce which is sustainable for the future			
A refreshed recruitment model to deliver a quality candidate and manager experience.	CPO	Oleeo is still in the implementation stage and will not be completed till October, it is unlikely we will be able to demonstrate an increase in customer and candidate satisfaction until the end of the year.	Jan 2023 audit review of oleeo and measures of success against KPIs
Succession Planning review and approach for senior leaders to Band 7 level.	CPO	As part of the Workforce Planning Programme we will be including our methodology and recording of succession and talent management conversations within this and embedded into Workforce Plans per service, to feed into a Solent annual workforce plan.	Suggestion to reframe the delivery commitment as its evolved to 'workforce planning'.
Career progression model review for Apprenticeships.	CPO	There are 161 apprentices on programme. The new reporting year commenced in April 2022 and as a result the number of new starters for the year is currently at 6 with 76 apprentices waiting for the course start date in the next 2 months (this includes 35 centrally funded apprentices). The target for 22/23 is 97. Our top 6 apprenticeship Programmes are Business and Admin level 3 (28), Registered Nurse Degree (23), Senior Healthcare Support Worker (15), Registered Nurse Degree RNMH (11), Trainee Nurse Associate (9) and Senior Leadership and Management (9)	Mainstreaming of funding for apprenticeships programme going forward

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
Continuation of investing in International Recruitment and developing our strategy for 2022 though the evaluation of the pilot project to ascertain future requirements, development opportunities and wider scope of potential roles for international hire.	CPO	International recruitment continues to go from strength to strength we are now fully established as the Lead in HIOW for mental health, community and AHP including OT and podiatrist which are newly added roles in the last 6 months. Across all providers, 29 RN/RMN have landed with 205 in the pipeline, and for AHP/OT 2 have landed and 18 are in the pipeline.	Continue growing IR.
Leadership Development – implementation of a suite of line management training to broaden the skills and capabilities of "being a line manager"	CPO	We offer a blended range of bite size materials through to Leadership development programmes. Our development programmes include "Stepping into Management" "Leading with Confidence" a pilot BAME "Leading with Confidence" Programme and a "Leading Beyond the Team" Programme All self-service learning and programme enrolment is located on the LMS	Continuing enhancing our offers and measures of success working with our people.
Delivering the Generational Retention Programme (over 50s and newly qualified) to understand what support and development our staff may need as they progress through their later careers, empowering staff to make decisions regarding their career and wellbeing providing career support and options to enable our employees to continue working for us, where this is possible.	CPO	There is a generational programme action plan for early preceptorship and 50+ in place, focusing on retire and return, the newly created 50+ staff network, menopause work, training programmes to support confidence building and coaching specific to 50+.	Continuing the action plan and measuring success
Review of the Appraisal Process - providing tools and templates and digital functionality via our Learning Management System, to enable development needs and career progression reporting.	CPO	A QI project has been running and using focus groups to review the current appraisal process.	The next steps are for workshops to commence Q3 and the final version available on the LMS end of Q4 2022
350+ Schools Project - reaching out into schools and colleges to share about the breadth and depth of employment opportunities in the NHS.	CPO	Learner Journey - we continue to engage with the ICS Workforce Development Team to highlight the careers in the NHS via the 350+ Project that reaches into schools and working with the T Level Programme in Colleges. Both initiatives highlight the roles and routes into the NHS (employment, apprenticeships and higher education) to attract the workforce of the future	Review and sign off 350+ action plan. Identify impact of 350+Project and embed learning from the programme.

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
		Great Value for Money	
		STRATEGIC PRIORITY 12 - We will improve the experience of staff and service users by implementing digital solutions which optimise existing practice, innovate new practice and enable effective decision making through excellent data and business intelligence.	
To continue to accelerate the function and use of our business intelligence platforms and improve data quality through a targeted programme of improvement.	CEO	By the end of October 2022, we'll have migrated away from our existing service provider and delivered a new platform for business intelligence. This enterprise-class platform will enable Solent to develop intelligence capabilities, bringing data together to derive insight and provide staff with the right information across the organisation, whilst contributing towards the integrated care system (shared care records, population health management). Over the last year, although it has been challenging to bring in the right resource, a small team of data assurance staff have now been recruited to ensure that the information we rely upon is accurate and trusted. This team is working closely with service lines to understand any areas where data entry and validity is an issue and seek proactive solutions, which could be training needs in using the patient record system, or interoperability and bringing data across from other systems. Data assurance dashboards have been developed to understand and track progress of data quality improvements.	Our business intelligence platform will have been implemented and a roadmap of additional functional priorities will have been agreed with stakeholders. As part of a national drive to enhance patient record systems, we're expecting some funding at integrated care system level which will be allocated to individual Trusts, which will allow us to develop our data extraction and data integration capabilities, which in turn will enable enhanced decision-support. Our data quality will continue to improve through the Data Assurance team which will support our operational performance, service provision and decision-making.
The introduction of minimum digital literacy requirements and a digital competency framework for our people.	CEO	We have established the Digital Workforce sub-group (DWSG) and four project workstreams have been identified to support this ambition: - Creating a digital mindset - Understanding challenges - Knowledge base and training - Digital coaching and innovation Project milestones and success factors are being confirmed by end October FY22/23 and will be ratified by the Digital Information Group (DIG) which oversees all digital activities. A detailed communications plan has been developed and is ready to launch.	Going forward - area of focus is the communication of the Digital Strategy to engage staff, then we can co-design digital coaching and learning activities, including looking at bodies such as Health Education England for any initiatives & material that can be utilised. The 4 projects listed opposite will support the overall ambition of adopting a digital mindset.

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
To create a coordinated organisational mechanism to produce and support new ways of working in all areas of the organisation.	CEO	The Digital Priorities Group (DPG) is the forum for ideas to be brought forward and to date have received multiple requests for items such as the digitisation of referral forms, through to tools to support language translation, and more. The DPG also ensures alignment and input towards projects across the Trust for the digital elements.	The new IT Service will be in place by the end of Q3, this will enable us to work with our new suppliers and staff to look at new ways of working. As we roll out new devices in Q4 onwards, and deliver better business intelligence, our staff will be empowered to re-imagine new ways of working. Additionally, trialling automation in Q3/Q4 (under Efficiency Journey – rated Amber) will inform how Solent could adopt this technology to automate, manually intensive, repetitive processes where possible.
To ensure our innovation can contribute to improved consistency and experience of the end user (be they patient or colleague) within the Integrated Care System.	CEO	All of Solent's digital workstreams will enable the Trust to contribute towards the regional strategic (and national) objectives from supporting and developing the workforce through to developing our business intelligence and supporting population health management.	We continue to have senior leadership attendance as contributing members of the digital advisory and digital strategy groups in the ICS. Our workstreams support the digital ambitions of the ICS, including adoption of M365, business intelligence in the cloud, developing digital access to services for our population.
STRATEGIC PRIORITY 13 - We will be smarter in how we use resources when delivering high quality healthcare, so that we are environmentally, economically and socially sustainable			
Our Green Plan sets out our approach to minimising, measuring and monitoring this impact. It focuses on four significant areas: **Our Care** – how we reduce our environmental impact by improving the way we deliver care e.g., offering digital care pathways where clinically appropriate, inhaler recycling, medicines and anaesthetic gases management.	CFO	Since the time of last report an NHS partner on sustainability has been commissioned to support Solent in accelerating implementation of the Green Plan- with resources due to come online from October 2022. The plan will re-set workstream objectives and deliverables with key sponsors to inform a more robust delivery plan. Actions taken since August: Our Care- evidencing the changes in digital care remains challenging, the re-set will aim to baseline and measure impact in this area.	Travel Survey due to close 30/9/22 Scope of works to be commissioned via Sussex NHS Trust to be defined 22/9/22 Decarbonisation bids to be submitted for consideration W/C 13/9/22

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
Our Estate - to reduce the carbon emissions from our buildings, improve recycling and continue to adapt our buildings to future needs	CFO	Our Estate- Solent has worked up 3 bids for submission to the Public Sector Decarbonisation Fund relating to infrastructure. If successful, these elements will form the foundation of Estates adaptation programmes.	Travel Survey due to close 30/9/22 Scope of works to be commissioned via Sussex NHS Trust to be defined 22/9/22 Decarbonisation bids to be submitted for consideration W/C 13/9/22
Our Supplies - to ensure that environmental standards such as emission reduction, are reflected in all our contracts alongside introducing more social value	CFO	Our Supplies- limited work has been undertaken to date due largely to operational constraints through the pandemic. This is set to change under the coming period.	Travel Survey due to close 30/9/22 Scope of works to be commissioned via Sussex NHS Trust to be defined 22/9/22 Decarbonisation bids to be submitted for consideration W/C 13/9/22
Our Travel - to reduce our environmental impact by changing the way we deliver care, travel to work and in our day to day lives	CFO	Our Travel- a Trust-wide staff travel survey is currently running (due to close 30/09/22) and a consultant has been appointed to draft the Trust sustainable travel & transport strategy. Supporting this work, a review of the parking permit eligibility criteria has been conducted and an engagement series is underway on new proposals.	Travel Survey due to close 30/9/22 Scope of works to be commissioned via Sussex NHS Trust to be defined 22/9/22 Decarbonisation bids to be submitted for consideration W/C 13/9/22
STRATEGIC PRIORITY 14 - We will ensure our built environments provide best value whilst enabling and supporting changes in healthcare delivery and responding to the needs of the population			
Change space use and management – There is a significant and increasing demand for physical space within our estate. Whilst many teams have embraced flexible and home working releasing dependency on office space, net demand continues to grow. Community and Mental Health workforce is increasing, Acutest are seeking to place activity away from Hospitals, and Primary Care are seeking to expand their offering. All of this necessitates a wholesale change in our relationships with our buildings.	CFO	The Trust has introduced the Matrix system for hot-desk and room booking in 4 sites to date, with a rollout plan for all main locations to be online before the end of the calendar year. The Estates strategy (commissioned on behalf of Solent and Southern) has undertaken a diagnostic to determine future population projections, activity forecasts and a profile around patient acuity and needs. This information will inform the Estates strategy due for socialisation with stakeholders in Q3 and at Board in November 2022. Early actions against this strategy are seeing improved system use of key assets, with CCG and Southern colleagues utilising pilot areas of flexible Solent Estate.	Full site rollout of Matrix by December 2022

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
Deliver and facilitate change – As the healthcare landscape changes so the space it which it operates needs to. With renewed recognition of the importance in having fit for future, flexible and supportive healthcare environments, large scale capital programmes of change are likely. It will become a system level imperative to deliver high quality, high value buildings effectively.	CFO	As part of the Estates Strategy principles have been drafted for space utilisation and prioritisation, alongside design principles. The Estates strategy is due for socialisation with stakeholders in Q3 and at Board in November 2022. Most significantly, Solent have recently received approval for its new £20.8m new build Western development, which will greatly enhance patient care, staff environments and form a significant milestone in the Trust Green Plan.	Mobilisation of Western Community Hospital build 17/10/22 Launch of Estates Strategy Nov 22
Net Zero Carbon – With a commitment to deliver a Net Zero Carbon NHS for 2040, with 80% by 2032, the NHS Estate collective face possibly one of its biggest challenges. Achieving these targets will require significant physical and cultural change, unseen levels of innovation and inevitably great cost.	CFO	Since the time of last report an external NHS incubator on sustainability has been commissioned to support Solent in accelerating implementation of the Green Plan- with resources due to come online from October 2022. Most significantly, Solent have recently received approval for its new £20.8m new build Western development, which will greatly enhance patient care, staff environments and form a significant milestone in the Trust Green Plan.	Delivery partner to accelerate delivery from October 22
STRATEGIC PRIORITY 15 - We will work in partnership and identify opportunities to work effectively at the appropriate scale to address unwarranted variation, improve NHS and community sustainability and ensure effective use of resources.			
Engage in and drive HIOW planning conversations, seeking opportunities to develop collaborative provider models which improve quality of care and sustainability of services across the HIOW ICS.	COO	The two clinical delivery groups which bring together operational and clinical executives from across Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust and Sussex Partnership NHS Foundation Trust will support clinical strategic transformation to improve consistency of care and equity of access.	Clinical Delivery Group governance and structure to be finalised. Workstreams Leads identified and programmes of work developed.
Establish business development priorities through the 2021/22 and 2022/23 business planning rounds.	CFO, COO and DST	22/23 business planning has been challenging this year, particularly because it took a long time to confirm financial envelopes. Service lines have refreshed their business objectives based on zero growth and we will restart the business planning process now to incorporate the last 6 months of 22/23 and 23/24.	Delivery of 2022/23 business objectives to be tracked through SPC. Learning from 2022/23 process to be incorporated into 2023/24 planning principles/process.

Delivery Commitment	Exec Lead / RAG	Our Evidence – How we can demonstrate progress so far	Key areas of focus next and timescales for delivery
Ensure enough resource, expertise and time is available to support delivery of business development priorities, supported by comprehensive project/programme and change management/transformation toolkits.	CFO and DST	Restructure of the Finance team has been approved and out to recruitment to ensure the appropriate resource is available to provide the business intelligence to support service delivery. Business planning/development/transformation resources being identified to ensure transformation and business development priorities are resourced appropriately.	By mid-October complete resource and structure plan to support business development/transformation activity By October 2022 all finance posts will have been recruited to and oriented to the department
Develop, resource and implement a comprehensive approach to delivery of social value as a local anchor institution.	CEO	In line with the relevant public procurement notice (PPN 06/20), we are ensuring procurement processes test suppliers' commitment to the delivery of social value. We ensure the questions we ask are relevant to the goods/services being procured. For example, regarding Apprenticeships, the Procurement Team have drafted a question that asks bidders to explain how they ensure the wellbeing of their learners as well as their staff. On the Estates procurements we are testing suppliers' commitments and delivery around climate change, efficiency and carbon net zero.	Joint working with SHFT and other partners to identify opportunities and share learning. Social value plan to be incorporated into refreshed Procurement Strategy.

Report template- Board and Committees

Item 11

NHS Solent NHS Trust

Item No.	11	Presentation to	Trust Board
Date of paper	20 September 2022	Author	Stephen Docherty
Title of paper	Solent Digital Strategy Implementation Update October 2022		
Purpose of the paper	Provide an update on progress for the implementation of the Solent Digital Strategy 2022 - 2025		
Committees /Groups previous presented and outputs			

Statement on impact on inequalities	Positive impact (inc. details below)	X	Negative Impact (inc. details below)		No impact (neutral)	
Positive / negative inequalities	The Digital Strategy sets out the ambitions and deliverables that will improve the experience for all our staff and develop our business intelligence capabilities.					
Action required	For decision			For assurance	X	
Summary of Recommendations and actions required by the author	The Board is being asked to note the update on progress against the one-year deliverables for the Digital Strategy, and that the next six months has a continued focus on delivery of the new IT Service.					

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

Key messages /findings

The Solent Digital Strategy 2022- 2025 was approved by the Board in April 2022. This report provides the Board with an update on progress for the six months from April through to September 2022.

Solent Digital Strategy and the digital ambitions of the Trust will build upon the foundations being implemented by the new IT Service (IT future model). Whilst the programme teams work through the transition to those new services, it should be noted that progress has been made against the one-year deliverables set out in the strategy.

It should also be noted that we have a focus on completing the delivery of a new business intelligence platform by the end of October 2022, which will enable the Trust to begin developing information capabilities as a strategic asset, supporting our staff by empowering them with the right information at the right time.

The next six months are important as we are now in the detailed planning and execution phase of the transition to the new IT Service, aiming to complete this by the end of December 2022.

Solent Digital Strategy Implementation Update October 2022

Contents

Laying the foundations

Solent Digital Strategy outlines that the new IT Service will lay the foundations that will enable digital transformation to be realised through the 5 transformation journeys.

Laying the foundations for digital transformation – a new IT Service

New IT Service

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

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

What does this Mean?

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

Extracted from Solent Digital Strategy

At the end of June this year Solent received approval from NHSE for the business case to procure a new IT Service. In the background, the programme team went through a period of contractual discussions with the preferred bidders. This enabled all contracts to be signed as of w/c 4 July 2022, whilst an extension with the current supplier was agreed until the end of December 2022.

In this current phase, many team members are working closely with all parties to develop detailed programme plans for the 'exit' from CGI and the 'transition' of services to Exponential-E and Atos. This includes a full replacement of the network infrastructure and wi-fi, the design of the new Service Desk and support model, and the management of Solent's applications and services.

The 5 Transformation Journeys

Solent's Digital Strategy sets out **5 transformation journeys,** each with a set of deliverables over one, three and five years. In addition to, and in support of the Digital Strategy, a sub-strategy for **Performance & Business Intelligence**, and **IG & Security Assurance** were developed with several programmes and deliverables.

Information Journey

Efficiency Journey

Service User Focus Journey

Workforce Journey

System Integration Journey

Extracted from Solent Digital Strategy

Data-driven organisation

The importance of data, and our ability to manage and protect our information whilst empowering our staff with up-to-date information will enable data-driven decision-making and continuous improvement.

Over the last few months, a project has been running to move our information and reporting from an older system managed by our current supplier, to a new cloud-based, business intelligence platform. This development and implementation are due to conclude by the end of October, which will give Solent the ability to develop information capabilities into a strategic asset for the Trust. This is an enterprise-class capability that many other NHS Trusts have adopted, and many others are in the process of doing the same.

We are also hosting a workshop at the end of September with internal stakeholders to agree on the roadmap of functionality and priorities that the new platform will allow us to develop.

Data quality

Over the last year, although it has been challenging to bring in the right resource, a small team of data assurance staff have now been recruited to ensure that the information we rely upon is accurate and trusted. This team is working closely with service lines to understand any areas where data entry and validity is an issue and seek proactive solutions, which could be training needs in using the patient record system, or interoperability and bringing data across from other systems.

Data assurance dashboards have been developed to understand and track progress of data quality improvements.

Cyber security

Recent events such as the cyber-attack on OneAdvanced (4 August) who provide EPR systems to mental health Trusts, as well as NHS 111 services through its Adastra platform, has brought into sharp focus the need for extra vigilance and continuous reviews of organisational cyber capabilities.

In support of the Solent Digital Strategy, a sub-strategy for IG & Security Assurance (cyber) has been developed, which brings together several active workstreams and newer initiatives to enhance our processes and strengthen our cyber security capabilities including:

- Cyber security: developing monitoring and management of risks including cyber dashboards and regular reporting/governance, testing of incident response plans, developing business continuity plans (BCPs) and disaster recovery plans, working closely with third-party IT service providers.
- Training & Education: evaluating Solent staff's understanding of cyber and developing relevant training programmes including information management best practises, developing a culture of learning from incidents.

A more detailed cyber security update has been provided for the Board but given the sensitive nature of our cyber processes and solutions, those details are not shared publicly.

First Year Deliverables Update

The following tables detail the **one-year** deliverables for each of the five transformation journeys. Whilst the teams have a strong focus on the current exit and transition phase to lay the enabling foundations, a lot of good progress has been achieved, from implementing the appropriate processes and governance structures that own the workstreams and deliverables, through to developing reporting capabilities and operational dashboards.

🟢 on track   🟡 progress recovery by end of yr.   🔴 will take longer than anticipated

Information Journey

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

One year	September 2022 Update	Progress Rating
Single source of the truth for our data and our information assets will be managed.	This is an overarching objective which comprises many projects that will align data flows across our multiple systems, whilst working with our 'system owners' to develop best practises in information asset management. A project scoping exercise is taking place at the end of Q3.	🟡
The ability to generate actionable insights from our data, including capacity modelling and trend analysis.	By the end of October 2022 we'll have migrated away from our existing service provider and delivered a new platform for business intelligence, which aligns with the exit & transition programme for the new IT Service. This enterprise-class platform will enable Solent to develop intelligence capabilities, bringing data together to derive insight and provide staff with the right information across the organisation, whilst contributing towards the integrated care system (shared care records, population health management).	🟡
Self-service function for our business intelligence.	An internal workshop is planned for end of September to agree on the roadmap for the delivery of new services including self-service and capacity modelling functions on our new platform (see above).	🟡

System Integration Journey

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

One year	September 2022 Update	Progress Rating
Peer to peer relationships with key ICS and partner organisation counterparts will have been mapped.	ICS and partner meetings where Solent digital staff attend were mapped out earlier in the year. A number of digital meetings take place in support of the digital ambitions of the ICS and national objectives. However, since the formation of the integrated care board (ICB) in July, this will be revisited and refreshed.	🟢
A mechanism ensuring coordination between partners will have been constructed.	This is in progress and forms up part of the community and mental health providers review.	🟢
Our digital strategy contributes and aligns to the Hampshire & Isle of Wight Integrated Care System (HIoW ICS) digital strategy, due in July 2022.	All of Solent's digital workstreams will enable the Trust to contribute towards the regional strategic (and national) objectives from supporting and developing the workforce through to developing our business intelligence, and supporting population health management.	🟢

Efficiency Journey

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

One year	September 2022 Update	Progress Rating
Develop a cyber security programme to educate staff, implement controls and monitoring to protect our information.	Cyber security is a major focus for our team and a programme of work has been planned as part of the IG & Security Assurance sub-strategy. Cyber security has also been added to mandatory training and we're working with our suppliers to design & implement new systems and tools, as well as refining our own internal processes.	🟢
Robotic process automation (RPA) will be trialled to reduce the administrative burden.	We are now engaged with a consultancy and colleagues at the Royal Free NHS Trust to develop a pilot. We have identified some initial processes to investigate for feasibility of automation. It's expected to have completed the pilot in Q4 FY22/23 and then review the outcomes and benefits that will inform our automation strategy.	🟡
Intelligent scheduling will be implemented into our Electronic Patient Record.	Auto-Planner was introduced into our EPR and our CNIO is working with the clinical effectiveness team to evaluate the benefits. A quality improvement (QI) showcase will be created for the Clinical Effectiveness/Audit conference in Q3	🟢
Processes will be in place to prioritise and support digital improvements.	We've established a monthly Digital Priorities sub-Group (DPG), where improvements and ideas are submitted for consideration to ensure alignment with strategic objectives and other projects. Proposals can then be developed and prioritised according to the benefits delivered.	🟢
Electronic whiteboards will be introduced to wards.	Having significant input from clinicians into the configuration has presented challenges in terms of engagement, however the first ward is planned to go live in Q3 FY22/23.	🟡

Service User Focus Journey

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

One year	September 2022 Update	Progress Rating
Engagement with our community and set up a 'digital panel' where citizens can contribute towards digital developments.	Engagement with the 'seldom heard' community has taken place and feedback has been provided around the potential development of a digital portal (app). Next steps are to develop a brief and a feasibility review.	🟡
Patient-facing digital systems will be reviewed and checked to ensure they are accessible, easy to use, and improvements are made where needed.	CNIO is involved in the evaluation of our sexual health portal and we'll review all of our patient-facing systems and look to involve our volunteers in the process.	🟡

Workforce Journey

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

One year	September 2022 Update	Progress Rating
Work with our staff to develop digital coaching and learning activities and adopt a digital mindset.	We have established the Digital Workforce sub-group (DWSG) and four project workstreams have been identified to support this ambition: • Creating a digital mindset • Understanding challenges • Knowledge base and training • Digital coaching and innovation Project milestones and success factors are being confirmed by end October FY22/23, and will be ratified by the Digital Information Group (DIG) which oversees all digital activities. A detailed communications plan has been developed and is ready to launch.	🟡
System usability issues will be identified and a plan created to improve our systems.	In addition to the above, a fifth project has been agreed: • System design and assurance. All projects have identified leads and will be providing highlight reports from October onwards, and reported into DIG. All workstreams will be underpinned by Solent values and D&I.	🟡
Develop our ability to harness innovation, giving staff the opportunity to bring ideas forward to help improve what we do.	The 'digital coaching and innovation' and 'system design and assurance' projects described above were also created to support this goal. The Digital Priorities Group (DPG) is the forum for ideas to be brought forward and to date have received multiple requests for items such as the digitisation of referral forms, through to tools to support language translation, and more. The DPG also ensures alignment and input towards projects across the Trust for the digital elements.	🟢

Communication Plan

As we continue to embrace digital transformation, it's Important that we communicate the Digital Strategy and engage with all staff across Solent. We've worked with our colleagues in the Communications Department to develop a clear plan which will enable us to:

- Communicate and socialise the five transformation journeys amongst colleagues, building excitement for the future.
- Elicit engagement, feedback, and co-design of the transformation with stakeholders.
- Build confidence amongst Solent colleagues in our IT provision and our focus on data, digital innovation, and technology; making it easier for people to do their jobs.
- Ensure employees have access to the support and resources they need as part of the digital journey.
- Use a multi-channel approach to reach and connect with key stakeholders - recognising that people consume information differently.

It is expected that as the Board receive this update, the Digital Strategy communications will have launched across the Trust in September.

The next 6 months

The next 6 months will continue with an increased focus on the exit from our existing IT Service provider and the transition to our new suppliers. There are multiple workstreams that all parties are working on together to identify key milestones that need to be achieved to enable a smooth transition to the new IT Service. We are also in discussions with our new IT Service providers about confirming the dates to mobilise the device replacement programme, and we'll work with staff to pilot new devices and agree on roll-out plans.

Our business intelligence platform will have been implemented and a roadmap of additional functional priorities will have been agreed with stakeholders. As part of a national drive to enhance patient record systems, we're expecting some funding at integrated care system level which will be allocated to individual Trusts, which will allow us to develop our data extraction and data integration capabilities, which in turn will enable enhanced decision-support.

Our data quality will continue to improve through the Data Assurance team which will support our operational performance, service provision and decision-making.

In order to realise the ambition of achieving a single source of truth for our non-clinical systems, we'll bring together all of the system owners from across the Trust to develop a plan to ensure that data exchange and interoperability challenges are understood, with workstreams and owners identified to meet our goal.

Staff will feel engaged through the Digital Strategy communication plan, whilst our co-designed digital coaching and learning activities will enable us to adopt a digital mindset, empowering staff to re-imagine new ways of working with the right tools and the right information at their fingertips.

Item 12

NHS Solent NHS Trust

Item No.	12	Presentation to	In-Public Board Meeting
Title of paper	People Committee Exception Report	Author	Shani Davies, Associate Director People Services
Purpose of the paper	To summarise the business transacted at the People Committee held on 22nd September 2022.		
Committees /Groups previous presented and outputs	N/A		

Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X

Action required	For decision			For assurance	X

Summary of Recommendations and actions required by the author	The following reports were noted by the Committee:

Workforce and Sustainability report:
- Report format discussed; improvement noted on strategic context, linking to the BAF & Risk appraisal.
- Increased sickness and vacancy rates were highlighted, as was the increased turnover rate. Nursing vacancy rate was highlighted as a significant increase. Concern on the stability index rate decreasing.
- Interventions and remedial actions as assurances were highlighted and noted in the risk report paper.
- Retention issues was key new theme of the data insights.

Employee Relations Assurance report:
- Report format was noted and with improved commentary and narrative.
- Rise in cases was observed and explanation shared on reasons for this.
- Discussion on future proposals of case management and investigations was insightful and request for this to be added in the next committee paper.

Workforce Risk Appraisal:
- Report provided greater narrative and determined trends and linking to relative risks to services and trust wide.
- Emphasis shifted from individual operational service line risks and focused on strategic workforce risks within our control.
- Oleeo implementation feedback shared and ask is to bring back progress update on integrating and user acceptance to next committee meeting.
- Continuing care was noted as too small scale.
- Risks carried when you lose experience was challenged as a skills gap and discussions on new nurses needs and the importance of Educators in Practise are vital to ensure quality and safety. These roles have been increased to support this need so not to impact BAU alongside training needs.

Internal Audit:
- Of the 2 remaining actions, 1 was closed and 1 was left open due to having to prioritise another project and expects to close Jan 2023.

- Challenge was made on the revised date of Jan 2023, discussion of what's within our control and not took place.
- Need the roster leads in the services, 4 were agreed as non-funded roles. Committee asked for review and update of future plans.

Board Assurance Framework:
- Was noted.

Sub-Committee Exception Reports:
- The committee noted the received **People Forum Exception Report**.
- The committee noted the received **Joint Consultative Negotiating Committee Report.**
- No update from the **Wellbeing Oversight Meeting Exception Report**.
- The committee noted the received **Joint Local Negotiating Committee (formerly DDNC) Exception Report**.

Diversity and Inclusion WRES WDES Annual Report:
- The annual WRES/WDES return was well received by the committee, great work carried out, with only minor edits requested.
- Lots of time and work carried out was noted to get the volume of data required. A discussion on quality and proximity of the data in relation to population took place with assurance provided at the end.

Health and Wellbeing Plan:
- The plan was well received with a clear timeline for the launch on Oct 10th.
- Discussion on estates and wellbeing took place and how the diagnostic tool showed positive outcomes, which conflicted against escalations to Board re: estate space. This is being followed up at Board and in other forums.

People Strategy update:
- The full version was shared with a shorter concise version created for the Board next month. The shorter version only just finalised and will be circulated to members post the meeting for awareness.

Lessons Learnt HR Self-Audit:
- The report was well received, and emphasis made on the cultural changes most important to the sustainable success of the compliance and adherence to the NHS standards.
- Assurance given and accepted on the team development, values & behaviours, purpose of their roles and the value of safeguarding the staff Solent recruits.
- The committee shared their thanks & recognition of the great work carried out so promptly, acknowledging the pressures this added to the team.

Standard report paper structure:
- It was recommended that the paper flow for the standard report papers would be better having the workforce sustainability report at the end as the data tells the story, with the narrative in the other standard report papers.
- Agreed action to change to this format for the next committee.

Escalations:
Workforce pressures for staffing.

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

Report template- Board and Committees

Item No.	14.1	Presentation to	In Public Board
Title of paper	Audit & Risk Committee Exception Report		
Purpose of the paper	To summarise the business transacted at the Audit & Risk Committee held on		
Committees /Groups previous presented and outputs	N/A		

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

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

To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant		Sufficient	X	Limited		None	
Exec Sponsor name:	Callum Mercer, Non-Executive Director (Committee Chair)			Exec Sponsor signature:			

We are trialling a new interactive report format for some of our Board reports and would welcome feedback from Board members regarding their experience.

The Audit & Risk Committee (interactive) exception report can be found via the following link https://sway.office.com/vSEWBQXVpovpC6pQ – however a downloaded copy is included as follows for ease of access.

Key messages /findings

- The Chief Finance Officer presented a report outlining the **Single Tender Waivers** processed since the last meeting. Rationales were provided, which were **noted** by the Committee.
- Key highlights from the **Internal Audit Progress Report** were provided. The Committee were briefed on 2022/23 NHS England mandated review on financial sustainability and extensive discussions held regarding Trust preparation.
- The **External Auditor Annual Report 21/22** was summarised, including update on audit findings, commentary and Value for Money arrangements. The Committee **noted** the report.
- The **Counter Fraud, Bribery and Corruption Progress Report** was presented and an overview of proactive work and assurance regarding case matters provided.
- An **update on external reviews / (un)announced visits** was highlighted. Continued regular meetings with the CQC were noted and ongoing monitoring of assurance across the Trust emphasised. The importance or building relationships was discussed, particularly in consideration of CQC remodelling.

- The **Risk Management Annual Report** was **noted**. An overview of activity from the year was shared and the Committee were assured of strong approach to risk management, quality governance and risk reporting.
- The Committee were briefed on holistic review following the AuditOne **Well Led Review**. Next steps to implement outstanding recommendations were shared and the report was **noted**. *(included as supplementary paper- item 14.2)*
- The **Committee Terms of Reference** and **Committee Annual Report** were **approved**.
- An extensive update was provided in relation to **People Services Internal Control-Payroll and Workforce Issues** (following presentation to Extra Ordinary Trust Board). Inclusion of regular updates to this Committee were confirmed and assurance of risk based discussions held via the People Committee provided.

Decisions made at the meeting:

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

Recommendations (not previously mentioned):

There are no specific recommendations to note.

Other risks to highlight (not previously mentioned):

There are no risks to highlight.

Board and Committees- In Public Board Exception Report

Item No.	15.1		Presentation to	In Public Board		
Title of paper	Quality Assurance Committee Exception Report					
Purpose of the paper	To summarise the business transacted at the Quality Assurance Committee held on Thursday 22 September 2022.					
Committees /Groups previous presented and outputs	N/A					
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X
Action required	For decision		For assurance		X	
Summary of Recommendations and actions required by the author	The Board is asked: • To note the report from the Committee					

To be completed by Exec Sponsor - Level of assurance this report provides:							
Significant		Sufficient	X	Limited		None	
Sponsor name:	Vanessa Avlonitis, Non-Exec			Exec Sponsor signature:	V.Avlonitis		

We are trialling a new interactive report format for some of our Board reports and would welcome feedback from Board members regarding their experience.

The Quality Assurance Committee (interactive) exception report can be found via the following link https://sway.office.com/BW5StJ2MOs8ChTyT?ref=Link – however a downloaded copy is included as follows for ease of access.

Summary of business transacted:

- There were no **Freedom to Speak Up Concerns or Urgent Matters of Safety** to report. The Committee welcomed the new Freedom to Speak Up Lead Guardian to the meeting.
- **Partnership Governance Arrangements-** Ongoing winter planning across the system was shared. Links to Freedom to Speak Up and impact on workforce, including safe staffing, were noted.
- **Matters arising**- Continued activity in relation to the Ockenden and Government Safety Reports were summarised.
- A **Patient Safety Incident Response Framework Briefing** was presented, including an overview of key principles and process for implementation. Importance of engagement/ communication, training and collaborative learning was emphasised.
- The Committee **noted** the following standard reports presented:
  o **Patient Safety Quarter 1 Report-** An update on activity was provided and areas of focus highlighted, including workforce/safe staffing, VTE and pressure ulcers. Alignment to the new Patient Safety Incident Response Framework was discussed and it was confirmed that a pressure ulcer Deep Dive would be provided to the next meeting for full oversight. *(included as supplementary paper item 15.2)*
  o **Experience of Care Quarter 1 Report & Community Engagement Impact Report-** Review of ongoing activity was shared, including review of appointments and work linked to complaints. Intended improvements and priorities were highlighted. Published impact report with key achievements was commended by the Committee.
  o **Safeguarding Q1 Report-** Continued increase in safeguarding cases were reported and ongoing support noted. An update on training compliance was presented which indicated a decrease in compliance. Proactive planning to

increase uptake was shared. The Committee were informed of collaborative working in relation to policies.

- The **Performance & Quality Exception Report** *(formally Exception Report from the Quality Improvement and Risk (QIR) Group and Chief Operating Officer)* was **noted**.
- The Chief of Nursing & AHPs shared a **Duty of Candour Briefing** and explained alignment to the new Patient Safety Framework. The Committee **agreed** the recommended actions.
- The Committee received a **Well Led Review Update** summarising updates against the action plan. Positive progress and continued validation was **noted**.
- The **Board Assurance Framework (BAF) consideration and oversight of risks Report** was presented and significant update to the High-Quality Safe Care entry explained. The report was **noted** by the Committee.
- There were no **Regulatory Compliance matters (including CQC matters, recent visits and any NHSE/I items)** to report. The Chief of Nursing & AHPs informed of ongoing communication with the CQC and briefed on unannounced PLACE visit held, with positive feedback and improvements noted.
- **Ethics and Caldicott Panel Exception Report**- There was no panel held since the last meeting.
- The **Quality Assurance Committee Terms of Reference** were **approved**. The following subgroup **Terms of Reference** were also approved.
  - Community Engagement Group
  - Quality Improvement & Risk Group

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

Recommendations (not previously mentioned):
There are no specific recommendations to note.

Other risks to highlight (not previously mentioned):
There are no risks to highlight.

Report template - Board and Committees

Item No.	**17**	Presentation to	Solent NHS Trust Board
Date of paper	31 August 2022	Author	Belinda Brown, Executive Assistant to Chief Executive
Title of paper	Charitable Funds Committee Exception Report		
Purpose of the paper	To summarise the key business transacted at the recent Charitable Funds Committee meeting, 4 August 2022		
Committees /Groups previous presented and outputs	N/A		
Action required	For decision		For assurance	X
Summary of Recommendations and actions required by the author	The Board is asked to: • Receive the summary of business transacted		

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

Key messages /findings

The committee: -

- **Thanked** Gordon Fowler for his time as Executive Sponsor of the Charitable Funds committee

- Were **informed** of progress being made on the **NHSCT Development Grant submission,** ahead of the December 2022 submission deadline.

- **Received** the **Quarter 1** Finance Report covering the period 01 April 2022 to 30 June 2022. The committee were informed that the charity showed a surplus in Q1 of **£65.00.**

- **Noted** that within Q1, had charity has received three donations from the public totalling **£991.00**

- **Received** an update on the **NHS Charities Together Stage 3 application**, acknowledging that further work to be undertaken on the application ahead of its deadline.

- **Received** an update from the Estates team and approved an extra £10K (£40K total) to proceed with the memorial garden at St James' Hospital. The committee requested that the extra £10K be raised retrospectively via fund-raising opportunities

- **Received** an update from the Communications team and **approved** the new branding of the charity (Appendix 1) and **approved** a request of £**1500** to produce the charity's new branding

- Gave **support** to the concept of a hardship fund to help staff in extreme circumstances. The committee **requested assurance** that the fund would not be viewed as discriminatory

- **Chair's action** was given outside of the committee meeting to approve the committee's revised **Terms of Reference**