

Agenda

Solent NHS Trust In Public Board Meeting

Date: Monday 5 December 2022

Timings: 09:30 – 12:45

Meeting details: Kestrel, 2nd Floor- Highpoint Venue, Bursledon Rd, Southampton, SO19 8BR

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	09:30	5mins	Chairman's Welcome & Update	Chair	To receive
			<ul style="list-style-type: none"> • Apologies to receive 		
			Confirmation that meeting is Quorate <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> • a minimum of two Executive Directors • at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair 	Chair	-
			Register of Interests & Declaration of Interests	Chair	To receive
2	09:35	30mins	Patient Story	Deputy CEO & Chief of Nursing and AHPs	To receive
3	10:05	30mins	Staff Story	Chief People Officer	
4	10:35	5mins	*Previous minutes, matters arising and action tracker	Chair	To approve
Quality and safety first					
5	10:40	10mins	Safety and Quality – contemporary matters including:	Deputy CEO & Chief of Nursing and AHPs Chief of Staff	Verbal update
			<ul style="list-style-type: none"> • Board to Floor feedback • Freedom to Speak Up update 		
Items to approve					
6	10:50	20mins	People Strategy	Chief People Officer	To approve
10-minute break					
Items to receive					
7	11:20	20mins	Chief Executive's Report – including:	CEO	To receive
			<ul style="list-style-type: none"> • Verbal update on Industrial Action 		



8	11:40	35mins	Integrated Performance Report <i>Including:</i> <ul style="list-style-type: none"> • Safe • Caring • Effective • Responsive • People • Finance • Research and Improvement • System Oversight Framework • Self-Declaration NHS Provider Licence 	Executive Leads	To receive
9	12:15	10mins	Health & Safety Annual Report and Statement of Intent	Chief Finance Officer	To receive
Reporting Committees and Governance matters					
10	12:25	15mins	People Committee - Exception report from meeting held 17 November 2022 <i>Supplementary paper via zipped folder:</i> <ul style="list-style-type: none"> • Item 10.2- Diversity & Inclusion Annual Report 	Committee chair	To receive
11			Mental Health Act Scrutiny Committee- Exception report from meeting held 03 November 2022 <ul style="list-style-type: none"> • Terms of Reference (Appendix A) 	Committee chair	To receive
12			Audit & Risk Committee – Exception report from meeting held 03 November 2022	Committee chair	To receive
13			Quality Assurance Committee- Exception report from meeting held 24 November 2022	Committee chair	To receive
14			Non-Confidential update from Finance & Infrastructure Committee– non confidential escalation report from meeting held 28 November 2022	Committee chair	Verbal update
15			Charitable Funds Committee – Exception report from meeting held 09 November 2022	Committee chair	To receive



16			<p>Non-Confidential Report from - Remuneration and Nominations Committee – Exception report from meeting held 11 November 2022</p> <ul style="list-style-type: none"> • <i>Terms of Reference (Appendix A)</i> <p>Supplementary papers via zipped folder:</p> <ul style="list-style-type: none"> • <i>Item 16.2 – Standing Orders</i> • <i>Item 16.3 – Scheme of Reservation and Delegation</i> 	Committee chair	To receive
Any other business					
17	12:40	5mins	<p>Any other business and reflections including:</p>	Chair	-
18			<ul style="list-style-type: none"> • <i>lessons learnt and living our values</i> • <i>matters for cascade and/or escalation to other board committees</i> 	Chair	
19	12:45	---	<p>Close and move to Confidential meeting</p> <p>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:</p> <p>“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)</p>	Chair	-

Date of next meeting:

- **6 February 2023**



Minutes

Solent NHS Trust In Public Board Meeting

Date: Monday 3 October 2022

Timings: 9:30

Meeting details: In person Meeting- Condor Suite, Highpoint Venue

Chair: Catherine Mason, Trust Chair (CMa)	
Members: Andrew Strevens, CEO (AS) Jackie Munro, Deputy CEO & Chief of Nursing and Allied Health Professionals (JM) Dan Baylis, Chief Medical Officer (DB) Suzannah Rosenberg, Chief Operating Officer (SR) Shahana Ramsden, Chief People Officer (SRa) Rachel Cheal, Chief of Staff & Corporate Affairs (RC) Nikki Burnett, Chief Finance Officer (NB) Mike Watts, Non-Executive Director (MW) Gaurav Kumar, Non-Executive Director (GK) Stephanie Elsy, Non-Executive Director (SE) Calum Mercer, Non-Executive Director (CMe) Vanessa Avlonitis, Non-Executive Director (VA)	Apologies: No apologies to note.
Staff Story (item 2) - Virtual Dr Faith Ndebele, Virtual Consultant Psychiatrist (FN) Dr Madhumanti Mitra, Virtual Consultant Psychiatrist (MM)	Emergency Planning Resilience Response Annual Report (item 6) Lee Havey, EPPR Lead (LH)
1	Chair's Welcome & Update, Confirmation that meeting is Quorate, Register of Interests & Declarations of Interests
1.1	CMa welcomed Board members and attendees to the meeting. There were no apologies to note.
1.2	The meeting was confirmed as quorate. The declarations of interest form was circulated and there were no updates to note.
2	Staff Story
2.1	SRa welcomed FN and MM to the Board meeting and introductions were made. Background to the new remote working consultant psychiatrist roles were explained and ground-breaking work highlighted.
2.2	MM provided an overview of use of technology to effectively build a connection and treat patients. Hybrid model across the mental health team was explained and positive patient feedback highlighted. FN further reflected on positive experiences and learning to ensure personal connection was maintained. FN briefed on evidence/research to demonstrate valid results and achieving positive clinical outcomes using virtual platforms. Ongoing monitoring was emphasised.
2.3	MM shared initial challenges integrating within the team, however commented on daily connections with staff and welcoming support received for this way of working. DB emphasised improved direct patient experience/outcomes and emphasised innovation and strong support across the team, with national interest gained.



2.4	<p>AS thanked MM and FN for their hard work and enthusiasm towards these new roles and for inspiring innovation of new ways of working.</p> <p>CMA agreed and asked about considerations in terms of research. FN explained formal preliminary research collaboration projects taking place and ongoing monitoring over the course of this first year.</p>
2.5	<p>SE enquired about consideration within Child and Adolescent Mental Health (CAMHS) services. DB confirmed pilot within adults, however commented on potential effectiveness for both CAMHS and Older Persons Mental Health (OPMH).</p> <p>Links to ongoing work in relation to neuro diversity were also highlighted.</p>
2.6	<p>CME reflected on potential legal and regulatory factors and asked how initial queries were resolved. FN explained limitation regarding inability to undertake Mental Health Act assessments and shared workarounds in place. It was confirmed that all other regulatory issues had been addressed by the General Medical Council (GMC).</p>
2.7	<p>GK queried plans to ensure inclusion within virtual strategies. DB emphasised learning and wider package of work, including Information Governance and Cyber Security.</p> <p>DB shared support of the Digital Transformation Strategy, together with the ICS, to maximise the use of digital solutions for managing patients closer to home.</p>
2.8	<p>CMA asked why they chose to apply for exclusively remote working roles. MM commented on value of remote working for future delivery of patient care and interest in innovation. FN explained interest in digital health and health technology, with the flexibility remote working provides.</p> <p>The Board formally thanked FN & MM for sharing their experiences. The Staff Story was noted. <i>FN & MM left the meeting.</i></p>
2.9	<p>It was noted that the Patient Story had been postponed on this occasion due to patient availability.</p>
3	Minutes of the meeting held 1 August 2022 matters arising and action tracker
3.1	<p>The minutes of the last meeting were agreed as an accurate record.</p>
3.2	<p>The following actions were confirmed as complete: AC004728, AC004729, AC004730, AC004731</p>
4	Safety and Quality – contemporary matters including:
	<ul style="list-style-type: none"> • Board to Floor feedback • Freedom to Speak Up update
4.1	<p>JM informed of new Board to Floor report framework being implemented and thanked GK for creating. Importance of personal approach to documentation was highlighted.</p>
4.2	<p>There were no Freedom to Speak Up matters to escalate to the Board.</p>
5	Same Sex Accommodation Declaration
5.1	<p>The Board noted the Same Sex Accommodation Declaration.</p>
6	Emergency Planning Resilience Response Annual Report
6.1	<p>LH joined the meeting and provided an update from the report.</p>



	<ul style="list-style-type: none"> • It was confirmed that the 'CCG' had been amended to ICB and was now a category 1 responder. • Continued work to improve Business Continuity Plans (BCPs) within service lines was highlighted. • Considerations of embedding cyber security into service line BCPs to ensure robust process controls was noted. LH informed of extensive work completed to identify IT and software used across services. • The Board were briefed on major incidents declared by local partners throughout the year and support provided by the Trust. Staff were commended for their ongoing hard work and commitment. • LH explained instances of planning for health/weather alerts raised and activity undertaken shared. • Planning in terms of the winter forecast and flu was highlighted. • LH informed of lower levels of training completed however informed of work planning taking place, including packages for Executive Directors. • It was confirmed that incident response arrangements were due to be ratified.
6.2	JM commented on the potential future Royal College of Nursing (RCN) strikes and the need for consideration within service line BCPs. LH acknowledged the need for greater emphasis and AS agreed further discussions required at the Executives Meeting.
6.3	AS queried non-compliance in terms of medical gasses provision at the Royal South Hants (RSH) and potential further communication required with NHS Property Services. LH informed of ongoing discussions, particularly in relation to doctor availability and it was agreed to consider further outside of the meeting. Action- LH to liaise with DB.
6.4	CMA asked about factors relating to reduced training completion. LH shared challenges regarding lack of resource within the Emergency Planning team and confirmed recent appointment made. Expectation for increase in training delivery was assured.
6.5	In relation to water supplies, NB queried potential gaps. LH explained processes in place and briefed on aspects being reviewed by the estates team. The Board noted the Emergency Planning Resilience Response Annual Report. LH left the meeting.
7	A Framework of Quality Assurance for Responsible Officers and Revalidation – Annual Board Report and Statement of Compliance
7.1	DB confirmed that there were no specific items for escalation to the Board. CMA queried details in relation to the non-appraisal reported and DB assured of actions taking place, with further update available at Confidential Board. The report was noted and sign off agreed for return to NHS England.
8	Chief Executive's Report
8.1	AS presented the report and shared key areas of note. <ul style="list-style-type: none"> • Activity in terms of estates was highlighted, including the reopening of Maples Ward. AS informed of positive CQC feedback received and clear co-designed patient input reflected. • Following national approval to progress with the redevelopment of the Western Community Hospital campus, it was confirmed that building works were due to start in October 2022.



	<ul style="list-style-type: none"> The Board were informed that installation of the new telephony systems for Single Point of Access had commenced. Training and go-live dates were confirmed and feedback received. It was noted that the Trust had been commissioned to deliver a 12-week vaccination programme from 12 September 2022. It was confirmed that a full update would be provided to Confidential Board. Continued promotion of the Staff Survey and strong early response was highlighted. AS provided an update from a recent Urgent Care System meeting and emphasised recognition of changes required.
8.2	RC explained trial of a new interactive report format and welcomed feedback from Board members regarding their experience.
8.3	An update in relation to the Clinical Delivery Groups and potential associated opportunities were shared. The Board received the Charter and Terms of Reference.
8.4	JM provided a contemporary update regarding increase in Covid-19 infection rates and emphasised appropriate measures and continuous monitoring being taken.
8.5	<p>The Board discussed recent distressing panorama programme relating to secure NHS psychiatric hospitals. JM confirmed that discussions had been held with Clinical Directors and Heads of Quality & Professions as a reminder of the importance of care provision and due diligence, despite strong internal assurance.</p> <p>The Board were assured that full discussions would be held via the Quality Assurance Committee.</p> <p>The importance of full consideration and oversight as the Trust aligns to neighbouring organisations across Hampshire and Isle of Wight was emphasised.</p>
8.6	The Chief Executives Report was noted.
9	Integrated Performance Report
9.1	<p><u>Safe</u></p> <p>JM informed of request for validation work in terms of level of harm to gain additional assurance surrounding increased incidents.</p>
9.2	<p><u>Caring</u></p> <p>The Board were assured of issues/exceptions raised via the Quality Assurance Committee.</p>
9.3	<p><u>Effective</u></p> <p>CMA queried active work to support the Urgent Community Response service, currently operating at a reduced 72% capacity due to vacancies. SR explained continued challenges and high pressure within the service. The Board were briefed on deep dive completed and ongoing recruitment efforts, including consideration of international recruits and support from Allied Health Professions (AHPs).</p> <p>Critical focus on wellbeing was emphasised and SRa shared People Partnering service review to establish a workforce dashboard of common themes and actions. Challenges regarding length of time to embed interventions was acknowledged and the importance of innovation for delivery of clinical models was discussed.</p> <p>The need for co-ordination across the ICS was highlighted and JM commented on further work to consider innovative remote working for community services. It was agreed that JM review further with Clinical Directors and Heads of Quality & Professions to understand potential opportunities.</p> <p>Action- JM.</p>



	It was agreed to provide a single holistic report on challenges to the December Board to note status, actions taken and progress made. Action- JM & SRa to produce.
9.4	Regarding reduced resilience for small scale services, the Board were informed of review into collaboration and partnership working to ensure appropriate capacity.
9.5	<u>Responsive</u> There were no items of escalation to raise.
9.6	<u>People</u> <ul style="list-style-type: none"> A further update in relation to Olleo was requested. SRa provided an update and confirmed full monitoring and oversight at the People Committee. It was noted that further data was expected imminently and concerns would be escalated as required. MW queried differences detailed within the People and Finance section of the report regarding agency costs (target/overspend). It was agreed to provide a post meeting note to clarify. Action- SRa. JM raised concern in terms of sickness and turnover and reflected on pressure across the entire NHS. SRa informed of discussions held at the Hampshire & Isle of Wight People Board, with agreement to share data across providers to identify 'pinch points' and areas requiring further support.
9.7	<u>Finance</u> There were no specific items to escalate. Increasing pressures across the Hampshire & Isle of Wight system were acknowledged and NB confirmed certain areas of deep dive required to fully understand the current position. CMA commented on the usefulness of seeing the overall ICS position included at the last Confidential Board and it was agreed to include for the next meeting. Action- NB to provide via Confidential Board.
9.8	<u>Research & Improvement</u> The Board were informed of Research Academy Conference taking place as follows: <ul style="list-style-type: none"> Thursday 20 October 2022
9.9	The Self-Declaration was noted.
9.10	The Board noted the Integrated Performance Report.
10	Strategic Priorities update – 2022/23 H1 Report
10.1	DJ presented the report summarising the progress made against the Trust's 15 strategic priorities in the first 6 months of 2022/23. The Board were informed of positive exercise undertaken with majority of actions on target/mitigations in place and confirmed themes identified. DJ shared planning to further develop and ensure consistent monitoring for scrutiny and assurance via the Strategy and Partnerships Committee (SPC). It was agreed to provide an end of year report to Board in March/April 2023, via the SPC governance route.
10.2	DJ briefed on work with the Trust's PMO and Executive leads to consider additional metrics for a more detailed insight into delivery of benefits. DJ also shared use of the Verto system to robustly monitor and ensure thematic analysis into delivery of strategic priorities and alignment to business planning. Usefulness of collaborative working and further opportunities via the Clinical Delivery Group were acknowledged.



10.3	<p>CMA commented on the usefulness of this report to gain clarity on activity and planning for further objectives. Importance of consideration of benefits realisation and monitoring of unintended impacts were highlighted.</p> <p>CMA reflected on consideration of potential deep dives for finance, people and quality to identify potential barriers and ensure delivery of strategic priorities.</p>
10.4	MW emphasised the importance of clarity and understanding on all aspects of the Trust's strategy prior to alignment with other organisations.
10.5	<p>GK commented on potential inclusion of total overall scoring for strategic priorities. Potential inclusion in year-end report was discussed.</p> <p>The Board noted the Strategic Priorities update – 2022/23 H1 Report.</p>
11	*Six-month implementation plan update on Digital Strategy
11.1	It was agreed to hold this item after the meeting in order to ensure relevant staff attendance.
12	People Committee Exception Report
12.1	<p>MW highlighted discussions held, including challenges around retention and staffing. Positive reports in relation to diversity and wellbeing plans were noted.</p> <p>SRa commented on continued improvements to Committee reports to focus on outcomes and making a difference. The People Committee Exception Report was noted.</p>
13	Mental Health Act Scrutiny Committee Exception Report
13.1	There was no meeting held to report.
14	Audit & Risk Committee Exception Report
14.1	<p>CME provided an overview of the key reports presented. Assurance in terms of proactive work from Internal Audit, External Audit, Counter Fraud and People Services Internal Control was noted.</p> <p>The Audit & Risk Committee Exception Report was noted.</p>
15	Quality Assurance Committee Exception Report
15.1	<p>VA provided key escalations including focus on the Patient Safety Incident Response Framework and proactive work taking place in relation to the decrease in safeguarding training.</p> <p>CMA queried status of safeguarding incidents and JM confirmed continued increase in cases.</p> <p>DB commented on the value of attendance from members of the ICS and importance of maturing relationships to ensure assurance/escalations.</p> <p>The Board noted the Quality Assurance Committee Exception Report.</p>
16	Non-Confidential update from Finance & Infrastructure Committee
16.1	There were no escalations to report.
17	Charitable Funds Committee
17.1	GK presented highlights from the Committee, specifically:



	<ul style="list-style-type: none"> • Approval of the new charity branding and £1500 request to produce. • Support provided to the concept of a hardship fund to help staff in extreme circumstances. • Further assurance to ensure that the fund would not be viewed as discriminatory awaited. <p>The Charitable Funds Exception Report was noted.</p>
18	Any other business
18.1	VA reflected on inspiring Board to Floor visits attended within Specialist Dentistry and the Mental Health in Schools Team.
18.2	<p>CMA informed the Board that process for a replacement chairperson had been initiated although conversations by both NHSE central and the ICB with Region meant that process had not proceeded.</p> <p>Due to the short time now available to complete such a process before the end of current Chair's tenure, the Board felt this should be raised as a risk. The Board were content that succession plan could be enacted as a mitigation.</p> <p>The Board also asked the Chair to send a formal response to alert regarding the identified risk.</p>
19	Lessons learnt and living our values Matters for cascade and/or escalation to other board committees
19.1	No other business was discussed and the meeting was closed.
20	Meeting closed

***In Public meeting resumed- for item 11**

11	Six-month implementation plan update on Digital Strategy
11.1	<p>SD provided an update on the strategy and progress made.</p> <ul style="list-style-type: none"> • The Digital Team is working with CGI to develop detailed programme plans. • SD informed the Board of the need to build business intelligence as a strategic asset and confirmed that a Cloud based BI programme is expected to be achieved by the end of October. • Good relationships have been achieved with the ICS and regular meetings attended. • A Digital Workforce Subgroup has been established to engage with staff to ensure appropriate development of plans. • SD briefed the Board on work planned over the next 6 months and of an agreed roadmap on functional priorities of the BI platform to achieve a single source of truth.
11.2	RC asked if the progression of the transformation work could create potential issues with Southern in the future due to system differences. SD provided assurance that there are no areas of work that would have a negative impact and informed the Board of regional work being undertaken on the EPR strategy to bring patient records together.
11.3	GK asked what the implications would be to the provision of service desk support. SD commented on the need to consider arrangements. DB shared difficulties experienced within the CAMHs service following IT system changes.




11.4	<p>RC referred to a past Telemedicine innovation that failed to progress and enquired about the ICS opinion of 'digital over workforce'. SD reported on working with the ICS to develop digital strategies that has currently paused to focus on EPR funding however confirmed the ICS support of Trust plans.</p> <p>RC commented on the lack of system visibility in this area. SD reported that information can be shared with the ICB.</p>
11.5	<p>Members of the Board shared their views on the work in progress.</p> <p>GK asked how plans will be acted upon and highlighted the importance of ensuring a holistic system IT strategy is available across the whole system.</p>
11.6	<p>The six-month implementation plan update on the Digital Strategy was noted.</p> <p>The public meeting session was closed and moved to the confidential meeting.</p>



Action Tracker

Overall Status	Source Of Action	Date Action Generated	Minute Ref	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
On Target	Board meeting - In Public	03/10/2022	6.3	AC004846	In Public Board- EPRR Annual Report	AS queried non-compliance in terms of medical gasses provision at the Royal South Hants (RSH) and potential further communication required with NHS Property Services. LH informed of ongoing discussions, particularly in relation to doctor availability and it was agreed to consider further outside of the meeting. Action- LH to liaise with DB.	Lee Havey/Dan Baylis	October 2022 update- (21/10/2022)- NHS PS have provided written assurance around the management, operation and maintenance of MGPS at site which satisfies the questions posed by Solent NHS Trust. It is noted however that no competent presence is retained by NHS PS in the event of a site
On Target	Board meeting - In Public	03/10/2022	9.3	AC004847	In Public Board- Integrated Performance Report	Effective (reduced capacity due to vacancies) - The need for co-ordination across the ICS was highlighted and JM commented on further work to consider innovative remote working for community services. It was agreed that JM review further with Clinical Directors and Heads of Quality & Professions to understand potential opportunities. Action- JM.	Jackie Munro	November 2022 update- Both adult community services for Southampton and Portsmouth are working together, particularly around the workforce challenges and issues. A specific piece of work in being undertaken in Portsmouth with a view that learning will be shared with Southampton community teams.
On Target	Board meeting - In Public	03/10/2022	9.3	AC004848	In Public Board- Integrated Performance Report	Effective (reduced capacity due to vacancies)- It was agreed to provide a single holistic report on challenges to the December Board to note status, actions taken and progress made. Action- JM & SRa to produce.	Jackie Munro, Shahana Ramsden	November 2022 update - Sam Hemingway is connecting with a wider piece of work and workforce summits that are currently held will inform the business planning process. Outputs of work will be fed through the usual governance arrangements. Action can be closed.
On Target	Board meeting - In Public	03/10/2022	9.6	AC004849	In Public Board- Integrated Performance Report	People- MW queried differences detailed within the People and Finance section of the report regarding agency costs (target/overspend). It was agreed to provide a post meeting note to clarify. Action- SRa.	Shahana Ramsden	October 2022 update- the measures are reporting different data sets, people on page 19 is the proportion of staff numbers in % and the finance is the cost % which are different. No further action required.
On Target	Board meeting - In Public	03/10/2022	9.7	AC004850	In Public Board- Integrated Performance Report	Finance- CMA commented on the usefulness of ICS position demographic included at the last Confidential Board and it was agreed to include for the next meeting. Action- NB to provide via Confidential Board.	Nikki Burnett	October 2022 update- will continue to be provided where available via the F&I Exception Report to Confidential Board.

Item No.	6.1		Presentation to	In- Public Board		
Date of paper	24.11.22		Author	Shahana Ramsden, Chief People Officer		
Title of paper	Creating a Great Place to Work – Solent’s People Strategy					
Purpose of the paper	To present the final agreed People Strategy – Creating a Great Place to work					
Committees /Groups previous presented and outputs	SLT session (Summary) – 2 nd Sept 2022 People Forum (Summary) – 13 th Sept 2022 People Committee (Full paper) – 22 nd Sept 2022 People Committee (Final) – 24 th Nov 2022					
Statement on impact on inequalities	Positive impact (inc. details below)	X Diversity and inclusion actions are included.	Negative Impact (inc. details below)		No impact (neutral)	
Action required	For decision	X		For assurance		
Summary of Recommendations and actions required by the author	The Board are asked to: <ul style="list-style-type: none"> Approve the final People Strategy 					
To be completed by Exec Sponsor - Level of assurance this report provides :						
Significant		Sufficient	X	Limited		None
Exec Sponsor name:	Shahana Ramsden, Chief People Officer			Exec Sponsor signature:		

Executive Summary

Creating a Great Place to Work

Solent’s overarching strategy makes a commitment Great care, Great Value for Money and a Great Place to Work. The Strategy is deigned to accelerate progress on the previously agreed Solent Strategy commitments, to prioritise actions which improve the People Directorates offer to services and to support innovation and transformation.

We began by acknowledging that organisations can generate clear and innovative strategies on paper, but it is ultimately the way that policies are implemented at every level of the organisation that has an impact on people’s lives. Our aim is to generate a critical mass of people who want to see positive change happen – and to work with them to bring the People Strategy to life.

In developing the strategy, we actively engaged with the People Forum, participated in Board discussions and considered feedback from service managers and staff. People asked us to create a strategy that is:

- o Insightful and leads to action

- Answers the 'so what question'
- Helps us to be and do the best we can for our People

People wanted us to address practical difficulties such as recruitment and onboarding, access to occupational health appointments and asked us to help them navigate who does what in the people team.

We are pleased to include a number of inspiring stories of staff who have benefited from our values led culture to remind us of why it is so important to sustain our values led and compassionate culture.

The strategy sets out 6 immediate People Focused Priorities that we will act on over the next 3 months. We have also aligned 4 strategic objectives with the 4 pillars of the NHS People Plan. The priorities provide a clear sense of direction for the People Team, acting as 'stretch' targets for team members so that we can improve our offer to the organisation.

Six People Focused Priorities

- Deliver a comprehensive programme of offers to support colleagues during times when incomes and personal finances are stretched.
- Enhance the work of the existing attraction and recruitment team to ensure that recruitment and onboarding is a swift, efficient and positive experience
- To improve the reach, ease of access, and desired impact of targeted health and wellbeing interventions across the Organisation.
- We will make it easy for people with a Disability or Long-Term Condition (physical and mental health) to get the access and support needed at the earliest opportunity
- Further strengthen our engagement with and support for Staff Networks to ensure that the voices of people from diverse groups influence the way the People Strategy is implemented.
- Create a single "Ask the People Team" inbox so there is one point of contact for all enquires supported by a dedicated team with targets and regular monitoring of response times.

Four Strategic objectives

Looking after our people: We are committed to raising the profile and impact of Health and Wellbeing within the organisation – so that our people are supported to 'Be here, Be Happy and Be Healthy.

Belonging in the NHS

We want to enable every person working in Solent NHS Trust to bring their authentic self to work each day, ensuring we all feel visible, and our identity and contribution is validated and valued.

Growing for the future

We are committed to developing a sustainable workforce and will attract, develop, reward and retain diverse talent who want to be part of a great place to work & thrive.

New ways of working and delivering care

We will work closely with our services to support programmes of improvement, change and innovation in the way we manage our workforce. We will embed strategic workforce planning in everything we do so we can effectively plan for the future and harness the talents of our people through effective talent management conversations.

Action plans and success measures

Alongside the strategy, each team has developed a detailed action plan to outline how we will deliver on the agreed commitments. We have also enhanced our Key Performance indicators to ensure we have clear success measures in place.

For action and decision

Following feedback from the previous Board discussion held on 3rd October 2022, amendments were made to the KPI/ Success Measures section of the strategy. The Strategy was reviewed again by the People Committee on 24th November 2022 and approved.

It is recommended that the People Strategy is now published on the Solnet website with regular progress reviews and assurance delivered through the People Committee.

A photograph of five NHS staff members standing in a line on a paved path outside a building. From left to right: a woman in a dark blue nurse's uniform, a woman in light blue scrubs, a man in light blue scrubs, a man in light blue scrubs, and a woman in a white lab coat. They are all wearing lanyards with ID badges. The background shows a building with large windows and a security camera. A large, stylized magenta and grey graphic element is overlaid on the right side of the image.

Creating a Great Place to Work

Our People Strategy

- 03 Introduction
- 04 Where are we now?
- 06 A great place to work – Strategic priorities
- 08 Six immediate people focused priorities
- 09 Looking after our people
- 13 Belonging and inclusion
- 18 New ways of working
- 22 Growing for the future
- 26 Creating a new future
- 24 Measuring success





Introducing our strategy

Introduction

We are incredibly proud of the dedicated people at Solent who work with the utmost professionalism, as well as flexibility and agility, to care for all our patients and each other. We share a fundamental belief that the way we work, our behaviours and priorities should be guided by our values – Honesty, Everyone Counts, Accountability, Respect and Teamwork (HEART). These are deep rooted within Solent and everything we do.

Our Great Place to Work Strategy, which was developed in 2016, was based on the well-known evidence that creating a highly motivated, engaged workforce has a positive impact on patient care and outcomes. Since its creation, we have seen a positive cultural development journey within Solent with increasingly positive staff survey results, a positive speaking up culture, both of which have impacted on the quality of care we provide.

When designing the revised People Strategy, we engaged with colleagues to review feedback from our innovative Big Conversation events and evaluated Staff Survey and exit interview data. Feedback from colleagues in the People Forum, advice from Solent's six staff networks and insights from staff representatives have all influenced the priorities of this strategy. We have also taken the opportunity to understand how we can further enhance transformative strategies such as Solent's Digital Strategy and our Green Plan.

These insights have been translated into six people focused priorities, which each sit under one of four strategic priorities. The people focused priorities are areas that require immediate attention; areas that many NHS organisations find challenging, but they are also the interventions that are most likely to accelerate our efforts to attract and retain the workforce we need. The strategic priorities mirror the four pillars of the national NHS People Plan and are designed to generate the transformation we need to deliver high quality services.

Our values



Honesty



Everyone counts



Accountability



Respect



Teamwork

Where are we now?

Our investment in employee experience has had a positive impact on the workplace, the care that is provided, employee wellbeing and retention. Within the 2021 NHS Staff Survey, our scores were amongst the best when compared with other organisations of our type.

However, there is more to do and we actively seek feedback so we can improve even further. We know that people struggle to meet the conflicting demands on their time and that some people feel emotionally exhausted and tired at the end of the working day or shift. Whilst our survey results show that people feel Solent takes positive action on health and wellbeing, we need to go further and look deeper at what more we can do: including ensuring people have the right materials, supplies and equipment to do their jobs.

The survey results also suggest that we need to make sure we are supporting people to reach their full potential through learning and development opportunities, ensuring that people receive an appraisal that adds value and subsequently helps them to improve how they do their job.

During 2021, we launched a suite of listening sessions - known as The Big Conversation - to better understand the experiences of staff across the Trust, with a particular remit to explore and hear about experiences of workplace discrimination and harassment.

The Big Conversation report reminds us not to be complacent around our inclusion agenda. When analysing what staff felt contributed to discrimination in the workplace, the top three factors were cited as:

Bias (personal and professional bias in decision making and actions)

Education (the formative years, formal education and informal learning experiences in and outside of the workplace)

Career opportunities (including but not limited to opportunities presented by Solent or the NHS more broadly)





2021 NHS Staff Survey – Solent was the top performing trust in three of the 9 key themes, and above average in all themes



Employee engagement increased, year-on-year; 44.4% in 2015 to 68% in 2021 – one of the highest response rates compared with Trusts of our type.



Care Quality Commission (CQC) “The trust’s strategy, vision and values underpinned a culture which was patient-centred. The culture was very positive, open and honest, staff were listened to and heard. We found everyone we spoke with was extremely happy working at the trust.”



Solent has been highlighted nationally as one of the top 10 performing trusts for reduction in staff experiencing harassment and bullying at work from other staff (reduced from 18.1% to 16.4%).



The percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in the last 12 months reduced from 27.7% last year to 25.8% this year.



Great place to work
strategic priorities

Our great place to work strategic priorities mirror the four pillars of the NHS People Plan.



Looking after our people

Looking after our people:

We are committed to raising the profile and impact of Health and Wellbeing within the organisation – so that our people are supported to 'be here, be happy and be healthy.'

Belonging in the NHS:

We want to enable every person working in Solent NHS Trust to bring their authentic self to work each day, ensuring we all feel visible, and our identity and contribution is validated and valued.



Belonging in the NHS



New ways of working

New ways of working:

We will embed strategic workforce planning in everything we do so we can effectively plan for the future and harness the talents of our people through effective talent management conversations.

Growing for the future

We are committed to developing a sustainable workforce and will attract, develop, reward and retain diverse talent who want to be part of a great place to work and thrive.



Growing for the future



Six immediate people focused priorities



Looking after
our people



Belonging in
the NHS



New ways
of working



Growing for
the future

Deliver a comprehensive programme of offers to support colleagues at a time when incomes and personal finances are stretched.

To improve the reach, ease of access, and desired impact of targeted health and wellbeing interventions across the organisation.

Make it easy for people with a disability or long-term condition (physical and mental health) to get the access and support needed at the earliest opportunity.

Further strengthen our engagement with and support for staff networks to ensure the voices of people from diverse groups influence implementation of the People Strategy.

Create a single "Ask the People Team" inbox so there is one point of contact for all enquires, supported by a dedicated team with targets and regular monitoring of response times.

Enhance the work of the existing Resourcing and Attraction team to ensure new starters have a consistently positive experience of recruitment and onboarding.



Looking after
our people



Looking after our people

Looking after our people

People focused priority

We will deliver a comprehensive programme of offers to support people through the cost of living challenges.

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.

We are commissioning Vivup – a UK based employee benefits provider to support development of a portal. When fully rolled out, Vivup will support people to access discounted shopping and food vouchers, to spread the cost of household items through salary deduction and access wellbeing and counselling services.

We are exploring the logistics which will enable us to provide complimentary sanitary products to address period poverty that many people 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.

We will improve the reach, ease of access, and desired impact of targeted health and wellbeing (HWB) interventions across the organisation.

In addition to providing positive feedback about access to Health and Wellbeing (HWB) support, people asked us to focus on improving the time it takes to access Occupational Health services. We need to start by finding a permanent home for the Occupational Health (OH) Service with clean and high quality clinical spaces. In order to gather data about how long it takes to access OH and HWB services, we will develop a measurement tool to understand both staff awareness of and ease of access to Occupational Health and Wellbeing resources and develop a plan to accelerate progress on access to these services.

We will deliver

Agreed priority	One to three months	Three to six months
Cost of living		
Secure access to Vivup Portal and engage with finance and payroll to develop a plan for roll out of the portal.	Establish a mechanism so people can purchase discounted items through the Vivup portal.	Communicate the benefits of Vivup and explain how staff can access the portal.
Develop food banks and Solent pantry.	Review existing food bank offers and identify gaps in provision.	Implement framework to support development of food bank offers.
Develop a programme to address period poverty	Work with Estates to identify areas for provision.	Commission provision of sanitary products in agreed areas.
Develop a hardship fund	Review existing models for hardship funds.	Roll out fund in partnership with Solent NHS Charity.
Access to Occupational Health and Wellbeing (OHWB)		
Develop a permanent location for accommodating the OH and WB Service.	Work with Estates to urgently identify potential locations for OH and WB service.	Develop a sustainable plan to ensure appropriate clinical OH space is sustained.
Improve access to OH and HWB service.	Develop measurement tool to understand access and awareness.	Develop and implement action plan to improve access to HWB offers.



Looking after our people

Strategic priority

Looking after our people

Many factors influence the health and wellbeing of our diverse people and teams. Some of these, such as mental and physical health, are well understood. However, there are other factors such as relationships, management skills and the environment that we work in that are fundamental to our people's health and wellbeing which will support them to provide world class healthcare to our patients.

The Health and Wellbeing team completed a diagnostic assessment in line with the revised NHS England Health and Wellbeing framework (HWBF). The Framework enables organisations to understand specific health and wellbeing needs of our diverse workforce and introduce appropriate interventions where gaps are identified. The emphasis remains on a reduction in sickness absence after the pandemic. However, thinking beyond sickness absence is imperative and we now need to focus on supporting people to be present at work and embrace prevention.

This has allowed us to develop a clear vision and set of intentions for the Health and Wellbeing Plan. The aim is to create a strong health and wellbeing culture to ensure we will:

- perform to the best of our ability and bring our best self to work
- enable our diverse workforce to thrive and flourish with a sense of wellbeing
- understand the impact of good leadership on everyone
- provide a clear focus on prevention
- offer a service of outstanding quality to our people.

We will deliver

Agreed priority	Six to twelve months	Twelve to eighteen months
Renew the recruitment, training and profile of health and wellbeing champions across the organisation.	Relaunch HWB champions and begin delivery of development programme. Develop a HWB champions brand.	Measure reach and impact of health and wellbeing interventions including access for marginalised groups
Upgrade the OH clinical record system enabling data insights and feedback to support continuous OH and HWB service improvement.	Create overarching project plan and agree go live date.	Expand current system to include Southern Health.
Integrate and develop a new, combined and innovative Occupational Health and Wellbeing service across Solent and Southern Health.	Set up strategic planning group and develop service level agreement. Agree staffing and financial model and begin partial transfer.	Complete transfer of OH service and produce post implementation review.
Implement the Hampshire and Isle of Wight Growing Occupational Health Programme.	Develop detailed plan for growing OH in neurodivergent, long term conditions and disability service and for the OH profession.	Complete and evaluate implementation of plan.
Continue our annual delivery of staff flu vaccination programme.	Deliver 2022/23 programme in the next six months.	Complete post-programme review and develop new plan to include Southern Health.

Looking after our people:

Charmaine's story



"It feels very much like a family. There is no them and us, everyone is so supportive and understanding and the level of communication and inclusion is phenomenal as a service and a Trust. They really care about our wellbeing."

Charmaine Wright, Talking Change

"A few years ago, I accessed one of Solent's mental health services as a patient needing support. Just a few years on I am now thriving as an employee of that very service.

"In 2017 I was going through a very challenging time in my life. My mum-in-law passed away, mum was terminally ill, and my father was poorly. It was a time where I needed support. This support came in the form of Solent's mental health service in Portsmouth, Talking Change. Besides the bereavement, I was also experiencing problems in my marriage and I was unhappy in my job.

"The care I got from Talking Change was amazing. I would go in once a week for group therapy sessions for a period of 10 weeks and then later to one-to-one sessions for more tailored and personalised support. I was doing these sessions for a further three months.

"My counsellor linked me into their employment service at Talking Change which provides advice on building your CV and finding a more suitable job. The employment service flagged a suitable admin role coming up, which was actually for Talking Change – they encouraged me to apply, which I did and got the job!

"Since starting my job as Service Admin Lead in 2020, I haven't looked back, and I am very happy with my team and how we value and support each other. I have accessed Solent's employment wellbeing support and one of our leads here at Solent provides regular wellbeing meetings so I have access to this whenever I need it too.

"I never not want to come to work, I love my job, our service and being part of a team that does so much good for people who need mental health support."



Belonging in the NHS

Belonging in the NHS - Staff networks

We have developed six active staff networks, supported by the Diversity and Inclusion team. Networks provide a space for connection, support, conversation, and reflection. Anyone who works for Solent NHS Trust, either in substantive role or on a bank contract, is welcome to join any or all the networks. We have secured executive sponsorship for all six networks and chairs have met with their respective sponsors and outlined their roles and expectations.

LGBT+ Staff Network

The LGBT+ Staff Network provides a space for LGBT+ staff and allies to come together and talk, share and connect with each other in a safe and positive environment.

Example of a change influenced by the network:

The network is working with the facilities management and estates teams to create gender neutral facilities across the Trust footprint.

Multifaith Staff Network

Our Multifaith Staff Network brings staff together to celebrate all our diversity of faiths or none, beliefs and cultures in our Trust.

Example of a change influenced by the network:

The network has championed the provision of multi faith/prayer rooms at a number of sites.

DisAbility Staff Network

Our DisAbility Staff Network provides a safe space for any colleague who may have a long-term condition, are neurodivergent or have a disability to connect and receive support.

Example of a change influenced by the network:

The network is using the results of the winter survey to enhance our understanding of the WDES results, and to co create and redesign people policies and practises.

Black, Asian and Ethnic Minority (BAME) Staff Network

The Black, Asian and Ethnic Minority (BAME) Staff Network supports its members and allies, to aid our organisation in moving its commitment to race equality, diversity and inclusion. The network hosts fortnightly 'safe space' sessions for BAME colleagues and quarterly BAME and allies meetings.

Example of a change influenced by the network:

The network has supported an increasing number of BAME colleagues – and others with protected characteristics - to participate in interview panels.

50+ Staff Network

The 50+ Staff Network is a proactive space for connection, support, advocacy, action and education for staff aged 50+.

Example of a change influenced by the network:

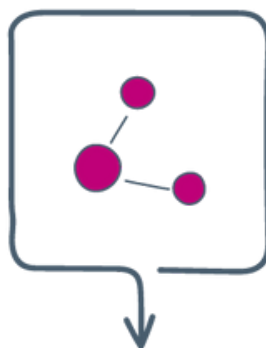
The newly formed network has started to make enquiries around how best to support people nearing retirement to work out the financial impact of stepping down.

Carers Staff Network

Our Carers Staff Network serves as a source of information, a means to improve well-being and an opportunity for peer-group support for carers at different stages of their caring journey.

Example of a change influenced by the network:

The network are prioritising development of a Carers' Passport, that captures the caring responsibilities of a staff member as well as any adjustments they need to their working pattern.



Belonging in
the NHS



Belonging in
the NHS

Belonging in the NHS

People focused priority

We will make it easier for people with a disability or long term condition (physical and mental health) to get the access and support needed at the earliest opportunity.

The Big Conversation report produced in November 2021 highlighted the need for a renewed focus on creation of a fully accessible and inclusive environment for staff who are disabled or who have long term condition.

We are committed to completing access audits of our estates, as well as reviewing communication and publications to ensure they are accessible to all. The action plan includes a commitment to simplifying reasonable adjustments processes, as well as centralising funding of workplace adjustments.

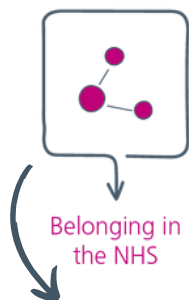
We will further strengthen our engagement with and support for staff networks to ensure that the voices of people from diverse groups influence the way the People Strategy is implemented.

Networks provide a space for connection, support, conversation, and reflection. They host safe spaces for core members and wider groups which include colleagues and allies. We have secured executive sponsorship for all six networks and chairs have met with their respective sponsors and outlined their roles and expectations. Following a soft relaunch of the networks, membership has increased by 48% across all six networks since January 2022 with BAME, Multifaith and 50+ seeing the biggest increases. Activity during Neurodiversity Celebration Week increased membership of the DisAbility Network by 31% and a coffee and chat Microsoft Teams event, led by the Multifaith Network, increased their membership by 62%.

We plan to take this further by agreeing funding and resource for staff networks which will be linked to delivery of the key priorities of the People Strategy.

We will deliver

Agreed priority	One to three months	Three to six months
Access and support for people with a disability or long term conditions		
Ensure more inclusive and accessible arrangements are in place for colleagues with a disability and long-term health conditions.	Collaborate with DisAbility Staff Network to identify 10 areas for action.	Work with estates to agree an audit plan for Solent sites and RAG accessibility - agree implementation plan for improvement for those areas RAG rated red.
Review, simplify and centralise guidance and funding for accessibility arrangements.	Co-design a clear and accessible Reasonable Adjustment (RA) Framework.	Develop a business case for simple, centralised RA funding Mechanism and support.
Ensure guidance and training for managers with regards to supporting reasonable adjustments is in place.	Arrange work stream with appropriate stakeholders to develop training to support managers with making timely reasonable adjustments.	Develop guidance and training and test with focus groups.
Engagement and support for staff networks		
Confirm funding for staff networks.	Secure funding and agree protocols for expenditure.	Develop staff network led activity plans.
Support network involvement in delivery of our People Strategy.	Arrange briefings to socialise our People Strategy with staff networks.	Develop plans which enable staff networks to support the delivery of agreed priorities and deliverables within the D&I action plan.



Belonging in the NHS

Strategic priority

Findings from The Big Conversation highlight the need for Solent to get better at ensuring that everyone is involved in creating inclusive practice and anti-discrimination interventions and ask “who has been involved in the project design, and who is missing from the conversation?.” The report asks us to go further and address why diverse voices haven’t been included to date.

One of the recommendations is for Solent to promote a curious mindset, to provoke questions that probe whether the words we use are likely to upset and cause offence, and to re-narrate our history through an inclusion lens, so that inclusion, anti-racist and anti-discriminatory practice are core to Solent. In response to these recommendations, the Diversity and Inclusion Action Plan has been co-created with staff networks and health professionals across the organisation to ensure that the plan reflects the voices of the people who work in Solent.

This is combined with comprehensive analysis of data from the NHS Staff Survey and Electronic Staff Record (ESR) data which is broken down according to demographic groups so we can identify patterns of inequalities across the organisation and track our progress in addressing them.

We also comply with the national Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and track progress on the gender pay gap so we can benchmark our progress against other NHS organisations.

We will deliver

Agreed priority	Six to twelve months	Twelve to eighteen months
Ensure our attraction and recruitment processes are equitable and inclusive..	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.
Proactively review human resource policies to ensure they are fully inclusive and accessible.	Review current people policies with networks to ensure they are inclusive and maintain the principles of 'just culture.'	Provide communication and training to managers to support authentic implementation of policies and processes.
Support leadership, development and coaching for colleagues with protected characteristics.	Develop a pilot programme with colleagues from BAME origin to address under representation across specific pay bands.	Design and deliver a group coaching model for colleagues who are neurodivergent with the aim of supporting their development.
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.
Support culture review as part of our well led audit actions.	Create an annual culture assessment and action plan to formally assess and address the culture of the organisation beyond the Staff Survey.	Track progress on the culture review action plan. Identify lessons learned and share good practice.

Belonging in the NHS:

Kenneth's story


"I am a physiotherapist at Solent NHS Trust. You could say that I fell into it as my brother is a physiotherapist. To be honest, I was always getting injured from playing sports. I did Sports Science at university and then followed up with a Sports Development course. I decided to get some experience in being a physiotherapist, which I did, and then I completed a master's degree in Physiotherapy. I love it, it really suits my personality and I feel like it offers me freedom.

"I have great ambitions for the future and I'm looking forward to a career which develops into leadership and management. What I've realised is that there's not enough black people in positions of power.

"When I am working in hospital, I'm very aware regarding where some people's mindsets could be. I feel that I am much better equipped about gently challenging people's cognitive bias, and I think it's about how you communicate with people that makes a difference.

"Solent NHS Trust is a really a good fit for me. I am fortunate to have a manager who supports the vision to improve diversity in our department, especially for people from ethnic minority backgrounds who may have poorer health literacy, something which I am really passionate about.

"I believe that real success is about changing your circumstances. There are many negative reports relating to young black men, like me, that state that I'm more likely to be involved in knife crime and gangs, but I've turned this stereotype on its head because I'm a physiotherapist proudly working for the NHS."



"I'm fortunate to be able to attend the Black Asian Minority Ethnic (BAME) network group at Solent where I am surrounded with people who understand me. We may all be of different ages and backgrounds, but what connects us is our lived experiences and it's nice to talk people who just get it!"

Kenneth Koyoma



New ways of working



New ways
of working

New ways of working

People focused priority

We will create a single “Ask the People team” service so there is one point of contact for transactional HR enquires.

Feedback from the People Forum highlighted that people do not always know where to go when they have a human resource related question.

In parallel, the People team agreed that it will save time if enquires are directed to the relevant member of staff with the right skills to respond to requests for information or advice.

In order to address this, we will re-organise our resources to generate a dedicated team who will receive training, skills and support to manage the high volume of requests that are received by the People team.

The quality and timing of responses will be closely monitored with agreed targets and regular reporting of response times and customer feedback.

We will pilot a Chatbot tool – which would allow immediate answers to frequent questions and release the resources of the People team to deal with more complex requests.

We will deliver

Agreed priority	One to three months	Three to six months
Develop a proposal for an Ask the People Team service.	Work with services to agree the vision and priorities for the service.	Test proposal with services and confirm delivery timescales.
Generate resources to support Ask the People Team service.	Identify skills, experience and capabilities required to support new service.	Establish new team and support training and development.
Agree targets and performance measures for new service.	Review existing inboxes and response times to learn from good practice and identify gaps.	Work with team to agree a set of indicators to measure success.
Develop a Chatbot service to enhance delivery.	Review existing Chatbot tools and identify areas for learning.	Develop a proposal for potential Chatbot function.



New ways of working

Strategic priority

We want to be equipped with the insight and tools that will improve the way we think about and utilise our most important asset: our people. We will achieve this through the Workforce Planning Programme which will use data insights to support managers to better understand trends in vacancies, sickness absence, turnover, risk of retirement and make strategic decisions to plan ahead and address the gaps identified.

As we recover from the COVID-19 pandemic and embrace hybrid working, Solent's Agile Ways of Working programme is steering our organisation into shifting the culture and mindset towards a more flexible way of operating. We have created an agile working handbook for staff and a dedicated SolNet intranet space to support this transition journey. Looking to the future we will develop a communication and engagement offer to further socialise and embed agile working culture change.

Solent's Digital Strategy envisages a workforce ever more competent, confident and motivated in making use of the digital tools that the organisation provides. It seeks to improve the quality of work through reducing waste, improving efficiency and experience, enhancing safety and effectiveness of clinical care, and making better use of the information that is collected and transacted.

We have a vital role to play in our Green Plan. Measures that improve our care, save money and reduce our emissions also offer lessons and opportunities within our communities and in our day-to-day activities. The People team are committed to developing a leadership training offer, utilising national resources, to enhance our collective understanding and commitment to the Green Plan. Elements of the plan are being embedded as part of our corporate induction and a standard Green Plan commitment clause will be included in new Trust job descriptions.

We will deliver

Agreed priority	Six to twelve months	Twelve to eighteen months
Develop a Workforce Planning Programme which will use data insights to support services to plan ahead and address identified workforce gaps.	Create workforce plans for each service, containing space for succession planning, resourcing, and retention.	Generate improved annual national planning returns with a recognised workforce context and narrative aligned to demand and finance.
Enhance and embed an agile working programme to support Solent staff with versatile new ways of working.	Develop communications campaign to launch and socialise content of agile working handbook.	Support Estates with flexible working elements of Estates transformation strategy. Evaluate and measure success of agile working culture at Solent.
Support implementation of the workforce elements of Solent's Digital Strategy to provide more intuitive systems – improving the user experience and data quality.	Chair and govern the delivery of the digital workforce sub-group five project workstreams year one milestones and success factors.	Support training and development for staff in accessing digital innovation.
Enable staff to adopt sustainable practices at work and home by developing our people and clinical leaders to understand their role in the Green Plan.	Develop a corporate green induction plan, training, awareness and pledge platform for staff.	Deliver commitment to introduce a standard Green Plan commitment clause in new Trust job descriptions, and develop a mechanism to embed commitments into senior management appraisals.

"When I joined the Trust in December 2019, we were 85th in the national league table position for data quality. By June 2020, we are now in the top 20 of trusts for ESR accuracy, the highest position we have ever held".

Laurie Hillman

New ways of working:

Electronic Staff Record (ESR) team case study

Laurie Hillman, ESR Lead has been able to demonstrate how a focused approach to improving data quality can lead to positive results.

For a busy operational manager delivering local services, navigation of the Electronic Staff Records System and ensuring that data is recorded accurately can feel cumbersome at times. However, Solent's ESR team has demonstrated that improvements can be achieved through dedicated and consistent support to services.

The Trust is constantly being monitored and reported by external sources. The Workforce Validation Engine (WoVEn) is a monthly data quality report on data in the Electronic Staff Record (ESR). This is sent to individual organisations, allowing them to correct their data at source. It also provides national rankings for data quality scores against an agreed list of criteria.

Laurie has confirmed "When I joined the Trust in December 2019, we were 85th in the national league table position for data quality. By June 2020, Solent had risen to the top 21st.. Improvements have continued, and we are now in the top 20 of trusts for ESR accuracy, the highest position we have ever held."

Laurie wanted to ensure that the hard work of ESR team members - Stuart, Charlotte, Katelyn, Natalia and colleagues across Solent are acknowledged also.

Due to your efforts, we are now 20th in the country out of the 336 Trusts that are also measured."



Growing for
the future



Growing for the future

People focused priority

Growing for
the future

Enhance the work of the existing Resourcing and Attraction team to ensure new starters have a consistently positive experience of recruitment and onboarding.

Unfilled vacancies within our services create a domino effect where existing staff can feel under pressure to work additional hours. This impacts on sickness, retention and agency costs.

When staff leave the organisation, we need to balance the urgent need to fill these vacancies with the importance of complying with legal and values-based recruitment practice.

In order to address this, the Resourcing and Attraction (R&A) team has implemented a new digital Applicant Tracking System (ATS) called Oleeo. The system has automated processes, which will improve our time to recruit, and see us able to reach our goals to be able to offer a fully inclusive recruitment offering. This will allow many more people to join Solent NHS Trust as it continues its journey to be an employer of choice.

Delivery of line manager training is an essential aspect of the Oleeo roll out. Building on this, we will create success measures for the Oleeo system to improve the onboarding time to hire. We are also committed to providing professional development for the R&A team, setting expectations for compliance to the NHS standards and HR profession.

To ensure continuous improvement, we will conduct a self-audit assessment of the Oleeo system, gathering feedback on user experience.

We will deliver

Agreed priority	One to three months	Three to six months
Develop an escalation process to support prioritisation of vacancies which require urgent attention.	Gather information about posts which require urgent attention and ensure urgent action is taken to address them.	Use data gathered through the escalation process to identify areas where further resource and support is needed.
Delivery of line manager training.	Accelerate roll out and support so line managers feel equipped to use Oleeo system.	Build on learning and share materials to support Southern Health to roll out Oleeo system.
Provide professional development for R&A team, to ensure compliance with the NHS standards.	Develop a team building and development plan to support development of a high performing R&A team.	Work alongside Ask the People team programme to develop complimentary resourcing and delivery plans.
Conduct self-audit assessment of Oleeo system gathering feedback on user experience.	Establish process for gathering ongoing user feedback.	Use data gathered through the escalation process to identify lessons learned and develop an improvement action plan.



New growing for the future

Strategic priority

Growing for the future

To achieve the national NHS ambition to 'Grow our own', we successfully supported 182 apprentices on 31 different programmes by March 2022. Our retention rate within the Trust of apprenticeship completers is 97%, confirming that investment in these opportunities continues to be a success. Solent's 2022/23 target for apprentices is 97, which is an ambitious target, but our current track record confirms that we will achieve this.

In January 2022, Solent NHS Trust was lead recruiter for internationally recruited mental health nurses for Hampshire and the Isle of Wight and subsequently took on recruitment of occupational therapists for five Trusts within the Integrated Care System (ICS), including our own services. Over the next 12 months we will continue to support a whole system approach to international recruitment in collaboration with ICS leaders and partner organisations.

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. A key factor in staff retention is provision of ongoing support and continued professional development of our people. The new Learning Management System (LMS) offers a diverse range of easy, accessible, and innovative e-learning content. We will continue to deliver line manager essentials training as well as building bespoke leadership development programmes.

The Trust has joined the national NHS Generational Vanguard programme and has established an action plan which focuses on early preceptorship and 50+. The Preceptorship programme will help newly qualified practitioners at the beginning of their careers to translate their knowledge into everyday practice, improve clinical skills, grow in confidence, and have the best possible start. The 50+ programme will work with our staff network to develop strategies to support retention of staff who are over 50.

We will deliver

Agreed priority	Six to twelve months	Twelve to eighteen months
Recruitment of 97 apprentices.	Build on current progress to launch and deliver the next stage of the apprenticeship programme.	Review lessons learned and develop targets and action plans for the next 12 months.
Support a whole system approach to international recruitment.	Engage with people partners and review safer staffing data to support early identification of future hard to fill roles.	Open up new IR supply and launch the housing hub for international recruitment.
Deliver 350+ project to highlight NHS careers.	Review and sign off 350+ action plan.	Identify impact of 350+Project and embed learning from the programme.
Support delivery of Solent's Learning and Development programme.	Enhance line management essentials skills and new line manager induction programme.	Implement proposal to roll out Solent's Learning Management System to Southern Health.
Ensure delivery of the national NHS Generational Vanguard programme.	Deliver against the Preceptorship and 50+ retention action plan.	Track progress on both plans and produce good practice case studies for wider dissemination.

Growing for the future:

Patty and Raquel's story

The course enables you to grow both personally and professionally and I'm looking forward to the future and working in Solent as a registered nurse!

Patricia Cox

I would encourage anyone, whether they are already employed within the Trust and are looking for a change, or if they are a student looking for a way into healthcare, to just go for it! It's worth it in the long run.

Raquel Valentine

At Solent we are committed to growing a sustainable workforce, whereby we attract, develop, reward and retain diverse talent who want to be part of a great place to work and thrive. Our apprenticeship opportunities are an example of this in action.

Patricia Cox and Raquel Valentine are the first two apprentices from Solent to complete the Registered Nurse Degree apprenticeship - an apprenticeship which offers a flexible route towards becoming a nurse whilst studying at university part time.

Patty overcame two life changing events during her course. In her second year of study, she sadly lost her younger brother, and, on her very last day of her placement, she lost her mother-in-law. She said, "This was such a traumatic experience for me, but both Solent and the university were so supportive. They helped me through everything, as well as my husband and support network - I couldn't have done it without them."

Raquel travelled from Zimbabwe and had worked in a nursing home for 12 years. She then joined the Portsmouth Rehabilitation and Reablement team (PRRT) as a General Rehabilitation Assistant, before beginning the Registered Nursing Degree apprenticeship.

Raquel joined the apprenticeship course as a mature student, and at first, she worried about whether she would fit in with the younger students. After taking a leap of faith she said: "Once I got into university and onto the program, I didn't feel any different than the other students because of all the support from Solent and others around me."

Reflecting on the challenges throughout her education she said: "It's been challenging, it has been a great journey. At first I thought - would I finish? Would I make it through? But after a lot of hard work and support from my peers and everyone around me, I did it. I would really encourage anyone, whether they are already employed within the Trust and are looking for a change, or if they are a student looking for a way into healthcare, to just go for it! It's worth it in the long run."

Creating a positive future

In January 2022, Hampshire and Isle of Wight Integrated Care System commissioned a review of community and mental health services.

In response, the Chief People Officers across the Isle of Wight, Solent and Southern Health, are collectively committed to working together where this generates the best outcome for our people and patients. We want to learn from the successes and innovations across our different organisations to create a consistently positive culture where everyone can thrive.

We know that a well-connected leadership team will role model a positive way of working for the wider organisation. We are planning engagement and connection sessions to bring our senior leadership teams together so that people can get to know each other and identify areas where early collaboration is mutually beneficial.

Team members who trust each other are more likely to have honest engagement and hold each other to account. To increase our capacity to make this happen we will commission experienced Organisation Development and change facilitators to develop a series of workshops to build relationships and trust.

A key success factor will be to develop a critical mass of people who want to see change happen. We are committed to working together to engage in staff, community and patient led sessions to develop a clear vision for the new organisation.

Our previous experiences of change programmes will have an impact on the way we respond to the task of working together to create a new organisation. We will work with colleagues to re-visit our history of managing change and refresh our skills and capabilities through use of the latest research and evidence. We want to ensure that we maximise our ability to lead our teams through the uncertainty we will face over the next 12 to 18 months to ultimately generate a positive outcome for our staff and patients.

The Organisational Development Sub Group identified the following key lines of enquiry:

- ▶ How do we support people working together where the future is uncertain?
- ▶ How do we enable people to work together to create the future we collectively want to see?
- ▶ How do we maintain the highest standards of service delivery whilst managing a complex and all encompassing change programme?

Agreed priority	Ongoing sessions over the next 12 to 18 months
Getting to know each other	Regular getting to know you sessions at all levels across all partner organisations.
Building trust	Commission an experienced OD/ change facilitator to develop a series of joint development sessions over next 18 months.
Developing a collective vision	Develop engagement plans to support co-production of vision with staff and patients.
Enhancing our capabilities to manage ambiguity and change.	Commission an experienced OD/ change facilitator to deliver joint change management sessions.



How will we measure success?


The six people focused priorities are stretch targets which have been developed to improve the quality, design and responsiveness of existing operational transactions. Each priority has a named action owner who will provide regular progress updates to the Chief People Officer in addition to regular monitoring of progress through staff networks, People Forum and People Committee.

Alongside this we have developed specific key performance indicators to measure progress on our four strategic objectives. Detailed action plans for each strategic objective have been developed with assurance on progress provided through the People Committee.



Looking after
our people


Looking after our people - KPIs

Pillar	KPI Measure	Source	Current	2023 goal	2024 goal
 <p>Looking after our people</p>	Recommendation as a place to work	Annual NHS Staff Survey question	73.4%	75%	75%
	Staff engagement	Annual NHS Staff Survey theme	7.4 Index score	7.6 Index score	7.6 Index score
	We are recognised and rewarded	Annual NHS Staff Survey theme	6.7 Index score	6.8 Index score	6.8 Index score
	My organisation takes positive action on health and wellbeing	Annual NHS Staff Survey question	75.3%	78%	78%
	Sickness absence 12 month rolling	ESR / Health Roster	5.7%	5.6%	5.6%



Belonging in
the NHS


Belonging in the NHS - KPIs

Pillar	KPI Measure	Source	Current	2023 goal	2024 goal
 <p>Belonging in the NHS</p>	NHS Staff Survey: We are compassionate and inclusive	Annual NHS Staff Survey theme	7.9 Index score	8.1 Index score	8.5 Index score
	NHS Staff Survey: We each have a voice that counts	Annual NHS Staff Survey theme	7.4 Index score	7.7 Index score	8.0 Index score
	Reduce the disproportionate impact of bullying and harassment at work on BAME colleagues	WRES (By patients)	18.7%	16.7%	14.7%
		WRES (By staff)	16.4%	14.4%	12.4%
	Reduce the disproportionate impact of bullying and harassment at work on colleagues who are disabled, or have long term conditions	WDES (By patients)	25.8%	23.8%	21.8%
		WDES (By staff)	15.9%	13.9%	11.9%
	Reduce gender pay gap	GPG/finance	11.83%	9.83%	7.83%



New ways
of working


New ways of working - KPIs

Pillar	KPI Measure	Source	Current	2023 goal	2024 goal
 <p>New ways of working</p>	NHS staff survey: We work flexibly	Annual NHS Staff Survey theme	6.9 Index score	7.1 Index score	7.1 Index score
	We are safe and healthy	Annual NHS Staff Survey theme	6.4 Index score	6.6 Index score	6.6 Index score
	I have opportunities to improve my knowledge and skills	Annual NHS Staff Survey question	75.5%	77%	77%
	NHS staff survey: We are always learning	Annual NHS Staff Survey theme	5.9 Index score	6.1 Index score	6.1 Index score



Growing for
the future

Growing for the future – KPIs

Pillar	KPI Measure	Source	Current	2023 goal	2024 goal
 <p>Growing for the future</p>	Vacancy rate: All staff	ESR	8.2%	7.5%	7.5%
	Vacancy rate: Registered nurses	ESR	12.2%	11%	11%
	All staff turnover	ESR	13.5%	13%	13%
	New Apprentice joiners	ESR	83	97	97

Solent NHS Trust

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<https://www.facebook.com/solentnhstrustnews>

Highpoint Venue, Bursledon Road, Southampton, Hampshire, SO19 8BR

CEO Report – In Public Board

Date: 22 November 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

HSJ Award Ceremony

Our Solent Vaccination Programme was proudly nominated for a HSJ Award. This was thanks to our dedicated staff and volunteers who provided vaccinations across four mass vaccination centres, schools and our roving pop up model, reaching the heart of our communities. Sadly, the programme did not win on the night, but to be nominated just shows the strength of the programme overall.



NHS Chef of the Year 2022

We followed the incredible achievements of Jim Richardson and Joe Hennigan, two of our chefs from St Mary's Community Health Campus, who reached the final of NHS Chef of the Year 2022. The pair unfortunately didn't take the crown, but faced incredibly tough opposition, finishing third in the competition and the whole of Team Solent are very proud.



Solent NHS Charity Skydive

Another pair who reached dizzying heights – quite literally – were Rachel Cheal, our Chief of Staff, Governance and Corporate Affairs and former Chief People Officer Jas Sohal who raised money for the Solent NHS Charity with a skydive. Half of the money raised is going to Solent's Snowdon Ward, with the other half used to directly support the health journey of patients and colleagues at Solent NHS Trust with wellbeing and kindness offers that really make an impact.



Speak up Month

In October, we celebrated Speak Up month. We shared messages across our socials, including asking colleagues to show their support through #WearGreenWednesdays and pledges. The theme for Speak Up Month 2022 was "Freedom to Speak Up for Everyone" with each week having a specific focus, including: #SpeakUpforSafety, #SpeakUpforCivility, #SpeakUpforInclusion and #FTSUforEveryone. Each week we asked the relevant service leads to share their thoughts on staff socials with a selfie video about what FTSU meant for them.

Our new Freedom to Speak Up Lead Guardian Bethany Carter visited teams across the Trust to support more people in speaking up and held Zoom sessions for colleagues.

Poems were shared across our social media channels, and we worked in collaboration with Southern Health's lead guardian to share resources and information across both our Trusts.

Special Care Dental – KIDS filming

Our Special Care Dental Service were filmed by KIDS charity to show the amazing, personalised care and support on offer to people like local Portsmouth resident, Carly.

Carly, who has cerebral palsy, told of her experiences with Solent staff who listen to her anxieties and plan and adapt their care in order to treat her in a kind and compassionate way at all times and in all scenarios. The footage will be used by KIDS on their website to guide people with additional needs on what they can generally expect when having a dental check-up.



Cost of Living

We know that the current financial climate and pressures continue to affect many of our colleagues and their families across Solent. We continue to take proactive action to offer as much practical support as we can. Our Cost of Living Working Group continues to look at more ways we can help our people. We were really pleased to launch our new Vivup platform recently. The platform offers a range of employee benefits designed to improve physical, financial and mental health. We also recently launched the Solent Pantry. The pantry provides easy and immediate access to a range of food, personal care and household goods to those who need them. The Pantry operates across a number of spaces on the Trust's sites, where people can donate food, personal care and household items for others to make use of.

Portsmouth Pulmonary Rehabilitation (PR) Programme

In April 2018, the Royal College of Physicians launched its Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS), with the aim of improving the quality of pulmonary rehabilitation (PR) services throughout the UK, and ultimately improving patient care. PRSAS provides a quality assurance mechanism that a PR service is meeting national standards. Our service is one of the first 100 PR providers registered with the PRSAS. On 29 November, the Royal College of Physicians, have asked providers to join in a day of celebration aimed at encouraging teams to reflect on their achievements so far.

Disability History Month

Disability History Month runs from Nov 16-Dec 16. Our Disability Staff Network, together with SimComm Academy, hosted a very successful online workshop looking at *Effectively Supporting and Managing DisAbility within the Workforce*, on November 8. The session explored the tricky relationship between disability and perceived performance or capability of the individual and the personal impact of these conversations through an interactive demo with actors.

Our Disability Staff Network is also hosting a conference titled: *Disability Wellbeing in the Workplace* on December 2, at Village Hotel Portsmouth.

Section 2 – Internal matters (not reported elsewhere)



Great Care

Community Engagement

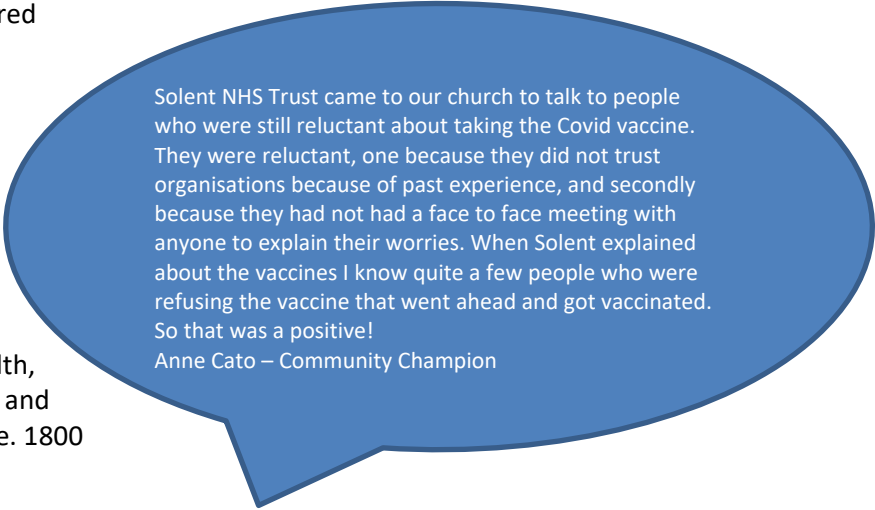
Alongside Communities – the Solent approach to engagement and inclusion, was published in September 2020. Cocreated with local people who use our services, and importantly, the wider community, this describes the health ambitions of people who live locally: to improve health, reduce health inequalities and improve the experience of care when using services.

Our work is underpinned by a strengths-based approach to working with communities, recognising local people as an asset with a wide range of strengths, knowledge, skills and expertise. We have a network of community partners, including many from those groups affected by health inequalities.

Together we have effectively designed and delivered programmes to improve health. These include:

Covid Confidence Conversations:

With community partners, we delivered a system wide programme to people from communities reluctant to take up the offer of Covid vaccination; including homeless people, people who use substances, minority ethnic groups, people living with enduring mental ill health, pregnant people, people with a learning disability and Isle of Wight salad farmers – a transient workforce. 1800 people were reached over a 6 week period.



Solent NHS Trust came to our church to talk to people who were still reluctant about taking the Covid vaccine. They were reluctant, one because they did not trust organisations because of past experience, and secondly because they had not had a face to face meeting with anyone to explain their worries. When Solent explained about the vaccines I know quite a few people who were refusing the vaccine that went ahead and got vaccinated. So that was a positive!
Anne Cato – Community Champion

Improving access to community engagement activities by men from the black and minority ethnic communities.

We noted that our events whilst well attended were lacking representation from men of the BME community. So working with young men from the black and minority ethnic community, we completed a QI programme to understand the barriers to access and to make changes to design and recruitment to events. Changes introduced as a result included a change in the approach and style of advertising events, and a commitment to provide lunch! The video link below shows the difference this has made.

<https://vimeo.com/771508324/4aaa95d6f9>

COVID-19

Vaccination programme

For phase 5 so far, (12 September 2022 to 31 October) we have delivered

- 37, 018 vaccinations
- 35 sessions at Oakley Road
- 94 pop up sessions

During this phase we have also delivered the following services to support additional requests from the Vaccination Operations Cell:

- IOW surge plan – delivered over 5,000 additional NBS appointments with 4, 798 vaccinations in a 10-day period
- Opened to walk-in service for Autumn boosters
- Provided vaccinations for ‘evergreen’ for both adults and children
- Provided additional training, competency assessment and supervision for St Johns Volunteer service
- Overseas validation service
- Remained the only provider on IOW for people under 18 accessing a vaccination
- Supported the VOC helpline with taking complex vaccination cases where other providers were unavailable
- Supported community and mental health wards as opportunistic hospital vaccinators were only in place for Acute hospitals

The Solent Vaccination service will close on 12 December 2022

Safety matters

Covid vaccination incident

At the end of October, we were notified of an incident at one of our children's aged 5-11 COVID-19 vaccination pop up clinics in Southampton. Very sadly, a number of children were given a slightly higher dose of the vaccine. (20 micrograms of Cominarity (Pfizer/BioNTech vaccine) was given in error instead of 10 micrograms of Cominarity (Pfizer/BioNTech vaccine) for 5–11-year-olds. The dose for 12 years and above is Cominarity (Pfizer/BioNTech vaccine) 30 micrograms).

When this error was identified, we contacted the parents of the children affected as soon as possible advising them of the potential symptoms they should monitor for over the next 48 hours - in line with UK Health Security Agency advice. We did not receive any reports of adverse reactions in that time frame.

We apologised unreservedly to the children affected and a thorough investigation is underway to ensure this cannot happen again. We have also written to parents offering the opportunity to meet our clinical team to discuss the incident. We received a number of local and national media enquiries following the occurrence.

Kirkup Review - Review of report and impact on Solent NHS Trust

The Kirkup report identifies many opportunities that were missed at East Kent University NHS Foundation Trust where the managers and board could have acknowledged the concerns and issues raised about safe care and toxic culture. These were visible to Trust managers and board via several avenues and included internal reports, CQC, CCG and HSIB reviews, whistleblowing and inspections.

Often the details and recommendations were met with defensiveness or false assurance that the trust was in a safe position in regard to national statistics. Governance assurance process and papers received by board did not reflect CQC findings on the ground, even where staff admitted to the CQC team that the service was unsafe. This external report was reviewed in order to identify potential areas that could impact on Solent, and as such the following are not statements that Solent are not achieving this, but suggestions where the trust could reflect on Kirkups recommendations;

1. There is no reason to suggest that Solent NHS Trust has a default response to be defensive but must continue to have an open culture of learning from incidents and complaints.
2. Lessons learnt from both this, and the Morecombe Bay Report (2015) suggest that, in all trusts, difficult staff cultures, cliques, and professional disrespect should be addressed immediately should they occur.
3. Staff and patients should continue to be comfortable raising concerns about safety and encouraged to do so in the knowledge that they will be heard.
4. The Solent Freedom to Speak up service is essential in maintaining this.
5. Leadership in East Kent were unwilling to address issues seen to be reputational and in doing so ensured a culture of unsafe care and became a trust that no longer 'attracts quality staff'.
6. Solent must continue to ensure that it addresses poor culture where it may occur and maintain open, honest, and robust relationships with regulators.

Assurance regarding the Solent's response to the recommendations is being overseen by the Quality Assurance Committee.

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.

Primary Care Assessment for Asylum seekers in Southampton City

As an extension of our existing Homeless Healthcare Service we will be rapidly mobilising enhanced health support for asylum seekers and refugees in Southampton. The plan for the scheme, which operates as a Local Incentive Scheme, is to deliver outreach support through an enhanced health check and then ongoing management and treatment through our existing Primary Medical Care services. The teams will support sign-posting and work collaboratively with health, local authority and voluntary sector partners to plan and manage appropriate care and support. At this time we will be supporting the 106 males newly accommodated in the city but in the future may be required to support females or families with children as required.



Great Place to Work

Workforce matters

Staff survey

The NHS Staff Survey launched on Monday 26 September 2022. The survey is a national survey undertaken by an independent, appointed provider. The survey is a full census survey meaning that all staff are offered the opportunity to respond. For the first year, following a change in national guidance, people working with Solent through Bank have also been asked to respond to a tailored survey – this is available as an online version only. Our target for response rate this year is 70%, across all service lines (a 2% increase on our 2021 response rate). The Communications team are undertaking a corporate campaign throughout the survey period. The success of the campaign is highly reliant on leadership and management support, with corporate communications being the supporting tool.

Infection, Prevention and Control.

Following the change from national guidance to local relating to Covid 19 we continue to take a risk based approach to managing our response. In October we increased wearing of masks to include both clinical and Non-clinical areas in response to increasing case rates across our communities and within clusters of staff. This position was further reviewed in November and reverted back to only wearing masks in our patient facing services, including when visiting patients in their own homes. We continue to monitor the position and will introduce any further changes based on risk assessment.

Staff Flu Vaccinations

We continue to offer our staff flu vaccinations;

- Clinics continue to be offered across our sites alongside other providers for example GP/PCN/Pharmacies delivering to our people with proactive comms and support via our dedicated flu mailbox to maximise attendance and compliance
- We are monitoring decline rates as this currently seems higher than in previous years with some anecdotal rationale around selecting Covid booster over flu or 'vaccination fatigue' following Covid courses and booster
- Sickness in Occupational health team continues to impact on team resources and potential data delays and current position however there has been minimal access or impact to staff
- Our annual temporary recruitment of seasonal vaccinators is well received and valuable but we are also suffering short notice cancellations of provision due to sickness

Cost of Living

We are committed to addressing the increasing challenges people face during the Cost of Living Crisis. Over the summer months, we began by implementing an immediate temporary increase in mileage rates for staff and offering subsidised rates in our on-site restaurants for our staff and partner organisations. Through mobilising a Rapid Response Working Group, we continued to look for opportunities where we could support staff, considering what they told us in a 'cost of living' survey to identify where resources should be placed.

Since this time we have successfully implemented:

- the Healthcare Hero Hub (a free resource with access to 1000s of retailer and other discounts, plus a wellbeing hub)
- the Solent Pantry (an on-site emergency food resource where those in need can access non-perishable food items donated by colleagues)
- access to the HIOW People Portal (with a free dedicated helpline and online site to signpost individuals in need to resources, organisations or charities who could help)
- access to external food banks in Southampton, via an internal referral which does not require means testing
- further access to free discounts and increased communications around the organisation for where to access these
- launching VivUp which provides an extended offer of wellbeing, EAP, salary sacrifice for electrical items and further discounts on retailers
- representation and guest speaking at our HIOW ICS Cost of Living Summit to work with partner provider organisations, local authority and other emergency services on sharing of initiatives and resource to offer to all staff

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 in the final stages of approval to provide complimentary sanitary products to staff, 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, which would provide support for staff facing financial hardship.



Great Value for Money

Estates and infrastructure



Western Community Hospital development

We were delighted to announce recently that the government formally approved and released the funds to start our ambitious plans to develop the Western Community Hospital.

Contractors arrived onsite on 31 October to prepare, before work starts on our new 50-bed rehab unit. The £21.8m scheme is the biggest building project in Solent NHS Trust's history, due to complete in the summer of 2024.

EPRR Assurance Report

Solent has achieved substantial compliance for EPRR with 51 of the 55 standards met and 4 partially met. This has been validated through a joint review process with Southern and NHS England. The 4 partially met standards are:

- Evacuation & Shelter
- Lockdown
- Responder Training
- Business Continuity Testing & Exercising

Plans are in place to achieve full compliance by the end of Q1 23/24.

Our key risks

Operational Risk Register

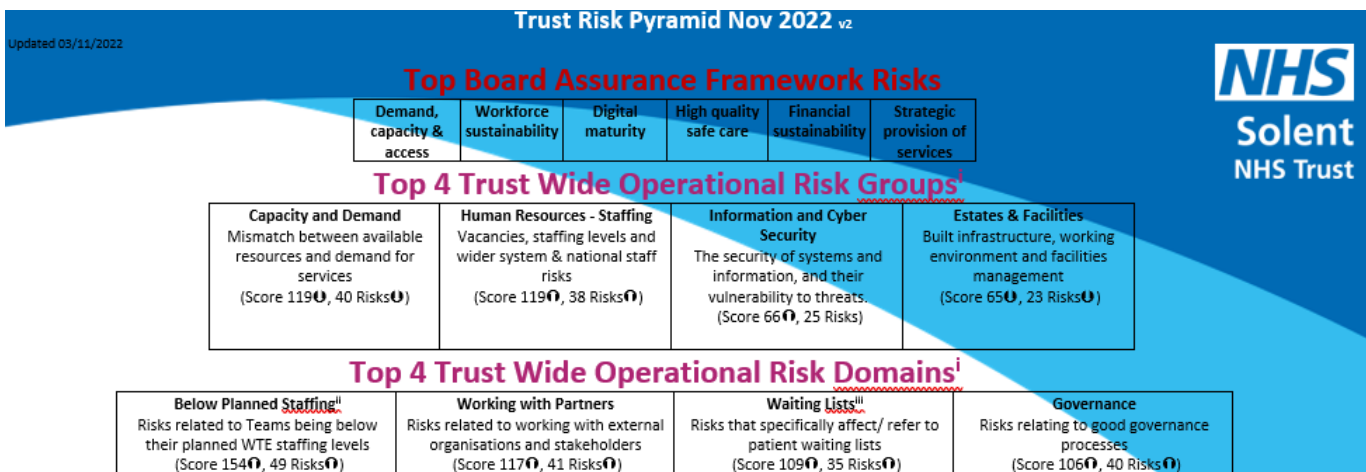
The risk pyramid summarises our key strategic and trust wide operational risks. All operational risks are being actively managed through our care and governance groups and assurance is sought at the relevant Board Committees. Our top risk groups are:

1. Capacity & Demand
2. Human Resources – Staffing
3. Information and Cyber Security
4. Estates and Facilities

Our top Risk Domains are:

1. Below Planned Staffing - the most prevalent risk
2. Working with Partners
3. Waiting Lists
4. Governance

Waiting list risks and risk profiles continue to be reviewed; it should be noted many risks are often complex and multi-faceted.



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 2022/23
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	S3 x L3 = 9 – by 1 April 2024
Risks removed from active BAF monitoring			
Strategic Partnerships	S5 x L4 = 20	S4 x L4 = 16	S4 x L3 = 12 **Risk suspended – incorporated into #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

Winter Planning

We are actively working with our service lines for winter preparedness, set against a backdrop of future strikes and in support of wider system pressures. Further detail will be discussed in the confidential Board meeting.

Clinical Delivery Groups Update

The Mental Health and Community Services Clinical Delivery Group met on 17 November 2022 and 11 October 2022. Priority clinical transformation workstreams have been confirmed as follows, led by a Triumvirates. Each the meeting on 17 November representatives from each Triumvirate attended to present their commissions; setting out the 'problem statement' (the issue at hand), the approach and scope to the transformation proposed, identification of key stakeholders and anticipated milestones for key delivery steps. The CDG will be monitoring progress on implementation.

Mental Health workstreams

CAMHS (Confirmed)	No Wrong Door (Confirmed)	Neurodiversity	OPMH	Acute Beds/PICU/Crisis
<ul style="list-style-type: none"> •Exec Sponsor: Alison Wallis (Rachel Walker) •Clinical Lead: Claire Robinson •Ops Lead: Robert Guile •Programme Support: Vanessa Appleton 	<ul style="list-style-type: none"> •Exec Sponsor: Lesley Stevens 	<ul style="list-style-type: none"> •Exec Sponsor: Jackie Munro and Steve Tomkins •Clinical Lead: Faith Ndebele •Ops Lead: Terri Russell 	<ul style="list-style-type: none"> •Exec Sponsor: Dan Baylis •Clinical Lead: Vicki Osman-Hicks •Ops Lead: Katy Bartolemo 	<ul style="list-style-type: none"> •Exec Sponsor: Eugene Jones •Clinical Lead: Ian McCafferty, supported by Laura Pemberton •Ops Lead: Nicky MacDonald

Community Services workstreams

Community Frailty	Community Rapid Response Services	Community Hospitals and Rehabilitation	Community Health Specialist Services and Long Term Conditions	Primary Care workstream
<ul style="list-style-type: none"> •Exec Sponsor: Dan Baylis •Ops Lead: Katie Arthur 	<ul style="list-style-type: none"> •Exec Sponsor: Suzannah Rosenberg •Ops Lead: Nicky Creighton-Young •Project Support: Olivia Marsh 	<ul style="list-style-type: none"> •Exec Sponsors: Steve Tomkins and Jackie Munro •Clinical Lead: Jane Hazelgrove. Supported by: Hayden Kirk and Sussanna Preedy •Ops Lead: Emma Aldred 	<ul style="list-style-type: none"> •Exec Sponsor: Paula Hull •Clinical Lead: Cathy Price, with Kate Fayers - diabetes lead, Richard Russell - to identify Respiratory Lead, Heart failure lead tbc •Ops Lead: Wendy Rees 	<ul style="list-style-type: none"> •Exec Sponsor : Mark Kelsey •Clinical Lead and Ops Lead - tbc

Clinical Leads working across the workstreams:
Riaz Dhamashi, Jon Sparks, Abigail Barkham, Rachel Anderson



Project Fusion

A joint Programme Director has been appointed to coordinate the work needed to test and take forward the recommendation from the CF review, that HIOW community and mental health services should be brought together in a new organisation. The programme of work has been named by the partners as 'Project Fusion'. The current priority we are working on is development of a strategic case which will set out the case for change, the options to deliver the change and the preferred way forward. The strategic case will be reviewed by our Board, the HIOW ICB, and the Boards of Southern, IOW and Sussex in Q4 2022/23, prior to

submission to NHS England. If approved, a full business case will be developed which will set out and evaluate the full detail of the proposals prior to final decision making.

In addition, the partners are aiming to complete a detailed Heads of Terms by Christmas for Board approval in January. This will set the high-level principles for working together on the new organisation.

A detailed communications and engagement plan is being developed to ensure patients, communities, staff and local stakeholders are involved throughout the process. I am looking forward to jointly hosting our first stakeholder event to discuss the proposals on 22 November 2022.

Further details are included in Appendix 1.

Saints Foundation – Advantage Programme CAMHS



**SAINTS
FOUNDATION**

We are delighted to strengthen our partnership with the Saints Foundation further to provide the clinical leadership to deliver this new programme to support Children and Young People's Mental Health

(CYP MH) in the city of Southampton. This is a national programme developed in partnership through the Football Association and Anna Freud Centre to address CYP MH through a mentoring programme. This will be the first programme to run outside of London and Manchester football clubs. We are grateful to have secured funding for the first year's cohort from NHSE & ICB and hope to go live with this scheme in the summer term, following recruitment to the programme of mentors through the Saints Foundation and CYP through schools.

Project Fusion
Update to Trust Boards
December 2022



Executive summary



- A programme timeline has been developed with a proposed go-live date of 1 April 2024 and this has been shared with all Trusts, the ICB and NHSE.
- A strategic case structure has been developed reflecting the new transactions guidance and a draft strategic case will go to Boards in early February.
- A due diligence approach has been agreed by the Programme Board. At strategic case stage this comprises an indicative risk assessment and developing the approach for due diligence at full business case stage.
- Steering group scopes have been refreshed to reflect the strategic case structure and due diligence approach.
- The Trusts intend to develop Heads of Terms setting out how the Trusts will work together in developing the strategic case and, assuming that is approved, the full business case.
- A programme governance structure is in place for development of the strategic case with eight Steering Groups reporting to the Programme Team which in turn reports to the Programme Board.
- The Trusts have worked closely with the ICB (and other system partners) to date and following a joint meeting with the ICB and NHSE's national and regional teams we plan to jointly (Trusts and ICB) write to NHSE to formally notify of our intent to submit a strategic case for review and set out our approach to joint working in the development of the strategic case.



Strategic case

- Development of the strategic case has commenced. The strategic case will set out:
 - The strategic rationale for the transaction – the challenges the Trusts and the HIOW system face, the options they have considered and the likely benefits to the population;
 - The risk environment; and
 - The next steps, should the proposal proceed to the next stage (FBC readiness).
- A structure for the strategic case that reflects the revised transactions guidance published in October 2022 has been agreed and is summarised in appendix A.
- A strategic case development workshop is taking place on 7 December with representation from all four Trusts to inform the case for change, options assessment, benefits and risks sections of the strategic case.
- A first draft of strategic case will go to the Programme Board on 16 January and Trust Boards in early February. The strategic case will go to Trust Boards for approval in early March.



Due diligence

- The purpose of due diligence is to identify areas of risk so that these risks can be mitigated through integration planning.
- The Steering Groups have commenced initial due diligence to identify the key risks in each Trust and develop scopes and an approach for full due diligence at FBC stage (with reference to NHSE's indicative due diligence scopes).
- The initial due diligence will cover the following areas:
 - Clinical
 - HR and pensions
 - Financial
 - Contract
 - Legal
 - Commercial
 - Estates / property
 - IT
 - Taxation
 - Environmental
 - Health and safety
- Initial due diligence reports will be shared with Trust Boards in early February, alongside the first draft of the strategic case.



Heads of Terms



- The Trusts will work together to agree Heads of Terms. Although NHSE does not require Heads of Terms to be approved until the full business case has been approved, the Trusts are keen to agree these much earlier.
- Historically NHSE has provided a template Heads of Terms for s56a transactions which can then be tailored, however this has not yet been updated for the 2022 Act.
- The Heads of Terms will set out how the Trusts will work together in developing the strategic case and, assuming that is approved, the full business case including:
 - Any agreed principles / ways of working
 - Governance
 - Timeline
- The Heads of Terms will also include clauses relating to confidentiality, Freedom of Information and Data Protection.



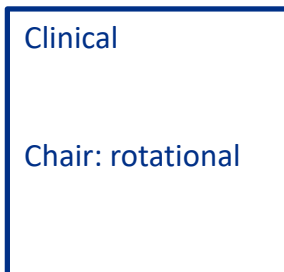
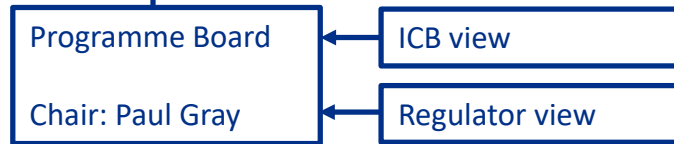
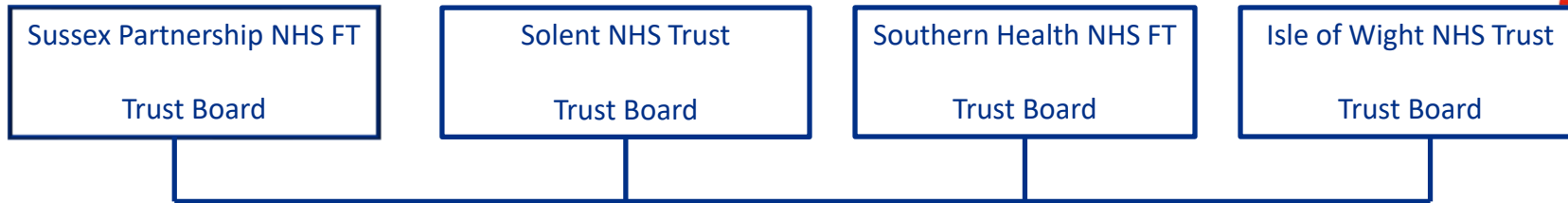
Programme governance

Overview



- A programme governance structure is in place for development of the strategic case (see next slide). As part of developing the strategic case we will consider the programme governance requirements for the full business case stage (and beyond).
- The Programme Board meets monthly and the Programme Team meets fortnightly. Steering Groups report progress and risks to the Programme Team in highlight reports.
- Terms of references are in place for the Steering Groups and Programme Team (see appendix B) and terms of reference for the Programme Board will be considered at its next meeting (19 December).
- Scopes for the Steering Groups have been refreshed and will be agreed at the next Programme Team meeting (30 November).
- A Programme Director is in place, supported by a Programme Manager. Steering Groups have been asked to consider any additional resource they require at strategic case stage. The strategic case will articulate the resources required for full business case stage.

Programme governance structure



Approach to working with system partners

- ICB support for a transaction is a critical factor in NHSE’s consideration of whether a strategic case should be allowed to progress to the next stage. The Transactions Guidance states that NHSE expects “that trusts and system partners will work together constructively in the development of transaction proposals” and “that Trusts and ICBs will discuss and agree the nature and timing of the ICB’s oversight of transaction planning”.
- The Trusts have worked closely with the ICB (and other system partners) to date including:
 - Through the independent review process
 - Stakeholder event on 22 November
 - ICB representation on the Clinical Delivery Group (the outputs of which are widely cascaded throughout the ICS and ICB)
 - Regular meetings with the ICB Transformation Director, now formalised in the Co-ordinating Group for Community and Mental Health Services (reporting to the ICB Steering Group)
 - Inviting the ICB to the strategic case development workshop on 7 December
- Following a joint meeting with the ICB and NHSE’s national and regional teams we plan to jointly (Trusts and ICB) write to NHSE to formally notify of our intent to submit a strategic case for review and set out our approach to joint working in the development of the strategic case.



Appendix A: Strategic case structure



The structure comprises eight chapters:

- Executive Summary
- Introduction - an overview of mental health, learning disability and community services in HIOW and the organisations currently providing these services
- Strategic rationale - the strategic context and the rationale for creating a new Trust for all community and mental health services across HIOW
- Options assessment - the options the Trusts' Boards considered for the future of their collaboration and the justification for the selection of creation of a new Trust as the preferred option
- Clinical strategy - the developing clinical strategy for the new Trust
- Benefits - the expected benefits for patients, staff, research and our health and care system
- Finance - the financial performance of Southern, Solent, Isle of Wight community and mental health services and Sussex Partnership CAMHS services and the expected incremental costs and savings of the proposed merger
- Transaction execution – the plans to deliver the transaction




Item No.	8	Presentation to	Trust Board – In Public		
Date of paper	28 November 2022	Author	Zoë Pink - Head of BI and Reporting		
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: <ul style="list-style-type: none"> 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:		

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Integrated Performance Report (IPR) - September - October 2022

In line with the Well-Led recommendations Solent is utilising the Making Data Count Methodology (where relevant and applicable) to streamline reporting. This will offer a clear picture of how well we are performing and shine a spotlight on exactly where we can make changes for improvement.

To interpret the performance summaries please find a key below, or alternatively please find a more detailed crib sheet in annex A.

Key

In-month Performance Indicator

-  Metric is achieving the target
-  Metric is failing the target

Trending Performance Indicator



Target has been consistently achieved, for more than 6 months



Target has been consistently failed, for more than 6 months



There is a variable and inconsistent performance against the target

Variance Indicator



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



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



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



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	Frequency	Internal /External Target	Target	Oct-22			Sep-22				
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance		
Occurrence of any Never Event	Monthly	E	0	0	●			0	●		
NHS England/ NHS Improvement Patient Safety Alerts outstanding	Monthly	E	0	0	●			0	●		
VTE Risk Assessment	Monthly	E	95.0%	93.0%	●			93.0%	●		
Clostridium Difficile - variance from plan	Monthly	E	0	0	●			0	●		
Clostridium Difficile - infection rate	Monthly	E	0	0	●			0	●		
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	Monthly	E	0	0	●			0	●		
Escherichia coli (E.coli) bacteraemia bloodstream infection	Monthly	E	0	0	●			0	●		
MRSA bacteraemias	Monthly	E	0	0	●			0	●		
Admissions to adult facilities of patients who are under 16 yrs old	Monthly	E	0	0	●			0	●		

b. Key Performance Exceptions

The October VTE target achievement was affected by Jubilee's move to Harry Sotnic, with an additional 30 patients transferred into our care.

c. Incident Reporting

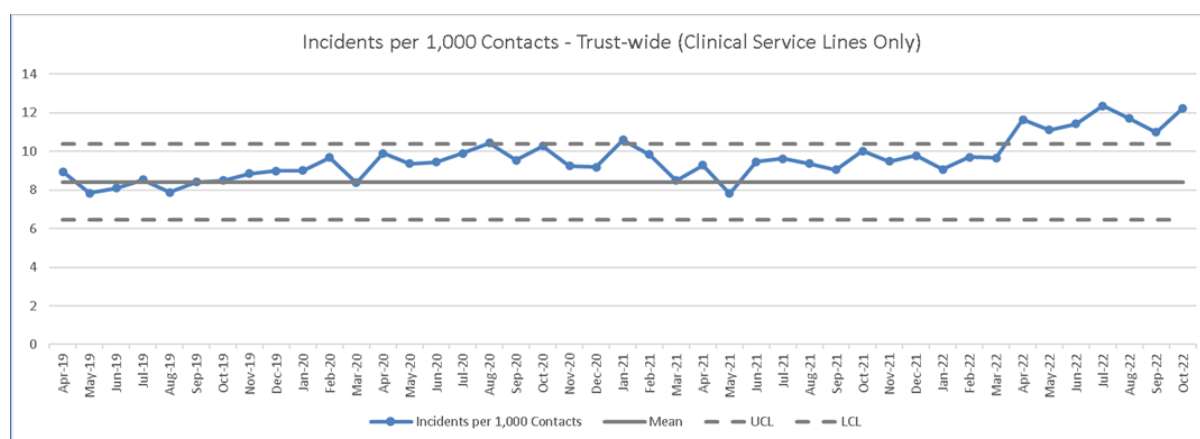


Figure 1 Incidents per 1000 contacts (clinical services)

Overall incident numbers and incidents per 1,000 contacts continue to show a steady rise compared with previous years which evidences that our staff feel safe to report incidents. We continue to see high levels of near miss and no harm incidents which provides further evidence of a strong safety culture. Bespoke training sessions on incident reporting and reviewing have been provided to Primary Care and Sexual Health which

supports the ever-strengthening reporting culture within Solent. Sessions are planned for Adult Services Southampton in-patient units.

From 1st October 2022, the assessment and assigning of Actual Impact has been reviewed to provide clearer guidance to reporters and reviewers, who are better placed to make the judgement, on how to grade incidents and responsibility for the assessment will be with these individuals in the future. We have also clarified that where patient’s or staff are involved, the Actual Impact will be based on the harm to the individual.

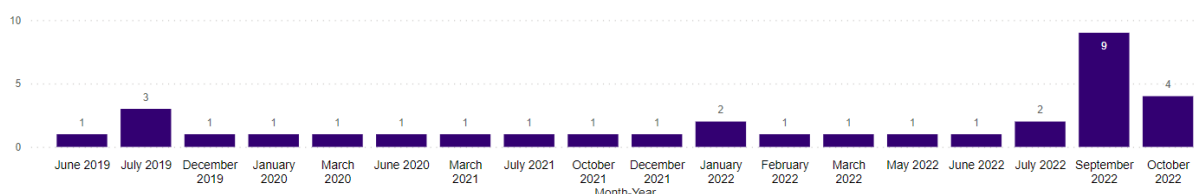
As a result of this work, we do not anticipate the overall number of incidents where No Harm/Near Miss has occurred changing. However, the proportion of incidents in the Minor, Moderate and Severe categories may show some slight adjustment.

We have also changed how we record deaths from 1st October and are now no longer recording them as 3. Minor Harm (impact on the Trust) but have introduced the category Death / Fatality (this change was made, as a piece of learning and feedback from a family). This new category will enable us to provide additional clarity to the types of incidents being reported whilst acknowledging that associating a numerical level of harm is not always appropriate when a death has occurred. We are already seeing a reduction in the number of Minor incidents as shown in the table below:

	Minor	Moderate	Major	Deaths/fatality	Total
Sept 22	278 (incl deaths)	43	1 (homicide)	0	323
Oct 22	225	48	0	75	348

c. Insights – Deaths relating to suspected Suicide

September and October 2022 saw a sharp increase in the number of deaths relating to suspected suicide in our Community Mental Health teams (see graphic below).



Unexpected deaths in the Assessment to Intervention (A2i), Crisis and Resolution Home Treatment (CRHT) & Recovery Teams

Figure 2 Deaths relating to suspected suicide in C&MH Teams

An initial review of the cases was undertaken, and a deeper analysis commissioned, which will look at each case individually.

2. Caring

a. Performance Summary

Indicator Description	Frequency	Internal /External Target	Target	Oct-22			Sep-22			
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance	
Caring	Community FFT % positive*	Monthly	E	95.0%	98.5%	Green	P	97.5%	Green	P
	Mental Health FFT % positive*	Monthly	E	95.0%	93.1%	Red	?	100.0%	Green	?
	People Pulse Survey - Advocacy Theme (Recommended for Care & Employment)	Quarterly	E	6.7	-	-	?	7.5	Green	?
	Mixed Sex breaches* (Submission recommended October 20221)	Monthly	E	0	0	Green	P	0	Green	P
	Plaudits	Monthly	-	-	79	-	-	93	-	-

b. Key Performance Exceptions

Complaints

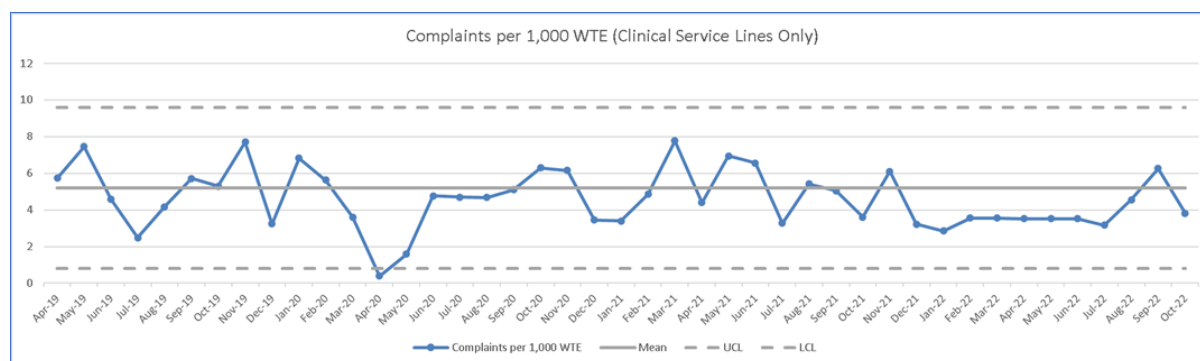


Figure 3 Complaints per 1000 WTE

Complaints: Overall complaints have been steady through the first quarter of this year with an increase seen in July/August. During September and October 2022, 26 complaints were received which is an increase of 1 compared to the previous reporting period. Annually there is only an increase of 2 more complaints in Sept/Oct 22 compared to Sept/Oct 21.

Percentage of complaints closed within agreed response time (Sept. 22 – Oct 22)

Whilst August 2022 had a 100% of complaints closed within the agreed response time this dropped to 67% in September but increased to 90% in October. New process have been put in place to support the services in response times.

Reopened Complaints (Sept. 22-Oct. 22)

Whilst only 2 complaints were reopened in Quarter 2 2022, in September 2022 we saw two complaints reopened and another 2 complaints reopened in October. The team is working closely with the services to try and ensure that the reasons for the reopened cases are addressed.

Service Concerns Insights: The 2 main themes coming through from service concerns are communications and appointment availability.

Family and Friends Test FFT: In September and October the number of people offering us feedback through FFT increased by nearly 10 percent in comparison to July and August 2022. For Sept & October a total 4215 people completed the FFT with 3857 (91.5%) of people saying, ‘overall they are happy with the experience received’. 132 (3.1%) of people for the same period said, ‘overall their experience is poor’.




c. Spotlight On: Friends and Family

Implementing learning following a complaint or service concern

Communication and values and behaviours of staff are regularly in the top two reasons for complaints and service concerns. In quarter 1 and quarter 2 of this year we carried out deep dives into these two themes to help identify the specific aspects that cause the most concern for our service users. We are now in the process of developing SMART actions to help address the identified issues. Furthermore, as part of this we are in the process of setting up debrief sessions following a complaint to help ensure that actions and lessons developed following a complaint are not only SMART but are being implemented. We are currently testing this out with ADP with the aim of rolling out to all services next year. From December training and support will be provided to staff to help them in developing actions and activities following a complaint. The ultimate aim is to be able to feed this back to the person who made the original complaint and to provide them with assurance that lessons have truly been learnt by evidencing actions taken following a complaint.

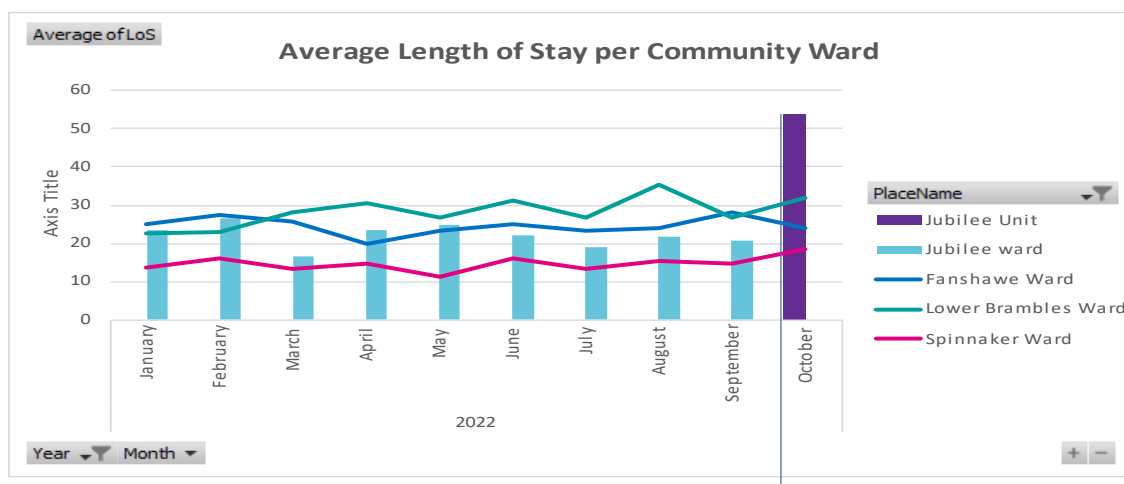
3. Effective

a. Performance Summary

Indicator Description	Frequency	Internal /External Target	Target	Oct-22			Sep-22					
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance			
Effective	Bed Occupancy - Community Wards	Monthly	-	-	94.4%				94.6%			
	Bed Occupancy - Mental Health Wards	Monthly	-	-	77.4%				63.1%			
	Bed Occupancy - Neurological Wards	Monthly	-	-	90.9%				90.3%			
	Length of Stay - Community Wards	Monthly	-	-	32.5				21.9			
	Length of Stay - Mental Health Wards	Monthly	-	-	16.0				15.0			
	Length of Stay - Neurological Wards	Monthly	-	-	53.5				102.9			
	Delayed Transfers of Care [patient count]	Monthly	-	-	37				28			
	% clients in settled accommodation	Monthly	E	59.0%	76.0%	●			75.9%	●		

Bed Occupancy & Average LOS

Bed Occupancy and Length of Stay (LOS) data is newly included in this report, split by Community, Mental Health and Neurological Rehabilitation Wards. The making data count methodology highlights that there are no significant variations or trends for the Mental Health and Neurorehabilitation wards, however, there are trends of note for the community wards.



Note:
Jubilee Unit opened
 1 October 2022
Jubilee Ward closed
 30 September 2022.

Figure 4 Ave LOS per stay – Community Jubilee Unit opened

The transformation project to relocate Jubilee House to the Jubilee Unit at Harry Sotnick House as part of a Solent lead provider model for Portsmouth community rehabilitation and discharge to assess (D2A) beds is already having a significant positive impact on discharge flow from PHU. Prior to the transfer on 30 September, the D2A beds provided by Portsmouth City Council had an average length of stay (LoS) of 30 days. The improvement trajectory planned to reduce LoS to 18 days by February 23 through:

- Increased resilience due to greater flexibility of workforce across inpatients and intermediate care
- Integration efficiencies through a blended operating model
- Increased therapy and nursing provision to support clinical needs
- Consistent governance and operational processes in the local system

At the time of writing this report the LoS stands at 24 days.

Lower Brambles has also experienced a LOS shift, increasing by 10 days over the last 12 months. This reflects the increased rehabilitation offering on Brambles, with patients being admitted to the ward with higher acuity and at an earlier stage in their rehab journey. The Brambles team 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.

Delayed Transfers of Care

The number of patients experiencing a delayed transfer of care has significantly increased in October 2022, triggering a special cause variation flag due to data outside of normal limits.

Delayed Transfers of Care [patient count]

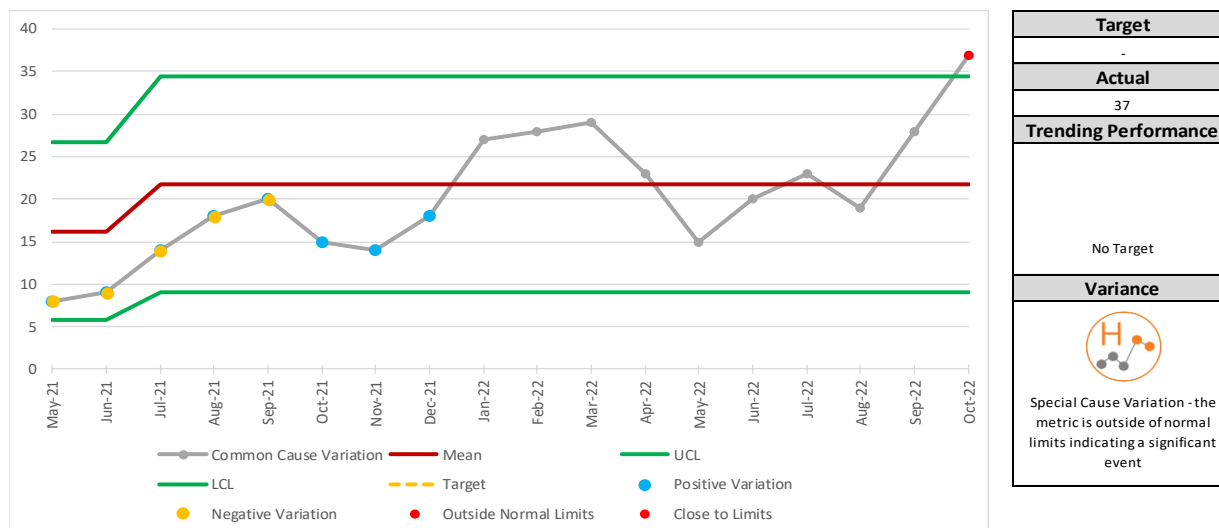


Figure 5 DTOC (patient count)

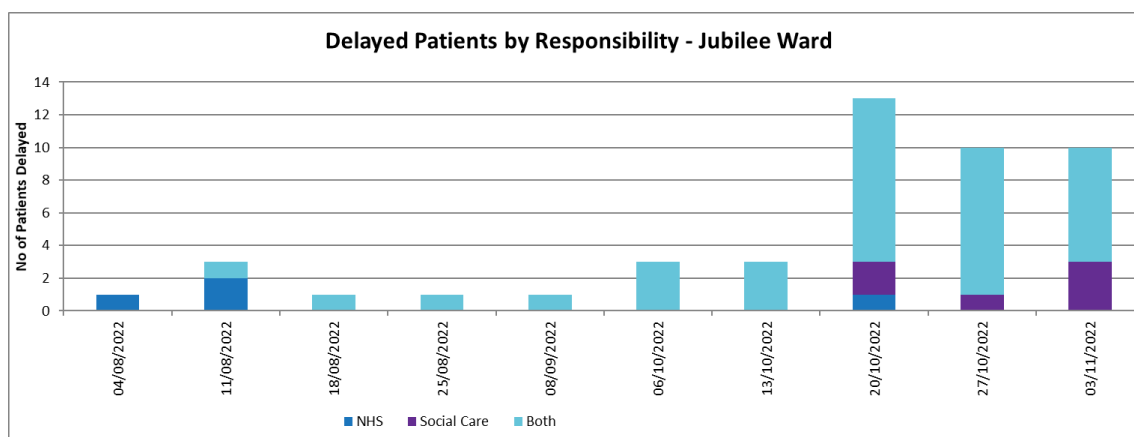


Figure 6 Delayed Patients by responsibility – Jubilee Ward

When reviewing the data by ward, the area of significant variation is the new Jubilee unit at Harry Sotnick.

The Jubilee Unit has caused a change in expected levels of delays, which is to be anticipated with an increased ward size and patient cohort (which has an increased CHC patient focus). Monitoring will therefore take place over the coming 6 months, in order to reset a new baseline level for delayed transfers of care.

b. Key Performance Exceptions

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 for Urgent Care Referrals and is on track for a greater than 70% achievement for October as current figure of 67% does not include late data.

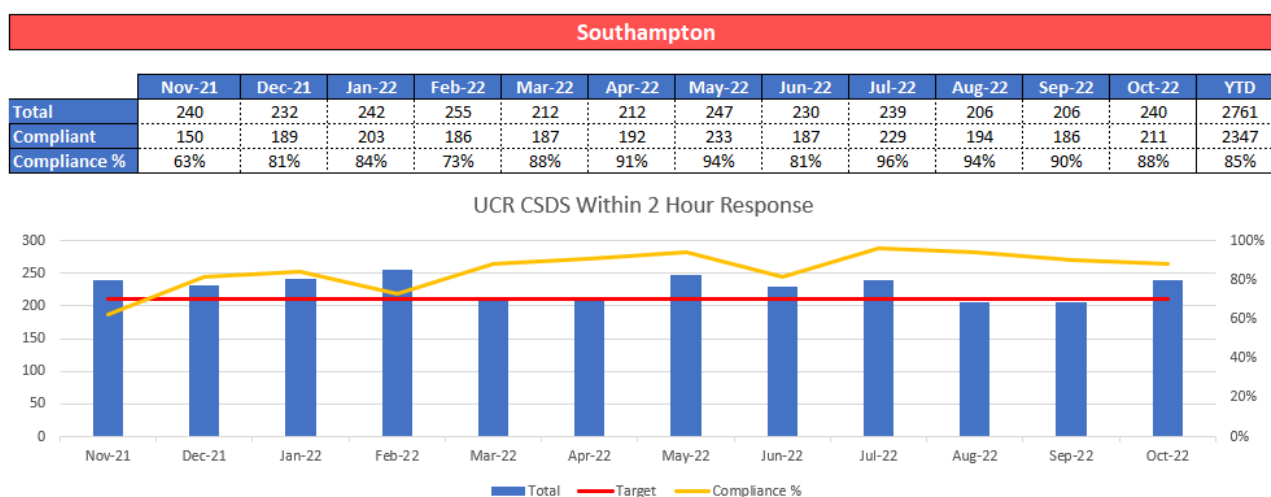


Figure 7 UCR CSDS within in 2 hour response (Southampton)

Portsmouth 2 hour response is showing an under target position due to data validation, completion of a manual audit sees a compliance of 78%.

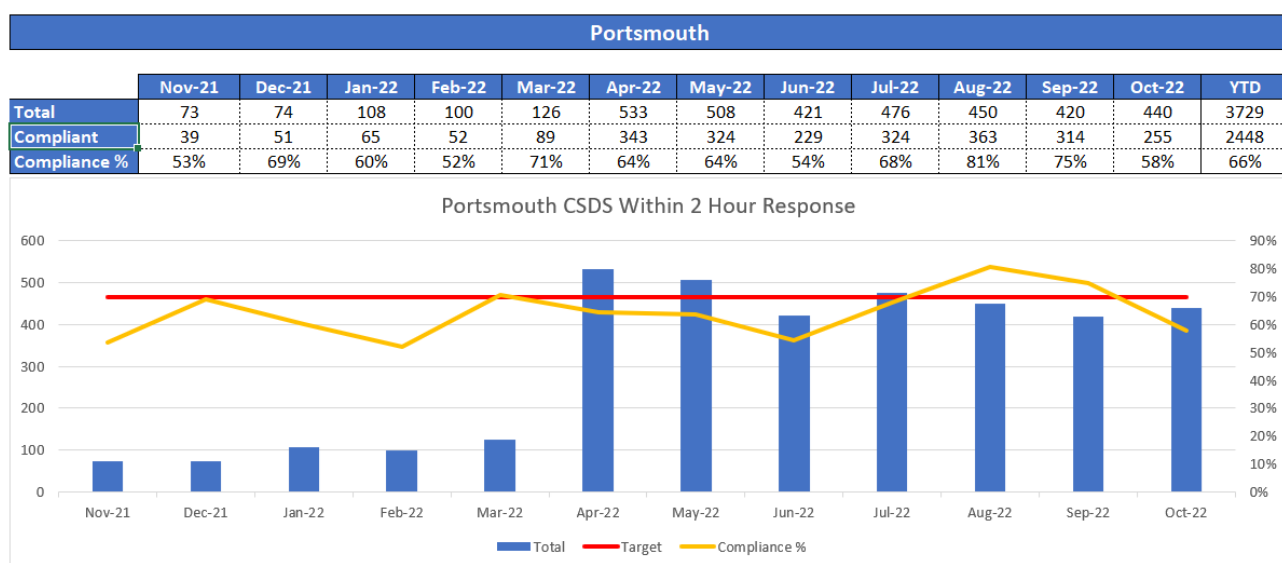


Figure 8 UCR CSDS within in 2 hour response (Portsmouth)

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.

Community Services Dataset (CSDS)

Urgent Care Reporting (UCR) data is submitted as part of the Community Service Dataset (CSDS), which is a pre-set report configured by SystemOne. As part of the ongoing work undertaken over the past year, UCR data is submitted as an addendum to the main extract taken directly from our data warehouse, which allows control over what is submitted specifically for this metric.

It has become apparent recently, nationally published performance on Solent's UCR 2-hour response times differs from our local reporting (with the same data source). The services, performance & BI, and information systems teams worked hard over the past year to assure the accuracy of this information.

A preliminary investigation has identified a few possible causes:

1. The national data includes records with a Waiting Type of both **'05'** (national definition = Crisis response intermediate care within 2-hours waiting time measurement/ local definition = 2 hour contacts) and **'07'** (national definition = Crisis response intermediate care waiting time measurement/ local definition = 2 hour but not clinically appropriate). Solent's report includes only the **'05'** waiting types. Performance & BI are investigating further with the national team to understand why these are being counted towards the metric as this is not in line with the technical guidance.
2. The national data allows multiple 2-hour response activities per referral; however, Solent's data is limited to counting only one activity per referral. Performance & BI are link in with the national team to understand what the correct methodology is to accurately count the relevant activities.

Performance, BI & Reporting recently explored the option to rewrite the full CSDS extract (currently on hold), however this would have no impact on the outlined issues as this data source is the same (Solent's data warehouse). The teams are continuing to investigate alongside NHS Digital's Analytics team, taking part in a patient level reconciliation exercise.

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

There is an understanding to provision the Fusion programme, resource support is required from across corporate and clinical services, and the intensity of the work programme must not be underestimated.

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

The project is now moving into the final phase for technical delivery, with developments to conclude in the first week of December. The expectation is for the new environment to be in use from week commencing 28 November. Decommissioning of the legacy infrastructure will begin from week commencing 5 December, linking in with the wider CGI transition.

SNOMED, C4 reporting

The completion date of this of this project has been delayed from the third week of November, to the third week in January 2023 (Day 15 reporting) due in part to dependencies on wider trust projects. The outcome

being Sexual Health (SHS) has been unable to review or provide any GUM data to commissioners since the beginning of the financial year. There are several interdependencies impacting the delivery of SNOMED C4 reporting and a robust project plan has been developed to manage these and ensure delivery.

4. Responsive

a.

Performance Summary

Indicator Description				Frequency	Internal /External Target	Target	Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Responsive	Patients waiting > 18 weeks	Monthly	-	-	4106				4006			
	Accepted Referrals	Monthly	-	-	29796				28761			
	Formal complaints per 1000 WTE	Monthly	-	-	3.8				6.3			
	Number of complaints	Monthly	I	15	11				18			
	Number of complaint breaches	Monthly	-	-	1				2			
	RTT incomplete pathways*	Monthly	E	92.0%	84.6%				88.4%			
	Maximum 6-week wait for diagnostic procedures	Monthly	E	99.0%	100.0%				100.0%			
	Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	Monthly	E	0	0				0			
	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	Monthly	E	50.0%	60.0%				75.0%			
	IAPT - Proportion of people completing treatment moving to recovery	Monthly	E	50.0%	48.8%				51.3%			
	IAPT - Waiting time to begin treatment - within 6 weeks	Monthly	E	75.0%	99.1%				95.2%			
	IAPT - Waiting time to begin treatment - within 18 weeks	Monthly	E	95.0%	100.0%				99.3%			
	Data Quality Maturity Index (DQMI) - MHSDS dataset score*	Monthly	E	90.0%	90.6%				86.8%			

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

b. Key Performance Exceptions

Improving Access to Psychological Therapies (IAPT)

The proportion of people moving to recovery has hit a low point of 48.8% which is just below the 50% target, but not statistically significant at this point. This reduced performance is due to a change in the way recovery is recorded. IAPT system supplier (Mayden) have adjusted the metric calculation to be in line with NHS Digital. The service is confident to return to a higher than 50% achievement from next month (November).

Patients waiting > 18 weeks

Waiting times generally across our services have increased with waits longer than 18 weeks on an upward trajectory despite a 30% improvement in the number of 52-week breaches.

Patients waiting > 18 weeks

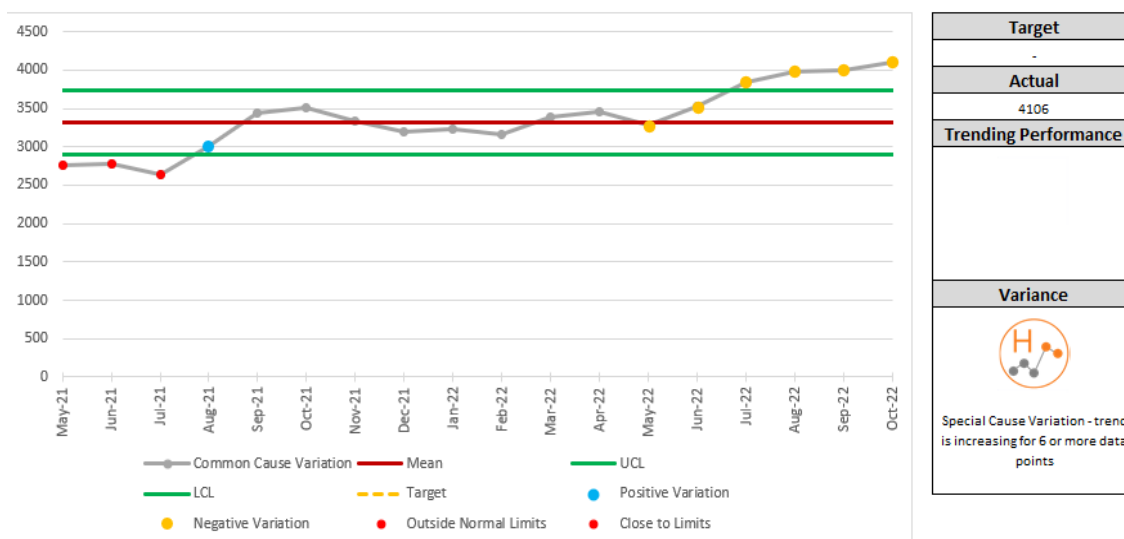


Figure 9 Patients waiting >18 weeks

RTT Incomplete Pathways

Performance for patients currently waiting for RTT applicable services continue to be below the 92% target and below the Lower Control Limit, highlighting this as a significant area of concern. Performance has been below the mean for the past 5 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, neurodevelopmental pathways in Southampton.

Neurodevelopmental Service acknowledges demand presently outstrips capacity with staff sickness and ongoing vacancies continuing to impact delivery. Priority is given to Child Protection and Statutory Children Looked After demands, seeing team members redirected as required alongside a high level of new referrals. To mitigate challenges, alongside the team members redirection, patients are offered to attend other localities, communicating to all patients (on list) sharing signposting, support alongside ensuring a maximising of each clinic capacity. Additional Clinicians are due to join the service January & March 2023.

RTT incomplete pathways*

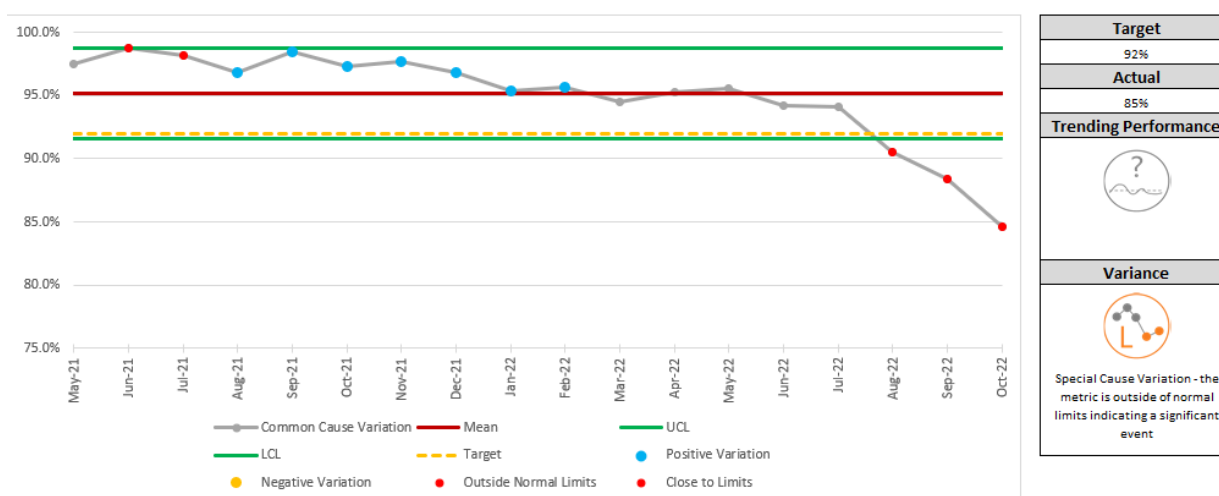


Figure 10 RTT Incomplete pathways

c. Service Line Performance review meetings (PRMs) – Key areas

Dental

Delivery of UDA Activity and Clinic Waiting Times

Waiting times continue to increase across six of the fourteen localities delivering our Special Care Dentistry service, with the longest waiting time now over two years for the Bitterne clinic. Referrals into the service continue to be triaged to ensure any urgent, priority or patients suffering pain are seen in a timely way. A Clinical Lead has been implemented to provide advice for GDP clinical queries, aiming to improve the quality and appropriateness of referrals made to the service. An evaluation of the effectiveness of this role will take place in due course.

There are a number of factors contributing to the increased waiting times in these specific localities and more generally across the whole service. There are 7 Dentists currently on Maternity Leave, with 2 being in the Bitterne area. In addition to this, there are vacancies within both Dental Officers (7 vacancies) and Dental Nurses which the service has struggled to recruit to despite continuous rolling job advertisements and utilisation of alternative platforms such as LinkedIn. The service is working with their People Partners to consider other routes to advertise roles, include national journals.

Sickness has increased over the past month, and whilst this seems to be unrelated, there is concern that staff are starting to feel pressure from the increasing vacancies. Access to Health and Wellbeing services is being promoted and the service are signposting staff to available resources where possible.

The delays and reduced throughput of patients in clinics has a direct impact on the achievement of the service's UDA target. Achievement is currently at around 30% of the year-end target, due to the aforementioned challenges of absence; a change in trainee mentorship support requirements, alongside a shift in focus to prioritise GA long waiters. There is currently no forecast available to show what the predicted year end position will be; however, the service will develop this to inform discussions with commissioners. The service operates on a block contract arrangement, so although there is no direct financial impact of underperformance against target, this is an area of concern with the forthcoming tender for Special Care Dental Services.

Externally Reported Standards

UDA Activity and GA's (cost per case)

UDA Target 2022 / 2023	
Mainland	43,038
IOW	5,570

GA Target 2022 / 2023 Completed GAs (per case)	
Mainland	1,806
IOW	154

UDA'S Achieved April 2022 – 14 October 2022		
		% Achieved against annual target
Mainland		
Special Care	11,299.0	
Ocassional Care	957.6	
Total	12,256.6	28.5%
IOW		
Special Care	1,700.6	
Ocassional Care	26.0	
Total	1726.6	31%

Completed GA's April 2022 – 14 October 2022		
		% Achieved against annual target
Mainland		
	615	34%
IOW		
	50	32.5%

Improvement in GA Waiting Times and Waiting Lists

The service has reported a positive improvement in waiting times and waiting list sizes for the GA service. This is predominantly linked to the improved relationships and communication with the local acute trusts, giving the service greater access to additional theatre space. There are now no patients waiting more than 104 weeks, and 1 adult and 4 children waiting over 52 weeks. The adult is booked to have their procedure during November, and the next longest adult waiter is at 40 weeks. The longest waiting child is at 70 weeks. This is a huge improvement for the service.

AgeGroup	ICSArea	Total	Median	Max	Under 18	18 to 51 W	52 to 103	104+ Weeks
Adult	East Hants	9	16	32	5	4	0	0
Adult	Isle of Wight	5	4	5	5	0	0	0
Adult	New Forest	3	30	52	0	2	1	0
Adult	North & Mid Hants	19	12.5	21	13	6	0	0
Adult	Portsmouth	2	27.5	39	1	1	0	0
Adult	Southampton	13	11	38	9	4	0	0
Child	East Hants	45	7	61	40	4	1	0
Child	Isle of Wight	21	4	7	21	0	0	0
Child	New Forest	14	7	68	10	3	1	0
Child	North & Mid Hants	82	6	82	68	13	1	0
Child	Portsmouth	16	11	44	10	6	0	0
Child	Southampton	43	8	59	33	7	3	0
Total		272	6	82	215	50	7	0

Figure 11 GA Waiting times

Adults Southampton

Estates

Estates challenges with both inpatient wards at the Royal South Hants (RSH) and Community teams located at Western Hospital are ongoing. The trust has requested an urgent meeting with NHS Property Services, to understand the future approach and mitigation for current issues.

Capacity, demand, and acuity of care

Unscheduled care pathways are under increased pressure due to higher levels of demand and acuity. As a consequence, there is a transfer of higher levels of risk into community services and emergent risk concerns especially when patients are transferred between providers. These risks are recognised by the system and Solent is working with providers (e.g. acute hospitals) and the ICB to mitigate them across whole pathways

Staffing Pressures

Sickness remains high but has decreased following increases for 15 consecutive months. Despite this small decrease, sickness absence for the service remains significantly above both the trust target and trust average. The top 3 reasons for sickness absence are consistent with those across the Trust: Anxiety, stress and depression (1), Infectious diseases-COVID (2), and Gastrointestinal problems (3).

Turnover rates within the service line also continue to be above the trust target and trust average at 15.8% in October. High turnover is not limited to one specific service and is high across a range of services within the service line.

In addition to high sickness and turnover, there is also a 14.3% vacancy rate within the service line adding further pressure to the service. Agency and bank staff are being used to cover approximately half of the vacant posts, although many remain unfilled putting pressure on the remaining staff.

Services continue to work closely with People Partners (as noted in section 5).

Snowdon workforce (to highlight increase in Bank & agency spend)

The Neurological Rehabilitation ward, Snowdon, has been operating at a very high occupancy for many months to support local acute providers with their specialist rehabilitation patients. There is high turnover of staff on the ward, for which recruitment is proving challenging. There are two planned recruitment events to try and attract new staff, in the interim temporary staffing is being used to provide cover. The service is planning a team building session to focus on staff wellbeing and try and improve staff retention.

Childrens

Children & Young People Eating Disorder (CYPED)

The CYPED standard is that 95% of children and young people referred for assessment or treatment for an eating disorder should receive NICE-approved treatment within 1 week if the case is urgent, and 4 weeks if the case is routine/non-urgent. Performance declined in Q2 of 2022-23 (latest data available) and standard was not achieved for either urgent or routine referrals. During this period there were 13 urgent referrals, 8 of which were seen within one week (61.5%). For the same period, there were 118 routine referrals, 110 of which were seen within 4 weeks (93.2%). A deep dive into this data is planned to unpick the pathway to enable better understanding of how referrals are triaged, how their urgency is determined and how the pathway is managed to monitor and enable the young person to get the treatment and support they need.

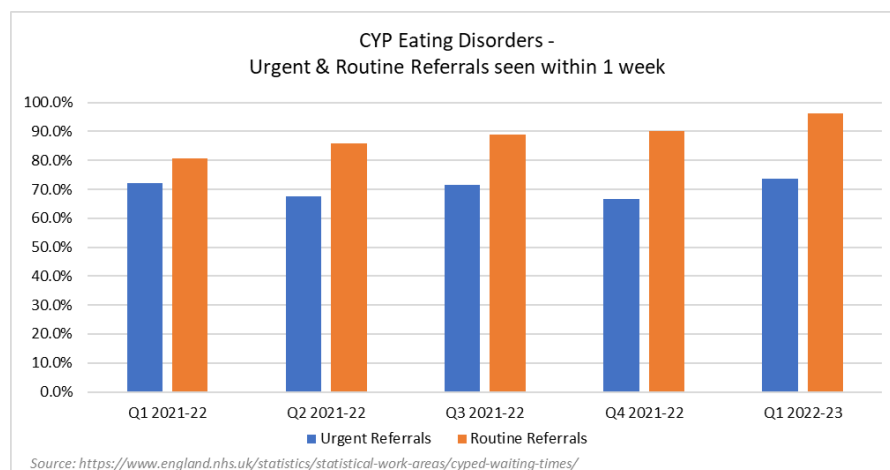


Figure 12 CYP Eating disorders

School Aged Immunisations

A comprehensive action plan has been coproduced with NHS England to improve better uptake of School Aged Immunisations (SAI), which is already delivering improvements, with flu vaccine uptake already surpassing the final position of last year's programme. Actions that have improved uptake include a strengthened leadership structure in the team, a comprehensive engagement programme to improve relationships with schools and community leaders, increased contact points with parents and guardians, a greater engagement schedule in schools, learning from best practice, locally and nationally, increased support from the Solent NHS Trust

Communications Team, a greater geographical footprint of community engagement through more Children’s Centres and a wider workforce pool, utilising experienced staff from the COVID vaccination programme and volunteers.

The service will continue to work with our NHS England and education partners to improve uptake across the SAI programmes this year and ahead.

Vaccine type	National published uptake 2020 – 21	NHSE HTV commissioned area average uptake 2021 – 22 (excl. Solent)	Solent NHS Trust reported uptake 2021 – 22	Acceptable % threshold 2021 – 22
School year 8 female cohort HPV (first dose)	76.7%	78.17%	61.68%	80%
School year 8 male cohort HPV (first dose)	71%	71.19%	50.32%	80%
School year 9 cohort – MenACWY	76.5%	77.25%	53.2%	80%
School year 9 cohort – Td/IPV	76.4%	76.25%	53.5%	80%

Figure 13 School Aged Immunisations

Adults Portsmouth

Podiatry

There are several factors contributing to the increased pressures in the Podiatry service.

Domiciliary referrals account for 6% of referrals to the trust, with the number of domiciliary visits remaining high (after COVID) impacting on the services capacity. An assessment of patients is planned to recognise if patients would meet the pre-covid criteria for home care, as not all patients are housebound but were previously identified as vulnerable during the pandemic.

The number of Podiatry referrals is currently outstripping the number of discharges, seeing an increase of the caseload. There is also a cohort of patients that do not follow self-care plans therefore do not see improvements in their outcomes, a system conversation is essential to ensure safe discharge of patients to primary care who do not follow their treatment plans.

The service has seen a reduction in the number of senior colleagues who can respond to high risk/urgent patients making the ability to respond to demand challenging; alongside a potential risk to these patients receiving timely care. There are several factors impacting this, including vacancies, sickness and maternity

leave (from December). Future plans include a full-time inpatient role, alongside ongoing international recruitment.

The service has instigated a task and finish group to work through actions and mitigations.

5. People

a. Performance summary

Indicator Description	Frequency	Internal /External Target	Target	Oct-22			Sep-22					
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance			
People	Sickness (annual)*	Monthly	I	4.5%	5.7%				5.9%			
	Sickness (in month)	Monthly	I	4.5%	5.6%				5.5%			
	Turnover (annual)*	Monthly	I	14.0%	14.5%				14.8%			
	Turnover (in month)	Monthly	I	1.2%	0.8%				2.0%			
	New starters (FTE)	Monthly	-	-	107.7				104.4			
	Proportion of Temporary Staff (in month)	Monthly	E	6.0%	4.3%				3.8%			

b. Key Performance challenges

September and October 2022 continued to be a very busy period with absence, as well as a rise in Covid sickness on the wards and staff across all of our services. The main reasons for staff sickness absence have consistently been the same; 1. anxiety/stress/depression, 2. infectious diseases and 3. gastro problems, however the third reason is now cold/cough/flu as we enter the winter season, overtaking gastrointestinal problems.

Whilst staff turnover still remains a worrying trend, the sharp increase we saw in September has been reversed in October bringing the rising annual trend to a halt. It is possible that a phasing issue in processing caused this imbalance between the two months but remains a metric that should be monitored closely over the coming months.

Services placement requests are continuing to grow with high number of requests for Children's services/School Imms and SALT, as well as longer term specialist clinical and Admin placement requests supporting services and projects which we are responding to.

c. Spotlight On: Targeted interventions

Bank / Temp staffing - Due to both high levels of sickness absence and turnover rates being at an all-time high, we had 4267 shifts requested with an overall fill rate of 93.5% , Bank filled 71.15% and Agency fill 22.38% and unfilled rate of 6.47%. Due to the increasing demands across the Trust for temporary staff, a business case has been approved to recruit additional staffing to meet these demands longer-term and should reduce the agency fill rate and cost.

Occupational Health & Wellbeing - Teams continue to work alongside the People Partner teams and attend service line meetings working holistically around the challenges the service lines face to support timely





interventions, these require further commitment to improve engagement and outcomes. We are progressing well with the Health and Wellbeing plan based on the H&W framework enabling us/Solent to further review our Trust wide collaborative offer against the needs of our people.

Recruitment - We continue to work on the Mental Health Nurse recruitment and are close to delivery of the final nurses to meet the 2022 target, by 31st December. We will welcome 10 Community Nurses into Solent this week who will arrive into Hampshire Hospitals to start OSCE training for 3weeks. We have a pastoral support plan in place to support nurses with their relocation whilst in Basingstoke. We are working on a landing date of 29th December for a further 14 nurses for the Community Nursing teams, to meet our target of 24 wte. Further recruitment activity is continuing for Occupational Therapists within Solent and HIOW across mental health, paediatrics and community nursing and acute teams.

Across the wider resourcing and attraction hard work and successful activities, the level of new starters has been consistently high, the result of this can be seen with the further rise in staff in post again in October, with just over 100 new starts for the second month in succession.

6. Finance

a. Performance summary

Indicator Description	Frequency	Internal /External Target	Target	Oct-22			Sep-22		
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Year to date surplus/(deficit) Actual v budget	Monthly	-	-	£0			£0		
Agency spend % pay	Monthly	1	3.5%	6.4%			4.1%		
Cash balance	Monthly	-	-	£30.9			£29.5		
Aged debt (over 90 days)	Monthly	-	-	186			174		
Use of Resources Score	Monthly	-	-	2			2		

b. Spotlight On: Month 7 Results

The Trust is reporting an in month adjusted deficit of £173k, £264k adverse to plan, with a year-to-date adjusted deficit of £467k, which equals plan. High usage of agency and inflationary pressures not known at planning drove the in-month adverse variance.

Forecast - At the end of October, the Trust is forecasting an adjusted deficit of £4.7m, against a plan of breakeven. The position is predominately driven by the continuation of current spending levels, plus c£2.5m inflationary pressures unknown at the time of planning.

The Trust plan on mitigating this deficit with non-recurrent adjustments in the year and are therefore continuing to forecast a breakeven position.

Workforce - Pay savings targets of £5.2m have been allocated to operational and corporate service lines to support delivery. As at M7 savings of £3.7m have been delivered against a plan of £3.0m. 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 £523k.

Covid-19 Expenditure - The Trust continues to incur additional expenditure because of Covid-19, however this expenditure has dropped significantly since last year, mainly due to incentive payments ending. The reported in-month costs were £63k compared to a plan of £242k. The year-to-date savings are £0.5m against a year-to-date savings plan £0.3m. This reduction in expenditure will help meet the future challenge created when COVID income reduces.

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. WCH bed optimisation has been approved by NHSE and works have started on site. Highclere is with NHSE for approval. Additional capital allocations need to flow from the ICS for both projects and the ICS have agreed this. The ICS support is due 2023/24 – 2024/25.

In month expenditure was £0.2m, £0.1m lower than forecast. Year to date expenditure is £1.3m, £0.4m lower than plan. Year-to-date underspends are due to timing and will be spent by the end of the year.

Cash - The cash balance was £30.9m as at 31 Oct 2022, £1.4m higher than September due to a payment from HIOW for the pay award.

Aged Debt - The Trust's total debt was £5.6m, £0.3m debt 91+ days overdue, no material move from September.

7. Research & Improvement

a. Performance Summary

Research

Since April 2022, we have recruited 568 participants into 31 studies. We have recruitment across all our service lines, and our new research nurse on the Isle of Wight has successfully opened two trials. We have also secured funding from our Clinical Research Network to recruit a further community research clinician to work on the Island.

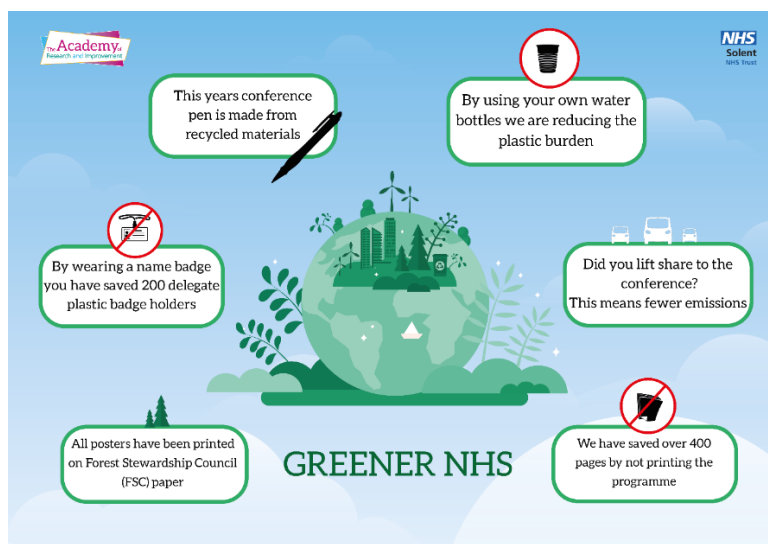
Clinical Effectiveness & QI

A further 37 audit and evaluation reports were received in quarter 2, with all service lines on track to complete their audit plans. A further 20 workshops have been delivered, and the new Happier Working Lives QI programme is underway. The demand has been so high that a second cohort will start in the New Year. We are also introducing a 'Green QI' programme aimed at sustainability.

Academy Conference

On 20th October 2022, 200 staff from Solent, partner organisations, universities, patients, and the public came to the Academy Conference at the Hilton Ageas Bowl. The day included 16 presentations, 5 workshops, 34 posters and a live Dragons Den with four presenters. All of the presentations and posters are viewable on our website.

The day was adapted to be more environmentally friendly in line with our plans to introduce a themed green/sustainability QI programme in 2023.



b. Spotlight On: Core areas of work

Library and Knowledge Service

Our Library and Knowledge Service was set up in April 2020. It gives all staff, students, and apprentices in the trust access to nationally available knowledge resources, as well as the full range of subscriptions from our partner library at Portsmouth Hospitals. It also opens our staff to membership of the SWIMS network of libraries, so that they can access more than 70 other services across our patch.

We also have a Knowledge Specialist, Kerry Flett, who is fully integrated into the Academy of Research and Improvement. Their setting as part of the Academy team means we can support all our workstreams with current evidence, as well as building evidence into the improvement, research and participation projects we get involved in.

Over the last year:

- The service has undertaken 54 specialised searches, all of which have had some evidence synthesis added for ease of use by the reader.
- We have conducted monthly induction workshops, including providing a library introduction at each Joint Locality Induction for new starters in Wessex Deanery.
- We have recently begun delivering Health Literacy training to help Solent staff develop their skills in working with patients to increase their confidence with health information, delivered alongside one of their specialist quality improvement colleagues.

Our searching service has worked with everyone from apprentice learning disability nurses to speech and language therapists, including senior staff such as our Associate Director of Nursing. Searches have covered everything from Magic Table technology for people with dementia (contributing to a successful bid for a Magic Table for our inpatient dementia services), to demographics in children aged 0-19 across Portsmouth and Southampton.

Service feedback:

“Since attending an Introduction to conducting a systematic literature review workshop, I feel much more confident in facilitating a planned [...] placement.”

“...a great asset in the organisation.”

“[This literature search] let me know what information is out there from a research perspective, provided new information, [and] helped me think about initiatives that we should/could consider as a service line.”

“Kerry’s ability to assist in the formulation of the questions for the search was amazing and really made me narrow what I wanted to find out. This is an excellent resource and I will use it again and again I am sure...I hope to develop a supervision and training framework [using the information provided by the Knowledge Specialist].”

“[Kerry] is approachable and flexible; this makes a real difference to embedding evidence in practice which we so need.”

Annex A: Making Data Count Icon Crib Sheet (what it all means)

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

Solent NHS Trust - System Oversight Framework



Indicator Description	Internal /External Target	Target	Oct-22			Sep-22					
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance			
Quality, Access & Outcomes	S038a: Potential under-reporting of patient safety incidents	E	100.0%				100.0%				
	S039a: National Patient Safety Alerts not completed by deadline	E	0				0				
	S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	E	0				0				
	S041a: Clostridium difficile infections	E	0				0				
	S042a: E. coli blood stream infections	E	0				0				
	S081a: IAPT access (total numbers accessing services)	E	366	462				419			
	S084a: Children and young people (ages 0-17) mental health services access (number with 1+ contact)	-	-	6591				6860			
	S086a: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (3 months rolling)	E	0	1				32			
	S086b: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (external only)	-	-	100.0%				100.0%			
	S101a: Outpatient follow-up activity levels compared with 2019/20 baseline	E	75.0%	79.5%				105.1%			
	S105a: Proportion of patients discharged to usual place of residence	-	-	56.1%				75.2%			
	S107a: Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	E	70.0%	59.6%				79.6%			
	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	E	0	0				0			
	S013a: Diagnostic activity levels - Imaging	E	868	545				540			
S013b: Diagnostic activity levels - Physiological measurement	E	90	37				70				
Preventing Ill Health	S117a: Proportion of patients who have had a first consultation in a post-covid service more than 15 weeks after referral	-	15.5%				17.9%				
	S071a: Proportion of staff in senior leadership roles who are from a BME background	-	12.0%	7.5%			7.4%				
Looking after our people	S071b: Proportion of staff in senior leadership roles who are women	-	62.0%	72.0%			73.6%				
	S071c: Proportion of staff in senior leadership roles who are disabled	-	3.2%	3.2%			2.1%				
	S067a: Leaver rate	I	14.0%	14.5%				14.8%			
	S068a: Sickness absence (working days lost to sickness)	I	5.0%	5.6%				5.5%			
Finance and Use of Resources	S118a: Financial Stability	E	-	Data not currently available							
	S119a: Financial Efficiency	E	-								
	120a: Finance – Agency Spend vs agency ceiling	E	100.0%								
	120b: Agency spend price cap compliance	E	100.0%								

Solent NHS Trust - System Oversight Framework


Indicator Description	Internal /External Target	Oct-22			Sep-22		
		Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance

Key






In-month Performance Indicator

-  Metric is achieving the target
- 

Trending Performance Indicator

-  Target has been consistently achieved, for more than 6 months
-  Target has been consistently failed, for more than 6 months
-  There is a variable and inconsistent performance against the target

Variance Indicator

-  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
-  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
-  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
-  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.

d6.1 NHS Provider Licence – Self Certification 2022/23 – November 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 NHSE.

Requirement

3

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



- (a) Effective board and committee structures;
- (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
- (c) Clear reporting lines and accountabilities throughout its organisation

Response

On an annual basis the Trust has implemented a process of governance reviews (via the Remuneration 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.

Succession planning arrangements for the Chair are planned for implementation, commencing 1 January 2023.

Requirement

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



- (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
- (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
- (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;
- (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
- (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
- (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
- (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
- (h) To ensure compliance with all applicable legal requirements.


Response

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.

Requirement

- 5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: 
- (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
 - (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
 - (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
 - (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
 - (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
 - (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Response

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

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

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

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

The Executive Team Portfolios are continuously reviewed.

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

Succession planning arrangements for the Chair are planned for implementation, commencing 1 January 2023.

Requirement

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




Response

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

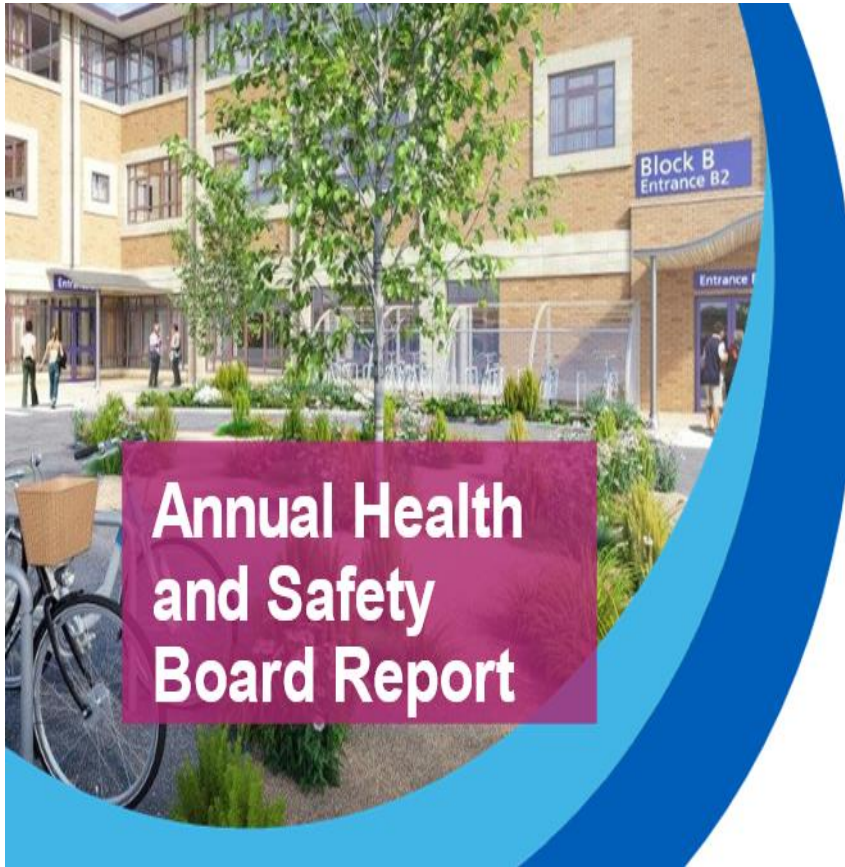
Qualifications, skills and experience are taken into consideration, along with behavioural competencies as part of any recruitment exercise for Board vacancies. Succession planning arrangements for the Chair are planned for implementation, commencing 1 January 2023.

Board and Committees

Item No.	9.1	Presentation to	In-Public Board				
Title of paper	Annual health and Safety Board Report 2021-2022						
Purpose of the paper	To provide the board assurance of the activities undertaken in relation to Health and Safety during 2021-22 and status of statutory requirements and best practice evidence for health, safety, welfare, fire, security, and estates compliance.						
Committees /Groups previous presented and outputs	N/A						
Action required	For decision		For assurance	x			
Summary of Recommendations and actions required by the author	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the contents, Chief Executive to sign to confirm Trusts commitment to Health and Safety. 						
To be completed by Exec Sponsor - Level of assurance this report provides :							
Significant		Sufficient	x	Limited		None	
Exec Sponsor name:	Nicola Burnett, Chief Financial Officer			Exec Sponsor signature:			

Key messages /findings

The purpose of this paper is to confirm the organisations compliance to statutory Health and Safety legislation and relevant Health and Safety Executive guidance.



Health and Safety Manager

1st April 2021–
31st March 2022



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Section 1: Executive Summary

This report informs the Trust Board of the activities undertaken in relation to Health, Safety & Welfare and the Health and Safety Group during the year 1st April 2021 – 31st March 2022. It provides assurance on how we are meeting our statutory requirements and best practice evidence for health, safety, welfare, fire, security, and estates compliance .

The report has been produced using the Health & Safety Executive (HSE) guidance ‘Managing for health & safety’ (HSG65) and covers staff, patients, visitors, and contractors.

Colleagues involved in compiling this annual report are Accredited Security Management Specialist (ASMS), Fire Safety Advisor, Senior Estate and Facilities Maintenance Manager.

The table below provides a summary of each of the key areas reported on and is RAG rated to enable a quick overview to be seen with further detail available within the body of the report:

Section 1: Executive Summary and Health and Safety Response to SARS-CoV-2	
Section 2: Governance and Management Arrangements	
Solent have remained compliant with (section 2 (3) HASAWA	Green
Solent have remained compliant with section 2(2)(7) HASAWA	Green
Health and Safety Executive legislative consultations/changes	Green
Section 3: Internal Audit	
Health and Safety and Occupational Health Internal Audit	Green
Section 3: Assessment and Inspections	
COSHH	Green
External Medical Gas and Above Ground Oil Storage Compound	Yellow
Health, Safety and Welfare Workplace inspections	Yellow
Ligature assessments	Green
Section 4: Additional Covid Work Streams	
Facefit Testing Programme, Covid positive case reviews , Reception screen project	Green
Section 5: Compliance and Assurance	
External Agencies and reporting of Incidents	Green
RIDDOR	Green
DoH Central Alert System (CAS)	Green
Section 6: Annual Security Management Report	
Strategic Governance	Green
Lockdown Procedures	Green
Crime Reduction Surveys	Green
Section 7: Annual Fire Management Report	
Fire Risk Assessments	Yellow

Compliance with The Regulatory reform (Fire Safety) Order 2005	Green
Section 8: Annual Estates Management Report	Grey
Operational Maintenance Dashboard	Green
General Compliance	Green
Estates Backlog Maintenance and Strategy	Yellow
Water Safety Management and Risk Assessments	Yellow
Asbestos Management	Green
Ventilation Systems	Green
Crime Reduction Surveys	Green
Section 9: Risks and Issues	Grey
Incident Reporting	Green
Slip, trip falls	Green
Manual Handling	Green
Section 10: Looking Ahead Refer to Page 34	Grey

To note on exceptions amber ratings above :

- External Medical Gas and Above Ground Oil Storage Compound assessments have been completed and spillage training is being scheduled with the new in-house Estates team before December 2022.
- Proactive health, safety & welfare workplace inspections were not completed during the pandemic, early sight can be re-instigated by combining inspections with Covid-19 assessments. Further resources would be needed due to continuation of the pandemic response.
- 2 out of 3 outstanding fire risk assessments are now completed at the date of report, and timing is linked to the balance of fire safety risk assessments and Covid known cases within our inpatient areas (in line with PHE and HSE guidance). The outstanding risk assessment is due to the re-build of Maples ward which will require a new fire risk assessment upon completion.
- There is a continuing Estates backlog for maintenance, but all items are costed, prioritised, and being tracked through the backlog maintenance system in line with available resources.
- The Water safety management group confirm that the risk assessments are now complete at the date of report.

Key areas of focus within the report

Health and safety incidents (refer to page 31) identify an overall decrease of reportable incidents, over the reporting year. The quarterly incident numbers fall in line with the incidents per 1000 patient contacts (Clinical services only) and identifies that the July increase shown and the reduction between January, February and March correlates with the prevalence of Coronavirus virus within the general public during 2021/22.

Further trend analysis is not comparable to the prior year due to the pandemic impact on service restructuring, the impact on service delivery and anticipated future trends due to Covid, forming new norms.

No Harm and Near Miss by intervention quarterly % figures recoded incidents have consistently been higher than Minor Non-Permanent Harm incidents, this falls in line with a positive culture of reporting incident

Falls Prevention Work Streams (refer to Page32) numerous falls prevention work streams have taken place and Solent NHS Trust has implemented detailed changes to its incident reporting system for incidents related to falls. This has allowed much improved data about falls to be retrieved and analysed which are then analysed by the Inpatient Falls Prevention Group with lots of workstream planned to reduce the number of falls

Security incidents (refer to Page 17). There was a 17.1% increase, the majority of these increases are in relation to Aggressive Verbal Gestures (AVG) incidents patient to staff in AMH due to the acuity of patients.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORs), (refer to page 13) statutory reporting requirements have been met reportable incidents have increased from 4 up to 8 over the last year. No common location or activities have been identified when incidents took place. Lessons learnt from RIDDOR's have been reported onto Ulysses and through the Health and Safety Group .

Some proactive assessments have remained in place including medical gas compounds, COSHH and the additional covid secure risk assessments (refer to Page 8, 9,10, 11, and 12), the Health, Safety and Welfare Workplace inspections were re-instated but then suspended in Jan 2022, due to the face fit testing program was passed onto and now sits under the Health and Safety Manager this meant the finite resources used for the workplace inspection programme had been absorbed in the setting up off a new face fit testing programme

Internal audit review (refer to Page 7) Health and Safety and Occupational Health review was undertaken as part of the internal audit plan approved by the Audit and Risk Committee of the key Health and Safety and Occupational Health processes and controls in place at the Trust for staff and how they have been adapted in a COVID-19 environment. Compared to similar organisations, Solent's Health and Safety processes and controls are well documented and performed effectively in a consistent manner. The report was rated overall as **Low risk**

Executive Summary Health and Safety Response to SARS-CoV-2

As Solent continued to see an improvement in the reduction of COVID-19 case rates, both in terms of staff and patients, restrictions were eased throughout the year and from May all final COVID-19 restrictions were lifted, in all areas, in Solent NHS Trust.

As outlined last year the coronavirus pandemic continues to present challenges to the Health and Safety Manager who continues to adapt to enable prompt responses and provide reassurance that we are mitigating the increased health and safety risk to a suitable level and support for all during these unprecedented times. The continued working in partnership with key stake holders has again proved essential in providing support to Solent during Covid-19, focused over the year has been based on risk.

Solent continues to have good systems and processes in place to manage health, safety, and welfare which are outlined in this report. These processes are aligned with the legal requirements and no statutory health and safety requirements were affected; however, some proactive risk assessments have been delayed due to the usual resources that would carry out these assessments being re-deployed to support the Trust's COVID-19 responses and the picking up of the Facefit testing program.

Section 2: Governance and management arrangements

Solent NHS Trust as an employer has appointed one or more competent persons with the necessary skills, knowledge, and experience to assist in helping it meet its legal duties. Solent NHS Trust meets this obligation with the appointment of a Trust full time Health and Safety Manager, and other competent persons are in place regarding estates management, with specialist advisors for fire safety, local security management, and environmental management.

Solent have remained legally compliant (with section 2 (3) HSAWA) and section 2(2)(7) HASAWA with the Acting Chief Executive Officer (ACEO) demonstrating and endorsing to staff, patients and other stakeholders Solent's commitment to health and safety with the signing in October of the health and safety policy statement of intent. The ACEO was the executive lead responsible for health and safety as Chair of the Health and Safety Group, from January 2022 the ACEO delegated and appointed a new chair (Chief Nurse). The terms of reference and the health and safety policy roles and responsibilities were changed accordingly, and all changes were agreed via the policy steering group Chair's actions

A copy of the signed Health and Safety Statement of Intent can be found in Appendix A.

The Health and Safety Group is compliant in fulfilling its requirements with the representation of both elected accredited unionised representatives of employee safety and non-unionised employees in accordance with the Safety Representatives and Safety Committee Regulations, and the Health and Safety (Consultation with Employees) Regulations and is working effectively with an open culture where attendees are playing an active role in talking through decisions about health and safety to identify joint solutions to issues being raised

The Health and Safety Group met quarterly remotely via Teams on 20th April 2021, 20th July 2021, 19th October 2021, and 18th January 2022 and all were quorate according to their terms of reference. To support continued attendance and quoracy of meetings the groups secretarial cover issues pre meeting reminders to members to help ensure either representatives or their informed deputies attend. Action/decision minutes are completed, and action/decision minutes are completed and made available. Issues that need escalation are highlighted to QIA

There are 8 outstanding actions recorded on the action tracker from this year's Health and Safety Group programme and these will be carried forward to next year and will be actioned in quarter one 2021/2022, these outstanding actions have been assessed and carry minimal risk.

There has been a significant drop in consultation /changes from the Health and Safety Executive during 2021/22, review outcome and action of the key items are shown below:

Legislation	Review Outcome	Action taken
Fire Safety Regulations and Building Regulation	Independent review of building regulations and fire safety to define clearer roles and responsibilities throughout the design and construction process, as well as during a building's occupation.	This was carried forward from last year further update shown below
The Health and Safety Executive welcomes the Government's Draft Bill to Improve Building and Fire Safety in England	HSE would create a new Building Safety Regulator (BSR). HSE is currently working with other parts of government, key regulators, and industry to establish how the new legislation can be implemented in a practical way and create a new regime that improves building safety standards. The measures contained in the Building Safety Bill (just published at time of report) are unlikely to come into force until 2022.	No action taken as awaiting outcome. Review looks like it initially is related to multi floored housing building only.
Revision of limit values in EH40/2005 "Workplace Exposure Limits - Carcinogens and Mutagens"	4 additional new occupational exposure limits values (OELVs) and amends a single existing OELVs for substances to help protect workers from the ill-health effects of exposure to carcinogens and mutagens in the workplace.	Applied directly onto the Sypol COSHH Assessments
Personal protective equipment (PPE) at work regulations	Duties unchanged but extended Under PPER 2022, the types of duties and responsibilities on employers and employees are extended to limb (b) workers In the UK, section 230(3) of the Employment Rights Act 1996's definition of a worker has 2 limbs: Limb (b) describes workers who generally have a more casual employment relationship and work under a contract for service .PER 2022 draws on this definition of worker and captures both employees and limb (b) workers:	Discussions held with appropriate stakeholders. No Action required as all people whatever their role are provided with suitable PPE.
HSE Harmonised classification and labelling consultation ECHA public consultation: call for comments	The Great Britain Mandatory Classification and Labelling (GB MCL) process includes the consideration of information gathered from public consultations, conducted by HSE or international bodies such as the European Chemicals Agency (ECHA). ECHA has announced a public consultation on the numerous proposals for harmonised classification and labelling (CLH) active substances registered under REACH	No action taken as awaiting outcome. Review looks like it initially is substances used for crops but may affect the British bee which in turn could affect ant issues around usage of pesticides through grounds and garden contract review process

Note that the changes in Health and Safety legislation is a standing agenda item on the Health & Safety Group. Any impacts are reflected within organisational policies and/ or Standard Operating Procedures.

Section 3: Internal Audit Report

Health and Safety and Occupational Health Internal Audit Report

In May the Health and Safety and Occupational Health review was undertaken as part of the internal audit plan approved by the Audit and Risk Committee.

They reviewed the key Health and Safety and Occupational Health processes and controls in place at the Trust for staff and how they have been adapted in a COVID-19 environment. They noted that the Trust has a number of well-designed controls that are mostly operating effectively which have remained robust during the significant disruption, change, and strain the Trust has faced from the Covid-19 pandemic.

Compared to similar organisations, Solent's Health and Safety processes and controls are well documented and performed effectively in a consistent manner.

The report was rated overall as **Low risk**

Production of an action plan was created to enable proposed actions to be and is reported to Company Secretary where the audit recommendations actions are recorded onto Verto software and through the health and safety group. **Complete**

Policies and Procedures developed or reviewed by the Health and Safety Manager and approved by relevant Groups during 2021 /2022 were:

- Central Alert System (CAS) Policy
- Lone Working Policy
- First at Work Policy
- Control of Substances Hazardous to Health Policy (COSHH)
- Health and Safety Policy roles and responsibilities job title reviewed to capture new appointed Chair of the health and safety Group (Chief Nurse) , and review of the terms of reference. approved via Policy group Chair's actions.
- Safe use of display screen and mobile devices Policy
- Moving and Handling of People and Inanimate Load Policy

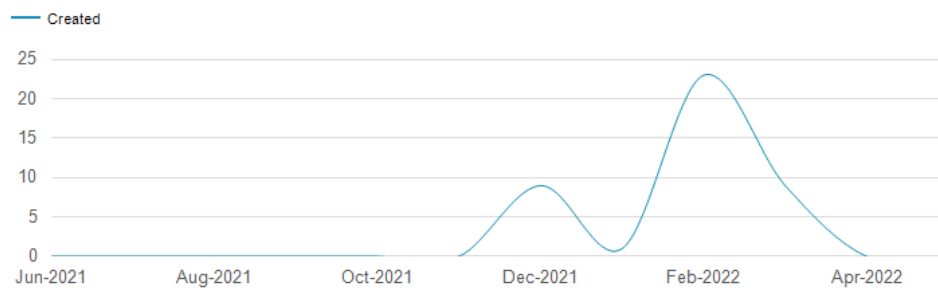
Section 4: Assessments and Inspections

Control of Substances Hazardous to Health (COSHH)

During 2021/2022 Solent remained compliant with the COSHH regulations as all assessments are suitable and sufficient, after engagement with service lines in establishing a reduction of the number of substances used the total number of COSHH assessments were reduced from 248 , down to 229 COSHH assessments.

The activity graph below identifies when all these new substances were assessed and/ or reviewed

Assessments Created - In the last 12 months



The online HSE approved COSHH management system there are no substances flagged for restriction of use as all assessment and mitigating controls have been adopted.
Fully compliant

External Medical Gas and Above Ground Oil Storage Compound assessments

All of Solent's external oil and medical gas storage compounds had a routine assessment against applicable NHS guidance and HSE legislative requirements

Actions underway

- 2022 programme of inspection set up July (Solent NHS Trust Above Ground Oil Storage Inspection 2022 programme of inspection set up July 2022)
- Spillage response training package being created for delivery to new Estates team by December 2022.

Workplace inspections

A schedule of workplace health, safety and welfare inspections and a series of workplace inspection checklists covering relevant health, safety, welfare, and environmental legislation. Each site and service have been given a priority rating. Relevant issues identified at the point of inspection are assigned to relevant team leaders to complete

The temporary suspension of the proactive health and safety workplace inspection tool restarted in Nov with the aim of completing all priority One sites by year end, this inspection program is continuing to be being undertaken, where possible and if suitable to maximize available time, as an when the health and safety manager is on sites for whatever reason the combination of tasks took and will continue to take place with the workplace inspection undertaken no matter of its priority.

As of 31st March 2022

Priority One 69.2% complete
Priority Two 22.7% complete
Priority Three 0% complete
Priority Four 42.8 % complete

The priority One sites were not 100%completed because as of Jan 2022, the face fit testing was passed onto and now sits under the Health and Safety Manager this has meant the finite

resources used for the workplace inspection programme has been absorbed in the setting up of a new face fit testing programme (

Going forward

- Continuation to plan and complete workplace inspections reporting quarterly to the health and safety group
- Job Description and in house health and Safety Advisor appointment to support future proactive assessments has been applied

Actions taken to support completion of inspections

Outcome of the inspection have initially identified some **common** themes which has resulted in.

- Copies of What you need to know Health and safety law poster with correct contact details produced, taken and to be left on site when missing
- Attending Mitie Monthly Meeting to discuss cleaning schedule signage taking into consideration new cleaning standards that should be displayed and where they should be displayed (Completed)
- First aid arrangements not clearly displayed, appropriate posters provided, taken and to be left on site when missing

Mental Health Environmental Risk Management Assessments “Previously Ligature assessments”

Actions undertaken

- The new Mental Health Environmental Risk Management Policy is currently under review, as part of this review process a new Environmental Risk Assessment Review form has been created in accordance with the NHS England and Improvement Alert issued to avoid recording lower-level ligature points as “low risk”
- This year’s round of ligature assessments and mitigating protocols were by both the Clinical governance structure and compliance team and have been extended until May 2022, apart from Hawthorn Ward due to re-development works and this will be captured on completion.

Going Forward

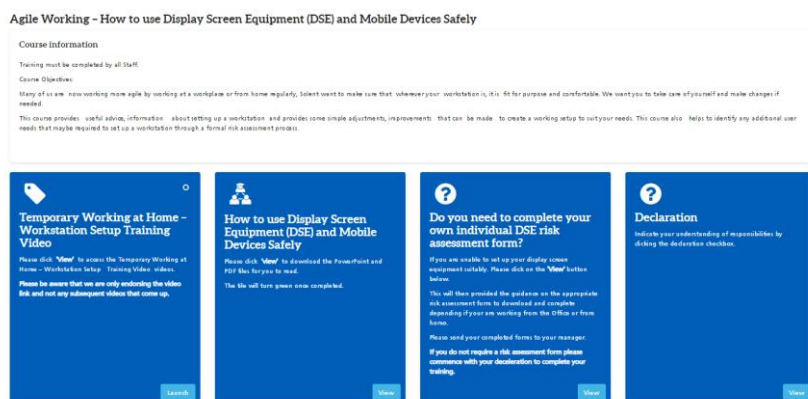
- A plan has currently been set up with the intention of completing all the assessments using the new form starting June, July
The action tracker (available on request) is used to record assessment review dates
- Working with the design team to minimise all ligature points during re-developments.
- Working with services to prioritise any works and support in future training and raising awareness

Agile Working Programme

Actions taken

Working collaboratively with key stakeholders regarding the legal elements of working at home, information/instructions on safe ways of working, looking after your mental welfare and training

- Review of DSE Workstation Assessment Checklist and the Home Working DSE Self-Checklist
- Review of the safe working with display screen equipment and mobile devices policy
- Creation of online Agile working training package
- QIA report to support the decision on level of training to be added to the L&D section for the PC (People Committee) held on the 20th of January taking into consideration Solent's legal primary aim to keep a balanced and proportionate approach



Going Forward

Agile Working - oversight/governance group

Approval has been given and the mandatory training shown above will be launched in July with a comms message

Section 5: Additional Covid Work Streams

Subject: Facefit Testing Programme

As of Jan 2022, the face fit testing was passed onto and now sits under the Health and Safety Manager

Actions taken

- setting up off a new face fit testing programme (Quantitative (QNFT) versus Qualitative (QLFT) Fit Testing),
- contact arrangements made with the Department of Health and Social Care to provide temporarily free trained fit tester who is deployed on an ad hock bases to Solent to assist with the new face fit testing requirement,
- ppurchasing of new Portacount Quantitative testing equipment,
- setting up and running of a new fit testing booking system and generic email facefittesting@solent.nhs.uk to arrange your fit test
- message sent out through staff newsletter 31st January 2022 "New arrangements for face fit-testing

Update

Since Jan and additional 21 days of Facefit testing has taken place resulting in 136 completed Facefit test being undertaken

- Total 1572 NHS employees have successfully passed on face fit testing
- 80 External NHS Employees

Department of Health and Social Care letter dated 13th January FFP3 Resilience in the MH and Community Setting

Trusts to consider these principles, alongside the amendments to the UK Infection Prevention and Control Guidance (published 1 June 2021), and work with their clinical and information teams to adopt and embed the following actions, if not already doing so:

1. *Identify an FFP3 resilience lead/champion within the trust and develop an implementation plan.*
2. *Increase the number of masks an individual is fit tested to and ensure the different masks are available to the user to wear interchangeably.*
3. *Implement and support a fit testing solution to enable the above principles to be achieved for all existing staff and new staff who will be users of FFP3s.*
4. *Start using ESR to record all fit testing outcome and usage data at an individual level. This should include all historical data and be updated with any new changes.*
5. *Monitor progress against the above principles*

Solent's FFP3 management summary was created and Solent's benchmarks well against the MH & Community FFP3 Resilience Principles, a gap analysis has taken place (action tracker available on request) - **On Going**

Going forward

- Job Description and in house fit tester appointment (awaiting final confirmation)
- Temporary Admin support via Redeployment programme

Subject: Reusable Respiratory Protective Equipment

Consultation continues with the specialist dental service around the audit on filter function on the daily checks for the Stealth and GVS Eclipse reusable respirators, adjusted check sheet and have also extended the filter life duration and replacement after (days used in the respirator or after hours of clinical use) **On Going**

Subject: Reception screen project

During the first wave of the COVID-19 coronavirus pandemic we took numerous steps to implement safety measures, the installation of physical barriers was an effective way of protecting staff and the public from the spread of the virus.

A reception screen project was set up and installed 37 screens. Due to an increase in demand for protective screens across the country we had to use as a quick solution using simple perex screens attached to battens.

After consultation with IPC, Fire Advisor, ASMS and HS Manager, the new build at Eastleigh Hub has had a new Pathoban infection control screen installed on both reception desks which covers all bases in terms of security, cleanliness, and is made from safety glass, therefore low fire loading.

On Going

Other reception areas (Western Community Hospital, St Mary's, Bathlodge) are currently having the new Pathodan screen being installed. Continued Reviews are underway, considering next steps in the cost/benefits in a replacement program of the existing temporary screens to the new approved robust, easily cleaned screens across all the reception areas in the Trust.

Section 6: Compliance and Assurance

External agencies and reporting of incidents





The Health and Safety Manager can confirm that there were no investigative proceedings being undertaken regarding breaches of health and safety legislative requirements or the Environmental Protection Act by either the Health and Safety Executive or the Environmental Protection Agency. Solent NHS Trust has not received a visit from any external regulatory agency, either pre- planned or because of a specific incident or complaint during 1 April 2021 to 31 March 2022.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR applies to a set of reporting requirements for work activities in Great Britain; the main purpose is to provide reports, where appropriate, to the Health and Safety Executive and to Local Authorities.

Solent were 100% compliant with all reportable incidents under RIDDOR being reported within the stipulated time frame to the Health and Safety Executive.

Tables below break down the incidents by subject/ affected personnel and % RIDDOR per total no of incidents reported in same year – 4-year comparison

Year	No of reportable RIDDOR's	Direction of change	% RIDDOR per Total No of incidents reported year to year comparisons
2021/2022	8		0.86%
2020/2021	4		0.55%
2019/2020	9		0.74%
2018/2019	5		0.5%

Staff or member of Public	Location	Injuries	Incidents
Staff	Solent Property	Injury preventing the injured person from working for more than 7 days	7
Staff	Community	Injury preventing the injured person from working for more than 7 days	1

When a RIDDOR is identified the Health and Safety Manager investigates all RIDDOR incidents providing support and will continue to work with departments to further improve the quality of investigations undertaken and sharing of lessons. Lessons learnt were recorded on all RIDDOR incidents.

Medicines & Healthcare products Regulatory Agency Central Alert System (CAS)

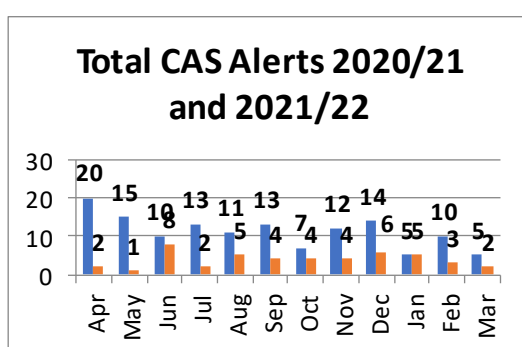
Solent NHS Trust receives safety notices and alerts from several agencies that require consideration and in many cases action by managers and employees. Methods of receiving alerts and notices are through the MHRA Central Alert System (CAS). Internally these alerts are appropriately cascaded to Solent NHS Trust. Services nominated points of contact to whom the notices can be acted upon accordingly.

The table below shows the numbers and breakdown of the type of alerts received via the Medicines & Healthcare products Regulatory Agency Central Alert System (CAS) for 2021/22
Types of CAS Alerts 2021/22

CAS Alert	Civil Emergency Messages - Medical Device	Civil Emergency Messages - Drug	National Patient Safety Alerts - Medical Device	National Patient Safety Alerts - Drug	Supply Disruption Alert (Drug)	Medical Devices Safety Bulletin
Total	7	14	5	4	13	1

The CAS Officer can confirm that all 44 alerts received were acknowledged within the stipulated timescales and all alerts have been disseminated to the appropriate groups, replies received / tracked and all alerts are compliant with each alert timescale back to the MHRA.

Year to Year Comparison



Summary
 Year to Year comparisons chart show the trends for the last two years of the total number of CAS. The CAS Officer can confirm that all 44 alerts received were acknowledged within the stipulated timescales

Going Forward:

Patient Safety Strategy Project Group

CAS Policy and the Medicines & Healthcare products Regulatory Agency Alert management currently being reviewed as one of the many Patients Safety Strategy work programmes Work steam 4 National Patient Safety Alerts requires Solent to consider.

- The system for the receipt and actioning of NatPSAs.
- An organisational – wide coordination of response with executive oversight, led by appropriate senior healthcare professional(s)
- Executive authorisation and assurance that all actions are complete. Board aware of a record of non- compliance with alerts by their designated deadline.

Section 7: Annual Security Management Report

The Accredited Security Management Specialist (ASMS) for Solent has continued in 2021/22 to work to deliver an environment that is safe and secure for all; and continues to ensure that the highest standards of clinical care can continue to be made available to patients. The aim of the ASMS continues to be the protection of NHS staff, resources and infrastructure from activities that would otherwise undermine their effectiveness and their ability to meet the needs of patients. Ultimately, this helps to ensure the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.

The key part is the introduction of the ASMS into each sector of the organisation. As the ASMS role is designed, to provide professional skills, Knowledge, and expertise to tackle security management concerns across a wide range of proactive and reactive issues.

The Objectives of the Accredited Security Management Specialist are:

1. Creating A Pro-Security Culture
2. Deterrence of Crime
3. Preventing Security Breaches / Incidents
4. Detection / Reporting of incidents
5. Investigation of Incidents
6. Advise or issue Sanctions following investigation
7. Monitoring and review of Safeguard Security incidents (Ulysses)
8. Protection critical infrastructure (gas stores, generator compounds)
9. Security of drugs, prescription and hazardous materials and Gases
10. Advice on safety and security issues provided to staff in community roles
11. Awareness of conflict (CRT) de-escalation of conflict.
12. Reduce Violence and Verbal Aggression as well as Hate crime

The NHS Security Standards for Commissioners are no longer accepted and the final reduction of these occurred with the new standard that went live in April 2021 introduced by NHS England known as the Violence and Reduction standard condition 24 (V&A) This is based entirely on Violence and Aggression with no reference to security management work.

This security management annual report will therefore be of a slightly different layout but will still hold all the data and information around the years' work in the governance of information, informing and involving, the holding to account of persons and the prevention and detection of crime.

Self-Review Tool (SRT)

The New NHS Standard Condition 24 means that there is no requirement for a Self-Review Tool (SRT). As there are no standards for Security Management there is no need for an SRT Referral. The Information covered in the Annual Self Review Tool is broader than the new Standard and as such it is still important to the board and so with the new standard Condition 24 both will be referred to in this in this report.

Investigations

Part of the ASMS role is the Investigation of Incidents (Criminal and Civil) as these may not fall within the public's interest or are unlikely to result in a realistic prospect of conviction due to lack of evidence or doesn't fit current policing triage model. Offences may have been finalised or no further actioned (NFA) by the Police but there could still be evidence that would help the trust to maybe consider a civil remedy or look at possible disciplinary matters.

The ASMS will always attempt to hold to account those offenders who commit crime against the trust. The ASMS also supports the Local Counter Fraud Specialist (LCFS) in any fraud cases where collation of evidence or information is required as per Service Condition 24 (PG33) of the standard contract.

The ASMS also assists with other complex investigations in accordance with CPS and evidential guidelines as well as 2021 NICE Investigate. Interviews will be conducted in line with police and criminal evidence act (PACE) including all interviews under cautions (IUC). This will ensure that any evidence that is collected is done in a timely manner and is up to the required standard with all regard to the continuity of evidence. This will also include working towards the incident reporting investigation and learning policy. All Investigations are undertaken in compliance with relevant and appropriate legislation governing those and criminal investigations:

The ASMS also report to any partnership agencies within a timely manner to ensure that staff and victims are fully supported during difficult times (i.e., H&S, Information Commissioners Office, Local Authority and CQC).

Investigations Commenced in April 2021:

- **16th April** incident at Special Care Dental a Patient managed to get into a storage cupboard that had been left open and lock themselves in. Staff managed to coax the patient out through encouragement no damage or injury caused.

Investigations Commenced in May 2021:

- **5th May 2021** Knife incident at Adelaide Health Centre, kestrel security observed young males outside the pharmacy stealing cans of coke, during this observation a knife was seen being wielded by one of the youths. Police were called and the young males were spoken to where an arrest was made.

Investigations Commenced in June 2021:

- **15th June** Vandalism to a small white Marquee at Riverside IOW MVC with the daubing of yellow paint. Incident was not witnessed by anyone. The MVC also reported many Anti-Vax Stickers being placed on to direction signs for MVC's. The removable nature of the sticker and lack of alarming or distressing language has meant no offence the incident was reported for intelligence purposes to the police.

Investigations Commenced in July 2021:

- **Threat to staff:** 12th July: Staff from Occupational Therapy were tasked to attend a patient address with concerns over the actions of family members who had in past attended the home while staff were present but had issue with authority and healthcare specialists. The situation was risk assessed and security provision was provided for staff when in attendance at the home address.

Investigations Commenced in August 2021:

- **Anti-Vax incidents: Multiple Dates** All MVC centres have had a regular flurry of Anti-Vax protestors ranging from leaflets to vigil outside and random lone actors who have tried to voice their opinion. All incidents have been reported to police for intelligence purposes with no further action being taken.
- **Suspicious Male ST Marys: 8th August 2021:** Security staff were made aware by staff that a handbag in the lady's locker room had been rifled. Security checked CCTV and spotted a suspicious male, police informed that the male in question had been responsible for a Burglary of an elderly lady's home address in the immediate area. This incident was recorded as a burglary with crime reference number is **44210330714**.

Investigations commenced in September 2021:

- **Protest against planning application:** Protestors reported via Facebook that they were planning to camp outside the St James hospital on the 1st of September 2021 to protest against the planning application for building of new homes. The trust provided extra

security. Protest caused no issues with the running of the MVC and or operations at St James hospital site it was peaceful protest.

- **Dental Waste Incident:** SF approached Solent Dental to buy used crowns and precious metals. Protocol wasn't followed correctly. A consignment notes was left but not the correct paperwork, an investigation headed by JW, and DK confirmed that the company was legitimate but hadn't provided the right sort of paperwork, awareness was raised with staff who will need to receive further training and the company to be reported to the relevant organisations

Investigations commenced in November 2021:

- **Incident 176546, 176768 & 176954** at the limes was subject of an IMR where a patient became violent towards staff committing over 7 offences several quite severe so was reported to police and is currently being investigated. This was the first series of incidents to be reported through Operation Cavell.
- **Knife Incident:** IAPT reported a patient seen with a knife during a triage, police were contacted and logged it as an intelligence log, Staff were able to intervene and explain to patient why the concern was felt, Staff spoke with the patient the following day at a pre-planned appointment in company with Security provided by the trust.

Investigations commenced in January 2022:

- **1st January 2022** New Year's Day WCH officers dealt with a male and asked to leave the premises as he was not on site for any legitimate purpose. The male refused and it took some time for Officers to remove the male safely. The ASMS previously reviewed the security function at WCH in 2019 and has provided an update of that review to H&S group.

Investigations commenced in February 2022:

- **4th February 2022** an assault on a MVC Marshal resulted in a successful outcome and as such the offender was given a community service order, a fine and his name was linked to the crime.
- **9th February 2022** a trust external Zoom Meeting was Zoom Bombed and inappropriate content was displayed. It was reported to local police to see if the social media specialist could assist, police stated that there is no case to answer and therefore No further actioned it. A meeting was set up with the meeting organiser and IT department so changes would be needed to ensure it didn't happen again.
- **18th February 2022** the theft of a Leaf blower (not owned by Solent) where grounds person had left the item unattended for some time. The incident was covered by CCTV, and this was passed to police.
- **28th February 2022** Two reported thefts occurred at Bramblys Grange and Aldershot Dental, where access to staff belongings in the office and staff rooms resulted in money being stolen. The incidents were reported on **179853**. Lack of evidence to investigate fully as no CCTV or witnesses. Both thefts were under the threshold of police involvement and with no evidence there would be no realistic prospect of conviction. The ASMS visited each location with the service lead and discussed that staff must be encouraged to use the provided Lockers as per Policy.

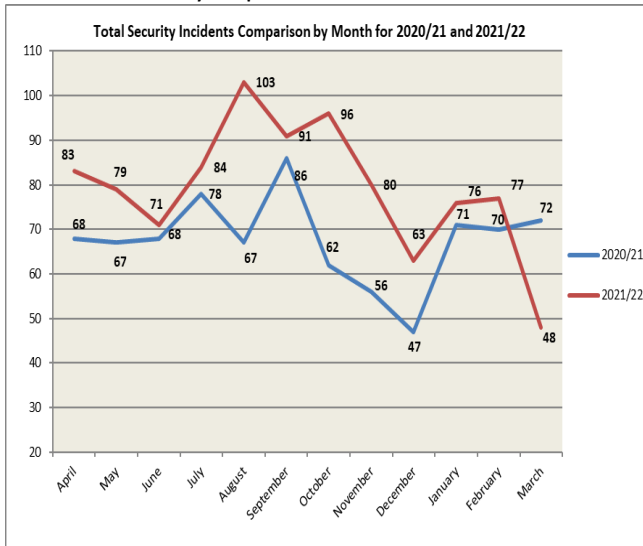
Investigations Commenced in March 2022:

- **1st March 2022** Ongoing investigation into a car that was seen to drive across the grass at the rear of SMH causing significant damage to the new grass. The case has been passed to HR as it was identified as a staff member. This was deemed as an easily avoidable damage and so HR will investigate the damage caused. During this incident another staff member's car was damaged this has been dealt with via insurance companies and provision of details as per the Road traffic act. CCTV footage and photos of the damage passed to HR.

Statistical incident overview

Overall Comparisons by Month for 2020/21 and 2021/22 (Security data):

The below Tables are a statistical overview of all security incidents with comparison from 2020/21 to 2021/22, this data has been provided from Ulysses of all incidents that have been recorded. There was a 17.1% increase from **812** Incidents to **951**, the majority of these increases are in relation to Aggressive Verbal Gestures (AVG) incidents patient to staff in AMH due to the acuity of patients.



Month	2020/21	2021/22
April	68	83
May	67	79
June	68	71
July	78	84
August	67	103
September	86	91
October	62	96
November	56	80
December	47	63
January	71	76
February	70	77
March	72	48
Totals	812	951

Total Security Incidents 2019/20 and 2020/21

Number of Incident Month 2019/2020/ 2021

Cause 1 Comparisons 2020/21 and 2021/22:

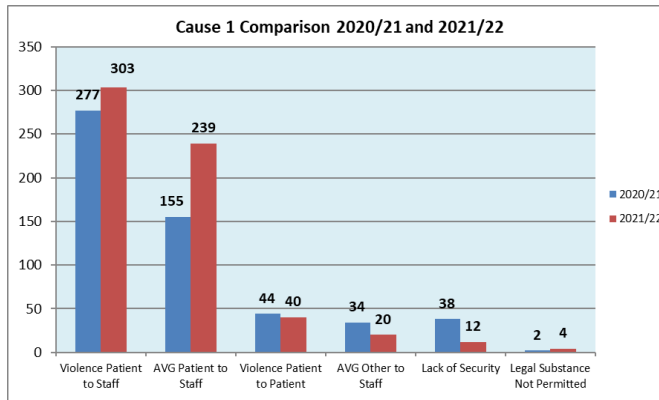
The below Table shows the Cause 1 comparisons incidents, Violence Patient to staff remains the highest affected Incident Cause in 2021/2022 financial year compared to 2020/2021 year.

The below has been provided to show increases in **Cause 1 Comparisons** between **2020/21** and the **2021/22**. There has been an increase in

- **Violent Patient to Staff** Rose by an extra **26** incidents to **303** from **277** incidents recorded between **2020/21** and **2021/22**.
- **AVG (aggressive verbal gestures) Patient to Staff** Rose by an extra **84** incidents from **155** to **239** between **2020/21** to **2021/22**
- **Legal Substance Not Permitted** Rose by 2 incidents from **2** to **4** between **2020/21/and 2021/22**

The below has been provided to show the decreases in **Cause 1 Comparisons** Between **2020/21** and **2021/22**

- **Violence Patient to Patient** dropped by **4** incidents from **44** to **40** between **2020/21** and **2021/22**
- **AVG Other to staff** Dropped by **14** incidents from **34** to **20** between **2020/21** and **2021/22**
- **Lack Of Security** Dropped by **26** incidents from **38** to **12** between **2020/21** and **2021/22**

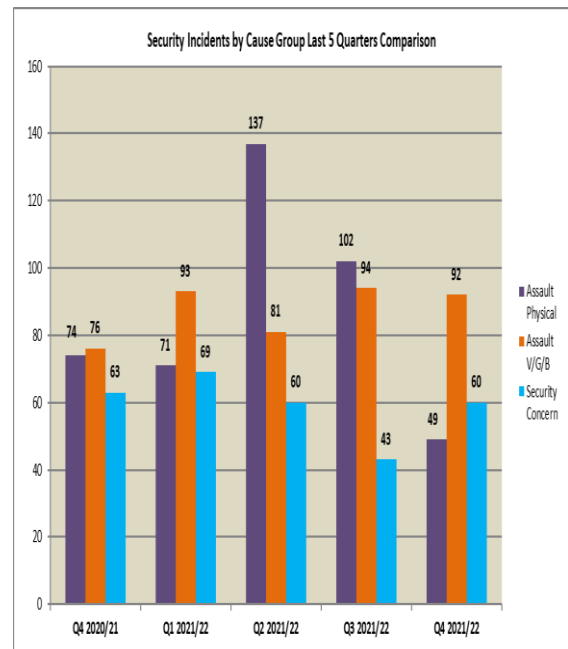


Cause 1	2020/21	2021/22
Violence Patient to Staff	277	303
AVG Patient to Staff	155	239
Violence Patient to Patient	44	40
AVG Other to Staff	34	20
Lack of Security	38	12
Legal Substance Not Permitted	2	4

Incidents by Cause Group Last 5 quarters 2020/2021 to 2021/2022

The below table shows the incidents by cause group for the last 5 quarters and covers Assault Physical, Assault VGB (Verbal Gestures, Bullying) and security concerns overall. As you can see there has been numerous decreases and increases but Assault Physical remains our most affected incident cause. This peaked in **Q2 2021/22** this peak was due to 3 patients in separate units causing multiple incidents daily, they have now been discharged and the numbers have returned to a more normal range. And therefore, dropped to our lowest at **49** incidents in **Q4 2021/2022**

Cause Group	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Assault Physical	74	71	137	102	49
Assault V/G/B	76	93	81	94	92
Security Concern	63	69	60	43	60
Total	213	233	278	239	201



Security Concerns remained fairly level around **60-69** incidents across the last 5 Quarters. There was a drop to **43** incidents in **Q3 2021/2022**

Assault VGB also remained fairly level ranging from **76** in **Q4 2020/2021** rising to its highest level of **94** incidents in **Q3 2021/2022**

CRS (Crime Reduction Surveys)

A Key part of the ASMS role is to conduct security surveys which can be proactive or reactive, each survey may have come about as a result of something witnessed by or brought to the attention of the ASMS by staff to highlight security issues within Solent property whether owned or controlled, occupied, or leased.

The ASMS attends conducts the review and then creates a report which provide recommendations on improving various layers of security working from the outside in. this process looks at safety and security and can in some cases be done in connection with Fire safety officer or the health and safety manager. The process is designed to address issues relating to security on site (Perimeter security, Access Control, business continuity, Policy and Procedure).

The CRS is populated with up-to-date crime data sourced from a police website, where crime data is uploaded from each of the 43 forces quarterly. The website (WWW.POLICE.UK) provides all crime data to better reflect what might be needed, as it provides data on the type and severity of each crime the percentage of each crime and the outcome police have given, this can in some cases help to influence decisions made.

CRS surveys completed in 2020 / 2021 financial year:

CRS Reviews 2021/2022	
1. Enterprise House Monks Brook Newport IOW	2. Crown Heights Sexual Health SH
3. SARC Centre Treetops SH	4. Gosport War Memorial Hospital SH
5. WCH Security	

Mass Vaccine Centres

The ASMS has continued to support Mass vaccine centres with advice and support around security despite the risk and issues being held by vaccine centre managers and operational directors. They have been provided a new framework by which to follow and the security provided for this is soon coming to an end as it is downsized in May 2022. So far there have been several incidents reported at the sites and the following information will provide information on all incidents recorded

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	1-24 Apr 22	Totals
VC Basingstoke Fire Station (BFS)	1	0	1	0	0	0	4	18	4	0	0	0	0	0	0	0	28
VC Hamble House Portsmouth (HMBH)	0	2	1	1	1	2	1	5	1	2	2	2	5	0	0	0	25
VC Southampton Oakley Road	0	6	2	1	1	0	0	1	2	0	2	2	1	1	0	0	19
VC The Riverside Isle of Wight (TPS)	0	1	2	0	0	2	0	1	0	2	1	0	0	0	0	1	10
VC North Estates Staffs (BFS)	0	1	0	0	0	0	1	3	0	0	0	0	0	0	0	0	5
VC Ports Estates Staff (HMBH)	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2
VC IOW Estates Staff	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Totals	1	10	6	2	2	4	6	30	7	4	6	4	6	1	0	1	90

In the last 16 months there have been 90 incidents recorded at the Mass Vaccine Centres

- **Basingstoke in August 2021** was the worst period for a MVC with over 18 incidents recorded. VC Basingstoke shut down in September 2021 and therefore was our worst affected MVC to date with 28 incidents recorded over its 9-month period.
- **VC Portsmouth Hamble House** came in at 25 recorded incidents in the last 16 months taking second place August 2021 was again its worst month for incidents and apart from January 2021 and February, March, and April 2022 it has had at least one incident recorded each month.

- **VC Oakley Road Southampton** was the third worst hit site with 19 incidents in the last 16 months.
- **VC IOW Riverside** is the fourth and least hit site with 10 incidents across the last 16 months, most of 2022 has been 0 expect for 1 incident in April.

The mass vaccine centres are being run at a lower number of patients than they started with so many changes have been made to ensure that it is still providing vaccines while moving forward. However, the Vaccine centres are accountable for over 90 incidents within a 16-month period. Some incidents reported have resulted in positive outcomes with one case of an assaulted volunteer being convicted at court where the offender a young male received a community service order and fine.

LOCKDOWN PROCEDURES AND ACTION CARDS

Several of the lockdown procedures during the pandemic went out of date and work is now being undertaken to address the out-of-date lockdowns. It is currently sitting at 59% of all lockdowns in date. This is in part is due to the expiry and not due to any requirement for changes, therefore the trust is not at any greater risk as a result. Once updated they will be uploaded to Micad for inclusion to all site folders. The number of lockdowns will be reported to the H&S group and EPRR team quarterly.

Policy Reviews

The ASMS has reviewed and recommended the update of several Solent policies to ensure that information and procedures are up to date and are effective in ensuring that staff remains aware of what is expected.

Policies Reviewed:

1. Searching Patients, their property, and Inpatients Unit Policy (advised on searching techniques)
2. Management of Security Prevention of Violence and Aggression Policy

NHS COLLABORATION / PARTNERSHIP WORKING #

The ASMS continue to build relationships with outside partner agencies to enhance the service provided to the Trust since, these relationships remain with

NHS Collaboration Forum: The ASMS continues to monitor the NHS Collaboration forum to ensure security criteria are discussed, issues solved and the future of the role of the ASMS. This remains as an online platform that is open only to accredited security professionals (ASMS) and gives those members a direct contact to NHS England.

This Forum has rolled out the following Alerts and updates this year

- **NHS England Standard Condition 24 Standard (V&A) Violence and Aggression went live in April 2021**

WASP (Wessex Area Security Professionals):

The ASMS continues to attend local area network meetings of WASP professionals and has continued to attend these meetings even hosting some at WCH. These meetings allow local ASMS and LSMS to meet regularly and catch up on security issues affecting the role and the NHS. The meetings are designed to ensure that we can try to mitigate any risk occurring at our trusts. The meetings also provide a place for ASMS and LSMS to ensure that all key messages from NHS England can be discussed at length.

Meetings attended so far:

- **16th April 2021**
- **1st December 2021**

1 meeting was not attended but minutes were read due to a meeting overlap taking priority

Regional Security Manager (NHSPS)

The ASMS meets regularly with the NHSPS Regional Security Manager on issues affecting the security and safety of regional issues such as the Protesting against Vaccines and the Covid 19 Pandemic, and threats to Mass Vaccine centres and Saint James Hospital. Intelligence was shared from CSSC and GSOC giving us an insight into these issues early. The ASMS is now signed up to CSSC alerts to be prewarned of major security issues that are likely to affect the trust and receives GSOC updates as part of the partnership. The CSSC messages are often bi-weekly with GSOC updates sent when an issue is discovered that needs maximum attention.

Local Counter Fraud Specialist:

The ASMS has assisted the LCFS in the prevention of fraud against the trust and assisted them in distributing alerts trust wide:

- **8th March 2022** Investigation into a staff member receiving threats to commit acts of fraud, discussed with staff member, and ascertained peculiarities of the case advice given to the contactor and staff member has reported no further issues.
- **3rd December 2021** inappropriate use of an ID Badge reported to the LCFS, concern raised that a bank staff member may have been involved. On closer inspection and further investigation, it was deemed not to be a Solent staff member as no card had ever been created. Left with LCFS to finalise.
- **5th July 2021** Fake QR codes attached to Vaccine Centre signage designed to look official but when scanned they appear to be official reported by the LCFS some remedial action was completed to remove them safely by staff with PPE after several posters had been laced with razor blades in previous times.
- **18th June 2021** Possible redirection of food in catering department at SMH was investigated as a possible fraud / Theft was investigated as a theft eventually. The case had no evidence and poor policy and procedure being followed meant many changes were made / lessons learnt LCFS made aware of the situation.
- **13th May 2022** assistance provided to the LCFS by the ASMS on a visual Audit of trust assets, information was collected, collated and a full report completed by the LCFS.

CDLIN Controlled Drug Liaison Network

The ASMS has attended meetings of the CDLIN where the discussion of medicine and prescription safety is conducted, all medical professionals with a link to pharmacy and investigation of incidents can attend these quarterly meetings to discuss best practice and look at the changes in law and legislation around the safety and security of medicines, gases, and other valuable assets.

Dates of Meetings:

- **15th November 2021 (Online)**
- **9th March 2022**

CSSC (Cross-Sector-Security-Communications alerts)

There were **28** CSSC briefings shared with relevant stakeholders this financial year, CSSC system messages are created and submitted as regular updates from the cross-sector security communications which is a government agency. These messages are sent to Local Police forces across the UK, all organisations signed up to the messages such as NHS, and private companies and organisations, these are provided for planned events such as terrorism, anti-government protests, anti-abortion and Covid 19 related alerts for the protesting of vaccines.

The ASMS receives these messages every 2 weeks unless threat or changes in certain law requires that one is sent, they are therefore forwarded to the relevant stakeholders. As soon as they are received.

Conclusion and Going Forward:

- Compliancy of CCTV at Mental Health Units
- Safety and Security of Net 2 Integration

The SMS continues to examine incidents reported through Safeguard or Ulysses to establish reported cases of crime and acts of violence, whether they are physical or non-physical, against the Trust staff, patient, and visitors.

The full Annual Security Report and SRT (Self-Review Tool) has been sent to the SMD (Security Management Director) for board approval.

Section 8: Annual Fire Management Report

Fire Safety Advisor and Estate Projects

The Fire Safety Advisor continues to be involved in numerous new Estate's project work during this year from the planning stage meetings with architects, mechanical and electrical engineer consultants and the building contractor. Support continues with on-site construction inspections and through to final testing of fire and ventilation related systems, the testing of lifts and inspection of shafts, then finally building compliance inspection and agreement the premise or area is now safe for occupation.

Some of these projects have included: -

- Completion of new ventilation chillers on the roof of St Marys, Portsmouth, with associated alterations in riser shafts running through the height of the building.
- Installation and completion of two new lifts at St Marys - one for passengers and the other for the facilities team to deliver their vital support services.
- An extension and complete refurbishment of Maples ward at the Orchards in St James Campus Portsmouth.
- Planning stage of the forthcoming demolition and new build of a hospital wing at Western Community Hospital, Southampton.
- A refurbishment strip-out and rebuild of the Bitterne Health Centre 1st floor.

Collaborative Working

Fire Safety Advisor and Somerstown Dental Project

One project over last year that has proved a challenge to achieve and is still at the design stage is Solent's proposed Dental unit expansion at Somerstown in Portsmouth. This unusual community building straddles an inner-city dual carriageway, when the architect forwarded their proposed plans to the Fire Service they were not accepted. The matter was brought to the attention of the Fire Safety Advisor who has used his knowledge to re-design the fire compliance of the ground floor of this City Council building, and the Fire Safety Advisor also liaised with this Council Authority to identify to them faults in the linked fire systems that would prevent free flowing evacuation from the building. Portsmouth City Council have now agreed to correct the identified defects, and with the new fire plans submitted permission has now been given for the go-ahead by Hampshire Fire and Rescue.

Fire Risk Assessments

The Trust Fire Risk Assessments (FRA) provides Estates with monitoring and feedback for remediation and assurance. Evidence of these assessments is held on the Trust MICAD system. Quarterly assurance reports are generated and sent to the Trust Health and Safety Group who oversee specific issues and actions.

Fire Risk Assessments (FRA) are subject to an FRA review on a periodic basis. Below are the recommended time periods between reviews as per Trust Fire Safety Policy:

- Higher risk premises, (e.g., inpatient sleeping risks) FRA within each 2-year period. These Fire risk assessments are all completed and up to date.
- Medium risk, (e.g., client areas, health centres) annual FRA review, with a full FRA every 3 year.
- Low risk (e.g., low risk stores and non-occupation buildings) periodic FRA review, with a full fire risk assessment document produced at least every 5 years.

All of Solent NHS Trust buildings and landlord buildings where Solent have either the majority occupation or have significant size departments are compliant with The Regulatory Reform (Fire Safety) Order 2005 as all meet the criteria of a valid FRA in place because they are recent, regularly carried out, suitable and sufficient, and provided by a qualified person.

Further operational checks are carried out inclusive of, but not limited to, weekly fire alarm testing, monthly emergency light testing, annual portable fire equipment checks and annual fire evacuation drills. Evidence of these checks is held on the Trust MICAD system, also on the Estates maintenance electronic recording system.

Risk ratings from both Fire Risk Assessments and operational checks are allocated against each site and an Estates maintenance tracking meeting of identified fire safety related risks is held with an Estates Officer. This process assists the production of the Maintenance Assurance Report presented at a monthly meeting with the Solent Estates Maintenance Management team.

During the year of 2021/22 all Estates FRA risk items identified in the Southampton, Portsmouth and near areas have been dealt with or are in the process of completion or sent to the Head of Estates Maintenance for inclusion in a forward programme of works.

Holding fire safety risk items for a following financial year is acceptable, if you can show that overall, you have balanced your financial ability with solving identified higher risk items (especially when they have been identified as items to receive immediate attention). To this end Solent maintenance Estates Officers have consulted with the competent person for fire safety to help Estates grade the identified risks in order of time and risk importance, these are then entered onto the Trust Estates Maintenance Risk Tracker which provides a constant up to date record.

Actual fire incidents reported during 2021/22 are as follows:

Q1 A small portable radio in a patient bedroom at The Orchards at St James had defective wiring and started to burn. After investigation it was found a manufacturer could not traced (purchased on-line) so the remaining radios were disposed. **Completed**

Q2 A night shift security/porter at WCH smelt acrid burning while on patrol and discovered the electrical wiring at the rear of a refrigerator was degrading and smoldering, investigation found the fridge was over 20 years old proved by the batch and serial number. Electrical items are manufactured for a shelf life of 10 to 20 years. This has led to a Trust check of refrigerators and other major kitchen electrical equipment via the catering manager. **Completed**

Q2 There was a patient bedroom fire in The Limes at St James causing severe damage to that en-suite room. It was good to note that fire protection builds of that room and the fire doors performed well preventing the spread of the fire or damage to any other location. Staff were praised by the Fire Service when their fire and evacuation training came into play to safely evacuate the unit. At the time that part of the building was being used by patients and staff from The Orchards secure mental health building which is still undergoing a substantial refurbishment. Investigation and statements from duty staff proved the fire was started by the patient occupying that room, a staff debrief session was held following the incident.

Statistical Fire incidents reported 2021 / 2022

The Trust continues to have an enviable record on fire statistics which is achieved via a combination of staff fire training and fire risk assessments being more readily factored into Estate's maintenance and projects work: -

Cause 1	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Fire - Arson	0	1	0	0
Fire - False Alarm	3	5	7	4
Fire - Accidental	1	0	1	0
Fire - Faulty Equipment	0	1	0	0
Fire - Hazard	0	0	0	0
Fire - Smoke Related	0	0	1	1
Fire - Other	0	0	0	0
Fire - Actual	0	0	0	0
Burns and Scalds	0	0	0	0
Total	4	7	9	5

Fire Incidents Monthly Comparison for 2020/21 and 2021/22

Month	2020/21	2021/22
April	1	0
May	3	2
June	2	2
July	0	5
August	1	0
September	2	2
October	0	5
November	3	4
December	2	0
January	3	2
February	2	2
March	2	1
Totals	21	25

Actual Impacts for 2021/2022 4 Quarters

Actual Impact	Q1	Q2	Q3	Q4

	2021/22	2021/22	2021/22	2021/22
1 - No Harm	1	3	6	5
2 - Near Miss (By Intervention)	3	2	3	0
3 - Minor, Non-Permanent Harm (Up to 1M)	0	2	0	0
4 - Moderate, Semi Permanent Harm (Up to 1Y)	0	0	0	0
5 - Major, Permanent Harm	0	0	0	0
Blank	0	0	0	0
Total	4	7	9	5

Conclusion

There has been a marginal increase from 202/21 of 21 incidents being reported to 25 incidents being reported during 2021/22. Of the 25 incidents 23 were either attributed to No harm or Near Miss (by Intervention) which leads to a conclusion of a positive culture of reporting

Continued Future Actions

The Fire Safety Advisor will continue to work with staff to provide fire strategy and evacuation training, and regularly meet with Estates to ensure improvements that will keep Solent NHS Trust in an enviable position with very low fire incident figures. The Fire Safety Advisor will be providing Fire compliance advice and knowledge for best practice on the continuing and forthcoming Trust build projects.

Section 9: Estates and Facilities Management Report 01 April 2021 – 31 March 2022

Operational Background: The in-house Solent NHS Trust estate maintenance provision achieved its first full year in operation on the 31st of March 2022 following the transfer of responsibility from the previous commercial partner, Kier Workplace Services.

Similar statutory controls and constraints were applied to Solent's Estate Maintenance Department as with Kier although a much more aggressive and rigorous level of statutory, mandatory and industry good practise maintenance and inspection is now administered via our new computer-aided facilities management system (QFM®).

The restoration of clinical services post-pandemic has generated a sharp increase in demand for general maintenance services and minor works which is reflected through this report.

In addition, the number of physical assets recorded across our disparate estate has significantly risen, by several thousand, within the operating period to a current value of 13229, this is some four times greater than that being maintained under the previous regime. This increase is due in part to the acquisition of new sites as well as data migration and uploads to the CAFM system.

Operational Maintenance Dashboard: Statutory and mandatory maintenance was carried out to comply with Legislation, Good Industry Practice and NHS requirements and guidelines whilst keeping patients, visitors, and staff safe within all our built environments. For the reporting period the table below represents the planned and reactive maintenance activity along with a level of work attributed to misuse by service users:

Maintenance Activity Dashboard April 2021 – March 2022	
Planned Preventative Maintenance Tasks scheduled and completed.	5549 (4662 in 2020-21)

Reactive/Corrective Maintenance Tasks requested and completed.	5709 (4846 in 2020-21)
Damage/Misuse related tasks associated Reactive calls.	493 (9% of reactive activity) 338 (7% of reactive activity in 2020-21)

The summary overview is that PPM activity was higher than predicted due primarily to the Trust adopting additional buildings and CAFM asset data imports, areas of regulatory change affecting engineering and building services had also impacted the activity demand. Reactive maintenance demand was, for a consecutive year, significantly up on the previous period and above pre-pandemic levels in part due to the relaxation of 'stay at home' advice. Damage/Misuse reporting has increased by 155 events which has been attributed to improved estates information gathering when responding to reactive requests.

General Compliance: The wider Solent Estates team have the responsibility for maintenance of all compliance documentation. To ensure these records are kept up to date and are accurately stored, they are held on a property database software system, MICAD. This platform operates a self-audit tool and is managed by the Estates Asset Management Team, currently no independent auditing of the retained documentation is in evidence. Records and discipline specific certification are also retained by the maintenance service within its CAFM system in the event of a legal challenge.

In addition to the Trusts current catalogue of freehold properties, Solent occupies a number of premises as Leasehold or Licenced Tenants. An annual exercise is in place to contact landlords for written assurance they are adequately meeting their obligations in accommodating Trust staff, this continues to be monitored by Solent's Asset management Team.

In accordance with Department of Health technical guidance (HTM 00) the organisation should identify and appoint in writing individuals suitably competent and with responsibility for the management oversight of critical technical systems (i.e., electrical, healthcare ventilation and medical gases). Having reviewed the current situation, some progress had been previously achieved in identifying and appointing appropriate individuals to the roles of Designated Person, Responsible Person, Authorised Person and Competent Person, though progress has been curtailed due to the pressures and necessary efforts relative to the pandemic.

A pro-active approach to training and competency development in all relevant areas has been established across the wider department and more specifically toward the maintenance staff migrations under TUPE.

Specialist sub-contractors provide a critical support mechanism to the delivery of regulatory maintenance activity, but this can also present a risk potential to the Trust if not robustly managed. Within the reporting period the Estate Maintenance Department has adopted and introduced a cloud-based control of contractors database (Verature®) whereby insurances and staff competencies are retained for each contractor and provides a dynamic compliance dashboard (inserted below).



Estates Backlog Maintenance and Strategy: The Trust has continued to develop its long-term maintenance programme in line with published NHS Backlog Maintenance Guidance, formed from life cycle and condition-based assessments, this provides data informing our backlog maintenance programme, position, and value. The Estate Maintenance Department has been working to fully develop a 15+ year Major Maintenance Plan to provide an established strategy for future capital investment which aligns with and compliments our forward looking Net Zero and Decarbonisation agendas. The Trust Board continues to support the programme through approved financial commitment.

Entries within the major maintenance programme are risk assessed using the recognised NHS 5x5 risk matrix and reviewed annually in consultation with Trust stakeholders to prioritise and where necessary re-prioritise works to be presented and authorised.

Current assessments and reviews place the backlog maintenance value for the reporting period in the region of £17 million which is a circa £2 million increase on the previous period.

Water Safety Management and Risk Assessments: To comply with our legal duties, employers, and those with responsibilities for the control of premises should identify and assess sources of risk, this includes checking whether conditions are present which encourage bacterial growth e.g., adverse water temperatures outside recommended standards as well as infrequently used outlets.

Water safety and hygiene control measures are being carried out at all our geographical sites to various and differing levels to mitigate the risks from Legionella and Pseudomonas also to promote quality wholesome water. The meeting schedule of the Water Safety Group had been majorly disturbed during the pandemic although this has recovered toward the end of the current reporting period.

Water Hygiene Risk Assessments have been re-prioritised, undertaken and fully reviewed via an independent assessment route, assessments are now programmed for clinical spaces which fall into the geometry of augmented care as determined by advice within health technical memoranda. Recommendations from the water risk assessments are fed into the Annual Water Safety Plan which the Water Safety Group has oversight.

Several more frequent tests are routinely carried out to ensure that premises are being maintained to reduce the risk from either contaminated water or water temperature breaches. These testing regimes are required to be carried out monthly and form part of the comprehensive Planned Preventative Maintenance (PPM) schedules as recommended by HTM 04-01 Part B and the HSE document L8 (HSG 274).

This proved invaluable with the incident of contaminated water supplies at Units L5 & L6, Eastleigh Swan Centre in March 2022 requiring a closure of the facility for approximately three weeks whilst water services were cleansed, disinfected, and thoroughly inspected and maintained due to contamination from a neighbouring commercial outlet.

No significant harm was caused to patients or staff and no litigious action has resulted from this incident.

The return-to-work instruction has resulted in an increase turnover of water systems and a direct improvement in general water quality. The previously introduced aggressive outlet flushing programme has been stood down as a consequence of improved utilisation and supporting microbiological evidence.

The Water Hygiene and Safety Policy includes a defined process of immediate notification, action, and supervision by selected Trust Personnel in the event of a suspected 'high count' or confirmed case of Legionella or similar. Those personnel who will be informed to ensure a suitably weighted and proportionate response include the Responsible Person (Water), Head of Infection Prevention and Control, the Trust Health & Safety Manager, Associate Director of Estates Transformation, and remaining membership of the Trust Water Safety Group. The remodelling of the HTM 04-01 during 2016 placed a greater emphasis on the efficacy of the Water Safety Group and the requirement for members to be kept informed and collaborate to achieve identified responses to any high count or outbreak.

Asbestos Management: The control of asbestos is covered under several items of legislation; every nondomestic building is required to have an asbestos register, containing an asbestos management survey which identifies the potential presence of known materials of concern. The MICAD system hosts the asbestos registers for those buildings owned and operated by the Trust, this intelligence has been enhanced by the depositing of survey information on a room-by-room basis enabling the identification of 'hot spots' on floor plans.

The completion of statutory re-inspections of known or presumed asbestos locations have provided status updates on the presence and condition of any asbestos material and any actions required to reduce the risk of contamination. All this effort satisfies the requirements of the Control of Asbestos Regulations 201

Any Capital Works or invasive maintenance works remain subject to a full Refurbishment and Demolition Survey, and operational contractors are directed to the asbestos registers and surveys before carrying out any maintenance or interventional works.

A formal programme of Asbestos Awareness Training and Annual Refresher Training continues to be delivered for all estate operations, project managers and allied support team individuals.

Ventilation Systems: The global pandemic had placed an intense scrutiny on all modes of mechanical ventilation particularly re-circulating air systems and has tested technical expertise nationally. Industry as well as healthcare specific advice has continued to evolve and be reviewed during the reporting period and throughout there has been a significant effort to increase delivered air volumes and thus room air change rates in response to the increased viral loading.

This advice has not altered as we have emerged from the controls imposed over the preceding periods though the conflict with energy usage and management is a clear challenge for the future.

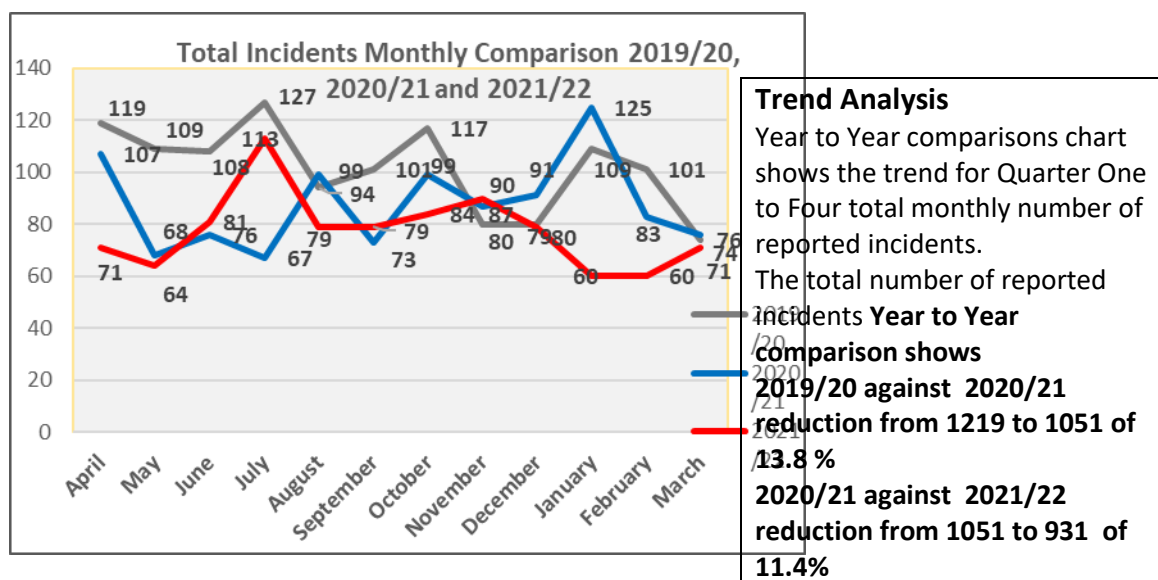
There has been a specific focus on technology that has the potential to improve indoor air quality via a filtration process, this remains a cause for significant concern as does the widespread use in clinical settings of portable room cooling units.

The establishment of a formal Ventilation Safety Group has been delayed but once operational its focus will be on the control, deployment, and rigorous management of these devices.

Section 10: Risks and Issues

Below is a statistical health and safety overview of all health and safety incidents reported by members of Solent NHS Trust. It covers the overall number of incidents reported and identifies general reporting trends against year-to-year comparisons.

Graph below Total health and safety incidents reported Monthly Comparisons



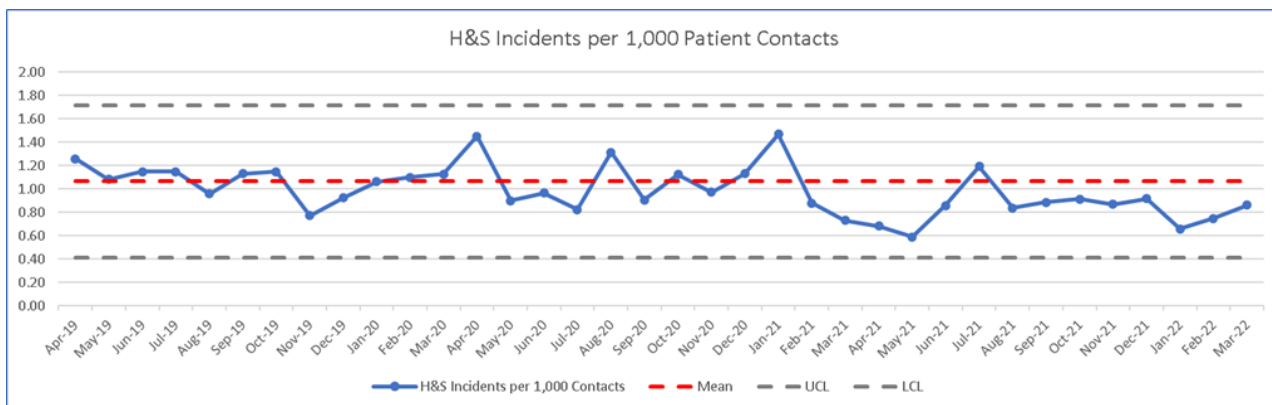
Year to Year quarterly comparison
Q1 decrease of 13.9% from 251 to 216
Q2 increase of 13.3 % from 239 to 271
Q3 decrease of 8.6% from 277 to 253
Q4 decrease of 32.7% from 284 to 191

When comparing the last two years against 2019/2020 it shows a reduction of total number of reported incidents over the last two years of circa 24.2%. This indicates that making comparisons over a three-year period not possible due the pandemic impact on service restructuring, the impact on service delivery and anticipated future trends due to Covid, forming new norms.

Summary

The quarterly incident numbers and the year-to-year reduction of the total number of reported H&S incidents fall in line with the incidents per 1000 patient contacts (Clinical services only) chart below, identifies that the July increase shown and the reduction between January,

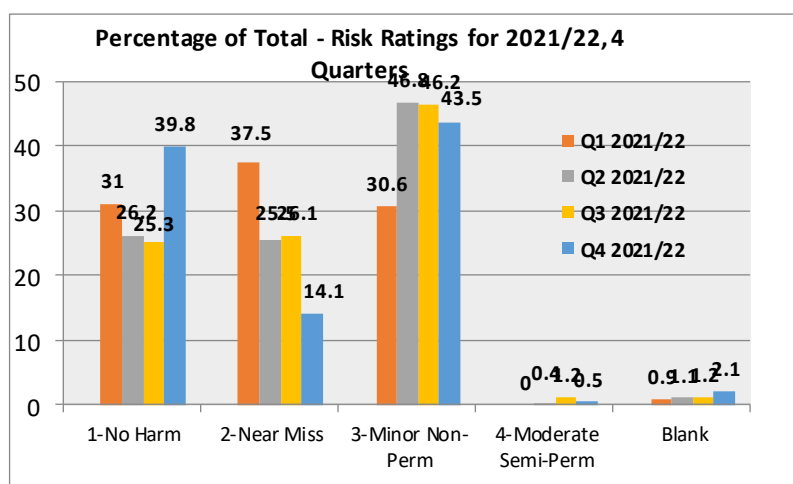
February and March correlates with the prevalence of Coronavirus virus within the general public during 2021/22.



4. Risk Rating and Percentage of Risk Ratings

Risk Ratings for All Incidents 2021/22, 4 Quarters

Actual Impact	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
1-No Harm	67	71	64	76
2-Near Miss	81	69	66	27
3-Minor Non-Perm	66	127	117	83
4-Moderate Semi-Perm	0	1	3	1
5-Major, Permanent	0	0	0	0
6-Catastrophic, Death	0	0	0	0
Blank	2	3	3	4
Total	216	271	253	191



Summary

Minor Non-permanent harm incidents had continued to show a decrease for two consecutive quarters with Q3 showing a minimal reduction of 0.6% and Q4 a further reduction of 2.7% ,but during Q2 had increased from the Q1 base line by 16.2%

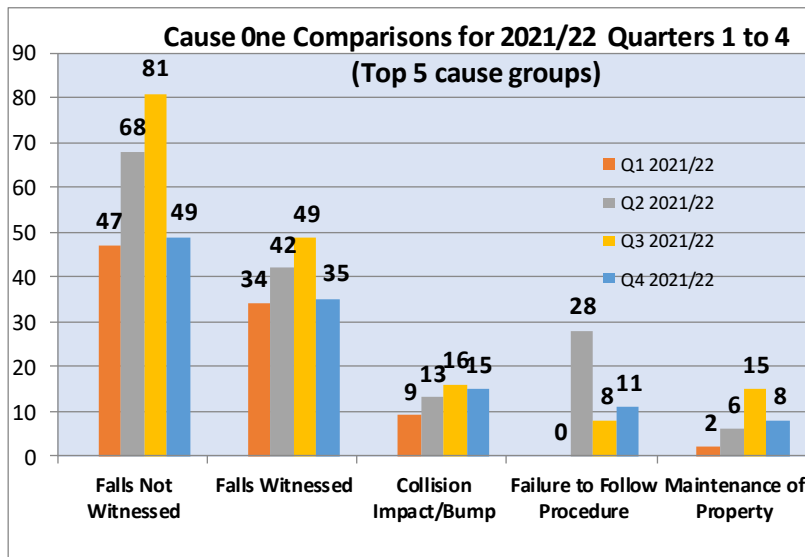
- No harm total percentage trend of reported incident shows a steep decrease from Q1 to Q 2 from 31% down to 26.2 % and continued to decrease down in Q3 accounting for 25.3% and during Q4 has shown a positive increase to 39.83%
- Near Miss incidents has shown a steep decrease from Q1 to Q2 from 37.5% down to 25.2% then a minor increase in Q3 to 26.4% and during Q4 a decrease to 14.1%
- Blanks are generally rare

Year to Year Conclusion

No harm and near miss by intervention quarterly % figures recoded incidents have consistently been higher than Minor Non-permanent harm incidents, this falls in line with a positive culture of reporting incidents

5. Cause One Comparisons

Cause One Comparisons for 2021/22 Quarters 1 to 4 (Top 5 cause groups)



Slips, trips, and falls witnessed and not witnessed remains for the third consecutive year the highest percentage of reported health and safety incidents Circa 46.3%

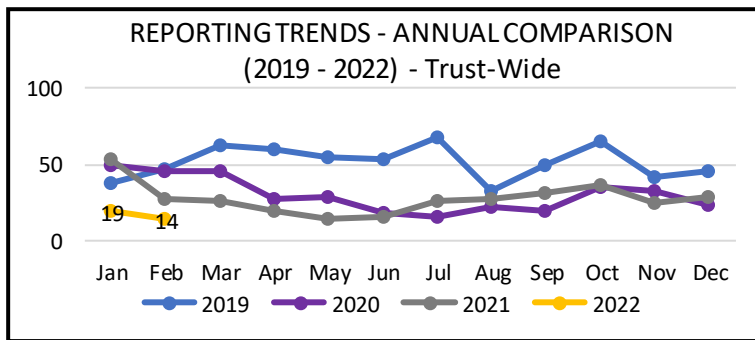
Refer to Falls Prevention Work Streams Above (page)

In addition

Slip resistant testing kit currently being reviewed to assess the slip resistance of flooring that complies with the HSE slip values recommendations. Micad drawings sent to Slip Test Ltd awaiting response

Falls Prevention Work Streams

Since Feb 2022 numerous falls prevention work streams have taken place and Solent NHS Trust has implemented detailed changes to its incident reporting system during 2021 for incidents related to falls. This has allowed much improved data about falls to be retrieved and analysed. The Quality and Professional Team now produces monthly reports which are then analysed by the Inpatient Falls Prevention Group



Summary

Initial data analysis has shown that the numbers of inpatient falls in 2021/2022 have reduced compared to 2019 although altered activity levels on wards will have affected this, however the improvement has remained even as ward activity levels have normalised

Going forward

Collaborative work streams

- Launch SystmOne Inpatient Falls Assessment once staff training is complete. (Aim June 2022)
- Trial new e-learning with staff and devise local learning.
- Conduct Unit by Unit Environmental/Staffing review combining this with what falls data tells us – to be led by health and safety manager lead, falls prevention project worker, NED involvement, matron from ASP, ASS and MHS and service user involvement.
- Terms of reference for the review agreed in the first quarter of 2022/2023, reviews aim to commence in the second quarter and an action plan devised ready for presentation at the end of the third quarter.
- Conduct peer review of falls prevention practices with local trust using CQC framework.
- Revise Falls Policy – aim complete by Sept 2022

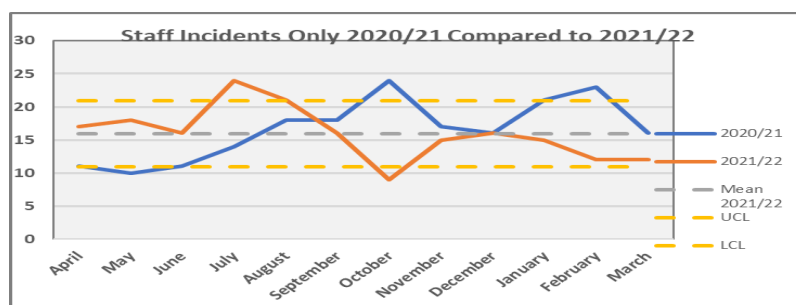
The remaining top three cause one groups, Collision/Impact/Bump, Failure to follow procedures and Maintenance of Property all have sub cause groups

Two of the cause groups Collision/Impact/Bump, and Maintenance of Property have no obvious trends that could be identified

Failure to follow procedures had a number recorded as “ Infection Control Mgmt/Outbreak incidents” all of which were acted upon immediately through collaborative working with Solent’s IPC colleagues

Staff Related Incidents ONLY

Total Number of STAFF ONLY INCIDENTS reported year to year comparisons



Staff Incidents Only 2020/21 Compared to 2021/22

Month	2020/21	2021/22
April	11	17
May	10	18
June	11	16
July	14	24
August	18	21
September	18	16
October	24	9
November	17	15
December	16	16
January	21	15
February	23	12
March	16	12
Totals	199	191

Summary

Total number of incidents has generally remained within the lower section of the upper and lower limits

Year to Year comparison show a minor decrease from 2020/21 to 2021/22 of circa 4.0% of the total number of Staff incidents

Risk Rating Staff incidents ONLY

Staff Actual Impact	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
1- No Harm	20	9	6	11
2- Near Miss (by Intervention)	10	9	3	2
3 - Minor, Non-Permanent Harm (Up to 1 M)	21	43	31	25
4- Moderate, Semi Permanent Harm (Upton 1	0	0	0	0
Total	51	61	40	39*

As with previous years the incidents remain similar and come from all services and the use of the on-line web-based reporting system is well known.

This, as with the previous year, is an encouraging position as the trends shows that organisations that have good levels of reporting have corresponding improved patient safety cultures and reflect a positive safety reporting culture.

Section 11: Looking Ahead

Health and Safety Manager will be focusing on a number of additional areas of activity that haven't been identified within the report during the next 12 months:

- Appoint an external Authorised Engineer (Fire) in accordance with HTM 05 01 "Managing fire safety in healthcare", Second edition.
- Establish the potential completion of Disability Discrimination Act assessments for Solent owned properties.
- To play a supportive role in any future re-set and recovery proposals
- Support the development and implementation of all proposed subject matter expert sub-groups.
- The Compliance team will continue to work closely with Estates and Facilities Management Teams as a key partner in all new build, refurbishment projects or acquisitions of new buildings. Provide expert advice and support, and

authorised compliant status sign off to issues that are identified within sites that relate to statutory compliance with appropriate legislation and NHS Technical documents (Health Technical Memorandums and Health Building Notes).

- Support the future establishment and implementation of the in-sourced estates maintenance team.
- Be responsive and supportive during the pandemic.

We have engaged and formally consulted with our employees and staff side representatives regarding health and safety management.

As we come to the end of this strange year, as the appointed person for Health & Safety none of us can predict the future entirely, I have taken time to analyse and keep up to date with industry news and as member of the health and safety executive consultation hub kept abreast of ideas of what can be expected.

The progress of the past year has been challenging for all areas of Health and Safety compliance due to the continuation of the increased pandemic pressures, but it's a testament to the whole compliance team that throughout the challenging and stressful period we have operated in a professional manner, effectively with a risk-based approach to working. Solent continues to have good systems and processes in place to manage health and safety and the processes are aligned with the legal requirements with active staff side consultation and involvement being integral to the continued success of health and safety

I personally would like to thank all our colleagues for their continued support.

Author: David Keates

Job Title: Health and Safety Manager Solent NHS Trust

Date; July 2022

APPENDIX A

HEALTH AND SAFETY POLICY STATEMENT OF INTENT

This health and safety policy statement of Intent identifies the commitment of Solent NHS Trust to provide and maintain a working environment and systems of work that are, so far as is reasonably practicable, safe for employees, patients, visitors and other persons affected by the Trust 's undertaking or omissions.

Health, safety, and welfare is the responsibility of all Directors, Heads of Department, Managers, responsible persons both clinical/ nonclinical and employees and is an integral important part of their duties. The Trust's commitment to health and safety therefore ranks equally with all other aims, objectives, and activities.

The Health and Safety Policy defines responsibilities and identifies general and specific arrangements relating to the Trust's undertaking which extends to all premises, buildings, and working activities throughout the Trust. The health and safety policy are supported by other more detailed policies which will be read in conjunction with it

A copy of the health and safety policy is made available to all employees on the Trust intranet, where employees do not have access to the intranet, line managers are to make such arrangements as may be necessary to ensure employees have access to this policy.

The Trust ensures that all employees are fully aware of their legal obligations to take reasonable care for their own health and safety and that of other persons who may be affected by their acts or omissions whilst at work. All employees are legally required to co-operate with their employer regarding health and safety matters, not to misuse or interfere with anything provided for safety so the Trust can fulfil its legal obligations.

To enable the effective implementation of the health and safety policy and the performance of all tasks safely and without risk to employees, patients or visitors, staff will be provided with suitable and sufficient information, instruction, and training.

To encourage and promote effective consultation, communication and co-operation between management and employees, all departments shall develop appropriate systems by which the contributions and concerns of employees can be raised at departmental management meetings, and the Health and Safety Subcommittee.

This health and safety policy statement of intent shall be reviewed and amended annually, or as dictated by significant changes to legislation and/or Trust policies or adverse conditions, whichever is the sooner.



Andrew Strevens
Chief Executive
December 2022

Item No.	10.1	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 24 th November 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	<p>The following reports were noted by the Committee:</p> <p><u>Workforce Data Insights report:</u></p> <ul style="list-style-type: none"> The committee were informed of the key findings from the research the new Workforce Business Intelligence Partner had investigated, along with their proposed plan of action to meet the deliverable of one source of workforce data needed that was to be accurate and timely, which would address the mistrust of the data within the Trust. New reporting is needed as a result and it was noted that this would take some time, approx. March23'. An initial dashboard could be expected for the new FY 23/24 in April. Buy in and dependencies have been sought from teams such as BI/Performance and Finance for their systems. In order to counterbalance this time delay alongside the needs of services, there is a significant quick win that has been identified and will be provided by deleting current vacancy information in ESR and rebuilding it to ensure oracle finance data matches and aligns with the ESR data. <p><u>People Committee Periodic Items report:</u></p> <ul style="list-style-type: none"> The committee discussed the list of periodic items tabled and agreed that further work will be carried out to establish which statutory items must be presented, and to clarify the purpose of periodic report papers, weighing up the risks and levels of assurances needed. It was suggested that the papers could align with the People Strategy. A request was made to specifically review 'grow our own' Apprenticeships as a report, with another request made to make the D&I/WRES, WDES 6-monthly instead of annually, and to add EDS as a periodic item. Discussions also explored performance management as a periodic item to see if we're doing this as well as we should be, along with pay hot spots, including overpayments and risk of losing people. A commitment was made to come back with updated report and definitions. 				

People Strategy KPI & 6 priorities update:

- The KPIs were revised by the Associate Directors to ensure they were fit for purpose, and although observed as aspirational goals for the next 2 financial years, the minimum target would be the baseline and the stretch target would be the aspirational goals.
- The Chair acknowledged the change in environment of where we are now compared to last year and suggested setting a relative target.
- Constructive challenge and debate took place regarding new ways of working KPIs, exploring how we could measure agile working and digital maturity, and a suggestion to add bespoke questions into the staff survey next year as this year was a missed opportunity. An additional suggestion to add figures on volumes of change / transformation activities in service lines could be provided as an alternative.
- Consensus was made that although difficult to quantify for KPIs, it was fair to provide committee papers to provide assurance on progress of activity in these areas of agile working and digital maturity.
- Excel document providing progress on 6 people focussed priorities was noted and narratives brought to a future meeting.

Programme Fusion Verbal Update:

- The committee were informed of the two steering groups led by the people team, the Workforce, and the OD.
- OD update confirmed designing a set of principles that will feed into the Head of Terms for the Fusion Programme, and the focus on values and behaviours and engagement with stakeholders to be planned.
- Workforce update confirmed progress has been made on creating a workforce mobilisation plan and meeting deliverables required for the SOC and Discovery & Due Diligence phase. Great interaction across all 4 trusts with rich meeting engagement and workshops scheduled.

Equality Delivery System (EDS) report:

- Report summarised to the committee the who, how, and when of the EDS, with suggestions of taking a different approach.
- Confirmation of progress being on track for achieving and or excelling.
- Ratings will be confirmed in Dec22', to allow for the Board to sign off in Feb23' before publishing at the end of Feb23'.
- The 3 pillar themes for Health and Wellbeing, Leadership, and Commission services has been covered for child and families, Mental Health Services, and some Corporate teams to date, with plans to integrate all services being explored.
- A request was made for the Senior Leadership Team meetings to schedule EDS as an opportunity, along with exploring further resources needed.
- Importance was noted to focus on impact not just assurance in EDS and linking to QIR committee to look at impact to quality in services.

Employee Relations Assurance report / Industrial Action:

- Due to sickness cases increasing further, the People Partners and OH team are working together to improve OH referrals, with a workshop planned early December.
- Vaccination staff at risk all have been successfully redeployed and no risk of redundancies to Solent as a result.
- Industrial Action update – RCN confirmed strike dates set for Thursday 15th and Tuesday 20th December 2022. At Solent 383 people voted which is an indication of volume of people who may take strike action. Solent was first

in the ICS to have a set of FAQs created. Business Continuity plans for Bank Holiday/Christmas day type of service have been developed and a regular SITREO which will be sent to National teams. Derogations are being defined jointly with Southern Health and possibly inpatient Mental Health may be protected. The committee were content with the assurance of actions being well prepared.

- A contemporary update is being taken to Board on Industrial Action.

Internal Audit:

- Of the one remaining open action, this was escalated as a concern regarding the Jan23 target deadline, due to the dependencies on the BI team sitting outside of our control. Executives are taking the action to help resolve.

OH Combined Service Update:

- Development of a business case for a phased approach with agreement in principle is being devised.
- Assurance provided that there will be no impact to existing service levels.
- Compare and contrast exercise between SHFT & Solent has taken place and factors in KPIs to get underneath cost and non-cost benefits and risks, to demonstrate this is the right thing to do.
- IOW partners are being kept apprised of activity and the service will ensure scalability to include service delivery for the new organisation when formed.

Health and Wellbeing Plan Update:

- The update was noted and thanked for.
- The launch of the Neurodiversity and Disability Advisory service was recognised by the CEO and we are proud of this work. Confirmation of 132 people already signed up since the launch.

Workforce Sustainability and Risk report:


- The new report format was noted linking Risk with Workforce Sustainability.
- The Bank team was highlighted to have had a business case approved to provide additional resource to support the increasing demand for flexible staff and this also supports decreasing agency spend.
- It was noted that Southern Health have requested to scope whether we can support them with our Banks service.
- Oleo progress improvements were discussed and recognised the positive feedback from services in the latest People Forum, in addition to the progress shared in the 6 People Priorities excel document. The committee were informed KPI reporting is planned and being built in Jan23'.
- High Turnover and retention issues was discussed alongside SBS exit interview findings, assessing reasons people are leaving. A programme of work on this is taking place and part of this is tracking this against our partner providers.
- The committee requested to come back with a report on scaling good innovative recruitment practices.

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.**

	Escalations: Industrial Action. <i>Supplementary paper- Final Diversity & Inclusion Annual Report (item 10.2)</i>		
To be completed by Exec Sponsor - Level of assurance this report provides:			
Significant		Sufficient	X
Non-Exec Sponsor name:	Mike Watts, Non-Executive Director	Non-Exec Sponsor signature:	

Item No.	11	Presentation to	In Public Board			
Title of paper	Mental Health Act Scrutiny Committee Exception Report					
Purpose of the paper	To summarise the business transacted at the Mental Health Act Scrutiny Committee held on 03 November 2022.					
Committees/Groups previously presented	N/A					
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral)	X
Action required	For decision		For assurance	X		
Summary of Recommendations and actions required by the author	The In Public Board is asked to: <ul style="list-style-type: none"> To note the report from the Committee 					
To be completed by Exec Sponsor - Level of assurance this report provides :						
Significant		Sufficient	X	Limited		None
Non- Exec Sponsor name:	Vanessa Avlonitis, Non-Executive Director Committee Chair		Exec Sponsor signature:	V.Avlonitis		

Summary of business transacted:

- The **Mental Health Act Report** was noted and exceptions/comments shared.
 - Review of s2 and s3 cases were held, with increase reported. Positivity of decreased use of DOLs was highlighted.
 - Discussions regarding alignment across organisations was held.
 - An update on expected timescales for introduction of the Mental Capacity (Amendment) Act 2019 together with the Liberty Protection Safeguards (LPS) was noted. The Committee were briefed on the Trusts LPS team and continued work, with strong model in place.
 - Continued review of ethnicity data and potential benchmarking was discussed.
 - The Committee were informed of weekly audits of Mental Health Act compliance and further assurance in this area was considered.
 - Work with the Isle of Wight NHS Trust regarding clinical audits and improvement areas were shared.
- Standard scrutiny of the **Restraint and Seclusion Assurance Report** took place, with consideration of cases in context of the recent panorama programme. Escalation, managerial processes and policy renewal was confirmed. Ongoing focus on delivery of high-quality care was emphasised.
- The Mental Health Act and Mental Capacity Act Lead provided an **Associate Hospital Managers (AHM) Update**.
- The Committee noted responses to the **Committee Annual Effectiveness Review**.
- The Committee **Terms of Reference** were approved, as per annual governance requirements (*included below as Appendix A*).
- There were no open **Internal Audit Recommendations** relating to mental health. There were no risks to report in relation to the **Board Assurance Framework (BAF)**.

Decisions made at the meeting:

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

Recommendations (not previously mentioned):

There are no specific recommendations to note.

Other risks to highlight (not previously mentioned):

There are no risks to highlight.

Solent NHS Trust
Mental Health Act Scrutiny Committee - Terms of Reference



Reference to “the Committee” shall mean the Mental Health Act Scrutiny Committee.

Reference to “the Board” shall mean the Trust Board

1 Constitution

- 1.1 Solent NHS Trust Board resolves to establish a Committee of the Board to be known as the Mental Health Act Scrutiny Committee (the Committee). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. These Terms of Reference will be reviewed at least annually by the Trust Board to ensure they are still appropriate.
- 1.2 As a Committee of the Board, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee.
- 1.3 The Committee will work closely with the Quality Assurance Committee for those aspects of assurance associated with action plans, developed by services, derived externally from significant policy developments, changes in law and reports from the Mental Health Act Reviewer visits and internally through comments and recommendations from the Trust Board – in particular those related to Serious Incidents Requiring Investigation (SIRIs) and Complaints involving people detained under the Mental Health Act 1983 (MHA).
- 1.4 The Committee will also work closely with the Governance & Nominations Committee for those aspects of assurance associated with the appointment of Associate Hospital Managers (AHM). These people are drawn from Non-Executive Directors (NEDs) and independent lay members of the public, with the recruitment and training process being led by the MHA & Mental Capacity Act (MHA&MCA) lead. Appointments shall be formally made by the Governance & Nominations Committee, with periods of service equating to those of NEDs (with whom they make-up the composition of the MHA Managers’ Hearing Panels).

2 Purpose

- 2.1 The Committee is responsible for seeking assurance and scrutinising all matters relating to the implementation of the Mental Health Act 1983 within Solent NHS Trust.
- 2.2 The Committee has primary responsibility for seeing that the requirements of the MHA are followed within the Trust. In particular, to seek assurance that patients are detained only as the MHA allows, that their treatment and care accord fully with its provisions, , and that they are fully informed of, and are supported in exercising, their statutory rights. The Committee also has a responsibility to ensure that all Non-Executive Directors and AHMs, who act as Mental Health Act managers for the purposes of hearing appeals against detention, are recruited, updated and subject to regular appraisal as appropriate to their role.
- 2.3 The Committee has a third responsibility; with regard to receiving assurance of the adequacy of training and development opportunities provided for front-line practitioners and of the monitoring of competence regarding the application of the MHA.

3 Duties

3.1 Objectives: -

- To be assured that processes are in place to assess and monitor performance concerning the application of the MHA – particularly with regard to the Code of Practice and other, nationally-accepted, guidance

- To be assured that effective processes are in place to recruit, train, manage and retain AHMs
- To receive reports enabling the Committee to monitor the activity of AHM and Second Opinion Approved Doctors (SOADs)
- To be assured that effective processes are in place to maintain the relevant competencies of front-line practitioners

3.2 The Committee will: -

- through an annual report and 3-monthly updates, ensure that the Solent NHS Trust Board is aware of the experience of people detained on its behalf and seek to give assurance that the requirements of the MHA and the Code of Practice are complied with
- receive reports and information on the experience of people detained under the MHA, including those detained under Community Treatment Orders, who are the responsibility of Solent NHS Trust including statistics with regard to people detained
- receive a report from the MHA&MCA Lead, on the use of key powers of the MHA including sections 2, 3, 4, 5, 17A, consent to treatment provisions, informing patients of their rights and use of the Act in relation to ethnic origin. The Committee will scrutinise this information in line with guidance produced by the MHA& MCA Lead, from time to time.
- oversee the scheme of delegation by which the Trust exercises its powers and duties under the MHA and seek assurance that the people acting on behalf of the Trust are competent to do so
- seek assurance, from the MHA&MCA Lead, relevant Directors and others, as decided by the Directors, that the Trust has all the up-to- date policies in place that are required by the MHA and the Code of Practice.
- seek assurance from the MHA&MCA Lead that the recruitment, training, re-appointment and performance of AHMs meets the requirements of the MHA and its associated Code of Practice; which will be subject to further scrutiny, as necessary, by the Remuneration& Nominations Committee
- receive statistics on the frequency and outcome of appeals by people detained under the Mental Health Act 1983 – including those associated with renewal of detention
- review reports from the Care Quality Commission following the visits of MHA Reviewers to ward areas and other locations where people may be subject to the provisions of the MHA; which will be subject to formal monitoring of achievement of Action Plans through the Quality Improvement & Risk group, reporting to the Quality Assurance Committee.
- seek assurance that issues identified by the Committee in relation to quality standards and expectations - both in environmental and service provision terms - for people detained and their carers and family are brought to the attention of and monitored by the Quality Assurance Committee
- via information from the MHA&MCA Lead, monitor the application of the MHA against local and national trends and benchmarks
- via information from the Chief Operating Officer, seek assurance that the use of restraint, under the MHA, is monitored and strategies put in place to reduce the use of restraint.
- via information from the Chief Operating Officer receive information on the frequency of the use of seclusion and that key legal duties were met.
- receive information regarding national developments relating to the MHA, including any changes to legislation, changes due to case law or Codes of Practice and seek assurance these are implemented from the MHA&MCA lead, and relevant Directors
- via information from the Learning and Development team seek assurance that staff are compliant with training requirements in relation to the MHA

4 Membership

4.1 The Committee is appointed by the Trust Board and comprises: -

- a Non-Executive Director (Chair)
- Two other Non-Executive Directors
- relevant Executive Directors: -
 - Chief Operating Officer
 - Chief of Nursing & Allied Health Professionals (AHPs) and Deputy CEO
 - Chief Medical Officer

5 Attendees

5.1 Attendees to the Committee shall be: -

- the MHA&MCA lead
- the lead consultant psychiatrists and operational managers from those services which support people subject to the provisions of DoLS and the MHA, as required by the relevant Executive Director
- a representative of the Learning & Development Team
- other attendees as required and invited by the Chair
- 2, consistent, AHM's will attend the meeting.

6 Secretary

6.1 The Corporate Affairs Administrator shall act as the secretary of the Committee and will arrange to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

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

7 Quorum

7.1 To ensure appropriate balance, no business shall be transacted at the meeting unless the following are present: -

- the Chair or a nominated deputy, who shall be a Non-Executive Director
- a minimum of one other Non-Executive Director
- a minimum of two Executive Directors – being the Chief Operating Officer, Chief of Nursing & AHPs and Deputy CEO, Chief Medical Officer or nominated deputies.

8 Frequency

8.1 Meetings will be held 3 times a year.

8.2 Additional meetings can be called by the Chair of the Committee if it is deemed necessary.

9 Notice of meetings

9.1 Meetings of the committee shall be summoned by the secretary of the Committee at the request of the Committee Chair.

8.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

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 Committee is authorised:

- to seek any information, it requires from any employee of the Trust in order to perform its duties
- to call any employee to be questioned at a meeting of the Committee as and when required

11.2 To hold Executive Directors-accountable for the legal, quality and regulatory compliance of services.

12 Reporting

12.1 The Committee Chair will submit an exception report to the Trust Board and will highlight any issues the Board should be informed of, or areas where assurance is insufficient/of concern.


12.2 The Committee will present an Annual Report to the Trust Board against its duties as outlined in the Terms of Reference.

12.3 The Committee shall make whatever recommendations to the Trust Board it deems appropriate on any area within its remit where action or improvement is needed.

12.4 Members attendance at Committee meetings will be disclosed in the Trust's Annual Report.

Version	17
Committee approval	November 2022
Date of Next Review	Date: October 2023

Report template- Board and Committees

Item No.	12	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 03 rd November 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 In Public Board is asked to: <ul style="list-style-type: none"> Note the report from the Committee 					
To be completed by Exec Sponsor - Level of assurance this report provides :						
Significant		Sufficient	X	Limited		None
Non- Exec Sponsor name:	Mike Watts, Non-Executive Director *Deputised as Committee Chair in November			Non-Exec Sponsor signature:		

Key messages /findings

- The Chief Finance Officer presented a report outlining the **Single Tender Waivers** and **Losses and Special Payments** processed since the last meeting. Rationales were provided, which were **noted** by the Committee.
- Ongoing work in relation to the **Trusts Financial Sustainability Self-Assessment** was explained. Key areas and next steps were shared, including consideration of blended action plans across Trusts.
- Highlights from the **Internal Audit Progress Report** were provided. Ongoing field work was explained and progress noted.
- A verbal **External Audit Update** was noted, including commencement of logistics planning and engagement with the National Audit Office Network in terms of timetables. National challenges and pressures were shared.
- The following **Counter Fraud, Bribery & Corruption updates** were provided:
 - Counter Fraud, Bribery and Corruption Progress Report-** key highlights were shared, including overview of proactive work and assurance regarding case matters.
 - National Proactive Exercise Summary Report-** An overview of exercise undertaken and benchmarking was noted. Comments and assurance was provided.
- There were no updates to provide in relation to **external reviews / (un)announced visits**.

- The **Clinical Audit Annual Plan Six Monthly Review** was **noted**. An overview of activity and opportunities for collaborative working was shared. Ongoing work was commended by the Committee.
- An extensive update was provided in relation to **New Starter Internal Control- Investigation and Lessons Learnt** and background and continued work was highlighted. The Committee noted assurance and consideration of further review areas.

Decisions made at the meeting:

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

Recommendations (not previously mentioned):

There are no specific recommendations to note.

Other risks to highlight (not previously mentioned):

There are no risks to highlight.

Item No.	13	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 25 November 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: <ul style="list-style-type: none"> 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-Executive Director Committee Chair		Exec Sponsor signature:	V.Avlonitis		

Summary of business transacted:

- There were no **Freedom to Speak Up Concerns, Urgent Matters of Safety or Partnership Governance Arrangements** to report.
- A **Pressure Ulcer Review Briefing** was presented. An overview of the Terms of Reference was provided and key review areas shared, including data, geographical differences, categories, level of harm and contributory factors. An overview of learning and next steps were shared. It was agreed to provide a further update to the next Committee for specific assurance that recommendations from the 2020 deep dive had been actioned.
- The Committee **noted** the following standard reports presented:
 - **Experience of Care Quarter 2 Report-** Review of ongoing activity was shared, including monitoring of complaints across services and continued deep dive into communications/early resolutions. Importance of collaborative working was emphasised. Regarding Primary Care feedback, the Committee were assured of actions being taken to ensure improvements.
 - **Infection Prevention & Control Q1 Report-** Continued use of masks in patient facing areas was highlighted and it was confirmed that there had been no further outbreaks reported. Ongoing flu campaign and sharps safety incident training was noted.
 - **Freedom to Speak Up 6-month update-** The Committee were informed of increase in cases and key themes identified. Positivity of strong speaking up culture was emphasised. An update on training and collation of process feedback was highlighted.
 - **Triangulation of Data-** The importance of triangulating data was discussed. The Committee agreed that triangulation of incidents, complaints themes and feedback from FTSU should be undertaken and support Quarter 3 data.
- The **Performance & Quality Exception Report** (*formally Exception Report from the Quality Improvement and Risk (QIR) Group and Chief Operating Officer*) was **noted**.
 - The Committee were informed of acute inpatient unit concerns within mental health services. Actions to address concerns were highlighted and it was confirmed that a further update would be provided to the next meeting.
 - Discussions regarding staff parking were held and it was agreed to review together with the People Committee.

- Key highlights were provided from the **Community Engagement Group Exception Report**.
 - An update on delivery of the annual plan to support delivery of 'Alongside Communities' was provided, with 56/64 deliverables/actions on track.
 - It was noted that a Q Exchange Grant had been secured for improving access to the complaints process.
 - Work to increase participation of men from the BME community was shared.
 - The Committee were briefed on focus on reaching communities and sharing of learning system wide, particularly communications in relation to the Hampshire and Isle of Wight Strategic Review.
 - Importance of Community Engagement approaches/principles were emphasised.
- The Committee received a **CQC New Regulatory Model update and Government Safety Reports Review Group update**, summarising current status and activities.
- There were no **Regulatory Compliance matters (including CQC matters, recent visits and any NHSE/I items)** to report.
- **Ethics and Caldicott Panel Exception Report**- There was no panel held since the last meeting.
- An update was provided on discussions and activity from the **Mental Health Act Scrutiny Committee**. No escalations were shared.
- The **Committee Mid-Year Review** was noted.
- The **Board Assurance Framework (BAF) consideration and oversight of risks Report** was presented and inclusion of winter pressures and strikes referenced. Strengthened QIA processes were explained and the Committee commended the BAF. The report was **noted** by the Committee.

Decisions made at the meeting:

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

Recommendations (not previously mentioned):

There are no specific recommendations to note.

Other risks to highlight (not previously mentioned):

There are no risks to highlight.

Item No.	15	Presentation to	Solent NHS Trust Board		
Title of paper	Charitable Funds Committee Exception Report				
Purpose of the paper	To summarise the key business transacted at the recent Charitable Funds Committee meeting, 09 November 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: <ul style="list-style-type: none"> 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** Rachel Cheal and Jas Sohal for their Sky Dive fund raising activity, which raised circa **£1921.00**, and marked the re-launch of the charity’s branding
- Was **informed** of progress being made on the **NHSCT Development Grant submission**, ahead of the December 2022 submission deadline.
- Was **informed** of the decision not to proceed with the **NHS Charities Stage 3 application**
- **Received** the **Quarter 2** Finance Report covering the period 01 July 2022 to 30 September 2022. The committee was **informed** that the charity reported a deficit in Q2 of **£9,748.00** and a YTD deficit of **£9,683.00**
- **Noted** that the deficit position was in main due to accrued costs associated to funding of an interactive magic table for use in Mental Health facilities. The committee was further **informed** of the positive feedback from patients who had used the interactive magic table
- Was **assured** that all the relevant reports had been submitted for the Stage 1 and Stage 2 COVID 19 appeal grant awards
- **Noted** one further area of funding within the quarter, for a palliative care team building event
- Was **informed** of public donations within the quarter totalling **£464.00**
- **Approved** the charity’s **Annual Accounts** and **Letter of Representation**
- **Reviewed** the Charitable Funds Mid-Year Objectives
- **Received** the committee’s Annual Effectiveness Review
- **Discussed** the importance of the charity to be included in Project Fusion workstreams
- **Received** an update from the Communications team and **discussed** the future ambitions of the charity. The committee **requested** a targeted communication plan to be discussed at the next Charitable Funds committee
- The committee **did not support** the use of charitable funds for a staff Hardship Fund, based on ethical reasons

Item No.	16.1	Presentation to	In Public Board		
Title of paper	Remuneration & Nominations Committee				
Purpose of the paper	To summarise the business transacted at the Remuneration and Nominations Committee held on Friday 11 November 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: <ul style="list-style-type: none"> To note the report from the Committee To note the updated Committee Terms of Reference 				
To be completed by Exec Sponsor - Level of assurance this report provides:					
Significant	Sufficient	X	Limited		None
Sponsor name:	Mike Watts Non-executive Director, Deputy Chair	Exec Sponsor signature:			

Summary of business transacted:

- The **draft committee objectives** were presented and discussed. It was agreed to add a further objective for the committee to be briefed on developing governance and interfaces as appropriate to ensure due consideration to governance implications for Solent as a sovereign organisation. All objectives were approved. The Committee noted the **Terms of Reference** as previously presented with minor changes identified for updating. Provided as Appendix A for information.
- **Succession Planning** was discussed and it was agreed to increase focus on executive team planning due to expected future changes as part of the Project Fusion process. The committee were assured of considerations given to ensure that staff of different levels are available to fill roles as part of the whole succession process. It was agreed however that explicit reference to succession planning and possible associated risks, are included within an appropriate section of the Board Assurance Framework.
- The **Chair Succession Plan** was presented. It was noted that Mike Watts will become Acting Chair from 1 January 2023. It was noted that there will not be a formal Deputy Chair arrangement. Committee membership changes were agreed. The impact of a reduction in non-executives following the departure of the Chair was discussed and colleagues offered to increase their support when possible. The importance of maintaining statutory and core elements of tasks and a balance of discretionary requests was acknowledged.
- The **Code of Governance and Good Governance Collaboration Gap Analysis report** was noted and minor amendments agreed.
- The latest version of the **Standing Orders and Scheme of Reservation and Delegation** were presented to reflect changes that have occurred within the Trust. These are provided for information as supplementary papers item 16.2 and 16.3.
- **Board Development Activities** were discussed. It was acknowledged that due to significant executive changes, there is a need for further development with the Board to learn behaviours and develop relationships.
- There were no matters of **remuneration** to note.

Solent NHS Trust Remuneration & Nominations Committee Terms of Reference

The Solent NHS Trust Board hereby establishes a Committee of the Board to be known as the Remuneration & Nominations Committee ('the Committee') in accordance with its Standing Orders and Scheme of Delegation.

The Committee is a Non-Executive Committee of the Board and has no executive powers, other than those specifically delegated by the Board in these Terms of Reference which are incorporated within the Trust's Standing Orders.

1 Principles

- 1.1 In line with the Department of Health Guidance and best practice the Remuneration & Nominations Committee will operate to the following principles at all times:
- bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate governance; and
 - seek to ensure that all compensation decisions taken are fair and equality of opportunity, diversity and inclusion impacts are considered

2 Purpose

2.1 Remuneration

The Committee makes decisions on behalf of the Board regarding remuneration and terms of office relating to the Chief Executive and other Executive Directors. It oversees and approves:

- Employer Based Clinical Excellence Awards
- severance payments over £100k
- all non-contractual payments

2.2 Governance and nominations

The Committee makes recommendations to the Board as appropriate regarding the following matters;

- the governance arrangements for the Trust including Committee structure and associated composition, in consideration of skills and experience of Board members
- succession planning of Board members
- Associate Hospital Manager appointments

3. Duties – The Committee will:

3.1 Remuneration

- Be responsible for aligning the Trust's Remuneration Policy for Directors with national Very Senior Management (VSM) terms
- Within the constraints of national frameworks, the Committee will agree the remuneration package, allowances and terms of service of the Trust's executive directors. No executive director shall be involved in any decisions as to their own remuneration.

- Make decisions on behalf of Solent NHS Trust Board and where necessary make recommendations to NHSI/E about appropriate remuneration, allowances and terms of service for the Chief Executive, and other Executive Directors, to include:
 - Salary - Consulting the Chair and/or the Chief Executive concerning proposals relating to the remuneration of other Executive Directors. Recommend and monitor the level and structure of remuneration for Senior Management (the definition of Senior Management to be determined by the Trust Board, but will normally include the first layer of management below Board level).
 - Pensions - Consider any pension consequences and associated costs to the Trust of basic salary increases and other changes in pensionable remuneration.
 - Performance related pay and Directors' eligibility and performance evaluation for annual bonuses
 - Provision of other contractual terms and benefits
 - Approval of settlement agreements/severance pay or other occasional payments to individuals and
 - out of court settlements, taking account of national guidance
 - Approval of other non-contractual payments
 - Receive and approve decisions of the Employer Based Clinical Excellence Awards (EBCEA) panel
 - be sighted on any substantial changes to nationally agreed terms and conditions.
 - Ensure that levels of remuneration for the Chair and other non-executive directors reflect the national terms.

3.2 Performance evaluation

- Monitor and oversee the evaluation of the performance of the Chief Executive.
- Approve participation in any performance related pay schemes, where operated by the Trust, and approve the total annual payments made under such schemes.
- The Committee will ensure that any:
 - pay-outs or grants under any incentive schemes are subject to challenging performance criteria reflecting the objectives of the Trust.
 - performance criteria and upper pay limits for annual bonuses and incentive schemes are disclosed

3.3 Termination matters

- Ensure that contractual terms on termination, and any payments made, are fair to the individual, and the NHS, aligned with the interests of the patients, that failure is not rewarded and that the duty to mitigate loss is fully recognised, in line with national guidance where appropriate

3.4 Severance payments

- The Committee will refer the following matters to NHSE in accordance with the guidance on processes for making severance payments;
 - All severance payments (contractual or non-contractual) to Chief Executives and Directors of NHS Trusts. For these purposes, "Director" means any Director reporting to the Chief Executive whether or not an executive member of the Board
 - Non-contractual severance payments to all staff (including to Chief Executives and Directors as defined in 3.1)
 - Contractual severance payments over £100,000 to all staff (including to

3.5 Appointment of Remuneration Consultants

- To be responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any Remuneration Consultants who advise the committee, and to obtain reliable, up-to-date information about remuneration in other Trusts. Where Remuneration Consultants are appointed, a statement will be made available of whether they have any other connection with the Trust or conflicts of interest.

3.6 Mutually Agreed Resignation Schemes (MARs)

- To have oversight of Mutually Agreed Resignation Schemes (MARs) and to approve schemes as necessary.

3.7 Governance arrangements

- Consider and keep under review governance arrangements, making recommendations to the Board as appropriate, including:
 - committee structure
 - membership and composition – including nominations of NEDs and Executive members to Board Committees and in consideration of balance of skills/experience
 - Terms of Reference of the Board and its Committees
 - nominations of key roles
 - overseeing appraisals of the Board and its Committees
 - fit and proper person arrangements

3.8 Succession Planning and NED Tenure

- Consider and keep under review succession planning arrangements for Board members, including:
 - ensuring there is a full, rigorous and transparent procedure for appointments

For NEDs:

- Reviewing tenure of NEDs and considering skills and experience when planning for future appointments
- Reviewing recruitment documentation for NED vacancies in conjunction with NHS Improvement

For Executives:

- ensuring the leadership of the organisation remains appropriate in consideration of the evolving system developments, collaborative working, talent pool and market forces – working with the Chief People Officer and People Committee as appropriate
- Provide support to the Chief People Officer in the appointment process of executive team members as required
- Reviewing the annual executive succession plan
- Acknowledge that it is for the NEDs to appoint and remove the Chief Executive, and that the appointment of the Chief Executive requires Board approval.
- Be informed of any matters of concern regarding the continuation in office of any Director including the suspension or termination of service of an Executive Director as an employee of the Trust subject to the provisions of the law and their service contract.

Associate Hospital Managers (AHM)

- 3.9
- consider recommendations made by the Chair of the Mental Health Act Scrutiny Committee and Mental Capacity Act and Mental Health Act Lead regarding the appointment and tenure of Associate Hospital Managers
 - seek assurance regarding the governance arrangements regarding AHM appointments

Board Development

- 3.10
- In conjunction with the Chief People Officer, consider and recommend Board Development activities in light of feedback and analysis of skill mix analysis, appraisals of Committees/Boards and other feedback mechanisms

4 Membership

4.1 Membership of the Remuneration & Nominations Committee will comprise:

- The Non-Executive members of Solent NHS Trust -one of whom will be appointed as the Committee Chair
- The Trust Chair

4.2 In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting. The Trust Chair shall not be the Chair of the Committee.

5 Attendance

5.1 The Chief Executive, Chief People Officer and Chief of Staff will be invited to attend the meeting as required to provide advice. No person will be present when the Committee is considering the remuneration, succession or appointment of their respective roles.

6 Quorum

6.1 The quorum necessary for the transaction of business shall be three members. A duly convened meeting of the committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

7 Frequency of meetings

7.1 The Committee will meet three times a year. Additional meetings can be called by the Chair.

8 Meeting administration

8.1 The Secretary to the Committee will be coordinated by the Chief People Officer with the Committee Chair.

8.2 Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated promptly to all members. Minutes of Committee meetings shall be circulated promptly to all members of the committee.

8.3 The terms of reference will be reviewed annually and the Committee will conduct an annual effectiveness review.

9 Reporting responsibilities

9.1 AGM attendance

The Chair of the Committee, or nominated deputy, shall attend the Annual General Meeting prepared to respond to any stakeholder queries in relation to the committee

activity.

9.2 Annual Report

Remuneration matters will be disclosed within the Annual Report as per the requirements of the Department of Health and Social Care, Group Accounting Manual.

9.3 Trust Board

The committee will report to the In Public Board on non-confidential matters (for example concerning governance and nominations) and the Confidential Board on all confidential matters.

Version	2
Agreed at Board	November 2022
Date of Next Review	November 2023